

ANZAHPE 2019

PROCEEDINGS

blue sky thinking - Capitalise Your Ideas

1 - 4 July, 2019

National Convention Centre, **Canberra, ACT**



ANZAHPE

Australian & New Zealand
Association for Health
Professional Educators

Cite this publication as: Australian & New Zealand Association for Health Professional Educators (2019), ANZAHPE 2019 Conference, 1-4 July, 2019, Canberra, Australia.

The abstracts published in this proceedings have been peer reviewed* through processes administered by the Conference Scientific Committee. Reviews were conducted by at least two independent referees experienced in health professions education. Authors are encouraged to submit their full paper to the ANZAHPE Journal Focus on Health Professional Education.

The Association thanks the Scientific Committee members and all the reviewers across Australia and New Zealand for their contribution to ANZAHPE.

**abstracts associated with select invited presentations that are not been peer-reviewed are identified with an asterisk.*

Disclaimer

Responsibility for the contents of papers included in these Proceedings resides with the authors.

Copyright © 2019 Copyright resides with the authors' and/or their employing or funding institutions. Other than brief abstracts, no part of this publication may be produced in any form without the consent of the authors.

ISBN: 978-0-9805787-9-9

Jump to [Posters](#)

Jump to [Pre-Conference Workshops](#)

Table of Contents

Tuesday 2 July 1A Seminar	22
Student fitness to practise – a suite of supports	22
1B Rural and Remote Teaching	23
Indigenous Medical Education: Curriculum Reform for the 21st c.....	23
Blue sky over the Kimberley: Three essentials for small site success.....	23
CT learning via high-fidelity simulation with peer and traditional facilitation for undergraduate Radiography students	24
Transitioning a safe medicines management course online: Challenges of remote setting	25
Health students’ experiences of clinical placements in urban Indigenous contexts: Developing a culturally responsive workforce in Aboriginal and Torres Strait Islander Health	25
First Peoples health interprofessional and simulation-based learning	26
1C PeArts – 1 Assessment	27
Is Workplace Based Assessment possible within the Mentor/Trainee relationship?	27
Failing to fail student clinical performances: How bad is too bad and what can we do about it? ...	27
1D Transition to Practice	28
Seamless transition from GP vocational training to Fellowship	28
Medical interns in the Emergency Department: children or adults?	29
Enhancing medical student transition to clinical practice by introducing a management of clinical aggression (MOCA) simulation in a Pre-Internship Program (PIP).	29
Enhancing undergraduate international nursing students’ preparation for clinical placement	30
Looking beyond students’ struggles during the transition to clinical training: a scoping review.....	31
1E Assessment	31
What do industry and academic clinical assessors say about ‘failure to fail’ in students’ clinical practice?.....	31
Construct validity of Script Concordance Test (SCT) in assessing clinical reasoning – progression from novice to general practitioner.....	32
The Role of the Long Case in Modern Medical Education: The Sydney Medical Program Experience	33
Poor performance in mock AKT/KFP exams may predict failure in real RACGP exams	33
1F Workshop Mentoring	34

It isn't about knowledge – it is about relationship! Developing the teaching and mentoring skills of the health professional educator through experiential and reflective activities.	34
1G Workshop Student Placements.....	35
Evolving models of allied health student placements: implications for supervision	35
1H Workshop Simulation.....	35
Building sustainable simulation programs – a rural and remote perspective.....	35
2A Seminar	36
Dangerous ideas in medical education.....	36
2B TED	37
Glimpse of future: innovative pathology teaching in a rural medical school - one man army!	37
Deadly Health Jobs – inspiring the next generation of Indigenous health professionals.....	38
X-ray image interpretation education for rural multidisciplinary health professional generalists: Is there a need?	38
The self beyond itself.....	39
The Nursing and Allied Health Graduate Outcomes Tracking Study: Methodology for Large-scale Data Linkage.....	39
Simulation as an instrument for interprofessional learning: interpreting	40
Data-Driven Approaches to Student Development and Wellbeing.....	40
2C PeArts - 2.....	41
Academic Misconduct: Managing the Mutations.....	41
Are we doing enough to help students manage their stress?	42
2D Transition to Practice	42
Swipe right: a novel approach to junior doctor orientation at Auckland District Health Board (ADHB).....	42
Utilising a new graduate transition to practice framework within public sector health services. ...	43
Supporting the Transition to Practice of New Graduates undertaking a Graduate Program	44
Exploring influences on student transition to clinical training using audiodiaries	44
“Trying to work with what you can” – New graduate physiotherapists’ experiences working with culturally and linguistically diverse communities	45
2E Assessment	46
Writing assessment items – why is it so difficult?	46
Physiotherapy musculoskeletal assessment outcomes are associated with clinical skills during work-integrated learning placements: a model for layering of teaching.....	46
An assessment tool to judge exercise physiology student performance in a clinical placement setting	47

Developing a validity argument for a simulation-based assessment framework in medicine dispensing activities	48
Student-generated multiple choice questions: do they make the grade?	48
Re-imagining student assessment tool development for allied health placement readiness.....	49
2F Workshop	50
Scenario Planning for Disruption & Health Workforce Education.....	50
2G Workshop.....	51
System thinking in action in the context of clinical education and health workforce development	51
2H Workshop.....	51
Creating OSCE stations that focus on professionalism	51
3A Teaching and Learning.....	52
The Influence of an authentic learning environment on educating for patient-centred collaborative practice	52
Is there a need for mandatory pharmacy teaching for international medical graduates in Australia?	53
Ambiguity: What’s Your Tolerance?	53
A preliminary analysis of an interactive case study for health care education	54
Active learning in Pathology: A comparison between case illustrative learning and didactic lecture to a large group of second year medical students.....	55
Facilitating learner’s evaluative judgement development	55
The application of critical thinking to midwifery practice	56
3B Simulation, Technology	57
Multi-platform technology to track patient encounters: a learning tool for GP registrars.....	57
SIM-S interprofessional placement program for allied health students. Does support equal success?	57
“It’s the ultimate observer role because you’re feeling and seeing what’s happening to you”: a qualitative study of physiotherapy students’ experiences of peer simulation	58
Does the addition of MASK-ED simulation to usual teaching improve clinical performance of physiotherapy students? A randomised trial protocol.	59
Strengthening Consumer Voice: Using stories to educate and shift mental health stigma	59
Simulation training in Interprofessional Family Conferencing (IFC): Translating Knowledge to Practice	60
3C Professional Development.....	61
Online continuing education for health professionals to improve the management of chronic fatigue syndrome: outcomes of a randomised controlled trial.....	61

Developing an education program within workplace settings: opportunities from mapping past communities of practice	62
Turning clinical staff into facilitators: how the introduction of an electronic medical record (EMR) necessitated a novel inter-professional train the trainer program	62
Supervision training interventions in healthcare: a realist synthesis	63
Exploring the impacts of continuing professional development programs in the health professions: A scoping review	63
How might we measure the importance of continuing professional development?.....	64
Validation of the MUSIC Scale of academic motivation in New Zealand: Some adjustment required	65
3D	66
The arts and health: Can verbatim theatre stimulate culture change in healthcare settings?.....	66
Improving health professional education and workforce development through better connected policy.....	66
Winning the War for Talent. The Role of Clinical and Professional Education in Attracting and Retaining Talent	67
Medical educators: Where do they come from? Barriers and enablers to becoming a medical educator.....	68
Practical Support Midwife program for the Bachelor of Midwifery students at University of Canberra: the gold standard for growing midwives	68
Global Innovation in the Healthcare Industry.....	69
The medical and health humanities as a means to develop skills and tools for delivering humane healthcare	70
3E Professional Development.....	70
Social accountability as a lens for health professional education of the future: the case of pharmacy	70
The Shaping of Moral Development in Medical Students	71
Career-Defining Moments and Junior Doctors’ Emerging Professional Identity.....	71
Diverse understandings of professionalism in dietetics: lifting the clouds	72
Students’ experiences of workplace dignity during work-integrated learning: A qualitative study exploring student and workplace supervisors’ perspectives.....	73
Constructing professional identity: the international medical learner experience.....	74
3F Assessment	74
Developing a tool for peer assessment of blood withdrawal and Intra venous drug administration	74
How integrated are the Vertically Integrated Assessments (VIA) in medical education?	75
Measuring and assessing health professional preceptor competencies: A rapid review	76

Beyond Competencies- Consensus on Entrustable Professional Activities and Milestones for Dietetics Education	76
Simulation-based clinical assessment: is it a reliable and consistent method for determining competency of overseas trained physiotherapists?	77
Assessment on the run: acceptability and feasibility of medical student work-based assessment in general practice placements.....	78
OSCE stations that address racism and other biases – comparison of two formats	79
3G Clinical Education.....	79
Evaluating the impact of supervision training for health and human services workers in Victoria: translating education into practice?	80
Allied health students value-add to inpatient hospital services: findings from a multi-site study. .	80
Allied health pre-entry student clinical placement capacity: can it be sustained?	81
Clinician Peer Exchange Groups (C-PEGS): Augmenting medical students’ learning on clinical placement.	82
Paramedics’ attitudes towards and experiences of clinical supervision and mentorship.....	83
Use of the Clinical Supervision Self-Assessment Tool (CSSAT) to explore paramedics’ clinical supervision skills and support needs	83
Fuelling engines and releasing the brakes: Building staff capacity to thrive in the delivery of health professional education	84
3H Well-Being.....	85
Supervised exercise programs to enhance the health and well-being of medical students: a cross-faculty student service program	85
When the wheels fall off: Medical Students experiences of interrupted academic progression	85
Sleep quality, frequency of breakfast consumption, and academic performance in medical students	86
Physiotherapy students’ pre-clinical stress prior to an outpatient placement - triggers and remedies.	87
Exploring medical student experiences of wellbeing and medical program impacts on wellbeing: A qualitative study	87
Employing the Humanities and Social Sciences to re-engage and sustain medical students	88
Micro-credentials: is it feasible to use them in public health education?.....	89
3I ANZAHPE Fellowship Scheme	89
Why should I apply for Associate Fellowship or Fellowship of ANZAHPE and how do I do it?	89
Wednesday 3 July	90
Plenary 2	90
*Thrown in the Deep End: From clinician to educator	90
4A Symposium	91

Blue sky thinking in health professions education: what does complexity science offer?.....	91
4B TED, Lightning Talks.....	91
ePortfolio beyond the showcase: Facilitating reflexive nursing practice through a learning experience framework.....	91
Standardizing clinical placement expectations, resources and outcomes for Undergraduate Nursing Students and Clinical Facilitators.....	92
Training to care or to clear beds?	93
Let’s get emotional – How mindful affective reflection prepares health students in facing grief and loss.	93
Semiotics a crash course!.....	94
The hidden Jedi: A critical inquiry into Fellow’s as Jedi’s members of an order who protect good forces and harness power of the profession.	94
This is a GEM!.....	95
EBM training programs: what if we could measure patient outcomes?	96
We need to talk about engagement	96
Could AGPT selection MMIs offer an early indicator of clinical reasoning difficulties?	97
My first “intellectual streaking” experience: trepidation, vulnerability and emergence.....	98
Identification of barriers to student engagement with paediatric patients: an exploration of student perspectives.....	98
Cross campus physiotherapy education – increasing access to physiotherapy training in regional NSW	99
4C PeArts – 3 Evidence Based Curriculum	99
Attaining and sustaining an evidence base to health practice: Informing curricula	99
The lecture is dead, long live the lecture!	100
4D PeArts – 4 Social.....	101
Lower SES students- how can we change the deficit rhetoric? Exploring the ‘could if we would approach’ instead of the ‘we would if we could” approach.....	101
Old Tricks for New Dogs: Attracting Students To Work in Aged Care.	101
4E PeArts – 5 IPL.....	102
Interprofessional handovers – how to assess and give feedback?.....	102
Establishing a Faculty wide strategy for assessment of Interprofessional learning	103
4F Admissions, Evaluations	103
Applying to study undergraduate medicine - a student perspective on selection cost and value.	103
Future directions in selection: pilot outcomes of a video-based online SJT in Australian medical student selection	104
Outcomes of a National Medical Leadership Curricula Assessment and Evaluation Survey.....	105

Health Informatics in the medical curriculum – students’ perspectives	105
Measuring students' academic motivation: What are the best method/s?.....	106
An exploration of the use of contribution analysis to evaluate health sciences and health professional courses	106
4G Workshop.....	107
*Experiential learning explored	107
4H Workshop Faculty Development.....	108
Faculty Development for Organisational Change.....	108
5A Teaching and Learning.....	108
Crash courses: Teaching trauma in the 21 st century.....	108
Team-based learning replaces problem based learning in a large medical school	109
Does thunder clap if no one is there to hear it? A quality and content analysis of non-assessable written trainee reflections	110
Supporting clinician teachers of medical students – viewpoints of effective practices.....	110
Arguing with yourself: inner speech as a critical thinking tool for transformative conceptual learning.	111
Students portraying the role of patients: a systematic review of peer simulation in entry-level health professional education	112
5B Assessment.....	112
Expert judgment versus checklist assessment – do the outcomes differ?.....	112
Evaluating the performance and stability of assessment items over time.....	113
Establishing the Feasibility & Preliminary Efficacy of Peer Generated MCQs as An Active Learning Strategy	114
Personalizing OSCE stations to standardize learning impact.....	114
Discriminative Capacity of a Rubric Assessment of Ethical Reasoning and Clinical Reasoning in Case-based Learning Tutorials	115
Improvement in communication skills demonstrated at OSCE assessment: cohort comparison study after a teaching innovation.....	116
5C IPL	116
The Australian Therapy Outcome Measure for Indigenous Children (ATOMIC): An Interprofessional Goal Measurement Tool	116
Applying a contextual model of curriculum change to analyse interprofessional learning initiatives	117
Creating, leading and sustaining a team of facilitators in online interprofessional education	118
Interprofessional Education: experiences from a cross-campus final year allied health module.....	119
Clinical reasoning for inter-professional pregnancy care – everyone on the same page!	119

Improbable ideas that actually work: forming inter-institutional partnerships to offer pre-registration health sciences interprofessional education	120
5D Curriculum Development	121
Curriculum Renewal Through Design Thinking.....	121
Beyond a tweak! Curriculum design to refresh a profession.....	121
Yesterday medical students trained in hospitals. Tomorrow medical students will train in the Community. Now is the time to redesign our medical curriculum.....	122
Personalising pedagogy in undergraduate public health education: operationalising ‘Big Picture Learning’ design at the University of Newcastle.	122
Development of an international graduate curriculum for clinical reasoning using a modified Delphi process.....	123
Educational delivery methods and the course experience in an integrated osteopathy curriculum.	124
5E Clinical Education	125
Strategies for enriching learning through practice: clinicians’ perspectives.....	125
“...a complete character assassination”: Supervisors’ dignity experiences during work-integrated learning	125
Medical student participation in general practice registrar workshops pilot	126
Near peer mentoring on allied health placements: a systematic review.....	127
Emergency Medicine Education and Training Goes Bush -	128
Postgraduate, interprofessional, simulation-based education: removing time and place barriers by embedding training during clinical care.....	128
5F Technology.....	129
Capitalising on content, digitising delivery: can face-to-face faculty development be effectively converted to online environments?	129
How is the sense-making of simulated-patients-in-training in response to impactful learning experiences influenced by their professional backgrounds?	130
TAG Team Patient Safety Simulation: Student satisfaction.....	130
Meaningful and engaging teaching strategies in nursing and allied health – A comparison of disciplines.....	131
Preparing the robotic nursing and midwifery workforce of the future – what will the curriculum look like?	132
From Skippy to Goldilocks: Video Feedback in Medical Education - Performance and Perceptions	132
5G Workshop.....	133
*Designing for Interactive Learning: Using the Affordances of Technology	133
5H workshop Supervision.....	133

Tools to measure the supervisory relationship in general practice	133
6A Seminar Assessment	134
The conundrum of assessment – using life-long learning to equip health professionals of the future	134
6B TED, Lightning – Clinical Education.....	135
Student-created Videos: Marking Less and Learning More.....	135
Near Peer Teaching in Paramedicine Education.....	135
Move over Gen Y, it’s time for Gen Z!	136
Designing an ePortfolio-based assessment strategy to support longitudinal development of clinical competence in a large medical program	136
Economics 101: how to ask an economic research question	137
Climate change: What are you talking about?.....	138
Let’s play a game: the use of an innovative computer-based simulation game to build knowledge and confidence in the supply of ‘Pharmacist Only Medicines’	138
Developing students’ skills and experience in writing for publication	139
What is taught to Graduate Entry Physiotherapists in Australia about Women’s Health Physiotherapy?	139
Rural interprofessional education: a gamut of perspectives.....	140
THE PEDAGOGY OF DISCOMFORT: Dimensions of resistance to teaching about Indigenous health, poverty and stigmatized groups	141
AGAINST SEXUAL HARASSMENT AND BULLYING: A realistic path towards more civil medical education	141
6C Teaching and Learning.....	142
Development of expertise in physical examination as viewed through Gibson’s theory of perceptual learning.....	142
Implementing an entrustment decision making framework into undergraduate medicine dispensing activities	143
Intellectual Streaking/Candour: Revealing more for the sake of learning and safety.....	144
Does increasing the experiential component improve the efficacy of the ‘This is Public Health’ photo essay task? A non-randomised trial.	144
Medical Students’ Study Patterns.....	145
6D PeArIs – 6 Learning.....	146
What can student pre-dispositions for self-regulated learning (SRL) tell us about how they might interact with the clinical learning context?	146
A new approach to learning how to learn? Making better decisions, more often.	146
6E PeArIs – 7 Learning	147

Sustaining undergraduate inter-professional practice	147
Challenging the status quo! How do we continue to engage new graduate health professionals in Inter-professional Learning?	148
6F Technology.....	148
Developing a method of measuring the usefulness of Clinical Skills Apps for just-in-time learning	148
Video-enhanced professional learning for clinical teachers: How do video-clubs support GP-supervisors' teaching practice?.....	149
The Health Collaboration Challenge: a large-scale video based interprofessional assessment.....	149
Orientation strategies that prepare postgraduate students for online study.....	150
Adaptive Tutorials versus Web-Based Resources in Radiology: A Mixed Methods Study of Efficacy and Engagement in Senior Medical Students	151
Development of Socio-Clinical Medical Resources for Pre-Clinical Learning- MEDHAX: By Students for Students	152
Towards patient-centred communication: an observational study of supervised audiology student-patient hearing assessments	153
6G Workshop.....	153
Team-based learning (TBL): an active introduction to the key steps.	153
6H Workshop Feedback.....	154
Facilitating feedback and feedforward in adult learners.....	154
Thursday 4 July	155
Plenary 3	155
*The changing face of simulation	155
7A Seminar Indigenous Education	155
Growing authentic work integrated learning experiences with Aboriginal and Torres Strait Islander people: Wins, Worries and Wonderings.....	155
7B PeArts – 8 Capacity	156
Student placement workload; is it Blue Sky thinking to be able to quantify expected clinical capacity?	156
Gameification: How do we measure the magic?	157
7C PeArts – 9 Games and Google	158
*Innovative strategies for avoiding staff and student burnout.....	158
7D PeArts – 10 IPL, Leadership	158
Do we mean what we say and say what we mean?: Exploring implications of terminology associated with interprofessional education and learning.....	158
Let's develop a nationally accepted medical leadership framework	159

7E Seminar Refugee Patients	159
CULTURALLY RESPONSIVE CLINICAL PRACTICE FOR MIGRANT AND REFUGEE PATIENTS: Applying the competency standards framework to health worker education	159
7F IPL	160
A Qualitative Study Exploring Healthcare Facilitators’ Perceptions in Delivering Interprofessional Activities.....	160
Moving interprofessional education out of the classroom and into the real world: Capitalising on shared clinical placement environments.....	161
Five to five: five weeks of interprofessional immersion - what impact five years on?	161
Absence/presence in student understandings of interprofessional healthcare teams: a graphic elicitation study.....	162
Transforming medicines administration for people with Parkinson’s: An interprofessional collaboration.....	162
Putting the spotlight on clinical reasoning: Implications for facilitating interprofessional education	163
7G Workshop IPL	164
An interprofessional Clinical Teacher Training (CTT) program for students and junior health professionals.....	164
7H Workshop Concept Based Learning	165
Concept-based learning: Design, development and application for student learning moments. .	165
8A IPL	165
Interprofessional education in health professional accreditation and regulation in Australia: just how serious are we about learning together to work together?	165
Interprofessional faculty development: a blended learning program.....	166
Constructing professional and interprofessional identities through workplace interactions.....	167
Perspectives of generic skills among students of health professions and sciences	167
Prepared to Care – ethnographic film of interprofessional simulation education in New Zealand	168
Embedding interprofessional learning: The collaborative vision and actions in a School of Clinical Sciences.....	169
8B	169
Making thinking visible: complexity, flexibility and self-confidence with clinical reasoning	169
Cost – The Four-Letter Word of Health Professions Education.....	170
Medical Deans of Australia and New Zealand (MDANZ) Climate Change and Health Working Group–draft learning objectives and accreditation standards for Australasian medical schools..	171
Doing the numbers: Using longitudinal insights and workforce predictions to model future workforce needs for General Practice.	172

8C Feedback	172
“Something to work on as you go”? Feedback conversations following work-based assessment in general practice	172
Determining the value of feedback: for whom and how.....	173
Beyond consultation- Co-design to develop an educational resource supporting better health messages.....	174
Engaging healthcare professionals in health literacy for refugee and migrant communities: An implementation research project in Hobart, Tasmania.....	174
Student and tutor evaluations of the integration of medical ethics in case-based learning discussions	175
8D Research, Technology	176
Exploring the impact of small grant funding in assisting the early career progression of cancer researchers.....	176
Translational research in health professions education: a systematic scoping review.....	177
Making a castle-in-the-air a reality: moving from a non-publishing culture to become an organisation that shares its learnings	177
Watch and Learn: Using Videos to Enhance Medical Student Development of Clinical Skills	178
To blend or not to blend: Is this the right question?	178
8E Clinical Education	179
A Meta-Analysis for Comparing Effective Teaching in Clinical Education	179
Exploring student fitness to practise (FTP) issue identification and management with allied health clinical educators in a tertiary health service	180
Viewing student learning experiences as promoting/inhibiting participation in using, and co-constructing, clinical reasoning skills	180
Support in a challenging experiential learning environment	181
Tools to measure the supervisory relationship in general practice	182
Engaging with evidence-based practice in the osteopathy clinical learning environment: a mixed methods pilot study	183
8F Teaching and Learning	183
A new formative tool to encourage a deep approach to self-directed learning for Problem Based Learning	183
Teacher response after an adverse incident involving teaching	184
Building digital literacy of medical students by embedding teaching cases in an electronic medical record.....	185
Online learning activities to augment teaching of clinical skills to medical students in pre-clinical years of the MD Program.....	185

Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.	186
Simulated acute care wards: Do they help prepare medical students for future hospital practice?	186
8G Workshop IPL	187
*Artificial Intelligence (AI) in education.....	187
8H Workshop Communication	188
It's not just – failure to communicate: Assisting Overseas Trained Doctors to navigate Australian General Practice.....	188
POD 1 10:00 –	209
An Overview of the first year Undergraduate Medical Students Feedback on the Point of Care Ultrasound Curriculum.....	209
How do undergraduate health professional students use feedback to develop their evaluative judgement for clinical practice?.....	209
Using Entrustable Professional Activities (EPAs) to shape a new Pharmacy curriculum.....	210
‘Useful’ and ‘useless’: written feedback and the miniCEX.....	211
The Concept of Feedback Orientation in Health Professions Education	212
The Validation of the Feedback Orientation Scale in Medical Education.....	212
Surveying the digital literacy landscape through the student lens	213
Clinicians’ epistemic beliefs about assessment: Basis for a paradigm shift	213
Learning anatomy: Do threshold assessments improve student performance?.....	214
Perceptions of assessment feedback in high-performing and underperforming preclinical medical students	215
Is an image worth a thousand words in the medical program exams?	215
Does student performance on short answer questions vary from that on single best answer questions?	216
Pod 2 10:30	217
Building a community of learning in general practice.	217
Student perceptions of clinical placement; an Australian evaluation	217
Improving Clinical Pharmacology learning: Pharmacist-led teaching of first year clinical students	218
Medical student clinical placements in General Practice as sites of learning and contribution	219
Constructive alignment with peer role play to improve learning on a hospital ward (Aged Care)	219
Clinical Supervision in a changing environment	220
Leading in Learning: growing the capability of the health service employee to support students through interprofessional supervisor training.....	221

Learning Circles: augmenting the placement experience.....	221
Preparation for Placement: Development of an Online Module for Health Students	222
Pod 3 10:30.....	223
Translating a learning and teaching vision to reality: a new era in health service interprofessional governance.....	223
Beyond inter-professional insight: The value in taking a grassroots approach.....	223
Enhancing the capacity for interprofessional collaboration in a university student-led, multi-professional health clinic	224
Interprofessional education in Advanced Life Support simulation: Assessing team functioning, communication and perceptions of nursing and medical students	225
Which learning activities enhance physiotherapy practice? A systematic review and meta-analysis.	225
A novel research program for undergraduate health professionals: ‘Undergraduate Paramedic Student Research Engagement Academy’ (UPSTREAM)	226
Strategically identifying allied health research assets in a start-up context: A rapid review.....	227
Can allied health clinicians see more patients during student placements? A systematic review with meta-analysis	227
Does the context of an examination influence student performance in anatomy and pathology disciplines for clinical science courses in a medical program?	228
Pod 4 13:30.....	229
An exploration of allied health (AH) students’ perceived stress, resilience and wellbeing during work integrated learning (WIL) placements in healthcare settings.....	229
Mental Health First Aid for allied health clinical educators.....	229
‘You’re not necessarily trying to provide comfort, but that’s often what they want ...’ the nuance of touch for the new and naive.....	231
Taking the Pulse- students journey of health and wellbeing for success in an undergraduate training	231
Supporting students to support peers: a qualitative interview study.....	232
Wellbeing@Work Study.....	233
Self-care among trainee clinical psychologists: Definition, practices and perceived barriers	234
Understanding the motivations and barriers for International Medical Graduates practising in remote and rural regions	234
Pod 5 13:30.....	235
‘Groupwork was fun!’ – using object-based and inter-disciplinary peer-assisted learning to promote Ethics and Professionalism in Optometry.....	235
Embedding a palliative care simulation into an interprofessional curriculum.....	236

Blue sky thinking – turning the world of Inter-professional assessment upside down – capitalising on the positives.....	236
Blue sky thinking meets grounded reality: Reflections on a naïve intersectoral, interprofessional education pilot.....	237
Using technology to incorporate emotion into the teaching of Clinical Ethics – Classie teaching.	238
An interprofessional student orientation: Enhancing learning and practice	238
Developing an integrated, interprofessional education framework to optimise practice capability – moving on from the stop, drop, roll (it out), and leave	239
Use of space and place for interprofessional learning in a purpose built health-care clinic: One year on!.....	240
Beyond monodisciplinary practice in the health professions- creating opportunities for interprofessional learning for Nursing and Nutrition and Dietetics students	240
Medical student attendance at lectures: is there a correlation with performance on assessment?	241
Near Peer Assessors: Senior medical students assessing junior peers - a novel approach to a Year 2 Formative OSCE.....	242
Pod 6 13:30.....	242
Get your head in the (digital) cloud: Innovating with user experience design methods to develop online social learning environments.....	242
How can we incorporate the voice of the lived experience of mental illness into learning and teaching? A personal reflection on the challenges, triumphs and recommendations of working as a consumer academic	243
Male genital examination in the undergraduate medical curricula: Necessary? Achievable? Sustainable?	243
An experiential learning innovation in pre-registration paediatric nursing education.	244
Improving the provision of education in paediatric surgery for medical students.	245
What is the signature pedagogy of Nursing?.....	246
The Safety in Practice Programme for Primary Care	246
Performing Emotions: using moved readings to develop empathic ways of being	247
Enhancing medical students’ experience of communication skills for Problem Based Learning... ..	248
Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.	248
Pod 7 15:30.....	249
Staff knowledge and adherence to supplemental oxygen guidelines within Acute Aged Care inpatient setting.....	249
An investigation into the perceived value of a clinical teaching fellow (CTF) program in a quaternary paediatric hospital in Australia.	250

Setting up expectations: Meeting the increased support needs of students on Work Integrated Learning	250
Explore the knowledge, attitude and practices of medical students regarding infection prevention and control in clinical settings	251
Modelling Good Behaviour?: Using a Systematic Review to Define Effective Clinical Handovers.	252
Feeding Difficulties in Children – Evaluation of the Guide for Allied Health Professionals.....	252
Authentic scaffolded learning enhances comprehensive nursing practice.	253
A balancing act: GP supervisors’ role in workplace-based assessments (WBAs)	254
Creating supportive learning environments on clinical placement – changing a culture	254
Completion of Training feedback: what GP registrars perceive as valuable aspects of their training	255
Pod 8 15:30.....	256
Developing clinicians who model excellence in practice, challenge poor practice and inspire others	256
Is there a ‘best’ academic pathway to graduate entry medicine?	256
Factors influencing medical and dental graduates to choose Health Professions Education as a Career Choice: A Qualitative Exploratory Inquiry	257
Workplace based Faculty development Model: A Systematic Literature Review	258
Managing underperforming students: Outcomes of a clinical educator training program	258
It’s tricky! Reflections on developing an inter-professional staff supervision education programme	259
Connecting clinical educators to the university environment through Associate Fellowship of the Higher Education Academy.....	260
Looking at the big picture: developing interdisciplinary professional standards for health profession educators.	260
How can the experiences of stakeholders with doctors inform medical selection and education? An interpretive phenomenological study.	261
Super supervisors: what makes a good research supervisor.....	262
A case for promoting self-directed learning among GP registrars	262
Upskilling the primary care workforce in cancer survivorship	263
Wednesday 3 July 2019 POD 9 10:30	264
Introduction of interactive case-based discipline-specific tutorials augment learning for final year medical students.....	264
Beyond Milestones for Allied Health Professionals.....	264
How are dietitians and student dietitians learning about environmental sustainability: A scoping review.....	265

An audit of the use of simulation in Australian and New Zealand physiotherapy curricula.	266
The Healer’s Art: awakening the heart in medicine for both students and mentors.....	267
Aged care student learning experiences-the skies the limit.....	267
Physiotherapy students portraying simulated patient roles: an observational study of portrayal accuracy and quality	268
From simulated patients to simulated participants: How we plan to expand our participant pool to meet the changing requirements of medical teaching and learning.....	269
Integration of intra-professional education into a Diploma and Bachelor of Nursing course to address role confusion on graduation	269
Pilot Study of a Unique Holistic Online Foundational Knowledge Course for Students Transitioning into a Postgraduate Medical Program	270
Mixed views on evidence-based practice in paramedicine students	270
POD 10 10:30	271
The impact of introducing a fee for student placement cancellations at ACT Health.....	272
Medical ethics education in Australian and New Zealand medical schools, thinking big.	272
Australian and New Zealand medical students’ opinions on professional behaviours	273
Demographic effects on medical students’ opinions on professional behaviours.....	274
A successful vaccination program to prevent transmissible infectious diseases among Thai medical students.....	274
Medical Ethics Education: a discourse driven approach	275
Evaluating Nursing Continuing Professional Development Programs – A Integrative Literature Review.....	275
Professionalism – emerging themes from final year optometry portfolios	276
Increasing Dietetic student readiness for placement	276
SKILLED: A pathway for PhD scientists into clinical trials	277
POD 11 10:30	278
An integrated Medical Program.....	278
Introducing planetary health and sustainable health care into the medical curriculum: Making a start at Bond University, Gold Coast, Australia	278
Developing a communication curriculum for health service volunteers.....	279
Developing a case-based learning capstone subject for undergraduate health science students	280
The innovation process for transition to a Medical Doctorate in Australia	281
Do changes in course structure and delivery methods improve the educational environment for students?.....	281
Embedding climate change in health curricula: how do we do it?.....	282

Clinical communication for the 21st century: A faculty approach for curriculum renewal and improved graduate outcomes	283
Using student feedback to tailor an introductory Pathology course for Exercise Physiology students	284
A focus on the clinical governance of student placements established as student led services ...	284
The war on dental health care in Taiwan.....	285
POD 12 13:00	285
Capitalising on the development of reflection in speech pathology students through facilitation	285
Problem based learning and the development of collaborative practice skills in student physiotherapists.....	286
Clinical Skills Refresher program: Proactive support for medical students returning after interruption of studies	287
Improved Technical Performance and Critical Thinking of undergraduate dental students when utilising Simulation-Based Practical Educational Intervention	287
Introducing large-scale activities into a Collaborative Care Curriculum.....	288
Team-based learning - the missing puzzle piece?	288
How learners learn: a new microanalytic assessment method to map decision-making	289
Imagining the scholarly playground: An examination of the health professions education literature	290
POD 13 13:00	290
What are the understandings of interprofessional practice (IPP) by key stakeholders in the acute care sector?.....	290
Development of a simulation based activity to teach the Mental State Examination to pre-registration nursing students.....	291
Minds matter: Enriching student learning by using an interactive virtual learning environment to diagnose cognitive neuropsychological disorders	292
Challenges and Successes in Facilitating Student Engagement in Industry-initiated “Innovation” Projects.	292
Improving the Educational Resources for Limited Licence X-ray Operators in Two Australian States	293
Real or not real – the impact of physical fidelity on learning anatomy in an interactive labelling task.....	294
# tagging themes and transcripts: a mechanism to aid video use by educators across course domains.....	294
Student curation of learning activities and resources (SCOLAR)	295
POD 14 15:00	296

Exploring the Potential Impact of Practice Effects on an Online Situational Judgement Test (CASPer®)	296
How to evaluate competences of new graduate nurses? A systematic review of the literature ..	296
Assessment of medical students' competencies in pain medicine – a focused review	297
The long case: back from the brink.....	298
What are the barriers and facilitators for writing quality assessment items? A scoping review ...	298
Blue sky innovation but stormy weather planning: five lessons learned making changes to high-stakes examinations.....	299
Skyrockets and bombs: a compensatory performance grid as an alternative approach to weighted cumulative scoring for assessment of clinical skills	300
A randomised controlled trial of open- and closed-resources in a medical student examination	300
Implementation of progressive competency based assessment of clinical skills in an MD program: Evaluation of impact on student learning.....	301
Using videos to teach Mini CEX assessment of nursing and midwifery students.....	302
Formative self-assessment integrating structural knowledge to clinical presentation in pre-clinical medicine.....	302
POD 15 15:30	303
Undergraduate Nursing Students' Perceptions of Affect, Confidence and Preparedness for Clinical Placement	304
Transition, Threshold Concepts and Troublesome Knowledge in Medical Education: Hurdles in Becoming an Intern Doctor.....	304
Exploring the possibilities: introducing Tasmanian interns to rural general practice.	305
Translating Evidence into Practice: a model of knowledge translation for community pharmacists in Australia	306
A Workforce in Development: Postgraduate Alcohol and Drug Teaching in Health Sciences.	306
Describing the work requirements of entry-level dietitians.....	307
What are New Zealand and Swedish dental hygienists' perceptions of their work and job satisfaction?	308
Growing our own: an innovative graduate nurse program model supporting learners and a health service workforce strategy.....	309
An Internship fit for 21 st practice	309
Monday 1 July 2019 Workshops	331
Workshop 1: Writing for Publication.....	331
Workshop 3: Assessment	331
'OSCE Station 201' - Developing, Reviewing and Implementing OSCE stations on ethical, professional, public and cultural health competencies – Advanced level.....	332

Assessment of Remediation Workshop: Who needs it? How do I engage a learner with underperformance.....	333
Workshop 4: Interactive Learning	333
Incorporating interactive learning into large group teaching.....	333
Medical students, simulation and experiential learning at St Elsewhere's	334
Workshop 5	335
Peer supported faculty development in the workplace to improve clinical supervisors' practice	335
The Educator as Coach – kicking goals for supervisors and trainees.....	335
Mental Health First Aid for academics.....	336
Workshop 6	337
ANZAHPE 2019 Reviewing Manuscripts for Publication Workshop	337
Workshop 7	337
*Using visual art in medical education:an introduction to the National Gallery of Australia/ANU Medical School Artmed program.....	337

Tuesday 2 July

1A Seminar

Student fitness to practise – a suite of supports

Kristin Lo¹, Melanie Farlie^{1,2}, Caroline Wright¹, Ruth Dunwoodie³

¹Monash University, Frankston, Australia, ²Monash Health, Clayton, Australia, ³University of Queensland

Introduction/background:

Fitness to practise (FTP) comprises freedom from impairment (physical and mental health), professionalism, clinical competency, communication and recognition of limits. Health professional students may have FTP issues. FTP issues can affect client care and clinical educators' work satisfaction. While supporting students with FTP issues, particularly mental health issues, is a challenge, academics and clinical educators often have experience in supporting students and have strategies for managing this.

Aim/ objectives:

To discuss FTP research and an example of the application of this research in a tertiary education setting.

Learning objective 1. Participants will be familiar with and describe the benefits of a FTP student self-declaration

Learning objective 2. Participants will be able to summarise the latest research in FTP

Learning objective 3. Participants will be able to describe some of the strategies used to identify, support and when appropriate, report students with FTP issues

Learning objective 4. Participants will have some ideas for how to apply the findings to their setting

List of Presentations

Dr Kristin Lo has a PhD in strategies to support health professional students' FTP. She will discuss the background research in FTP including proactive strategies from physiotherapy.

Dr Melanie Farlie will present the findings from a recent multidisciplinary workshop on FTP where clinical educators from ten disciplines collaborated to agree on a number of support strategies for students with various FTP issues.

Dr Caroline Wright also has a PhD in FTP and will discuss student experiences of reporting fitness to practise issues. She also provides a view from Radiation Therapy and Radiography.

Dr Ruth Dunwoodie will talk about the application of theory in the real world. How one might translate this research in a different setting with some case studies.

Discussion: Issues/questions for exploration or ideas for discussion:

What sort of student FTP issues are common?

How do you manage FTP in your setting?

What are some enablers?

What are some issues?

Do these strategies translate into your setting?

What are some strategies that might enable this information to be applied in your setting?

1B Rural and Remote Teaching Indigenous Medical Education: Curriculum Reform for the 21st c

Cindy Ahearn¹

¹The University of Melbourne

There have been a number of initiatives implemented by medical/health science faculties across universities in Australia that have resulted in improvements in the teaching and learning of Indigenous health as well as initiatives to graduate more Indigenous health professionals. These have included strategies for identified pathways for Indigenous students, targeted approaches to workforce development and employing Indigenous academics and prioritising Indigenous health in the curriculum. The disparity in health status between Indigenous and non-Indigenous people in Australia, however, continues to be a significant issue, and there is an opportunity to build on these existing efforts. This presentation outlines the notion of a curriculum rethink, an interdisciplinary network designed to improve health outcomes for Indigenous people through workforce development: increasing the numbers of Indigenous health professionals; better educating Indigenous and non-Indigenous health professionals; and contributing to the professionalisation of the discipline of Indigenous health across all health sciences. A triangulated approach to Indigenous curriculum is gaining momentum. Fusing *Learning Areas*; *Cross Curriculum Priorities* and *Entrustable Professional Activities* may be key to considering a shift away from epistemological thinking and favouring ontological approaches that situates Aboriginal ways of knowing and doing as fundamental. This presentation discusses the exemplar of the Leaders in Indigenous Medical Education (LIME) medical education curriculum programme that was reformed for a number of reasons. Importantly, to incorporate EPAs in the Indigenous health curriculum, along with ontological considerations translated in practice.

Blue sky over the Kimberley: Three essentials for small site success

Susannah Warwick¹

¹Rural Clinical School of Western Australia, Derby, Australia.

Introduction/background:

Three trends make the Australian Rural Clinical School (RCS) model for medical student training increasingly important: greater numbers of medical students, more community based health care and increasing subspecialisation of tertiary medicine resulting in diminished exposure to undifferentiated presentations.

Small RCS sites offer great opportunities. However, what happens when my students arrive in the Kimberley wet season, the road is closed behind them, internet access is lost and the town runs out of fresh food? How do we offer educational excellence in this setting?

Aims/objectives:

This session will raise the profile of small site, community-based teaching and discuss three pre-requisites to ensure excellence in teaching.

Discussion:

Three essentials for small site success.

Relationship

Small site medical education is more successful if it prioritises relationship within the local community and the educational community. The collegial connections are key, as is the supporting infrastructure and staff provided by the school.

Immersion

Clinical immersion is a strength of the RCS. Immersion allows development of clinical reasoning with the patient as teacher. Small sites are well placed to expose students to undifferentiated presentations and longitudinal contact.

Flexibility

Small sites need to be able to cope with discontinuity of medical staff and services. They need to improvise, Personalised teaching is a strength of small sites.

Issues/questions for exploration or ideas for discussion:

What Blue Sky ideas can we share to enhance student learning and enjoyment? What do small sites need from their Universities? How small can a site be, and still be successful?

CT learning via high-fidelity simulation with peer and traditional facilitation for undergraduate Radiography students

Kristal Lee¹, Marilyn Baird¹, Sarah Lewis², Matthew Dimmock¹

¹Monash University, Clayton VIC, Australia

²The University of Sydney, Cumberland NSW, Australia

Introduction:

A Commonwealth funded remote-access CT scanner (NETRAD CT) administered by the University of Sydney offers enhanced simulated learning, providing a novel opportunity for simulation without traditional facilitation.

Aims:

To compare academic outcomes of two high-fidelity simulation environments: remote-access (with peer-assisted learning (PAL)) versus locally-accessed (with facilitation) CT scanners for undergraduate radiography students and to understand the student's perspective.

Methods:

Third year Monash University Radiography students (n=62) were randomly assigned to two groups. Group "remote-access" (RA) (n=31) remotely completed workshop tasks in pairs for 1.5 hours (minimum) as well as additional logon opportunities. Group "local-access" (LA) (n=31) completed the same tasks in a facilitated 1.5 hour workshop at a locally-accessed CT scanner with no additional logon opportunities. All students were assessed pre and post-clinical placement via multiple-choice and short-answer questions on core CT knowledge. Students were surveyed on their learning experiences.

Results:

Student test results demonstrated no significant difference in core CT knowledge between the groups ($F(1,60)=0.3$, $p=0.6$). There was, however, significant improvement in test scores across the pre to post-clinical period for both student groups ($F(1,60)=37.4$, $p<0.001$). RA students reported reduced confidence and enjoyment compared to LA students.

Discussion:

Although both learning tools provided equivalent academic outcomes, RA student's perceived confidence reduction may be due to reduced feedback from peers compared to a facilitator-led environment.

Conclusion:

Simulation via remote access with PAL does not impact on learning of core CT knowledge compared to simulation in a local environment with facilitation, however student confidence may be affected.

Transitioning a safe medicines management course online: Challenges of remote setting

Tobias Spare¹

¹Centre for Remote Health- FlindersNT, Alice Springs, Australia.

Introduction:

This presentation will showcase the delivery of education for the remote health workforce through the development of an innovative online course in safe medicines management. The course, Pharmacotherapeutics for Remote Area Nurses, is designed to assist nurses practising in remote locations to develop the knowledge and skills necessary to ensure quality use of medicines within individual scope of practice.

Aim:

Demonstrate the use of online learning environment to provide the remote health workforce with access to education and professional development.

Discussion:

Pharmacotherapeutics for Remote Area Nurses originally involved a two day face-to-face workshop with associated written assessment. Consultation with stakeholders identified that access was a significant and costly barrier. The online pharmacotherapeutics course was developed following extensive consultation and input from stakeholders and was launched in October 2015. The pharmacotherapeutics course is based on adult learning principles and utilises cognitive constructivist and behaviourist learning strategies to achieve learning outcomes. It has been run ten times with over 860 participants. An evaluation of the pharmacotherapeutics course has demonstrated improvements in knowledge, confidence, competence and preparedness for nurses to work in remote locations.

Conclusion:

Well designed online courses that are based on sound pedagogical theories and relevant to learners needs can overcome the challenges associated with being located in very remote Australia.

Health students' experiences of clinical placements in urban Indigenous contexts: Developing a culturally responsive workforce in Aboriginal and Torres Strait Islander Health

Kate Odgers-Jewell¹, Alison Nelson^{1,2}

¹The Institute for Urban Indigenous Health, Australia ²The University of Queensland, Australian

Introduction/background:

The teaching of “cultural competency” in relation to Indigenous Health is a requirement or aspiration of all Australian universities offering health programs to broaden student’s knowledge and promote culturally responsive care (Universities Australia, 2011). However, content is often taught in isolation from practical experiences and has the potential to promote only negative aspects of Indigenous health. In addition, health professionals report experiencing anxiety or inadequacy when working in this area (Wilson et. al, 2015). The Institute for Urban Indigenous health, based in Brisbane, has worked with local universities to develop clinical placements which are used to provide practical experience as well as demonstrate a student’s competency prior to graduation.

Aim/objectives:

This presentation will describe the clinical placements offered to students by IUIH and describe the change in attitudes and beliefs of students throughout the course of their placement.

Methods:

Student placement experiences are evaluated using 20 five-point Likert items relating to students’ perceptions of the learning environment, skills development, awareness and self-development, supervision and their overall experience. Two open-ended response items on the positive and negative aspects of the practicum and how these impacted students’ learning are also collected.

Results:

Results from the IUIH student database indicate an increase from 30 students/year across three disciplines to over 350 students/year across 20 disciplines. In addition, student clinical hours have increased by 440% over the past 8 years. Survey results will be reported in detail but indicate areas of strength and potential for growth and improvement.

Discussion and Conclusions:

Service-learning experiences in urban First Australian contexts are shown to equip the emerging workforce with supportive networks, experience in culturally-responsive service provision and supported opportunities to develop ways of thinking, doing and partnering with First Australians towards optimising health and well-being.

First Peoples health interprofessional and simulation-based learning

Roianne West^{1,2}, Fiona Rowe Minniss^{1,2}, Christine Randall³, Vanette McLennan³, Pit Chen Chang², Sharna Mathieu^{1,2}, Jessica Armao^{1,2}, Matthew Hoffman^{1,2}, Elizabeth Cardell³, Mark Lynch⁴, Gary D. Rogers^{5,2}

¹First Peoples Health Unit, Griffith University, Gold Coast, Australia

²Health IDEAS, Griffith University, Gold Coast, Australia

³School of Allied Health Sciences, Griffith University, Gold Coast, Australia

⁴School of Human Services and Social Work, Griffith University, Gold Coast, Australia

⁵School of Medicine, Griffith University, Gold Coast, Australia

Introduction/background:

To support the development of a more culturally capable health workforce, there is strong recognition of the need for a multidisciplinary interprofessional and simulation-based learning approach in First Peoples health curricula that is integrated in health professional undergraduate and post-graduate programs.

Aim/objectives:

The aim of this research was to establish a best practice model for the design, implementation and evaluation of a suite of First Peoples Health interprofessional and simulation-based learning (IPSBL) activities and resources.

Discussion:

First Peoples IPSBL activities and resources were piloted in two undergraduate nursing courses; one at first year level and one at second year level. The activities and resources were evaluated using a First Peoples-led mixed methods approach combining pre- and post-surveys and phenomenological

interviews with students participating in the courses and with academic and sessional staff delivering the courses. While quantitative increases in student and staff cultural capability were detected, there was less evidence of cultural capability and affective learning demonstrated in the qualitative interviews with students.

Issues/questions for exploration or ideas for discussion:

Interprofessional education is an important pedagogical approach for preparing health professional students to provide patient care in a collaborative team environment. For significant developments in cultural capability and affective learning in First Peoples health, practice-based case scenarios may be needed to frame reality and ensure deeper and more authentic learning experiences to allow students to understand the importance of First Peoples health, history and cultures as well as implications for clinical practice.

1C PeArIs – 1 Assessment

Is Workplace Based Assessment possible within the Mentor/Trainee relationship?

Helen Rienits¹, Tim J Wilkinson², Ian Wilson³

¹University of Wollongong, Wollongong, Australia

²University of Otago, Christchurch, New Zealand

³University of Wollongong, Wollongong, Australia

Introduction/background:

The validity of Workplace Based Assessment (WBA) is often threatened if measured against results from an OSCE, as the WBAs frequently have significantly inflated grades. While over 35 reasons for this are described in the literature, recent surveys and interviews of assessors conducted at our institution suggest that the most significant reasons to them are: the importance of the long term mentor/trainee relationship and the consequent difficulty in giving a poor result to the trainee.

Purpose/objectives:

To explore the complexities (both negative and positive aspects) of conducting WBA within the mentor/trainee relationship.

To share ideas on how to maximise the benefits of the relationship for teaching and learning without minimising the efficacy and quality of WBA.

Issues/ questions for exploration or ideas for discussion:

- 1) Do you face similar problems in your institution?
- 2) If so, what strategies have you tried?
- 3) What have you tried that didn't work?
- 4) What have you tried that did work?

Participants are asked to share their ideas and experience from their institutions and training programs.

Failing to fail student clinical performances: How bad is too bad and what can we do about it?

Lynda Hughes^{1,2}, Marion Mitchell^{1,2,3}, Amy Johnston^{2,3,4},

¹Griffith University, School of Nursing and Midwifery, Nathan, Australia

²Menzies Health Institute Queensland, Griffith University, Nathan, Australia

³Princess Alexandra Hospital, Woolloongabba, Australia

⁴University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia

Introduction/background:

Failure to fail is an international, cross-discipline issue that necessitates thorough examination. It allows health professional students to progress into the profession potentially without meeting professional standards of practice, and thus may impact on students, assessors, organisations, the profession and most importantly, patients. Most assessors find marginal performances the most challenging to assess.

Purpose/objectives:

Using the presenter's research as a launch pad, the purpose of this session is to draw upon participants' experiences of assessing student performances that are not a clear pass or fail identifying barriers and enablers.

Issues/ questions for exploration or ideas for discussion:

There were a number of aspects raised within the presenter's research for which broad discussion could benefit all key stakeholders. The importance of the assessor as gatekeeper for the profession was consistently reported as 'vital'. However, assessors identified a number of barriers and enablers in practice to upholding this gatekeeper role. The notion of leniency and giving the benefit of the doubt needs to be explored further. Does the tertiary appeals process empower assessors in their role as gatekeeper for the profession? Does assessor bias enable gatekeeping or is it a barrier to student success? What supports do assessors need to ensure only those fit for practice progress through health professional programmes? Can assessors fail student performances on attitude alone?

Conclusion:

This interactive session will engage participants by exploring their experiences of assessing student performances in clinical courses of health professional programmes. Insights into barriers and enablers of failing to fail will develop through the participatory process.

1D Transition to Practice

Seamless transition from GP vocational training to Fellowship

Kyrillos Guirguis¹

¹Manager, Performance & Quality - MCCC GP Training, Victoria, Australia (BSc, BPharm, MClinPharm, AACPA, AdvPP(II))

Introduction/background:

Completion of Training (CoT) interviews provide Training Organisations (TOs) with insights into areas of their training program that require improvement. As registrars draw closer to RACGP/ACRRM Fellowship, they offer constructive feedback on the entirety of their training.

Aim/objectives:

To identify training aspects that attracted negative feedback during CoT interviews, and evaluate what registrars felt needed improvement.

Methods:

Registrars' negative feedback was evaluated to explore common themes. Negative comments were categorised and assigned to main themes that reflected various aspects of the training program.

Results:

Sixty-three registrars were interviewed and gave 342 comments that had negative feedback. Training program elements that were targeted by these comments included curriculum, pedagogy, ICT, administration, placements, workshops and post-Fellowship. The common themes identified included the need to tailor what is being taught and how/when it is taught. Two-thirds of registrars wanted further training on post-Fellowship issues, e.g. negotiating contracts. Many wanted to stay connected with MCCC after they become Fellows.

Discussion:

Individualising the learning experience is increasingly expected while resources remain limited. The need to stay connected, and uncertainty about the future, reflects a level of dependence on TOs that registrars develop. Perhaps the transition from training to Fellowship is not seamless, and a gap exists that should be bridged. Further research is needed to explore what the building blocks of such a bridge are, and how effective they are in meeting the needs of new Fellows.

Conclusions:

CoT feedback provide insights into the concerns of GP registrars and should be used to improve training and meet their needs.

Medical interns in the Emergency Department: children or adults?

Rohan Church¹

¹School of Medicine, University of Tasmania, Hobart, Australia

Introduction/background:

Previous research has shown that interns working in Emergency Departments spend far more time providing patient care and far less time on administration and paperwork compared to their other terms – with implication that ED terms provide key learning opportunities for interns as they transition their identity from student to practitioner.

However, whilst ED terms are typically highly valued by junior doctors, learning opportunities in the ED are under increasing threat from the pressures of service-delivery including ED overcrowding and hospital bed-block.

Aim/objectives:

This presentation will discuss the critical challenges of providing excellent supervision and training for interns working in Australia.

Importantly, this presentation will dare the audience to consider whether they treat those under their supervision as adults or children, and so emphasise the role of adult-learning theory in providing teaching and learning to our most junior practitioners.

Discussion:

“Show me an intern who only triples my workload and I will kiss his feet.”

This adage, paraphrased and adapted from Samuel Shem’s seminal textbook *The House of God*, could well be applied to the attitude of many supervisors towards their interns. However, it is incumbent upon us, as supervisors, to treat interns like the adults that they are.

Failing to provide the opportunity to develop genuine clinical skills and autonomy of practice – and instead just lumping them with all the paperwork – is a failure that will be borne by the rest of our health system and patients themselves.

Enhancing medical student transition to clinical practice by introducing a management of clinical aggression (MOCA) simulation in a Pre-Internship Program (PIP).

Lisa Panozzo¹, Sue Garner¹, Amber van Dreven¹

¹Deakin University, Victoria, Australia

Background:

Clinical aggression negatively effects clinicians’ health and well-being, potentially limiting the provision of patient care. Clinicians can fail to recognise clinical aggression as a manifestation of clinical

illness, a communication of distress or unmet needs. The medical curriculum is currently limited in the provision of skills training to manage challenging behaviours.

Aim/Objectives:

To construct, implement and evaluate a high fidelity MOCA simulation in the PIP. Results obtained from this pilot project will inform and refine potential MOCA simulations in future PIP programs.

Results:

Pre-simulation questionnaires from students (n=20) indicated most students had witnessed clinical aggression in the workplace. It also indicated knowledge and skills deficits that led to many responders feeling 'unsafe'.

Post-simulation questionnaires indicated that all students supported the need for MOCA training prior to independent clinical practice and that the use of simulation was an effective modality in addressing knowledge and skills deficits. Common themes that emerged from the written feedback included a greater understanding of techniques to ensure personal safety, when to escalate, and the roles and responsibilities of the response team in managing clinical aggression.

Discussion:

Formal evaluations based on this pilot program are planned for 2019 PIP. The program has been adapted based on feedback to allow for greater numbers of students to participate in the simulation. This has had implications for timetabling to allow for longer sessions, as well as construction of new simulated scenarios.

Conclusions:

This project has identified an unmet need for medical students and may be transferrable to other healthcare disciplines. Simulation based learning provides an effective alternative to didactic teaching surrounding classroom based MOCA training.

Enhancing undergraduate international nursing students' preparation for clinical placement

Laura Brooks¹, Louise Chadwick¹, Pauline Wong^{1, 2}, Lenore Ley^{1, 2}

¹School of Nursing and Midwifery, Deakin University, Geelong Victoria, Australia

²Centre for Quality and Patient Safety Research, Deakin University, Geelong Victoria, Australia

Introduction:

Australia is a popular destination for undergraduate international nursing students enrolled in higher education. Key issues for this student cohort include communication and cultural differences, and unfamiliarity in clinical environments. These challenges support the need to provide educational initiatives that assist international nursing students to succeed in Australian undergraduate Bachelor of Nursing programs.

Aim:

The aim of this educational initiative was to provide support for therapeutic and professional communication, and clinical skills development, prior to international students from our undergraduate program undertaking their first clinical placement in either a mental health or acute care setting.

Discussion:

Programs for effective communication and clinical skills were developed using an evidence-based framework and peer evaluated prior to implementation. Communication skills workshops were situated within a community simulation setting and explored active listening, difficult conversations, and approaches to de-escalate concern in distressed patients. Clinical skills workshops included an introduction to the Australian Registered nurse standards for practice, orientation to the 'bedside' in the Australian healthcare setting, and clinical simulations requiring assessment and management of authentic patient scenarios. Feedback from students and staff in the undergraduate program indicated that students were better equipped with the required knowledge and skills for their first clinical placement.

Ideas for discussion:

The educational initiative will be formally evaluated in 2019 to better understand students' experiences of both workshops. The evaluation findings will be used to inform refinement of the workshops to enhance student preparation for their initial clinical placement within the Bachelor of Nursing programs.

Looking beyond students' struggles during the transition to clinical training: a scoping review

Anique Atherley¹, Diana Dolmans¹, Wendy Hu², Iman Hegazi², Sonita Alexander³, Pim Teunissen¹

¹Maastricht University, The Netherlands

²Western Sydney University, Australia

³The University of the West Indies, Barbados

Introduction/background:

Often, the transition to clinical training is seen as a struggle. Students remain in distress despite numerous efforts to minimize distress. Efforts may be misdirected if they are based on narrow conceptualizations about transitions. This scoping review explored existing conceptual perspectives regarding the transition to clinical training and suggests a research agenda and practical implications.

Methods:

Between October 2017 and February 2018 five databases were searched for English-language literature with no date limits and retrieved 1582 articles. Two reviewers independently screened articles and extracted data from the selected 46 articles. Themes were identified and confirmed by iterative discussion.

Results:

Transitions to clinical training were often described negatively, as a struggle. Data showed that medical education researchers conducted studies on this transition from three conceptual perspectives: *educational*, *social* and *developmental*. Most research approached the transition from an educational perspective through curriculum alterations such as transition to clerkship courses. Some research was conducted from a social perspective focusing on building relationships. Lastly, authors found a few articles highlighting opportunities for personal and professional development by nurturing transferrable learning strategies and reflection.

Discussion:

This review provides an empirical base on which to build future research to better support students' capacity to navigate change. Finding new perspectives allows researchers to look beyond preparing students for transition.

Conclusions:

More research exploring the transition to clinical training is needed from social and developmental perspectives to stimulate opportunities for advancing students' adaptations to the clinical environment.

1E Assessment

What do industry and academic clinical assessors say about 'failure to fail' in students' clinical practice?

Lynda Hughes^{1,2}, Marion Mitchell^{1,2,3}, Amy Johnston^{2,3,4}

¹Griffith University, School of Nursing and Midwifery, Nathan, Australia

²Menzies Health Institute Queensland, Griffith University, Nathan, Australia

³Princess Alexandra Hospital, Woolloongabba, Australia

⁴University of Queensland, School of Nursing, Midwifery and Social Work, Brisbane, Australia

Introduction/background:

'Failure to fail' is an internationally identified issue in practice based professional programmes. Despite the gravity of the implications of having substandard clinicians in these practice based professions to the profession and ultimately to vulnerable patients, current research exploring this phenomenon is limited in quantity and scope.

Aim/objectives:

To describe tertiary and industry based assessors' experiences of grading student performances in clinical courses when that performance is not a clear pass or fail.

Methods:

A descriptive survey design, employing a 76 item survey developed from a series of qualitative interviews, literature and expert opinion ratings, was distributed to explore the experiences of assessors of nursing students' marginal clinical performances. The survey was underpinned by an educational framework – the Invitational Theory.

Results:

Descriptive analysis of five-point likert responses from 149 respondents revealed a multitude of factors that impact on both industry and academic assessors. These factors align with the five domains of the Invitational Theory; people, processes, programmes, policies and places.

Discussion:

Findings across the domains of people and processes reflect and add to the existing literature on failure to fail. The findings linked to the domains of programmes, policies and places, highlight previously unexplored aspects of assessors' experiences. Replication of this study with other practice based professions is recommended.

Conclusions:

This study is the first step towards gaining understanding of the barriers and enablers that impact assessors when assessing marginal student performances. It has the potential to influence both organisational policy and assessor practice.

Construct validity of Script Concordance Test (SCT) in assessing clinical reasoning – progression from novice to general practitioner.

Siu Hong WAN¹, Elina Tor¹, Judith N Hudson²

¹School of Medicine, University of Notre Dame. Australia

²Faculty of Health and Medical Sciences, University of Adelaide, Australia

Background:

Script Concordance Testing (SCT) is used to assess clinical reasoning (CR) of candidates. A clinical scenario is presented and candidates are then asked to assess whether an additional information increases/decreases the probability/usefulness of a provisional diagnosis, investigation or management. The candidate's decision is compared to that of a reference expert panel for scoring. Studies have shown that these scores do reflect performance/competence on CR.

Aim:

This study aims to investigate the construct validity of SCT, i.e. evidence of progression from medical students (novices) to practising general practitioners.

Methods:

A SCT with 40 questions was given to 105 final year medical students (in the year-end summative examination), 19 junior registrars, and 13 practising GP Problem Based Learning tutors. The mean and standard deviation (SD) of the scores of the 3 groups were analysed and compared to the expert panel. Student *t-test* was used to look for any statistical difference.

Results:

Progression of CR competence is evident in the SCT scores. The student cohort mean score was 64.9% (SD 6.4%); the junior registrars' mean score was 67.0% (SD 2.5%); and the GPs' mean score was 70% (SD 8.6%). The score progression from students to GP is statistically significant ($P=0.013$). The mean score and SD of the expert panel were 79.4% and 10.8% respectively.

Conclusions

This study demonstrates a significant upward progression of the CR skills, as measured by a set of SCT questions, from senior medical students (relative novices) to practising GP clinician level supporting the construct validity of SCT.

The Role of the Long Case in Modern Medical Education: The Sydney Medical Program Experience

Edward Abadir¹, Naomi Staples¹, Jane Bleasel¹, Deborah O'Mara¹

¹The University Sydney Medical School, The University of Sydney, Sydney NSW, Australia

Introduction/background:

The Long Case has seen substantial declines in implementation with significant concerns on case to case variability. Despite this few other assessments can encompass the complexity and wholistic approach required in patient care.

Aim/objectives:

We have conducted a systematic analysis of the 2018 Long Case to review issues of calibration, correlation with other assessments, student evaluation and impact on completion.

Methods:

De-identified Long Case results, conditions, student demographics and evaluations were accessed with approval from the University of Sydney Human Research Ethics Committee.

Results:

There were no significant differences in outcome based on examination site. There were significant differences in case difficulty between exam sites (Chi-Square 52.645, df 18, $p < 0.01$), but case difficulty did not impact on student outcome. There was a weak but significant correlation with the preceding OSCE (0.299, $p < 0.01$) as well as concurrent non-clinical assessments. 92% of students agreed that Long Case preparation developed their clinical skills. 29 (9.7%) students sat a second attempt without academic penalty. Non satisfactory performance on the Long Case prevented 1 (0.3%) student from Year 4 completion.

Discussion:

These results suggest that examination sites can be calibrated to reduce variability. Student perceptions and limited correlation with other exams demonstrate that the Long Case provides a unique role in the development of clinical skills. Allowing a resit without penalty reduces the impact of case to case variability on academic performance.

Conclusions:

The Long Case can be successfully incorporated into a modern medical curriculum as key component of clinical examination.

Poor performance in mock AKT/KFP exams may predict failure in real RACGP exams

Kyrillos Guirguis¹, Cath Beasley²

¹Manager, Performance & Quality - MCCC GP Training, Victoria, Australia ²Medical educator & Registrar Progression Portfolio Lead, MCCC GP Training, Victoria, Australia

Introduction/background:

RACGP requires Training Organisations (TOs) to prepare registrars for Fellowship exams. Exam preparation covers the expected format, standard, and timing of RACGP exams, and highlights common tips and traps.

MCCC GP Training provides online mock AKT and KFP examinations to all registrars. This is followed by personalised written feedback and participation in either a face-to-face session or webinar for general feedback and advice to improve exam techniques.

However, it is unclear whether the mock exams can also serve to predict, and potentially help, those registrars who will struggle to pass the College exams.

Aim/objectives:

To evaluate whether performance in MCCC's mock exams predicted registrars' performance in the real RACGP exams.

Methods

The results of the registrar cohort that completed the mock exams in 2017 were compared to their results in the RACGP AKT and KFP. Performance of individual registrars was matched to their performance in the real exam. Bivariate statistical analysis was undertaken to evaluate if a correlation exists.

Results:

There was a moderate positive correlation between being in the lowest 20% in MCCC's 0.mock AKT/KFP exams and failing RACGP exams. The correlation coefficient was 0.58 for KFP and 0.64 for AKT.

Discussion

This association between performance in mock and real exams is significant because it enables TOs to direct resources to exam preparation and support registrars who may not have already been identified, who could be at risk of failing their Fellowship exams.

Conclusions:

Performance in MCCC mock exams has the potential to predict a registrar's performance in the real RACGP exams.

1F Workshop Mentoring

It isn't about knowledge – it is about relationship! Developing the teaching and mentoring skills of the health professional educator through experiential and reflective activities.

Katrina Anderson¹

¹Australian National University Medical School, Canberra ACT

Introduction/background:

Engaging busy health professionals to improve their teaching and mentoring skills can be challenging. Most experienced clinical educators want more than just teaching pedagogy. In health the focus on specific knowledge and expertise can often distract learners from exploring interpersonal and professional qualities. Creating learning experiences that are outside traditional areas of expertise allows for a common playing field thereby reducing hierarchy and tribalism.

Purpose and outcomes:

This workshop is an opportunity for those involved in health professional training to gain an appreciation of experiential and reflective learning activities that can be used with clinical educators to develop their interpersonal skills. Using experiential learning in conjunction with group and personal reflection allows health professionals to transcend the usual cultural boundaries and gain insight into their professional behaviour as teachers and mentors.

Issues for exploration or questions for discussion:

The activities in this workshop can be used in all areas of health professional education and can be used within inter-professional activities as well. These activities have been used successfully over years by the facilitator with junior and senior health professionals as well as with students.

Outline of workshop activities:

The workshop will involve taking participants through activities that use metaphors to explore experiential learning, resilience, interpersonal communication and lateral thinking. This will then be followed by reflective activities and small group sharing to explore the personal strengths and weaknesses that we bring to our jobs as health professionals.

1G Workshop Student Placements

Evolving models of allied health student placements: implications for supervision

Gillian Nisbet¹, Libby Callaway², Merrolee Penman¹, Robyn Johnson¹

¹University of Sydney, New South Wales, Australia ², Monash University, Victoria, Australia

Introduction/background:

Student placements are a critical component of allied health degree programs, enabling application of theory to practice settings. Educators have historically adopted the one-to-one student to educator apprenticeship model with direct supervision provided by a designated placement site educator or their delegate. Increasingly, this model is being challenged from both a learning and efficiency perspective.

The authors have experience with various placement models that incorporate near-peer and peer learning, remote, team, interprofessional, and tele-supervision. These approaches have been introduced in hospital, community, NDIS, school, rural and remote settings.

Purpose and outcomes:

This workshop will explore this range of allied health placement models with a focus on supervision. Participants will review a draft set of evidence-based principles that foster effective supervision, are aligned with graduate competencies and are widely applicable

Issues for exploration or questions for discussion:

Workshop participants will consider commonly cited challenges to achieving high quality student learning on placement and identify underlying assumptions around supervision. Discussion points include: What is the role of a placement educator? How do we determine what quality supervision looks like? How do we ensure client/patient and student safety? What factors influence the requirements for discipline-specific supervision? How could more innovative approaches to supervision be introduced and maintained?

Outline of workshop activities:

Through a series of guided activities, workshop participants will explore various placement models and consider how these may apply to their own work and education contexts. Activities will include group discussions, individual reflection, and case study vignettes.

1H Workshop Simulation

Building sustainable simulation programs – a rural and remote perspective

Kirsty Freeman¹, Stephanie Schlueter², Josephine McDonnell³

¹The University of Western Australia, Perth, Australia; ²WA Country Health Service, Perth, Australia; ³St John of God Healthcare, Midland, Australia

Introduction/background:

Simulation-based education programs are an essential component of health workforce recruitment and retention, and are crucial in addressing patient and clinician safety in rural and remote clinical environments. Unlike programs in metropolitan sites there are unique requirements that healthcare educators need to consider when building sustainable simulation-based education programs in rural and remote clinical environments.

Purpose and outcomes:

The purpose of this workshop is to explore the challenges faced by healthcare educators when planning and delivering simulation-based education in rural and remote environments. Participants will identify solutions and develop practical strategies for building sustainable simulation-based education programs to their own organisations. A key outcome of this workshop is fostering a community of practice for those healthcare educators utilising simulation in rural and remote Australia.

Issues for exploration or questions for discussion:

This workshop will explore the successes, challenges and barriers in building sustainable simulation-based education programs in rural and remote clinical environments. The workshop will encourage sharing of experiences in the areas of curriculum development, simulation/teaching facilities, resource management and faculty development.

Outline of workshop activities

This interactive workshop will draw on participants' experiences in relation to simulation-based education in rural and remote environments. Following an interactive discussion, participants will have the opportunity to identify the specific challenges related to their current practice. In small groups, the participants will brainstorm solutions to the challenges, feeding back their ideas to the larger group. The facilitators will assist participants to develop individual strategies that can be applied following the workshop.

2A Seminar

Dangerous ideas in medical education.

Rebecca Szabo^{1,2}, Elke Hendrich^{1,3}, Anne Powell^{4,5}

¹University of Melbourne, Australia; ²The Royal Women's Hospital, Parkville, Australia; ³Western Health, Melbourne, Australia; ⁴Central Clinical School, Monash University, Australia; ⁵Alfred Health, Melbourne, Australia

During this symposium, we will discuss and debate some of the important current disruptive ideas within medical education.

1. Dr Rebecca A Szabo, Disruptive communities.

Traditional medical communities of practice have become increasingly fragmented over the past few decades. Alternative disruptive communities are filling this gap and providing previously unseen benefits.

2. Dr Elke Hendrich, "Fast food franchise" medical training.

A growing requirement in medicine is the need for an agile, flexible workforce. Governing colleges mandate training requirements which inhibit this flexibility, forcing the evolution of career medical officers. 'Do you want fries with that?'

3. A/Prof Anne Powell, "Mind the gap" between clinicians and academics.

Clinicians are teaching the same way they have for decades. Academics are often researching and publishing within the clinical realm with minimal input from clinicians. Despite opportunities for improved collaboration, there does not appear to be a narrowing of this gap.

2B TED

Glimpse of future: innovative pathology teaching in a rural medical school - one man army!

Shashidhar, Venkatesh Murthy¹

¹James Cook University, Townsville, Australia

Introduction/background:

Quality teaching of complex laboratory skill intensive subject of Pathology to students in distant rural clinical placements was a big challenge, when I joined James Cook University, a rural medical school in regional Australia.

As a single full time academic pathologist, challenges were many. How to teach Pathology to over 200 medical students remotely? How to teach laboratory skills and Microscopy? These challenges motivated me to revamp pathology curriculum to integrate with clinical learning and innovate several tools to provide quality teaching including laboratory skills online to students in remote clinical placements. Special feature of our innovation is continuous assessment, monitoring and support for students 24/7...!".

Aim/objectives:

This interactive presentation demonstrates successful teaching tools developed over a decade of experimenting. I call this "Technology Enhanced Cognitive Scaffolding". During this talk I will share work on unique undergraduate medical curriculum with strong focus on applied pathology in the senior clinical years. Share experience of challenges faced and innovations developed to address them.

The presentation also includes demonstration of digital microscopy laboratory (First in the world*) Remote student monitoring and support using Technology Enhanced Cognitive Scaffolding.

Discussion:

In this presentation I will demonstrate that pathology can be taught effectively to large cohort of students not only theory but also Gross specimen and Microscopy tutorial in a interactive way using adaptive technology which allows students to learn in their own time and space. Also this technology has allowed student monitoring and learning with ability to support student learning needs.

Issues/questions for exploration or ideas for discussion:

Encourage audience to critically evaluate my innovations and here are some sample questions.

How can you teach practical skills online?

Can technology detect & adapt to student needs?

Does technology replace academic teachers?

Can technology give "human" aspect of teaching?

What is the future for traditional tertiary education?

Deadly Health Jobs – inspiring the next generation of Indigenous health professionals

Allison Hempenstall¹; Maryann Ansey¹; Kira James²; Ruth Stewart^{1,3}

¹Torres and Cape Hospital and Health Service, Thursday Island, Australia

²Far North Queensland Sports Medicine, Cairns, Australia

³James Cook University, Cairns, Australia

Aboriginal and Torres Strait Islander Health Workers and Health Professionals make vital contributions to healthcare across Australia, in particular for Indigenous patients. A pilot health careers promotional program 'Deadly Health Jobs' was undertaken at the Thursday Island Primary Healthcare Centre in November 2018 for 85 year six and seven Indigenous students to inspire them to consider a future career in healthcare. In groups of six, students rotated around eight different health career related stations where they had the opportunity to meet Indigenous doctors, nurses, health workers and allied health staff. Students and volunteers completed an anonymous survey at the completion of the event. The three most popular activities were applying plaster casts, dissecting pig hearts and wearing personal protective equipment. Of the students who attended, 53% were inspired to consider a health career, 72% would like to attend the event again and 69% felt more comfortable attending the primary healthcare centre as a result of the event. This pilot program illustrates the feasibility of undertaking a successful health careers promotional events for Indigenous students.

X-ray image interpretation education for rural multidisciplinary health professional generalists: Is there a need?

Tony Smith¹, Imelda Williams², Marilyn Baird²

¹University of Newcastle Department of Rural Health, Taree, New South Wales, Australia; ²Monash University Department of Medical Imaging and Radiation Sciences, Clayton, Victoria, Australia

Introduction/background:

The ability to make optimum use of diagnostic tests and accurately interpret the results applies equally to radiography as any other examinations. Yet, it is commonly the case that practitioners receive minimal formal education and training in the best use of medical imaging and image interpretation. Thus, it can be reasonably suggested that there is a need for such education, particularly for rural and remote practitioners who have a generalist health care role and relatively limited access to specialist medical advice.

Aim/objectives:

The need for a *Graduate Certificate in X-ray Image Interpretation* under consideration. The proposed course will aim to upskill practitioners to make the best use of radiographic services. It builds on candidates' clinical knowledge and experience in order to improve the immediacy of care and patient outcomes. Course content is relevant to rural general practitioners, nurse practitioners and allied health professionals.

Discussion:

Delivered over one year of part-time study, the fully online course content has two parts: *Musculoskeletal Radiographic Interpretation* and *Chest and Abdominal Radiographic Interpretation*. Both parts include introductory units on decision-making in diagnostic imaging and systematic image interpretation. As well as normal anatomical variants, each part addresses a wide range of common, trauma and non-trauma pathologies. The course articulates with the *Master of Advanced Health Care Practice*.

Issues/questions for exploration or ideas for discussion:

Questions addressed in the needs analysis include: Do practitioners perceive a need for such education? What disciplines most frequently express that need? What other education in medical imaging is needed?

The self beyond itself

Hubert van Doorn¹

¹Northern Territory General Practice Training, Darwin, Australia

Introduction/background:

The Self beyond itself is the title of a 2012 book on the concept of the extended self by American philosopher Heidi Ravven. The catchy title draws the reader into reading and thinking about the concept of 4 E cognition. Simply put, this is the idea that humans don't have one invariant self. The four E's are the embedded, embodied, enacted and extended self. More recently much interest has been shown and many more books and papers have been published on the topic.

Aim/objectives:

Health professional Educators have at least two professional selves as practitioners and educators. How we perform in each setting is dependent on the contexts surrounding us and the people with whom we interact. The aim here is to explore ideas on how the 4E concept could apply in our clinical and educational work.

Discussion:

We live and engage in our clinical and educational lives embedded in different cultures and places, using a range of bodily skills, interacting with objects and human subjects in complex relationships and extending our feelings, thoughts and behaviours beyond our proximate surroundings. This is the concept to be explored.

Issues/questions for exploration or ideas for discussion:

The 4 E approach shifts our focus from a traditional triadic educational model based upon knowledge, skills and attitudes to a more nuanced enactivist perspective. How do our clinical and educational lives now appear with this new paradigm?

The Nursing and Allied Health Graduate Outcomes Tracking Study: Methodology for Large-scale Data Linkage

Tony Smith¹, Susan Waller², Alison Beauchamp², Keith Sutton², Julie Depczynski¹, Leanne Brown¹, Luke Wakely¹, Karin Fisher¹, Hanan Khalil², Darryl Maybery²

¹University of Newcastle Department of Rural Health, New South Wales, Australia

²Monash University School of Rural Health, Victoria, Australia

Introduction/background:

Despite the shortage of health professionals in rural locations, there is limited evidence linking place of origin, placement location and practice intentions with principal place of practice of graduates. To address this the Nursing and Allied Health Graduate Outcomes Tracking (NAHGOT) Study is underway across two universities in different Australian States. This presentation describes the protocol and complexity of collaborative, longitudinal studies of graduate outcomes.

Aim/objectives:

With data from entire health professional student cohorts, the aim is to compare practice intentions of undergraduates with graduate practice location, as well as whether outcomes are influenced by where they grew up or where they undertook professional placements. Data sources include: University enrolment and professional placement databases; Australian Health Practitioner Regulation Agency registration data; and surveys of first year and final year students, as well as graduates over a period up to 10 years.

Discussion:

This large-scale study will eventually involve many thousands of participants from multiple disciplines. A longitudinal study that tracks the background, intentions, experience and outcomes for nursing and allied health graduates may inform graduate employment prospects and future workforce planning,

particularly for non-metropolitan locations. It is opportune to share and discuss the methodology, with a view to feedback, refinement and possible expansion.

Issues/questions for exploration or ideas for discussion:

There is a need to consider methodological issues, such as data access and linkage, as well as recruitment and retention of study participants in large-scale, longitudinal graduate outcomes research and whether it is feasible to broaden the collaboration.

Simulation as an instrument for interprofessional learning: interpreting

Adelaide Boylan¹, Adam Montagu², Libby Kentish³

¹University of Adelaide, Australia ²University of Adelaide, Australia ³University of Adelaide, Australia

Introduction/background:

Graduates need to be work ready and interculturally competent. Providing safe opportunities for work-based experiences that develop cultural competence and authentic assessment of students learning to interpret can be challenging in the paradigm of a Medical School.

Aim/objectives:

To simulate a work-based experience for final year medical students and near completion Masters of Arts (Interpreting, Translation and Transcultural communication) students.

Discussion:

Within a Transition to Internship Program for final year medical students, we developed a series of short medical scenarios which were role played by bilingual actors. Students completing a masters of interpreting attended the sessions and interpreted for medical students. Over the course of a day, all medical students were exposed to a scenario where an interpreter was used, and all interpreting students had three opportunities to practice their skills. The scenarios were filmed, and interpreting students were able to review their performance between scenarios, providing an invaluable opportunity for self-reflection during the learning. We repeated this exercise, in different languages 4 times over a semester.

Issues/questions for exploration or ideas for discussion:

Did medical students find working with an interpreter to be more challenging than they had anticipated?

Do students value non-traditional interprofessional learning opportunities?

Do other non-traditional opportunities for interprofessional collaboration exist within a University?

Should every medical student have an opportunity to participate in a simulation with an interpreter or is observation enough?

Data-Driven Approaches to Student Development and Wellbeing

Kim Ashwin¹, Theanne Walters¹, Kirsty White¹, Sarah Vaughan¹, Karen Rocca¹

¹Australian Medical Council, Canberra, Australia

Introduction/background:

There is a growing body of research regarding factors leading to success in medical school and beyond. Previous academic performance has some predictive value, and there are some emerging areas of consensus for non-academic factors, for example negative correlation of success with high levels of neuroticism in the IPIP Five-Factor Test. Research from recent surveys sheds new light on how academic and professional development be realized and supported.

Aim/objectives:

To provide insights from The Australian Medical Council and Medical Board of Australia Preparedness for Internship survey on how data-driven techniques might support student growth and wellbeing.

Methods

The Australian Medical Council and Medical Board of Australia Preparedness for Internship survey is a national survey of intern attitudes to medical training and its relevance to internship. The survey has been run in 2017 and 2018, and includes psychographic questions designed to uncover respondent attitudes to their capabilities, sources of satisfaction, and challenges in making the transition to internship.

Results

The survey shows distinct sets of attitudes are shared by respondents who feel prepared for internship. Using capability, satisfaction and challenge criteria, student cohorts can be clustered into different segments with different self-perceptions, and different likelihoods of feeling prepared. The proportions of respondents in different clusters varies considerably across medical schools. These findings are also supported by qualitative answers in the survey.

Discussion and conclusion

The survey findings suggest alternative approaches to supporting student wellbeing and development. Initiatives which can provide better targeted support might be embedded in a broader programs based on a more differentiated understanding of student cohorts. In a data-intensive age it should be possible to achieve more robust insights into the drivers of success, build better tools to support student development, as well as providing inputs to debate about amelioration of institution and cultural factors which inhibit student growth and wellbeing.

2C PeArIs - 2

Academic Misconduct: Managing the Mutations

Melanie Birks¹, Jane Mills²

¹James Cook University, Townsville, Australia ²Massey University, Palmerston North, New Zealand

Introduction/background:

Academic misconduct is a problem of growing concern across the tertiary education sector. Research has consistently shown that students who engage in academic misconduct do so for various reasons, often characterised by ambivalence, lack of intent or understanding, and a desire to succeed in a competitive environment. Other studies have explored the attitudes of academic staff to student misconduct, particularly in respect of strategies for its prevention and management. Historically plagiarism was the most common form of academic misconduct facing universities, however with the development of software programs to detect plagiarism the problem simply mutates. This phenomenon can be seen with the emergence of paraphrasing programs and the growth of contract cheating in the form of bespoke assignment writing services provided by essay mills.

Purpose/objectives:

The purpose of this Personally Arranged Learning Session is to explore the issue of academic misconduct, in its many forms, that are currently faced by universities. In particular, the session will focus on what academics at all levels can do to manage the problem in their institution.

Issues/ questions for exploration or ideas for discussion:

The following questions will be posed to the participants for the purpose of provoking an in depth consideration of the issues:

Are we fighting a losing battle against academic misconduct?

What university-wide strategies are needed to prevent and manage this problem?

What are the responsibilities of individual academics in respect of academic misconduct?

Are we doing enough to help students manage their stress?

Nichole Harvey¹, Teresa O'Connor¹, Simone Ross¹

¹James Cook University, Townsville, Australia

Introduction/background:

High levels of stress in young people studying medicine is a problem that appears to be increasing in severity. Unfortunately it is not uncommon to see unhelpful or harmful coping strategies being employed by students to manage their study/life stress. The Australian Medical Students Association cite that medical students are three times more likely to commit suicide than the rest of the general population in their age range.

Purpose/objectives:

The purpose of the session is to discuss the widening issue of stress and self-harm amongst the student population, specifically medical students, and glean from each other what support strategies have been successful. Discussing responsibility, support, services and strategies with other expert healthcare educators will help illuminate and address the impact of student mental health and the serious effect this may have on their progression through the course.

Issues/ questions for exploration or ideas for discussion:

- What level of responsibility should Universities have in managing young people's stress/anxiety issues?
- Many Universities have reduced access to free counselling services for students – should these services be reinstated/increased?
- Should colleges/healthcare facilities be doing more to support students, rather than relying on the University to offer services?
- What support strategies have been the most effective at your College/School/University/Health facility?
- Should mindfulness/meditation be compulsory components embedded in healthcare courses? If so, when should they be introduced and how often should they be revisited?
- Should more or a different type of support be available for students who are on clinical placements?

2D Transition to Practice

Swipe right: a novel approach to junior doctor orientation at Auckland District Health Board (ADHB)

Ziyen Lam¹, Sian Dawson¹, Tash Bell¹, Maya Patel¹ on behalf of the POND working group.

¹Auckland District Health Board (ADHB), Auckland, New Zealand

Introduction/background:

Creating a dynamic and engaging orientation for a large cohort of Post-Graduate Year 1 (PGY1) doctors is challenging due to a constrained timetable and an overwhelming amount of material. In November 2017, Auckland District Health Board introduced a new format allocating Pharmacy a three minute presentation and an EXPO display stand. As junior doctors consider prescribing one of their most difficult tasks, their feedback indicated a radical review of the format and content of the orientation material was required.

Aim/objectives:

To develop an orientation for PGY1's focussing on key messages in an engaging way within significant time constraints.

To maximise the opportunity for collaborative practice and safe prescribing support.

Discussion:

Feedback from the previous year's (2016) orientation showed that locating prescribing support resources and advice were primary concerns for PGY1s. Thus, a three minute video, based on the dating app Tinder®, was designed to deliver this information in a fun way. A final message encouraged the PGY1s to 'Swipe Right' to meet with the pharmacy team at the EXPO. Pharmacists then provided personalised pharmacy information leaflets with contact details, and prescribing resource links for the PGY1s.

Issues/questions for exploration or ideas for discussion:

Innovation, creativity and humour were applied to grab attention and deliver key messages. This 'thinking outside the box' to target the demographic proved to have a positive impact on the PGY1s. The author suggests this approach could be adopted for other situations where a rapid message delivery is required.

Teachers can become learners and develop contemporary engaging education resources for younger generations of learners.

Utilising a new graduate transition to practice framework within public sector health services.

Cate Fitzgerald¹, Alis Moores²

¹Metro South Health, Hospital and Health Service, Princess Alexandra Hospital, Woolloongabba, QLD, 4102

²Townsville Hospital and Health Service, QLD

Introduction/background:

New Graduates face a challenging time as they transition from being a student to a qualified health professional. A new graduate transition framework was developed within a statewide clinical education program for initial use with occupational therapy new graduates and is now being reviewed by interprofessional allied health colleagues.

Aim/objectives:

New graduates and their supervisors are supported to utilise a transition to practice framework to guide key actions, responsibilities and learning for safe client centred care.

Discussion:

New graduate support, supervision and education practices that facilitate clinical reasoning, professional identity, an active approach to learning and reflective practice are embedded within a new graduate transition framework. The framework is designed for use within acute and community public health care settings for allied health professionals. Contextualisation to profession endorsed competency standards, profession specific and health service workforce capability frameworks, and site-specific policies, procedures and clinical guidelines is encouraged when using the framework. Existing resources and tools available within the health care setting (interprofessional and/or uni-professional) are also linked to as a means of encouraging collaboration for learning and development and partnerships for evidence informed new graduate support, supervision and education.

Issues/questions for exploration or ideas for discussion:

How are new graduates and their supervisors encouraged to utilise the cues provided within the new graduate transition framework?

What is the common experience from use of the framework within four public sector health settings in occupational therapy?

How has the framework been adapted for use by interprofessional colleagues?

Supporting the Transition to Practice of New Graduates undertaking a Graduate Program

Merrill Turpin¹, Cate Fitzgerald², Jodie Copley¹, Sue Laracy³, Beverley Lewis³

¹School of Health and Rehabilitation Sciences, The University of Queensland, QLD, 4072

²Metro South Health, Hospital and Health Service, Princess Alexandra Hospital, Woolloongabba, QLD, 4102

³Metro North Hospital and Health Service, Royal Brisbane Hospital, Herston, QLD, 4006

Introduction/background:

Supporting newly graduated health care professionals to appropriately and safely conduct their role while they develop experience and build clinical and professional skills is a challenge for all professions.

Aim/objectives:

This research explored the perspectives and experiences of and support provided to new graduate occupational therapists in a major metropolitan hospital in their first year of practice. The research questions guiding the study were: How did the graduates perceive and experience their first year in practice? How did the organisation support them and how was this support perceived?

Methods:

This project used an Interpretive Description (Thorne, 2016) research design to qualitatively analyse interview response data. Semi-structured interviews with new graduates, their supervisor and manager were conducted over a 2-year period.

Results:

Inductive development of data codes revealed the following codes: the new graduates' perceptions and experiences of their first year, professional skills, organisational support and supervision, support provided by the organisation, and departmental culture.

Discussion:

Transition to practice was reported as overwhelming with a mismatch between the new graduate's perceived competence and their perceptions of colleagues' and clients' expectations. The findings support using supervision, support and education to facilitate new graduates' transition to practice. Promoting clinical reasoning and professional skills through supervision and informal support from clinical senior, peers, the occupational therapy department and inter-professional teams advanced clinical and professional knowledge and skills, professional identity and confidence.

Conclusions:

Scaffolded and tailored support and supervision were highly valued as was guidance to develop clinical reasoning skills and active engagement in own learning through reflection in, on and for action.

Exploring influences on student transition to clinical training using audiodiaries

Anique Atherley¹, Wendy Hu¹, Diana Dolmans², Pim Teunissen², Iman Hegazi¹

¹Western Sydney University, Australia

²Maastricht University, The Netherlands

Introduction/background:

Doctors experience numerous transitions during training requiring numerous shifts in context, relationships and responsibility. Transitions are prolonged, dynamic periods and yet most research is cross-sectional. This longitudinal study explores factors influencing students' transition during the first critical months from pre-clinical to clinical training.

Aims/Objectives:

To determine the factors (constructive or detrimental), which impact students' transition experience as they leave pre-clinical, and enter clinical, environments.

Methods:

Between October 2018 and May 2019, 15 second-year students will complete regular, guided reflection with audio diaries using personal smartphones as they transition from pre-clinical campus-based learning environments to training in clinical work environments. After 4 months of clinical training, an exit interview will be conducted with each student. All data will be analysed longitudinally using thematic and narrative analysis and the community of practice lens.

Results:

Prior to the start of clinical placements, students begin to experience the transition emotionally. Positive and negative emotions related to the individual (maintaining motivation), interpersonal (working in teams), and to learning (gaining patient exposure) are described. Further analyses will be reported.

Discussion:

This longitudinal study will enhance current understandings of the transition from pre-clinical to clinical training. Previous research has focused on educational interventions to assist transition. Our final analyses are expected to identify a broader range of strategies to support student learning and socialisation during this transition.

Conclusions:

Students' experience when transitioning to clinical training relate to individual, interpersonal and academic factors. Student support should relate to these, informed by results from this study

“Trying to work with what you can” – New graduate physiotherapists' experiences working with culturally and linguistically diverse communities

Maxine Te¹, Felicity Blackstock¹, Pranee Liamputtong¹, Lucy Chipchase^{1,2}

¹Western Sydney University, School of Science and Health, Campbelltown, Sydney, Australia

²University of Canberra, Faculty of Health, Bruce, ACT, Australia

Introduction/background:

Upon entering the workforce, physiotherapists are required to work safely and effectively with culturally and linguistically diverse (CALD) communities. To date, no published research has explored the experiences of new graduate physiotherapists when working with patients from CALD communities, how they feel they adapt their practice, and the challenges or facilitators they encounter.

Aim/objectives:

To investigate the lived experiences of new graduate physiotherapists when working with patients from CALD communities.

Methods

A qualitative research approach using in-depth semi-structured interviews were undertaken with 17 new graduate physiotherapists who had experience working with CALD communities in Sydney. Interviews were audio-recorded and transcribed verbatim and then thematically analysed.

Results:

New graduates had good intentions and were trying their best to work with CALD communities. However, these new graduates perceived that CALD communities adopted passive healthcare approaches, and generally described a unidirectional approach to care that was underpinned by the western healthcare model. They felt challenged when patients did not fit their perceptions and this model of care. Additionally, the depth of practice adaption for cultural responsiveness was mostly superficial and limited to using communication strategies to increase patient compliance. Although self-reflection for improvement was also described.

Conclusions:

New graduates are pushed beyond the boundaries of their capabilities when working with CALD communities. Their approach, underpinned by good intentions, is limited to ensuring patients adopt a western healthcare model. Overall, there is an apparent need for continuous support and further development of cultural responsiveness to work effectively in different cultural frameworks.

2E Assessment

Writing assessment items – why is it so difficult?

Sowmiya Karthikeyan¹, Elizabeth O'Connor¹, Wendy Hu¹

¹Western Sydney University, Campbelltown, Australia

Background and Aim:

Health professions programs are under pressure to repeatedly produce assessment items of enough quantity and quality. While there is a plethora of guidelines on assessment quality and the item writing process, there is a lack of primary research examining the barriers and facilitators for item writers to write good quality items.

Methods:

We conducted in-depth semi-structured interviews with eleven item writers of varying item writing experience and backgrounds (novice, expert, clinician, basic science), to explore their experiences of item writing. Thematic analysis was performed to identify underlying themes.

Results:

Initial thematic analysis shows item writers perceive that they are time poor, experience scheduling issues, item writing is a low priority, write only within their area of expertise and lack orientation to item writing. Quality assurance procedures, participation in other assessment activities such as marking, and interaction with students through teaching facilitated item writing involvement.

Discussion:

Our results reflect the facilitators identified by in a previous scoping review. Additionally, this study highlighted barriers at the individual and institutional level that decrease engagement with item writing. They raise the question of whether, and to what extent, item writers are required to be content experts on the item topic.

Conclusions:

Better understanding of barriers and facilitators to item writing could help inform targeted interventions for improving item quality, and in particular, perceptions about the depth of content expertise required.

Physiotherapy musculoskeletal assessment outcomes are associated with clinical skills during work-integrated learning placements: a model for layering of teaching.

Jeremy Witchalls^{1,2} Phil Newman^{1,2} Irmina Nahon¹

¹University of Canberra, Faculty of Health

²University of Canberra, Research Institute for Sport and Exercise

Introduction:

Curricular design for teaching musculoskeletal physiotherapy often requires a longitudinal sequence for development of student skills. It is not known to what extent this layering determines the performance of taught skills during clinical placements.

Aim:

To assess the association between classroom assessment items and subsequent clinical placement performance.

Methods

Assessment results from five years were collated to evaluate outcomes from three units within the musculoskeletal curriculum. Unit results were compared with clinical placement results relating to the assessment, analysis & planning, and intervention sub-sections of the Assessment of Physiotherapy Practice (APP) forms. The relationship between results for the musculoskeletal units and clinical placement was assessed using factor analysis.

Results:

158 student records were analysed. Assessments which use viva voce practical exams or written exams correlate well to each other within and between each unit of study (factor loading for five vivas = range 0.45 – 0.57, $p = <0.01$ for all; factor loading for 2 written exams: 0.67 and 0.71, $p = <0.01$ for both). A confirmatory model shows the influence of the sequence of learning (Unit 1 to 2 to 3 to clinical placement, standardised regression weight = 0.85, 0.81, 0.50 respectively).

Discussion

The results show student musculoskeletal skills demonstrated within written exams and viva voce practical exams correlate to skills used on clinical placement. Other forms of written assessment do not closely relate to these items. Factor analysis can enable the statistical modelling of layering of assessment and learning. Wider analysis with larger cohorts is recommended.

An assessment tool to judge exercise physiology student performance in a clinical placement setting

Jacqueline Raymond¹, Rebecca Sealey², Deborah Pascoe³, Fiona Naumaan⁴, Sue McAllister¹

¹University of Sydney, Sydney, Australia

²James Cook University, Townsville, Australia

³Federation University, Ballarat, Australia

⁴Queensland University of Technology, Brisbane, Australia

Introduction/background:

Assessment in clinical settings has historically been problematic due to lack of standardisation and objectivity. This had led to calls to look at assessment in the clinical setting differently.

Aim/objectives:

The overall aim of this research is to develop a competency assessment tool for use by clinical educators to make valid judgments of exercise physiology students' performances in clinical placement settings. This presentation reports on the design of the assessment tool and considers the features that will support quality judgments. The research question is: What are the elements required in the assessment tool that will support quality judgments?

Methods:

An educational design based research model was used to design and develop the assessment tool. Focus groups exploring the continuum of competency development and the required design features, and educational theory were used to develop an initial prototype.

Results:

The prototype uses a visual analogue scale to record judgments of student performance against 19 elements related to exercise physiology professional and clinical competencies. A rich description of the developmental continuum towards entry-level competence, which draws on the language used by exercise physiologists, is designed to support clinical educators to make meaning of the multiple observations they make of student performance.

Conclusions:

An educational design based research model has been used to design an assessment tool prototype aimed at supporting quality judgements of student performance. The design principles generated by the focus groups and literature have led to a prototype that is less measurement focussed than traditional workplace based assessment tools.

Developing a validity argument for a simulation-based assessment framework in medicine dispensing activities

Hayley Croft¹, Conor Gilligan¹, Rohan Rasiah², Tracy Levett-Jones³, Jennifer Schneider¹

¹University of Newcastle, Australia

²University of Western Australia, WA Centre for Rural Health, Australia

³University of Technology Sydney, Australia

Introduction/background:

Simulation is emerging as an effective approach to competency-based assessment of health professionals, however there is an absence of validated simulation-based assessment frameworks in undergraduate pharmacy education. Accurate, timely and meaningful assessment of medicine dispensing underpins good professional regulation of community pharmacists, and the safety of the public.

Aim/objectives:

We aimed to develop an assessment framework and establish a validity argument, containing multiple sources of evidence, for its use in the integrated assessment of pharmacy student's competency in managing the supply of prescribed medicine(s).

Methods

A two-phase study was conducted. Phase 1 involved the development and content validation of the framework using a think aloud study and literature review. In Phase 2, a pilot study was conducted with recruited expert assessors (n=10) to test the framework with a sample of Year 4 undergraduate pharmacy student simulations (n=42). Phase 2 includes a usability survey of the framework with expert assessors.

Results:

Validity evidence was collected and organised across the two study phases. Findings were interpreted against the four inferences in Kane's validity framework. We will present and elaborate on the evidence for scoring, the potential for generalisation and extrapolation, and potential applications of the framework.

Discussion:

This research project describes a validation effort that adds rigour to the interpretation and use of simulation-based assessment in determining pharmacy students' competency with performing safe and appropriate medication supply activities.

Student-generated multiple choice questions: do they make the grade?

Hannah Pham¹, Stefan Court-Kowalski^{1,2}, Peter Devitt¹

¹Adelaide Medical School, University of Adelaide, North Terrace, Adelaide, South Australia, 5000

²Royal Adelaide Hospital, Port Road, Adelaide, South Australia, 5000

Introduction: Multiple choice questions (MCQs) are a popular format in medical assessment. One of the major challenges with this format is the creation of high quality items. Student-generated items in formative activities have been shown to improve both learning and academic achievement. Their use in summative assessment is less well studied. This study compares the performance and qualities of student-generated MCQs with clinician-generated MCQs.

Methods: Year IV and V medical students at one institution were invited to participate in a mock end-of-year examination. Each participant submitted one MCQ after completion of an online instructional module on writing MCQs. For each year level, a 180-item examination was constructed, comprised of 90 student-generated and 90 clinician-generated items. Participants were blinded to the question author. All items were analysed for difficulty, discrimination, item-writing flaws (IWFs), non-functioning distractors (NFDs), and cognitive skill level (using modified Bloom's taxonomy).

Results*: 89 Year IV and 91 Year V students completed the examination. Student-generated items tended to be written at a lower cognitive skill level (41%) compared to clinician-generated items which were usually written at higher cognitive skill levels (90%). Student-generated items contained more IWFs (77%) compared to clinician-generated items (28%). There were no significant differences in item difficulty, discrimination, and NFDs.

Conclusion: Despite differences in cognitive skill level and IWFs, student-generated items function just as well as clinician-generated items in terms of item difficulty and discrimination. Whilst potentially a useful source of examination material, the ethics and practicalities of including student-generated items in high stakes summative assessments should be carefully considered.

**Please note that this abstract only includes Year 4 cohort results at this stage. Year 5 results will be reported at the conference and/or as an amendment to this abstract (if accepted) and/or if requested for review by the scientific committee as part of this submission.*

Re-imagining student assessment tool development for allied health placement readiness

Belinda Judd¹, Jennie Brentnall¹, Kate Thomson¹, Justin Scanlan¹, Felicity Blackstock², Allison Mandrusiak³, Anna Phillips⁴, Lucy Chipchase⁵, Sue McAllister¹

¹University of Sydney, Sydney, Australia

²Western Sydney University, Sydney, Australia

³University of Queensland, Queensland, Australia

⁴University of South Australia, South Australia, Australia

⁵University of Canberra, Australian Capital Territory, Australia

Introduction:

Reimagining assessment tool development within a framework of contemporary assessment theory is important as such tools influence student success. Students often undertake pre-placement preparation including simulation-based education. However, there is no standardised assessment tool that can determine students' readiness for placement. This hinders feedback to learners, advice to educators, and evaluation of preparation programs. The Evaluation of Foundational Placement Competencies (EFPC) is a tool designed to identify students who require further skill development, enabling additional preparation before placement to maximise success.

Aim:

To develop and evaluate an innovative assessment tool, in a theoretical framework, measuring student readiness for placement.

Methods:

The development of the EFPC, evidence for its validity, and utility from simulation-based preparation programs in Occupational Therapy, Physiotherapy, and Speech Pathology courses at several Australian universities is described. Student assessments were analysed using Rasch statistics. Academic, clinical educator and student surveys provide stakeholder perspectives on item feasibility and importance, and the threshold for placement readiness.

Discussion:

The EFPC was trialled with 350 students in three disciplines at one university and is expanding to several other universities' nationally. Preliminary Rasch analysis demonstrated that the EFPC measures a unidimensional construct in 20 items across four domains. Stakeholders' support that the

elements derived from the literature and translated to behavioural measures are feasible and relevant to assess.

Conclusion:

The EFPC is a new, multidisciplinary, standardised assessment to measure students' readiness for learning on placement. Developing the EFPC alongside educators and students demonstrates a robust approach for assessment on student placement readiness.

2F Workshop Scenario Planning for Disruption & Health Workforce Education

Julie Gustavs¹, Philip Pigou¹, Kim Ashwin¹

¹Manager Educational Development Projects, AMC; CEO, AMC; Research and Policy Consultant, AMC.

Introduction/background:

The 21st century has seen major change in the Australian Health system. Innovations across healthcare practice, the burden of chronic disease, our ageing population, shorter hospital stays, digital technologies and wide-ranging government initiatives are some of these key changes to context and ways of working. Equally, significant disruptions are impacting on foundational premises of providers of health profession education and training and their accreditors worldwide. Most notably, changes to practice-based learning, commercialisation, massification, commodification, digitalisation and globalization present opportunities as well as challenges to the health education system.

Purpose and outcomes:

This workshop provides opportunities for participants across the health system to reflect on change and create effective adaptive change plans to better navigate health complexity and workforce development.

Issues for exploration or questions for discussion:

Disruptions will shape what health profession education providers of the future will look like, what they will offer to their students and the broader community and in fact even whether our system of health profession education, currently serviced by universities, health systems and Colleges, will remain extant and relevant to future generations.

Outline of workshop activities

Flipped classroom methodology.

Prior Participants watch vodcast debate 'for' and 'against' workforce education system change and read guideline thinking tools to help them formulate strategies for the future based on scenario planning and three horizons thinking.

During Teams "Quality Improvers" and "Future Gazers" create workforce education plans. Teams pitch to a panel of experts in health profession education and workforce.

Post Participants join facilitators of this session to polish scenarios and their critiques and create a publication and workforce report to inform policy and system change in contexts of disruption and change in health.

2G Workshop

System thinking in action in the context of clinical education and health workforce development

Adrian Schoo¹, Koshila Kumar¹

¹Flinders University, College of Medicine and Public Health, Adelaide, Australia.

Introduction/background:

Health workforce development (HWD), including recruitment/ retention and capacity building, is a complex problem with many underlying and interacting factors/variables. It is a pervasive issue nationally and globally and magnified within rural and remote settings. Stakeholders in health and education need to adopt a more holistic and multipronged approach in conceptualising and responding adaptively to this challenge. This session assists clinical education change agents and leaders in developing a systems-thinking perspective of HWD and identifying what individuals or collectives can do.

Purpose and outcomes:

This workshop will engage the audience in thinking about health workforce from a complexity science perspective and identifying how they can lead change and transform systems in their local contexts. The main outcomes: examining and critiquing HWD from a systems-thinking perspective; developing critical thinking around health workforce as a wicked problem or challenge; identifying capability building needs (individual or organisational); and identifying actions to promote system thinking in local settings.

Issues for exploration or questions for discussion:

How to reframe health workforce development from a complexity or systems-thinking perspective?

What are the micro, meso and macro level factors impacting on HWD?

What are the short-term actions and future opportunities for change?

What individual and/or collective capacity development need to be engaged in to enable this kind of thinking?

What can individuals or collectives do to foster adaptive thinking within local environments or contexts that are traditional, hierarchical and risk averse?

Outline of workshop activities

A mix of activities (e.g. short presentations, reflection activity, small group discussion) will be used to facilitate audience participation, sharing of views and learning.

2H Workshop

Creating OSCE stations that focus on professionalism

Elizabeth Krajic Kachur^{1,2}

¹Medical Education Development, Global Consulting, New York, NY USA

²Maimonides Medical Center, Brooklyn, NY, USA

Introduction/background:

Professionalism is an essential competency for all healthcare providers, yet it is difficult to teach and to assess. OSCE stations can cover some of the challenging behaviours that need to be covered (e.g., admitting mistakes, addressing unprofessional behaviours in colleagues, standing up for what is right despite pressures). Sometimes such stations can be integrated in more general OSCEs, at other times they can be combined to make a Professionalism OSCE.

Purpose and outcomes:

By the end of the Preconference Workshop participants should be able to:

1. Identify key professionalism lapses relevant to health professions education
2. Translate professionalism concerns into OSCE stations (i.e., objectives, learner and SP instructions, rating forms)
3. Mitigate challenges unique to Professionalism OSCE stations

Issues for exploration or questions for discussion:

How can we create Professionalism OSCE stations that are culturally, professionally and institutionally relevant and educationally effective?

Outline of workshop activities

10 min Welcome/Introduction

20 min Think-Pair-Share: Unprofessional situations participants observed or heard about

15 min Presentation: Sample Professionalism OSCE Stations

10 min Silent Voting Exercise: Prioritize 3-4 key concerns that can be transformed into station drafts

50 min Small Groups: Initial station drafts with templates (Objectives, Learners and Simulated Patient Instructions, Rating Forms)

50 min Large Group: Presentation/piloting of stations created, discussion

10 min Small Groups: Processing of feedback/discussion

15 min Large Group: Take-Home-Point sharing

3A Teaching and Learning

The Influence of an authentic learning environment on educating for patient-centred collaborative practice

Susan Vella¹, Kathryn M Weston¹, Judith Nicky Hudson^{1, 2}

¹University of Wollongong, Wollongong, Australia

²University of Adelaide, Adelaide, Australia

Introduction:

Acknowledging that it may be beneficial to positively influence medical student attitudes and future behaviour towards patient-centred collaborative practice early in their programme, all students undertook a three-week immersion interdisciplinary clinical experience (ICE) six months after entering medical school. Students were supervised by and/or learned with a range of healthcare professionals and patients. As previously reported, following ICE students had more negative attitudes to interprofessional learning, as measured by the Readiness-for-Interprofessional-Learning-Scale (RIPLS).

Aim:

This study aimed to gather qualitative data to explore this decline in student attitudes.

Methods:

A stratified sample of medical students (N = 15) with low, medium and high RIPLS scores on entry (researchers blinded to scores), were invited to participate in semi-structured interviews. Transcribed interview data were independently analysed by all researchers, who reached consensus on emergent themes following several 'review and discuss' iterations.

Results:

The following themes emerged in relation to patients, health professionals, healthcare teams and the learning environment respectively: Recognising the patient in the context of their lives; Growing appreciation of other health professionals; The use of language; Entering the auspicious world of doctors; Challenge of integrating into the team; and Placement organisation.

Discussion:

Students gained an appreciation of other health professionals, and patients in the context of their lives, but only experienced collaborative care centred on the patient when they followed the patient, not health professionals. How should patient-centred collaborative practice be prioritised in designing education programs?

Conclusions:

Patients play a key role in educating students for patient-centred collaborative practice.

Is there a need for mandatory pharmacy teaching for international medical graduates in Australia?

S McGowan-Smyth¹, A Davies¹

¹Sunshine Coast University Hospital, Kawana, Sunshine Coast, Australia

Introduction:

Australia is becoming an increasingly popular destination for international medical graduates (IMGs) and one of the greatest challenges they face when commencing work is the difference in prescribing. The medications and prescribing guidelines in Australia are very different to those in other countries and yet doctors who have trained abroad receive no formal teaching on them.

Method:

A structured pharmacy teaching programme was integrated into induction at a hospital trust in Queensland. The knowledge and confidence levels of six IMGs were assessed before and after teaching and their results were analysed.

Results:

The majority of IMGs did not feel confident about prescribing in Australia with a mean of 2.8/10 when asked to rate their confidence levels (0 = not confident, 10 = extremely confident) with 83% not knowing what resources to use to look up drug information and doses. Confidence levels rose by 164% after the formal teaching. Confidence levels in using the Pharmaceutical Benefits Scheme (PBS) were low with a mean of 1.5/10 on starting but rising to 7/10 after teaching. No IMGs knew where to look up antimicrobial guidelines with mean confidence levels of prescribing an appropriate guideline antibiotic being 2.83/10 pre-teaching but rising to 8.17/10 post-teaching. Mean confidence levels in using oxycodone and fentanyl were 5.67/10 and rose to 7/10 post-teaching.

Conclusion:

International medical graduates are inexperienced at prescribing on first arrival to Australia. Hospitals should be encouraged to engage their IMGs in formal pharmacy teaching to help with their transition and to promote safe prescribing.

Ambiguity: What's Your Tolerance?

Michelle D. Lazarus¹, Georgina Stephens¹, Adam B. Wilson³

¹Monash University, Melbourne, Australia; ²Rush University, Chicago, IL, USA

Introduction:

Within authentic clinical experiences, ambiguities exist along the patient care spectrum, but the impact of doctors' tolerance of ambiguity (ToA) is poorly understood. There is some evidence that doctors with low ToA may have decreased well-being which negatively impacts patient care.

Aim:

This research sought to (1) study the dimensionality and stability of existing healthcare-specific ToA scales and (2), determine whether their validity transfers to the context of undergraduate Australian medical students in an effort to identify methods for altering ToA through educational initiatives.

Methods:

First and second-year medical students at Monash University electively participated in validity testing of existing healthcare-related ToA items. Confirmatory factor analysis (CFA), Cronbach's alpha and exploratory factor analysis (EFA) were used to evaluate the reliability and construct validity of an existing and optimized healthcare-related ToA scale.

Results:

CFA and EFA of medical students' (n=102) scores revealed that the scales did not conform to a unidimensional model, had weak construct validity, and were highly unstable across multiple distributions.

Discussion:

This suggests the latent constructs measured by the optimized ToA inventory are highly unstable making the dependability of these scores suspect. The dominating ToA healthcare models are entirely derived from the findings of psychological inventories and thus, our conceptualization of ToA may need to be re-evaluated.

Conclusions:

ToA appears to be a complex, multi-faceted construct. Our findings, coupled with a review of others' ToA scale outcomes, suggest that future studies need to rigorously explore the conceptual underpinnings of ToA to better inform ToA measurement.

A preliminary analysis of an interactive case study for health care education

Susan ten Hove¹, Chris Barr¹

¹Flinders University, Adelaide, Australia

Introduction/background:

Despite the educational sector promoting a flexible curriculum, traditional delivery of case studies to medical and health professionals are often overly prescribed and do not meet the learning needs of the 21st century student.

Aim/objectives:

This study developed an interactive case study for interprofessional practice with multiple outcomes based on decisions made by the user, and evaluated the debriefing comments of the students.

Methods:

A case study was written for online delivery in an open source program. Postgraduate health professional students from various professional backgrounds completed the case study and subsequent debriefing as part of their postgraduate studies. The responses to the debriefing questions were thematically analysed.

Results:

Two themes emerged from qualitative analysis of the responses from 37 participating students: 1. Effective communication was considered foundational to interprofessional practice, both within the multi-disciplinary team as well as with service recipients, and, 2. Participants reflected heavily on changing behaviours to support a more cohesive and beneficial rehabilitation process, both to the individual and organisation.

Discussion:

The case study was easily adopted and offered advantages to professional development and student engagement. Health workers should be encouraged to develop transdisciplinary skills,

especially soon after qualification into the profession, to aid practice and promote optimum patient outcomes.

Conclusions:

The development of an interactive case study for post-graduate learning, promoted in-depth discussion and reflection upon interprofessional practice.

Active learning in Pathology: A comparison between case illustrative learning and didactic lecture to a large group of second year medical students.

N Doshi¹, J Smith¹, G Wright¹

¹Faculty of Health Sciences and Medicine, Bond University, Gold coast, Australia

Introduction and aim:

Pathology is usually delivered as a pre-clinical basic science to a large cohort of medical students through passive didactic lectures (DL). Case illustrative learning (CIL) is an interactive, experiential learning that promotes clinical reasoning skills. We compare the efficacy and student's perception between the CIL and didactic lectures in pathology.

Methods:

After ethical approval, two pathology topics were delivered to the Year 2 medical students (n=105) by case illustrative learning and two topics by didactic lectures. A pre- and a post-test were conducted to assess the impact on students' knowledge gain and clinico- pathological correlation skills. Students' perception of the teaching methods was surveyed by a questionnaire.

Results:

The difference in the mean pre- and post-test score for each teaching method was found to be significant (p <0.001) using a paired t –test. The difference in the mean post- test score between CIL and DL was compared using an independent t- test and was significant (p <0.001). The difference was higher (4.95) with lung topics compared to parasitology topics (1.15). This study on a large cohort (n=105) highlights that CIL is an effective tool for knowledge gain in pathology and clinico-pathological correlation. The perception survey revealed more students (84%) were satisfied with case illustrative learning than with didactic lectures (70%).

Conclusions:

Case illustrative learning is a learner centred approach that encourages active learning and critical reasoning. It allows integration of basic sciences with clinical sciences.

Facilitating learner's evaluative judgement development

Kylie Fitzgerald¹, Brett Vaughan², Joanna Tai³

¹Victoria University, Melbourne, Australia

²University of Melbourne, Melbourne, Australia

³Deakin University, Melbourne, Australia

Introduction/background:

Learners need capabilities which contribute to lifelong learning, including evaluative judgement. Self and peer assessment may help foster evaluative judgement. Engaging learners in these strategies, coupled with faculty feedback, may improve learner performance and develop their capabilities for the future.

Aim/objectives:

To explore associations between learner dispositions for self and peer assessment, and history taking skills with a simulated peer patient.

Methods:

Year 2 learners videoed their history-taking assessment with a peer simulated patient, and used the SHARP tool to reflect on their performance. Learners self-selected into either control (summative case – faculty feedback only) or intervention (formative and summative cases each with self, peer and faculty feedback provided) groups. Both groups completed the Study Process Questionnaire before the formative, then before and after the summative assessment.

Results:

30% of cohort participated in the intervention. Analysis is ongoing, however initial analysis suggest significant differences between summative marks between groups, and improvement from the formative to summative mark for the intervention group. SPQ Deep subscale analysis revealed no within-groups change, although the control group demonstrated lower mean scores.

Discussion:

The intervention group attained improved summative assessment results after completing self and peer assessments, and receiving multisource feedback. The intervention groups' higher mean SPQ deep subscale scores may offer insight into why they elected to participate, despite the higher workload.

Conclusions:

Students' dispositions to use self and peer assessment may influence the development of evaluative judgement. Receiving feedback from multiple sources on similar tasks appears to improve performance.

The application of critical thinking to midwifery practice

Amanda Carter¹, Mary Sidebotham¹, Debra Creedy¹

¹Griffith University, School of Nursing and Midwifery

Introduction/background:

The application of critical thinking skills is crucial within healthcare to inform effective clinical decision making and facilitate high quality, evidence-based care. Yet, very few studies have explored or measured the cognitive skill of critical thinking as applied to clinical practice.

Aim/objectives:

Measure and evaluate the development of critical thinking in undergraduate midwifery students.

Methods:

A staged model for tool development was used involving; a systematic review of the literature and generation of items, content validity testing by mapping draft items to critical thinking concepts; and expert review. Each tool was administered to a convenience sample of students. Psychometric and parametric testing was performed.

Results:

Three tools that measure critical thinking in midwifery practice through self-assessment, preceptor rating, and by faculty assessing reflective writing, were developed and psychometrically tested. The scales demonstrated good internal reliability with a Cronbach's alpha coefficient of 0.92-0.97.

Discussion

The three tools provide another dimension in the assessment of clinical practice that incorporates the application of cognitive skills, as well as clinical skill development. The items within each tool provide explicit examples of critical thinking in midwifery practice, prompting students, preceptors and lecturers to reflect and use these tangible examples to improve their own and student's practice.

Conclusions:

These reliable, validated, discipline-specific tools can be used to develop and assess students' critical thinking skills for safe, autonomous, evidence-based midwifery practice. These tools could easily be adapted and utilised by other health professionals.

3B Simulation, Technology

Multi-platform technology to track patient encounters: a learning tool for GP registrars

Emily Kirkpatrick¹, Jill Benson¹, Taryn Elliot¹, Sumanta Ghosh¹

¹GPEX, South Australia, Australia

Introduction/background:

Clinical encounter studies have been used in general practice training for many years to analyse patient presentations and report on registrar behaviours, such as antibiotic prescribing. An interactive, real-time, multi-platform tool, with app and desktop versions, was created in-house at GPEX in 2018. This tool has allowed South Australian GP registrars to track one hundred consecutive patient encounters and compare patient presentations to their registrar cohort.

Aim/objectives:

Deliver a user-friendly multi-platform tool that allows GP registrars to reflect and plan their learning needs based on patient encounters. The app is linked to a live learning plan, to allow registrars to identify areas of reduced encounters and to establish goals based on a needs analysis. The tracking is then graphically mapped with the SA registrar cohort, with the ability to see level of training or registrar gender. Survey data from the registrars, clinical supervisors and practice managers was obtained regarding learning outcomes, useability and feasibility.

Discussion:

GP registrars require a broad exposure to multiple presentations, especially when preparing for exams. Survey data on the tool has shown that having an interactive real-time platform to record consults, which then graphs against the cohort, is an invaluable tool for identifying under-exposed clinical areas. The tool allows GPEX registrars to tailor their learning plans based on a graphical analysis, with the potential now for other clinicians to use real-time clinical encounter tracking to guide their future learning needs.

SIM-S interprofessional placement program for allied health students. Does support equal success?

Belinda Kenny¹, Merrolee Penman¹, Jennie Brentnall¹, Dominique Scholl¹, Christina Darwell¹, Jacky Peile², Alicia Wozniak³, Julia Blackford¹

¹University of Sydney, Australia

²Early Links, Sydney, Australia

³Minchinbury Community Hospital, Sydney, Australia

Introduction/background:

SIM-S is a purpose-designed, simulation-based, support program for allied health students identified as at risk of failure in professional placements. The aim is to effectively support these students and avoid social, emotional and financial impacts of failure for students and educators. Yet, limited research is available to guide remediation program development.

Aim/objectives:

To demonstrate how theoretically-driven educational design features are applied in an interprofessional support program, and to investigate SIM-S learning outcomes.

Methods:

Design based research is a process-oriented approach to investigating the SIM-S educational innovation. This study used four approaches: (i) mapping learning outcomes with key design features and learning experiences, (ii) exploring facilitators' perceptions of implemented design features, (iii) tracking students' demonstrated competency in SIM-S activities using multiple measures, and (iv)

following up categorical outcomes (pass/fail) and qualitative feedback from students' post-SIM-S placements.

Results:

The SIM-S program was completed by 10 occupational therapy (OT), 7 speech pathology (SP) and 6 physiotherapy (PT) students. In their post-SIM placements, 7 OT, 6 SP and 5 PT students met required competency requirements, 2 OT and 1 SP student failed to achieve competency, with 2 students yet to complete placement.

Discussion:

Effectiveness of the theoretically-driven SIM-S design features as implemented will be outlined. These will be linked to students' strengths and weaknesses as reported in multi-source indicators of professional, learner, communication and information gathering behaviours during both SIM-S and subsequent placements.

Conclusions:

Future support programs may benefit from implementing and further developing SIM-S design features based on theoretically-driven and ground-tested approaches.

“It’s the ultimate observer role because you’re feeling and seeing what’s happening to you”: a qualitative study of physiotherapy students’ experiences of peer simulation

Shane Pritchard¹, Narelle Dalwood¹, Jenny Keating¹, Debra Nestel¹, Felicity Blackstock²

¹Monash University, Melbourne, Australia

²Western Sydney University, Sydney, Australia

Introduction/background:

Simulation-based education (SBE) benefits learners, but costs limit curriculum integration. Peer simulation, where students are formally educated to simulate both patient and therapist roles, might maintain educational benefits of SBE, be cost-effective, and enable additional learning. Students' experiences of and perspectives on portraying SP roles in peer simulation are not known.

Aim/objectives:

To explore physiotherapy students' experiences of participating in peer simulation and portraying SP roles with their peers.

Methods:

Second year physiotherapy students (n=16) at Western Sydney University consented to participate. Students completed Peer Patient (www.peerpatient.com.au), a blended learning program designed to support students to portray SP roles. Using a constructivist approach, an expert facilitator led two focus groups using a topic guide. Focus groups were audio recorded and transcribed prior to independent thematic analysis by two researchers. Ethics approval was obtained.

Results:

Peer simulation was unexpectedly realistic for students, which enabled powerful learning experiences from patient and therapist perspectives. Portraying roles was possible with preparation. Students underestimated what they didn't know about patients' perspectives of healthcare and health conditions. Peer simulation was emotive. Discomfort and mistakes were valued for learning. Honouring the real patient's perspective was important to students.

Discussion:

Physiotherapy students' learning in peer simulation appears similar to the powerful learning experiences of health professional students in other immersive simulation modalities. Students

obtained new knowledge about patients' experiences of receiving healthcare and interacting with health professionals.

Conclusions:

Physiotherapy students acquire diverse new insights during peer simulation that may enrich their capabilities for practice through understanding the healthcare interaction from patients' perspectives.

Does the addition of MASK-ED simulation to usual teaching improve clinical performance of physiotherapy students? A randomised trial protocol.

Tayne Ryall¹, Elisabeth Preston¹, Bernie Bissett¹, Niru Mahendran¹

¹University of Canberra, Bruce, Australia

Introduction/background:

Simulation use in physiotherapy has increased over the last decade, but often with a focus on replacing clinical time. Little is known about the impact of classroom-based simulation on clinical performance. One Australian university has commenced using MaskED in the physiotherapy curriculum, however its impact on clinical performance has not been investigated. MASK-ED™ is a hybrid form of simulation where a lecturer dons a silicon mask and plays the role of a "patient". Classroom-based MASK-ED™ has not been investigated in a neurological context, nor has its impact on clinical performance.

Aim/objectives:

To investigate the impact of classroom-based simulation on physiotherapy student work integrated learning scores.

Methods:

A randomised cluster trial introducing MASK-ED™ into the neurological physiotherapy tutorials at UC is being conducted. The intervention group will be exposed to MASK-ED™ on 5 occasions while the control group will continue role play. Outcome measures include results from their Rehabilitation Practicum Assessment of Physiotherapy Practice (APP), written examinations, practical examinations, and a satisfaction survey. This study is powered to detect a 0.5/5 mark difference on the APP, requiring a sample size of 120.

Results (anticipated):

It is anticipated that practise with a MASK-ED™ character will result in equal or better performance when compared to role play.

Discussion:

An improved understanding of the impact of classroom-based simulation will help optimise teaching strategies in physiotherapy curricula, in turn potentially leading to reduced failure rates on work integrated learning.

Conclusions:

The results of this project could improve physiotherapy teaching and enhance the evidence base for simulation to train students prior to clinical placement.

Strengthening Consumer Voice: Using stories to educate and shift mental health stigma

Gabrielle Brand^{1,2}, Christopher Etherton-Beer¹, Rhonda Clifford¹, Liza Seubert¹, Carli Sheers³.

¹The University of Western Australia

²Monash University

³Consumer Representative for UWA research project facilitated by the Consumer & Community Health Research Network

Introduction/background:

The World Health Organisation (WHO) asserts that to reduce increasing burden of mental disorders, priority should be on mental health prevention and promotion. One of WHO's four Mental Health Global Action Program strategies is to reduce stigma towards mental illness as it impedes recovery of people experiencing mental illness. Reducing stigma is becoming an increasingly important focus for research, policy and education, particularly in mental healthcare environments where some of the most deeply felt stigma comes from front line healthcare providers.

Aim/objectives:

The aim of this presentation is to describe how the research team worked with six WA mental health consumers to share their stories of mental illness, stigma and recovery and co-design and produce educational tools for widespread use in health professions education.

Discussion:

This project will describe *how* the research team drew on narrative medicine and verbatim theatre methodologies to translate and communicate research findings through the development of a series of "real life" interactive vignettes based on consumer voice. The vignettes serve both research and pedagogical purposes and are embodied in different, innovative teaching methodologies. These were designed to challenge paternalistic mental healthcare attitudes toward practices (limited consumer participation) and stimulate honest/raw health workforce discussions that have the potential to inspire critical reflection and move health professionals toward more humanistic, person and recovery centred models of mental health care.

Issues/questions for exploration or ideas for discussion:

The audience will be invited to explore and consider ways in which they can embed/integrate consumer-led projects into health professions education.

Simulation training in Interprofessional Family Conferencing (IFC): Translating Knowledge to Practice

Daniella Pfeiffer¹, Sue Aldrich¹

¹Health Education and Training Institute (HETI), NSW Health, Sydney, Australia

Introduction/background:

The Interprofessional Family Conferencing (IFC) training program is designed to equip health care professionals with knowledge and skills in best practice family conferencing principles. The program is delivered through a blended learning package including an online eLearning module and face to face simulation workshop. The use of simulated patient methodology facilitates participants to put their learning into action.

Aim/objectives:

Family conferencing is an interprofessional intervention that involves the patient, their family and health professionals coming together to communicate around care needs. Evidence has identified family conferencing results in increased patient survival, decreased length of stay, decreased readmission rates and higher patient satisfaction. Developed in collaboration with Subject Matter Experts from across NSW Health, the program equips health professionals with skills to effectively plan and participate in a family conference. The IFC program uses scenario based, simulated patient methodology to provide participants with an opportunity to develop their skills. The debriefing phase of the simulation encourages participants to reflect on their performance both in situ and in their ongoing clinical practice.

Discussion:

In 2018 the eLearning module has been completed by 411 NSW Health staff and the face-to-face training program has been delivered to 200 NSW Health staff via 23 workshops in 13 Local Health Districts and Speciality Health Networks across NSW. Evaluations received to date indicate that the program offers valuable learning and that simulation as a teaching and learning tool supports the translation of knowledge into practice.

Issues/questions for exploration or ideas for discussion:

Exploration of how simulation can be used as a teaching tool in the allied health sector.

3C Professional Development

Online continuing education for health professionals to improve the management of chronic fatigue syndrome: outcomes of a randomised controlled trial.

Benjamin K. Barry^{1,2}, Trinidad Valenzuela^{2,5}, Sophie H. Li^{3,4}, Sally M. Casson³, Joanne Cassar³, Camillo Lamanna³, Andrew R. Lloyd³, and Carolina X. Sandler^{3,6,7}

¹ School of Clinical Medicine, The University of Queensland, Brisbane, Australia.

² School of Medical Sciences, The University of New South Wales, Sydney, Australia.

³ The Kirby Institute, The University of New South Wales, Sydney, Australia.

⁴ School of Psychology, The University of New South Wales Australia, Sydney, Australia.

⁵ Faculty of Health Sciences, The University of Sydney, Sydney, Australia.

⁶ Faculty of Health, Queensland University of Technology, Brisbane, Australia.

⁷ School of Public Health, The University of Queensland, Brisbane, Australia.

Introduction

Chronic fatigue syndrome (CFS) is a serious and debilitating illness that affects 0.2-2.6% of people. Although there is high-quality evidence of benefit from interventions delivered by exercise physiologists, clinical psychologists, physiotherapists or occupational therapists, uptake of these interventions is low or untimely. This can be partly attributed to poor clinician awareness and knowledge of CFS and effective interventions.

Aims

To evaluate the impact of online continuing education on knowledge and confidence of health professionals to help manage people with CFS.

Methods

A randomised controlled trial involving 225 consenting allied health professionals was conducted. The primary outcomes were knowledge and clinical reasoning skills regarding CFS and its management. Confidence to implement the modular intervention was assessed by self-report questionnaire. The study protocol was approved by the Human Research Ethics Committee at UNSW (HC16419) and was registered (ACTRN12616000296437).

Results

Intention-to-treat analysis revealed a consistent standard of knowledge for the wait-list control group across the assessment period (pre: 65.1%, post: 65.0%, $p=0.95$), but an increase for the intervention group (pre: 64.4%, post: 71.5%, $p<0.001$). Confidence to implement the intervention also increased in the intervention group (pre: 2.5, post: 3.5 out of 4), but showed minimal change in the wait-list control group (pre: 2.3, post: 2.5).

Discussion

The unsupervised online learning activity was well accepted and adhered to. This translated to improvement in the primary outcome measures for the trial.

Conclusion

The online learning intervention for continuing education of allied health professionals regarding CFS was effective in increasing knowledge and confidence.

Developing an education program within workplace settings: opportunities from mapping past communities of practice

Jacqueline Fan¹, James Fowler¹, Melissa Endacott¹, Mian Wang¹, Shalini Balram¹

¹Western Sydney Local Health District, Westmead, Australia

Introduction:

Within a teaching hospital, teams of physiotherapists, allied health assistants and students attend regular, structured and supported continuous education programs. Through mapping the communities of practice across five different sites in the hospital and community, we reflect on each site and its own unique learning needs, teaching expertise, workforce diversity and geographical spread.

Aim:

To evaluate staff engagement within their own communities of practice through applying situated learning theory, and in turn, to improve effective communication, interdisciplinary socialisation and local engagement with student teaching.

Discussion:

For learners, how they participate and socialise into the workplace has become more relevant than ever. Applying situated learning theory facilitates adjustments in learning within a fast paced environment where learners are at risk of information overload. These findings may have implications on how and when staff can learn best from and with each other, on shaping the design of student placements and on the usefulness of applying situated learning to enhance workplace learning culture.

Ideas for discussion:

Interdisciplinary socialisation - How could we facilitate learners to stay learning when learning shifts quickly between different communities of practice?

Effective communication plan - Who and where do we turn to when local understanding of one' profession or role within the community of practice is missing or inadequate?

Turning clinical staff into facilitators: how the introduction of an electronic medical record (EMR) necessitated a novel inter-professional train the trainer program

Rebecca Brough¹, Danielle¹ Rebecca Waite¹

¹The Alfred Hospital, Alfred Health, Melbourne, Australia

Introduction/background:

Clinical staff with little or no education experience were co-opted into training roles to meet the requirement to train 6000 clinicians across the organisation in an eight-week period to the EMR. The Nursing Education (NE) team identified that skills in facilitation, assessment and feedback (FAF) were as important to the training success as content expertise and developed the FAF program.

Aim/objectives:

To provide a program to develop capacity in training delivery, assessments and provision of constructive feedback for those not in education roles.

Discussion:

A train the trainer (TTT) model was proposed to develop content expertise to deliver the training to the organisation. The NE team developed an inter-professional adjunct program, focused on the key elements of teaching - the FAF program. The program was short, interactive, case based and reflective in nature. The program was highly successful evidenced by requests for future inter-professional programs and a 90% proficiency rate in post- training assessment.

Issues/questions for exploration or ideas for discussion:

There is ample discussion about the barriers to successful inter-professional education. The FAF program demonstrates topical, short and relevant programs lead to success. The FAF program additionally provides a model for building educational capacity in a large group of staff, contributing professional development of teams and individuals.

Supervision training interventions in healthcare: a realist synthesis

Sarah Lee¹, Claire Palermo¹, Charlotte Denniston^{1,2,3}, Vicki Edouard¹, Eve Huang¹, Kirsty Pope⁴, Keith Sutton⁵, Susan Waller⁵, Bernadette Ward⁶, Charlotte Rees¹

¹Monash Centre for Scholarship in Health Education (MCSHE), Monash University, Clayton, Australia

²Department of Medical Education, Melbourne University, Melbourne, Australia

³College of Intensive Care Medicine of Australia and New Zealand, Prahran, Australia

⁴Department of Occupational Therapy, Monash University, Frankston, Australia

⁵Monash Rural Health, Warragul, Monash University, Australia

⁶Monash Rural Health, Bendigo, Monash University, Australia

Introduction/background:

Supervision training aims to develop supervisory capacity in the healthcare workforce. Despite extensive literature, understanding of the mechanisms through which supervision training interventions produce their effects, for whom and under what circumstances is limited.

Aim/objectives:

In what ways do training interventions work, for whom and in what contexts and why?

Methods:

A realist synthesis of peer-reviewed literature (Medline, Scopus, CINAHL, Embase) following Pawson's five stages of realist review are being conducted: 1) clarifying scope, 2) searching for evidence, 3) assessment of quality, 4) data extraction, and 5) data synthesis.

Results:

The search found 11,766 articles excluding duplicates. Application of inclusion/exclusion criteria for relevance, plus rigour checks removed 11686 articles, leaving 38 articles in the final synthesis. Extracted data includes study characteristics, intervention type, contextual factors, mechanisms and outcomes. Patterns in context-mechanism-outcome configurations across the 38 articles will be identified. Preliminary findings suggest that supervision workshops and seminars (including a mix of didactic teaching, group activities and role modelling) can lead to positive outcomes (e.g. improved supervisory behaviours) for a range of health professionals through opportunities to discuss learning and share knowledge.

Discussion:

The interplay between context, mechanisms and outcomes for supervision training interventions will demonstrate the extent to which training interventions produce their effects, for whom and in what contexts.

Conclusions:

This research will support workplace supervisors to use evidence to better understand what types of supervision training might work best for them and their colleagues. Other researchers could use these findings to guide future supervision training and research.

Exploring the impacts of continuing professional development programs in the health professions: A scoping review

Louise Allen¹, Claire Palermo¹, Elizabeth Armstrong², Margaret Hay¹

¹Monash University, Melbourne, Australia

²Harvard Macy Institute, Boston, United States

Introduction:

A number of systematic reviews have evaluated the impacts of continuing professional development (CPD). Because of the focussed nature of systematic reviews, they often fail to capture the full range of impacts that CPD programs can have.

Aim:

To explore what is known about the impacts of CPD programs in the health professions.

Methods:

MEDLINE, CINAHL and ERIC databases were searched for studies published from 2007-2017 that looked at the impacts of formal CPD programs. The charted data was analysed using both qualitative and quantitative content analysis.

Results:

One hundred and ninety-one articles were included. Most articles were from the USA (41%), and included doctors in the population (55%). Twelve categories of CPD impacts were generated through conventional content analysis: knowledge, practice change, skill, confidence, attitudes, career development, networking, user outcomes, intention to change, organisational change, personal change, and scholarly accomplishments. Knowledge was most commonly measured (54%), while scholarly accomplishments was the least common (5%).

Discussion:

The included studies largely take a narrow view when assessing the impacts of CPD. Emphasis on measuring impact as knowledge, behaviour, confidence, skills and attitudes may be due to the widely accepted four levels of evaluation from the Kirkpatrick's Model or the fact that the majority of included studies used quantitative methods.

Conclusions:

The categories proposed in this review can be used to capture a broader view of the impacts of CPD programs, contributing to the evidence base for their value and translating into CPD programs that truly transform health professionals' practice.

How might we measure the importance of continuing professional development?

Anthony Summers¹

¹School of Nursing, Midwifery and Public Health University of Canberra, Bruce, ACT, Australia, 2601

Introduction/background:

Continuing professional development (CPD) is a vital component in the health professional's career. It is part of their mandatory requirements each year for their registration. The literature infers that CPD impacts on patient care. My Professional Doctorate study explored the Australian Nurse Practitioners perception of CPD. The study demonstrated that Australian Nurse Practitioners do perceive an impact on patient care from the CPD they undertake because they see it improves their knowledge and enhances the care they provide. This reflects on Kirkpatrick's model of learning evaluation. Currently, the effect of CPD can easily be aligned to levels A and B of the model, Reaction and Testing.

Purpose/objectives:

The purpose of this PeArL is to discuss how we might go about aligning CPD with Kirkpatrick's model of learning evaluations remaining levels C and D, Transfer and Results.

Issues/ questions for exploration or ideas for discussion:

How might we measure the transfer of knowledge learnt from a CPD activity into clinical practice?
How might we go about measuring the results of CPD regarding the impact CPD has on patient care?
How might we improve CPD activities to ensure that they do have the maximum impact on patient care?

Validation of the MUSIC Scale of academic motivation in New Zealand: Some adjustment required

Tehmina Gladman¹, Steve Gallagher², and Anthony Ali³

¹University of Otago, Wellington, New Zealand

²Dunedin School of Medicine, New Zealand

³University of Otago, Christchurch, New Zealand

Introduction/background:

An important aspect of student learning is academic motivation. It is this motivation which spurs students to engage with teaching and learning and optimise their study strategies to excel in their programme.

Aim/objectives:

The aim of this study was to determine, through Confirmatory Factor Analysis, if the MUSIC inventory developed by Jones (2009, 2017) is a valid measure of New Zealand medical student engagement in learning.

Methods:

Medical students across the three campuses were recruited to complete the MUSIC scale online using Qualtrics. The MUSIC scale is made up of 26 questions and takes less than 10 minutes to complete.

Results:

A total of 153 participants completed the survey. The confirmatory factor analysis (CFA) showed an anomaly in the data which had not been found with previous validation efforts. While the items related to empowerment, success and caring clearly loaded onto their respective factors, there was significant overlap in the loadings of the items measuring usefulness and interest. An exploratory analysis to test a four-factor solution was less successful than the five-factor solution.

Discussion

Our next step is to collect qualitative data from medical students across the three years to determine how students are interpreting the items measuring interest and usefulness and if the issue can be resolved through modifying the language used in the items or if the constructs of usefulness and interest need to be re-evaluated.

Conclusions:

The results of our CFA have raised interesting questions about how medical students are interpreting items that are attempting to measure aspects of usefulness and interest as they relate to academic motivation.

3D

The arts and health: Can verbatim theatre stimulate culture change in healthcare settings?

Karen M. Scott¹, Louise Nash¹, Jo River¹, Kimberley Ivory¹, Claire Hooker¹, James Dalton¹, Paul Macneill¹, Paul Dwyer¹ and David Williams¹

¹The Children's Hospital at Westmead

Introduction

Mistreatment, burnout, depression and suicide among healthcare staff and students have been widely reported. To achieve culture change in health care, a range of approaches are needed.

Aim

We investigated audience response to the verbatim theatre play, *Grace Under Pressure*, which we developed to explore experiences of health professionals and students in health care, and which premiered at a Sydney theatre in October 2017.

Methods

Qualitative methods were used to collect health professional and student responses to *Grace Under Pressure* at three focus groups in November 2017. Data was analysed through theoretical data analysis using Turner's theory of the relationship between social and aesthetic drama in verbatim theatre.

Results

Themes were: 1) recognition of healthcare culture, including health professionals' mistreatment of each other, triggering of positive and negative memories and emotions, recognition of training culture, and insights leading to revelations about experiences in health care; 2) remedies, including improving teamwork and communication, policies and training; and 3) critique by some of the play's focus on doctors and nurses, and negative over positive experiences.

Discussion

The verbatim theatre piece, which presented real-world experiences of mistreatment in health care, made visible to audiences the negative impacts of healthcare culture. This promoted recognition and reflection among health professionals and students on their experiences in health care and possible remedies to promote change.

Conclusion

Verbatim theatre can contribute towards culture change by providing an aesthetic frame that can promote critical reflection and discussion in the health profession and more broadly in the community.

Improving health professional education and workforce development through better connected policy

Rachel Yates¹

¹Universities Australia, Canberra, Australia

Introduction/background

Quality entry-level health professional education is critical to developing a skilled and well-distributed health workforce. Clinical experience in pre-registration years influences both *how* clinicians act and *where* they work – with direct implications on health professional workforce quality and distribution.

Connected health and education policy is a key enabler of effective clinical education, particularly for clinical placements where both sectors meet. However, current national policy often lacks a "joined-up" approach to clinical education. The result: growing issues in clinical placement capacity, costs, and quality and lost opportunities for health professional education and training to promote rewarding careers in areas of workforce need.

Aim/objectives

The aim of the presentation is to promote blue-sky thinking about how to achieve more connected health and education policy approaches to health professional education and future workforce development/distribution. It will do this by: summarising past and current health and education policy and its impacts on clinical education and workforce; analysing the impacts of more and less connected policy approaches on health professional workforce development and; suggesting potential approaches so that these two important policy and practice areas work better together in future.

The presentation will make particular reference to clinical education and placements, future health workforce need and the work of the former Health Workforce Australia.

Discussion

The advantages and disadvantages of different policy approaches will be discussed and conclude that while connected policy works better, how we achieve it is not clear. Delegates will be invited to suggest mechanisms for better connected policy and practice

Winning the War for Talent. The Role of Clinical and Professional Education in Attracting and Retaining Talent

Mark Priddle¹, Shirley Fung¹, Mark Neeham¹

¹Primary Health Care, Australia

Introduction/background:

As one of Australia's largest health care companies, Primary Health Care works with over 1000 GP, as well as providing the full range of primary care, pathology and imaging services. With over 70 clinics right across Australia, Primary provides care to over two million patients each year.

With a workforce and company of this size, winning the war for talent and standing out in an increasingly competitive market will always be a challenge. This workshop will explore the unique things Primary has done to develop a positive reputation by investing in training, clinical development via a dedicated Primary Health Care Institute (PHCI).

This workshop will explore the road taken by Primary to invest in GP and professional education and the rewards all clinics can gain by investing in staff and developing a culture that attracts young doctors and fosters them to build a sustainable long-term career. Investment in education played a major role in facilitating discussion with government on a range of issues relating to the profession.

Aim/ objectives:

This session will explore the lessons learned by one of Australia's leading health companies in developing a leading training institute. The interactive workshop will explore how to deal with the tensions between clinical education, and productivity by seeing upskilling as an investment, not a cost.

List of Presentations

Mark Priddle, Head of PHCI.

'Corporate perspective in using education to attract talent'

Shirley Fung, Head of Education PHCI

'What education works best to attract young talent?'

Mark Neeham, Government Relations, Primary Health Care

'How education helps open doors with our government'

Discussion: Issues/questions for exploration or ideas for discussion:

This session will explore the questions around 'What roles do medical clinics have in shaping the future of GP education and GP training?', 'How can clinics of all sizes and locations use education and training to develop a culture that is highly attractive to the next generation of medical professionals?' 'Others benefits education can lead to for a company' and 'What are the challenges when investing in education at all levels and how can these risks be mitigated to develop a workplace that is desired by the best and brightest?

Medical educators: Where do they come from? Barriers and enablers to becoming a medical educator

Rebecca Stewart¹, Michelle Sheldrake¹, Graham Emblen¹, Scott Preston¹, Ben Mitchell¹, Peter Coxeter¹, Lina Zbaidi², Vanessa Moran³, Lisa Fraser⁴

¹General Practice Training Queensland, Brisbane, Australia

²Northern Territory General Practice Education, Darwin, Australia

³GP Synergy, Sydney, Australia

⁴General Practice Medical Education Inc., Melbourne, Australia

Introduction/background:

There is a growing need to recruit and retain doctors in Medical Education roles, however currently, less than 1% of the medical workforce identify as Medical Educators. There is sparse research exploring the early career transition for new and junior Medical Educators in the Australian General Practice setting.

Aim/objectives:

The project aims to provide insight into the barriers and enablers for both recruitment and retention for a medical education career, and the career pathways for Medical Educators.

Methods

Project participants are GP Registrars, GP Supervisors, Medical Educators and External Clinical Teaching visitors nationally. Methodology includes 1) Focus groups (online and in-person); 2) Surveys based on the focus group findings; and 3) Key informant interviews with experienced educators to identify organisational factors.

Results:

The focus groups identified a variety of pathways to medical education (e.g., via examining, supervision, by invitation) alongside a number of barriers including low awareness of opportunities, remuneration and confidence. Key enablers included diversity of the role and clinical upskilling. These factors will be explored further via the survey and interviews, with the overall findings being presented.

Discussion

Many of the enablers and barriers identified are able to be addressed at individual, organisational and institutional levels. The findings will inform strategies for the development of a sustainable workforce, with the aim of improving employment satisfaction for Medical Educators.

Conclusions:

The findings of this project will provide important guidance for the recruitment, career development and retention of Medical Educators in the Australian General Practice training context.

Practical Support Midwife program for the Bachelor of Midwifery students at University of Canberra: the gold standard for growing midwives

E Lewis¹ & A Teate¹

¹University of Canberra, Bruce, ACT, Australia

Introduction:

This presentation showcases the unique and innovative program of support for Australian Bachelor of Midwifery students at the University of Canberra (UC). It has been conceived and established using blue-sky thinking.

Background:

This program of support provides a conduit between university and healthcare settings. It is a program of mentorship and facilitation undertaken by Practice Support Midwives (PSM) employed by UC. These PSMs provide the perfect learning environment. They are the lynch pin between theory and practice.

The PSMs participate in classroom teaching and learning and work alongside students in their clinical placements situated in maternity services in and around Canberra. They provide midwifery care with students and role model woman-centredness. Students and health professionals report overwhelmingly positive feedback for this program and relationships between the maternity services and university are also enhanced.

Discussion:

Literature highlights the importance of role modelling, hands on clinical support, and the opportunity to reflect with a skilled and supportive clinician who enjoys teaching and who possesses a similar philosophy. In the UC Midwifery curriculum, parallels are drawn between midwifery and education. Just as the relationship between a woman and her midwife is important for midwives and midwifery, so too is the relationship between teacher and student. These two relationships are the foundation for new and burgeoning midwifery practice. Just as midwifery is woman-centred and relational, so too are our teaching and learning strategies. Our philosophy is student-centred and connected - just as midwives 'midwife' women through childbearing, our PSM's 'midwife' students through midwifery.

Global Innovation in the Healthcare Industry

Antony Jacobson¹

¹Institute of Health and Management Melbourne, Sydney, Perth.

Introduction/background:

The global Health care industry is facing rapid change and institutions such as The Hebrew University Israel are pioneers of ground breaking research in areas of Bio Medicine, Personalised Medicine, Artificial Intelligence and Genomics & related diagnostic testing.

Aim/objectives:

The Aim of my Ted style presentation is to present the latest advancements in healthcare and to reinforce how educators can reinforce the innovative spirit of their students by quickly understanding the latest advancements in the healthcare industry and related cutting edge research and how to best inform students of such advances.

Discussion:

As the world healthcare advances are revolutionising the world as we know it healthcare educators are needing to understand and be able to present their students cutting edge research and practice with confidence and knowledge like never before. What is cutting edge today in our disruptive world may be outdated very quickly and this Ted Style presentation will inform attendees how to best embark on innovation centric educational journeys to not simply follow innovation but to lead healthcare innovation and education.

Issues/questions for exploration or ideas for discussion:

1-As world leading educators how do we not only inform students of 'healthcare innovation' but to become innovators ourselves and to become cutting edge pioneers themselves.

2-What are the areas of rapid change likely to transform healthcare as we know it in the next 2-5 years and we can as educators promote our students to have a can do attitude to become pioneers themselves of healthcare innovation.

3-Analysis how to guide medical research and healthcare innovation into commercially and socially viable areas and projects.

The medical and health humanities as a means to develop skills and tools for delivering humane healthcare

Kathryn M Weston¹, Louella R McCarthy¹

¹University of Wollongong, Australia

Introduction/background:

Osler counselled his medical students over 100 years ago that it was more important for them to know about the *patient* with the disease rather than about the *disease* affecting the patient. Medical/health humanities focuses on the human in medical encounters. Through engagement with multiple forms of humanistic scholarship – such as literature, history, drama, or art – the medical/health humanities can develop capacity for critical thinking, for transcending local loyalties and encouraging a global perspective, reunifying the arts and sciences in medicine as a whole.

Aim/objectives:

This presentation discusses the challenges in building the medical humanities into different stages of a 4-year integrated MD course, which integrates medical science, research and critical analysis, personal and professional develop and clinical skills; and within a pre-medical undergraduate degree.

Discussion:

Medical humanities deals with the intersection of human experience, medical practice, and scientific technology, and centres on the meaning of medicine in relation to the individual within the society and community. Despite its obvious importance, there remain challenges to integrating the diverse field of medical humanities within exiting curriculum structures. Importantly, it should not be regarded as merely a student experience slotted into a curriculum, instead being key to the development of tools, skills and strategies to use science and technology in providing humane health care.

Issues/questions for exploration or ideas for discussion:

How can we normalise the medical humanities so that it is recognised as integral to patient-centred care?

How can educators evaluate the impact of medical humanities in the curriculum?

3E Professional Development

Social accountability as a lens for health professional education of the future: the case of pharmacy

Glenys Wilkinson¹, Erica Sainsbury¹

¹Australian Pharmacy Council, Canberra, Australia

Introduction/background

A key aim of health professional education has traditionally been perceived to be facilitating the development of competent and safe practitioners, who use their skills and expertise to optimise health outcomes for persons under their care. Curricula and program delivery are commonly designed to promote achievement of the relevant contemporary competencies for each profession, and public safety is the primary underpinning principle in recently approved Standards for the professional accreditation of a number of education programs in Australia and New Zealand. However, there is an increasing recognition that the health professionals of the future will need to be equipped to undertake

roles and practices which have not yet emerged, and in many cases cannot even be imagined or envisaged. Further, the concept of a “profession” includes more than competence and safety, and extends to an undertaking to serve the public.

Aims/objectives

We argue that public safety, while remaining critical, does not reflect the breadth associated with either of these two concepts, and that an alternative, social accountability, represents a more comprehensive approach. Accountability to society incorporates both public safety and service, and provides a clearly articulated conceptual framework for curriculum development and delivery which moreover creates a forward focus for the emergent, unknown future.

Discussion

This presentation will outline the social accountability framework, articulate how it has been used in framing the new pharmacy program Accreditation Standards, and highlight the implications for health education more broadly. This is our contribution to ‘blue sky’ thinking.

The Shaping of Moral Development in Medical Students

Iman Hegazi¹, Jenny McDonald¹, Jane Graves¹, Neeshaan Abrahams¹, Ryan Thorneycroft¹

¹School of Medicine, Western Sydney University, Australia

Introduction/background:

Good medical practice is underpinned by moral judgement therefore; the moral development of medical students should be considered a matter of high priority for medical educators. However, studies have shown that moral development does not occur during medical education and that it, in fact, may plateau or even regress. There is no empirical evidence as to the cause other than that the slowing or regression is coincident with medical students’ exposure to the clinical setting.

Aim/objectives:

To explore factors contributing to the development, preservation, regression, and segmentation of moral development during the clinical years of medical training. This will be explored through a qualitative study of medical students’ experiences and insights in the clinical setting. Medical students’ experiences and relationships with staff and patients, their personal responses and systems of coping and, their interpretations of moral regression or plateauing will be analysed.

Discussion:

Understanding the factors that promote, impede or segment moral development in medical students will allow improved strategies for student education, orientation and support. In addition, this will encourage evidence-based strategies for faculty development of hospital clinicians to improve hospital culture and student experience.

Issues/questions for exploration or ideas for discussion:

Why is there continued growth in moral judgement in non-clinical situations despite faltering of moral development in clinical settings?

Is the hospital system transforming the idealistic student to an individual whose moral judgment is motivated by a need to avoid rejection or disapproval from others?

Is it appropriate that students show moral judgment reticence until they have achieved clinical competence through experience?

Career-Defining Moments and Junior Doctors’ Emerging Professional Identity

Yan Chen¹, Kaitlin Allen¹, Marcus Henning¹, Jennifer Weller^{1,2}

¹Centre for Medical and Health Sciences Education, University of Auckland, Auckland, New Zealand

²Auckland City Hospital, Auckland, New Zealand

Introduction/background:

Professional identity formation allows junior doctors to think, act and feel like a physician. Competency-based assessments capture how people think and act; however, they may not adequately address how and when junior doctors begin to feel like a physician, which can be conveyed through narratives of career-defining moments. Specifically, the affective and meaning-making aspects of these narratives contribute to junior doctors' understanding of 'who they are as a physician'.

Aim/objectives:

We explore aspects of career-defining narratives that signify junior doctors' active construction of a professional identity.

Methods:

Junior doctors (trainee interns, PGY1 & PGY2 house officers) are asked to recall a career turning point, and narratives coded against: emotion processing; themes of agency (focussing on self-mastery and achievement); communion (concerning professional membership and caring for others); and professional identity stage. Descriptive statistics will be reported, followed by analysis of co-variances (ANCOVAs) to examine whether aspects of career-defining narratives differ across professional identity stages, while controlling for demographic variables.

Results:

Twenty interviews have been conducted to date, with another 40 planned by June 2019. Initial data suggest that junior doctors use a range of reflective methods (e.g., having a positive outlook from a negative experience, reconciling demands from personal and professional lives) to process these highly emotional and meaningful events.

Discussion:

The results offer insights into how junior doctors construct a professional identity by reflecting on career-defining moments. Our findings will further shed light on developing guided reflection strategies to facilitate professional identity formation and to promote critical self-care.

Diverse understandings of professionalism in dietetics: lifting the clouds

Janeane Dart¹, Louise McCall¹, Susan Ash¹, Charlotte Rees²

¹ Department of Nutrition, Dietetics & Food, Faculty of Medicine, Nursing & Health Sciences (FMNHS), Monash University, Melbourne, Australia.

² Monash Centre for Scholarship in Health Education (MCSHE), Faculty of Medicine, Nursing & Health Sciences, Monash University, Melbourne, Australia.

Introduction:

Healthcare professionalism is central to safe and effective practice. Teaching, learning and assessment of professionalism across healthcare education is acknowledged as difficult and remains an area where there is much to understand. While a substantive professionalism literature exists across several healthcare disciplines, there is a dearth of scholarly work in dietetics.

Aim:

To explore understandings of professionalism in dietetics from diverse participant perspectives.

Methods

Constructionist qualitative inquiry is the framework utilised in this research. The methods employed include semi-structured individual interviews and focus groups. Maximum variation sampling occurred and included academics and practitioners/workplace supervisors from accredited dietetic education programs across Australia and New Zealand plus final year dietetic students following course completion. Framework analysis is the key data analysis approach utilised in this study.

Results:

Preliminary findings suggest a broad diversity of understandings of professionalism across the three groups. The participants' (Academics n=49, Practitioners n=22, Students n=15 so far) understandings of professionalism within dietetics provided rich insights into cultural, personal, curriculum and structural factors influencing teaching, learning and assessment of professionalism.

Discussion

While some understandings are similar to other healthcare professions (e.g. professionalism as presentation), other more novel understandings have been identified (e.g. professionalism as emotional resilience). Extending understandings of professionalism from different perspectives will support teaching, learning and assessment of professionalism in dietetics and health professional education more broadly.

Conclusions:

Professionalism is a dynamic, complex and multidimensional construct varying across contexts. This is the first known scholarly work seeking to understand professionalism from the lens of dietetics.

Students' experiences of workplace dignity during work-integrated learning: A qualitative study exploring student and workplace supervisors' perspectives

Corinne Davis¹, Olivia King^{1,2}, Allie Clemans³, Jan Coles¹, Paul Crampton^{1,4}, Nicky Jacobs⁵, Tui McKeown⁶, Julia Morphet^{1,7}, Kate Seear⁸ & Charlotte Rees¹

¹Monash Centre for Scholarship in Health Education (MCSHE), Faculty of Medicine, Nursing & Health Sciences, Monash University, Victoria

²Barwon Health and South West Healthcare, Victoria

³Monash Education Academy, Monash University, Victoria

⁴Research Department of Medical Education, University College London, UK

⁵Faculty of Education, Monash University, Victoria

⁶Faculty of Business & Economics, Monash University, Victoria

⁷Monash Nursing & Midwifery, Faculty of Medicine, Nursing & Health Sciences, Monash University, Victoria

⁸Faculty of Law, Monash University, Victoria

Introduction/background:

Although work-integrated learning (WIL) enhances student learning, negative experiences have been documented. Current literature focuses on student-reported experiences and is limited to healthcare professions.

Aim/objectives:

This research seeks to understand student and supervisor perspectives of students' workplace dignity during WIL across medicine, nursing, counselling, education, law and business, answering the questions: What are the: 1) types of student dignity experiences; 2) factors contributing to experiences; 3) consequences; 4) student responses to dignity violations; and 5) patterns in student/supervisor perspectives?

Methods:

Sixty-five semi-structured interviews were conducted using narrative interviewing techniques with 30 supervisors and 46 students. Data were analysed using team-based framework analysis.

Results:

Nine common narrative types were identified in 344 stories: *verbal abuse, right for learning opportunities, care, inclusion, reasonable expectations, right for appropriate feedback, equality, trust, and right to be informed*. Common contributing factors were at the *individual* level, either factors related to supervisors or students. Common consequences were also at the *individual* level (e.g. wellbeing). Commonly, students either did nothing in response to dignity violations or reported perpetrators after the event.

Discussion:

Student and supervisor perceptions were similar for types of dignity experienced by students. However, students often attributed supervisor-related factors to experiences and supervisors attributed student-related factors. In addition, *relational* and *environmental* factors were reported less, highlighting the need for increased awareness around other contributing factors. There is also a need to improve students' comfort and opportunity in responding to dignity violations.

Conclusions:

This study provides guidance to further enhance student workplace dignity during WIL.

Constructing professional identity: the international medical learner experience

Anita Horvath¹, Monika Janinski,¹ Krithika Sundaram¹ and Kate Reid¹

¹University of Melbourne, Australia

Introduction/background:

Clinical learners undertake multiple transition points during their medical training, including from pre-clinical to clinical training and from clinical training to practising clinician. These transitions are critical for clinicians' professional identity formation. Transitioning from pre-clinical to clinical training is a well-documented challenge for medical students. International medical students undertaking clinical placements overseas face additional challenges, including entering a new cultural and social environment and healthcare system, and adjusting to academic expectations in a new teaching and learning environment.

Aim/objectives:

This study explored the perceptions of professional identity formation of Indonesian international medical students who were undertaking their first clinical encounter within an Australian hospital.

Methods

We used student reflections of their transition experiences to examine identify formation of international medical students. Using Schlossbergs' three phases of transition we analysed student reflections at three critical transition phases; moving into, moving through and moving out of a foundational clinical placement. Thematic analysis of student reflections at these critical transition points yielded valuable data on how an Australian clinical placement impacted international medical students' professional identity formation.

Results:

Reflective practice throughout clinical placement assisted students to transition to a new healthcare environment. Thematic analysis of the reflection documents showed the development of professional identity across the clinical placement, with evidence that student experience on placement moderated, challenged, but also confirmed their initial ideas about professional identity.

Discussion

An overseas clinical placement provides opportunities for learners to challenge their perceived clinical identity and significantly shapes their professional identity as a future practising clinician.

3F Assessment

Developing a tool for peer assessment of blood withdrawal and Intra venous drug administration

A Rathnayake¹, K Marabe², D Edissuriya²

¹Faculty of Allied Health Sciences, University Of Peradeniya

²Faculty of Medicine, University of Peradeniya

Introduction:

Peer-assisted learning (PAL) is increasingly used in nursing education. Sharing ideas among peers have been reported as an advantage in the student centered, active learning process. PAL under supervision would minimize bias that can occur due to different levels of knowledge among students. Blood drawing and IV drug administration are invasive sterile nursing procedures, which all nurses should be competent in. Checklists to assess these procedures would help improve essential clinical skills of nursing undergraduates.

Objective:

To develop check lists and scoring criteria for blood withdrawing and IV drug administration for the purpose of PAL in nursing education

Methodology:

Modified Delphi method was employed to develop and validate the checklists. Competencies required for both the mentioned procedures were identified from the existing literature. These were grouped into 5 main areas such as 'patient safety, safety of health care provider, cooperation with patient/staff, implementing procedure, quality of sample'. However, an additional area 'knowledge about medication was added to the second check list (IV drug administration). Fifty two experts of the nursing field (nursing academics and senior ward sisters) were invited to comment on clarity, understandability, applicability and subject content in the checklist and the rating criteria developed by the researcher based on a 3 stage grading system. (Agree, Needs modifications, Disagree). Further Face to face interviews and group interviews were carried out with respondents leading to clarification of their views/ opinions.

Results: -

Respondent rate 44%. None of the subcategories were rejected. Seventy-eight percent stated that the rating criteria and check list is acceptable with modifications on the use of technical terms. Group consensus was achieved by the researcher to change the sequence of the subcategories and to replace and categorize some scoring options.

Conclusion:

A validated tool for peer assessment of blood withdrawal and IV drug administration was developed.

How integrated are the Vertically Integrated Assessments (VIA) in medical education?

Md Nazmul Karim¹, Dragan Ilic¹, Basia Diug¹

¹Monash University, Melbourne, Australia

Introduction/background:

Vertical integration is increasingly being incorporated in medical education to prepare graduates better for clinical practice. Vertically integrated assessments (VIA) are designed to assess the integration of early clinical education, biomedical sciences and clinical responsibility levels for trainees. A paucity of literature is evident of its efficiency.

Aim/objectives:

The aim of the present study is to assess efficiency of VIA through comparison of learner's performance between VIA and non-VIA assessments.

Methods:

Data on 1188 medical students enrolled during 2013 to 2017 were analysed using Blunt-Altman measure of agreement. The agreement between the assessment modality scores with-VIA and without-VIA were illustrated using a Bland-Altman plot; 95% limits of agreement for each comparison (average \pm 1.96 standard deviation of difference) were computed. The difference between the estimates was regressed on the average of the 2 estimates.

Results:

The learner's performance scores with-VIA and without-VIA exhibited significant disagreement in both pre-clinical ($\beta = -8.9$; 95%CI -9.6, -8.3 $p < 0.01$) and clinical ($\beta = -34.3$; 95%CI -35.6, -33.0 $p < 0.01$) assessments, suggesting generalized underestimation without vertical integration. The disagreement is more apparent in students with the higher grades.

Discussion:

This study finds significant discrimination between assessment modalities with and without vertical integration. The greater discrimination in the former implicates better performance differential of in high achievers.

Conclusions:

VIA is efficient in determining performance differential among medical students, the efficiency of VIA increases with increasing student grade.

Measuring and assessing health professional preceptor competencies: A rapid review

Andrew D Bartlett¹, Irene S Um¹, Edward J Luca², Ines Krass¹, Carl R Schneider¹

¹The University of Sydney School of Pharmacy, Faculty of Medicine and Health, Sydney, Australia

²The University of Sydney, University Library, Sydney, Australia

Introduction/background:

The 2017 COAG review of accreditation systems for health professions noted a lack of an oversight process for preceptors. A quality management system that includes a system for assessing the competency of preceptors against defined standards has been recommended.

Aim/objectives:

To explore the competencies of preceptors in health professions and associated measures or assessment.

Methods:

This study followed the WHO rapid review framework for conducting systematic reviews. A database search was conducted in Embase, Medline, CINAHL and IPA. Articles were included if they defined criteria for competency, measured or assessed competency, or described performance indicators of preceptors. A modified GRADE CERQual approach and CASP quality assessment were used to appraise identified competencies, performance indicators and confidence in evidence.

Results:

Twenty-nine studies identified 17 competencies, of which 11 had an associated performance indicator. Preceptee evaluation and self-assessment were acceptable and valid ways of measuring the performance of preceptors and identifying areas for preceptor development, whilst peer-assessment was more difficult to institute on a large-scale.

Discussion:

Competencies with defined performance indicators allow for effective measurement and may be modifiable with training. Intrinsic competencies including being empathetic or ethical are not easily modifiable but may develop with maturity and reflection. To measure preceptor competency, a multi-rater approach involving self, peer and preceptee assessment is recommended.

Conclusions:

A standardised evidence-based set of preceptor competencies have been identified across health professions. Most competencies have an associated performance indicator. Further work is required to identify the minimum standard of performance.

Beyond Competencies- Consensus on Entrustable Professional Activities and Milestones for Dietetics Education

Andrea Begley¹, Anna Bird¹, Mary Hannan-Jones², Carolyn Keogh², Danielle Gallegos², Ann Firth¹, Claire Palermo³.

¹Curtin University, Perth, Australia

²Queensland University of Technology, Queensland, Australia

³Monash University, Victoria, Australia

Introduction/background:

Entrustable professional Activities (EPAs) describe independently executable, observable, measurable practice tasks mapped to competencies. Students are assisted to achieve entrustment status by passing a set of milestones, described as the behavioural descriptors that mark the developing levels of performance for given EPAs.

Aim/objectives:

Develop consensus on innovative EPAs and milestones in dietetics education to provide students, clinical supervisors and academics with shared mental models to assess entry-level competence.

Methods:

Outcomes from four national workshops with academic dietitians and experienced supervisors (n=103) resulted in four draft EPAs and descriptive milestones for novice, beginner, competent and expert levels of performance. A consensus survey was designed to measure agreement with EPAs and milestones and was sent to workshop participants (n=98).

Results:

The survey response rate (37%) included 18 academics, 7 university supervisors and 11 workplace supervisors. Agreement on the EPA's ranged from 73% to 100%. Comments related specifically to consideration of higher order performance of tasks. The novice (starting placement) milestones were the least agreed (lowest 83%) with comments indicating descriptors were not expecting enough of the student starting placement or were undervaluing the ability of students and their prior learning.

Discussion:

Developing EPAs and milestones to complement competency standards for dietetic education has supported the development of shared mental models of competence amongst academics and supervisors across Australia.

Conclusions:

EPAs and milestones will ultimately lead to improved quality of assessment and students and graduates who are able to take greater responsibility for, and with a richer understanding of, their learning.

Simulation-based clinical assessment: is it a reliable and consistent method for determining competency of overseas trained physiotherapists?

Penny Moss¹, Anton Barnett-Harris¹, Darren Lee¹, Kriti Gupta¹, Natalie Sievers¹, Shane Pritchard¹, Maxine Te², Felicity Blackstock^{1,2}

¹Australian Physiotherapy Council

²Western Sydney University

Background:

Overseas-qualified physiotherapists must demonstrate clinical competence to register to practice in Australia. Australian Physiotherapy Council assessment involves hospital-based real-life cases that are resource intensive and challenging to standardise. Simulation-based assessments, where professional actors portray purpose-written, competency-mapped simulated patient scenarios, may offer a more standardised and reliable approach.

Aims / Objectives:

Do real-life and simulation-based assessment achieve equivalent levels of consistency in competency rating between assessors?

Method:

Following ethical approval, 175 candidates awaiting assessment volunteered to participate. Study 1 (n=25) involved participants completing three simulation-based and three core area-matched real-life assessments, order randomised. Study 2 (n=150) involved completing three simulation-based and one real-life assessment, core area and order randomised. Two assessors were allocated to each simulation-based and real-life assessment. Independent Assessment Form (IAF) data (Final Grade 1-4, Total Score 1-28) for simulation-based and real-life assessments were compared for equivalence between assessors.

Results:

Interim results for assessor-matched IAFs (n=149 simulation-based, n=132 real-life) showed a high level of equivalence between assessors in both settings. There was no significant difference between assessors for IAF Final Grade (simulation p=0.769, real-life p=0.195) or for Total Score (simulation-based p=0.265, real-life p=0.236). ICC reliability between assessors was very high: simulation-based r=0.955, p<0.001; real-life r=0.959, p<0.001).

Discussion:

The high level of consistency between assessors for simulation-based assessment demonstrates that simulation provides a reliable alternative for the assessment of overseas-qualified physiotherapists' competence to practice in Australia.

Conclusions:

Simulation-based assessments provide a standardised environment for clinical assessment, where assessors can reliably determine competency to practice in Australia for overseas-qualified physiotherapists.

Assessment on the run: acceptability and feasibility of medical student work-based assessment in general practice placements

Warren Jennings¹, Ben Mitchell¹, Michaela Kelly¹, Margaret Henderson¹, Jo O'Reilly¹, David King¹, Nancy Sturman¹

¹Primary Care Clinical Unit, University of Queensland, Australia

Introduction/background:

Work-based assessment (WBA) consists of direct observation of student performance by clinicians in authentic workplace contexts, followed by timely feedback conversations. Many GP teachers are unfamiliar with WBA and have limited engagement with formal training, making it difficult to align their teaching and assessment practices with University expectations. A pilot of WBA within a number of GP teaching practices was implemented prior to its introduction into the 2019 curriculum.

Aim/objectives:

To ensure that WBA is acceptable and feasible for GP teachers, students and patients, and is likely to have a positive educational impact on students.

Methods:

Students, GP teachers and GP academics collaborated in the WBA pilot. Surveys, focus groups and practice visits were conducted to collect information about feasibility and acceptability, and educational outcomes.

Results:

WBA appeared to be essentially feasible and acceptable, and was identified as educationally valuable by all participants. Participants were critical of electronic marking software and processes, and found it challenging to provide timely feedback. The identification of suitable patients was challenging for a few GP teachers. Students were concerned about non-standardised tasks, un-calibrated GP teacher markers and the potential for misalignment of University and GP expectations.

Discussion:

Student anxiety was striking, despite WBAs being low stakes assessments, and poor performances were distressing, sometimes detracting from learning. WBAs played an important role in self-regulated student learning.

Conclusions:

We recommend that WBA be re-named “work-based activities” and that grading be abandoned. User-friendly software is a key ingredient of WBA acceptability and feasibility.

OSCE stations that address racism and other biases – comparison of two formats

Elizabeth Krajic Kachur^{1,2}, Ingrid Walker-Descartes², Lisa Altshuler³, Omar Beckett², Zachary Johnson⁴

¹Medical Education Development, Global Consulting, New York, NY, USA

²Maimonides Medical Center, Brooklyn, NY, USA

³New York University Medical School, New York, NY, USA

⁴Cohen Children’s Medical Center, New Hyde Park, NY, USA

Introduction/background:

Biases influence behaviours and judgements. They typically interfere with professional encounters and educational activities. OSCEs provide unique opportunities for teaching and assessing such sensitive topics. Multiple station formats can be utilized.

Aim/objectives:

By the end of the presentation attendees should be able to:

Describe several OSCE stations that address racism and other biases

Discuss opportunities/challenges inherent in OSCE stations that are partially personalized to individual learners

Address the sensitive nature of bias-related stations for learners, simulated patients and faculty

Discussion:

We will describe three racism and bias-related OSCE stations used at Maimonides Medical Center: 1) a parent who is attributing the discontinuation of medications to racist policies, 2) a resident who is complaining to a medical student about a specific ethnic group, 3) a parent who is programmed to utter racist remarks based on pre-determined, personalized triggers. The structure of the first two stations will be juxtaposed to the third one.

Issues/questions for exploration or ideas for discussion:

How can we make racism and bias-related OSCE stations strong in terms of impact but psychologically safe for learners, SPs and faculty?

How can we know that a personalized trigger is effective?

3G Clinical Education

Evaluating the impact of supervision training for health and human services workers in Victoria: translating education into practice?

Vicki Edouard,¹ Sarah Lee,¹ Jennifer Lindley,¹ Claire Palermo,¹ Bernadette Ward,² Susan Waller,³ Suz Christison,¹ Jo Colvin,⁴ Keith Sutton,³ Mahbub Sarkar,¹ & Charlotte Rees¹

¹Monash Centre for Scholarship in Health Education (MCSHE), Monash University, Clayton, Australia

²Monash Rural Health, Bendigo, Australia

³Monash Rural Health, Warragul, Australia

⁴Latrobe Regional Hospital

Introduction/background:

Effective supervision training is beneficial across all levels of an organisation. As part of a state-wide supervision training program for 7900 health and human services (HHS) workers across Victoria (2017-2020), we evaluated the impact of the program on participants' knowledge, skills and confidence, plus the extent to which learning is translated into supervision.

Aim/objectives:

Our study aimed to: (a) evaluate, for quality improvement purposes, the impact of half-day introductory supervision workshops on participants' self-reported knowledge, skills and confidence in supervision and (b) ascertain whether learning resulted in perceived translation back into practice.

Methods:

Participants were surveyed at three time-points: before (T1), immediately after (T2) and at least 3 months post-training (T3).

Results:

Self-reported knowledge, skills and confidence improved with time: At T1, scores for 2723 participants were 4.3, 4.3, 4.3 (out of 8) respectively, while T2 scores with 1511 participants were 5.4, 5.2, 5.3, and T3 scores for 396 participants were 5.8, 5.6, and 5.6. 269 (68%) of T3 participants stated that they had translated workshop learnings back into practice with a further 67 (17%) planning to translate.

Discussion:

Evaluation showed an increase in knowledge, skills and confidence over time. Many of the participants had, or planned to, translate their learnings into supervision practice post-training. Translating learning into practice centred on supervisors employing strategies (e.g. reflective practice, feedback, action learning sets, etc.) advocated in the workshops.

Conclusions:

Supervision training received as part of this program appears beneficial to participants and shows translation back into supervision practice.

Allied health students value-add to inpatient hospital services: findings from a multi-site study.

Gillian Nisbet¹, Tanya Thompson², Justine Dougherty¹, Christina Eagleton³, Matthew Jennings², Belinda Kenny¹, Sue McAllister¹, Merrolee Penman¹, Maria Quinlivan⁴, Lily To¹

¹University of Sydney, Sydney, Australia

²South Western Sydney Local Health District, Sydney, Australia

³Fairfield Hospital, Sydney, Australia

⁴Westmead Hospital, Sydney, Australia

Introduction/background:

With increasing demand for hospital acute care allied health services, change is needed to ensure best practice models of care are implemented efficiently and effectively. Students could improve the quality, quantity and sustainability of patient care and service provision whilst simultaneously benefiting from authentic engagement in innovative service delivery.

Aim/objectives:

This study investigated how allied health students can be effectively integrated into acute care services to positively impact service delivery, patient outcomes and student learning.

Methods

Using an embedded multiple case study design, data was collected through focus groups, patient experience surveys, and secondary administrative data sources. Cases were across physiotherapy and occupational therapy in six different contexts. Activity theory framed the analysis.

Results

Preliminary findings show that overall students do add-value when fully integrated as learning partners. Value for patients is in earlier access to therapy services, increased interventions, reduced length of stay and improved functional outcomes. Value for students is in peer learning opportunities which allow for supported practice and development in an authentic learning environment. Value for educators is in partnering with university academics to learn about and adopt supervisory models grounded in current learning theories.

Discussion

Service re-design that embeds students as a key resource can value-add to the acute care health system while facilitating student learning and minimising impact on supervisor workload management. However, this requires collaboration between health and university partners to implement the enablers identified in this study.

Conclusion

Study principles can be applied to other contexts to achieve similar positive outcomes.

Allied health pre-entry student clinical placement capacity: can it be sustained?

Liza-Jane McBride¹, Cate Fitzgerald², Claire Costello³, Kristy Perkins¹

¹Allied Health Professions' Office of Queensland, Department of Health

²Metro South Health, Hospital and Health Service, Princess Alexandra Hospital

³Children's Health Queensland, Queensland Children's Hospital

Introduction/background:

Meeting demand for clinical placements in an environment of increasing university cohort growth and changes in health service delivery models is challenging. The implementation of a state-wide allied health clinical placement capacity building initiative that provided dedicated clinical education resources since 2009 has enabled the collation of annual placement data for trending of placement provision.

Aim/objectives:

The study aimed to investigate whether clinical placement capacity achieved through the initiative had been sustained and to gain the perspectives of key internal allied health and external university stakeholders on the factors affecting the sustained efforts to provide placement offers.

Methods:

Data from 2010-2016 on clinical placement numbers, staff full-time equivalent positions, university program and student cohort data for five professions was reviewed. Qualitative response data from key stakeholder surveys was analysed thematically.

Results:

Student numbers have continued to grow at a proportionally higher rate than workforce growth and placement offers. Key enablers for sustaining placement provision included collaboration between university and health sectors, efficiency through coordination of processes, continuation of management support, outcome data reporting and state-wide profession-specific governance and leadership. Barriers to sustainability centred on resourcing, continued increasing demand for placements and the changing healthcare context.

Discussion:

Sustained management support to placement provision, dedicated education roles, statewide leadership and profession-specific governance underpins successful partnerships and collaboration for placement provision. Ongoing outcome data collection and reporting provides valuable feedback for placement capacity building.

Conclusions:

Sustaining pre-entry student placements requires stakeholder flexibility and responsiveness underpinned by collaboration, information and resource sharing.

Clinician Peer Exchange Groups (C-PEGS): Augmenting medical students' learning on clinical placement.

Julia Harrison¹, Elizabeth Molloy², Margaret Bearman³, Chee Ting¹, Michelle Leech¹

¹Monash University, Melbourne, Australia

²University of Melbourne, Melbourne, Australia

³Deakin University, Melbourne, Australia

Introduction/background:

Clinician Peer Exchange Groups (C-PEGs) was a forum for final year medical students on placement to share learning with peers. C-PEGs consisted of multiple, peer-only, face-to-face groups of five students, with open-ended topics for discussion. A broad list of eight discussion triggers were given to students prior to their first session. The aim of the activity was to augment placement learning through conversation with peers about learning-rich experiences.

Aim/objectives:

To determine perceptions of the C-PEGs activity, inform improvements, and reveal what students chose to talk about.

Methods:

Qualitative and quantitative data sourced from 74 students included: participant feedback surveys; students' notes of topics discussed; and student focus groups. Data was analysed using descriptive statistics and thematic analysis.

Results:

Most students enjoyed the sessions (85%) and only 4% of students considered the activity not worthwhile. 56% of students reported putting new learning into practice after 2-3 sessions and some students noted positive changes in learning behaviours such as increased reflection and reading, and more targeted attention on the wards. Students valued C-PEGs for the learning, peer connection and peer support. A vast array of topics were discussed including cautionary tales, mistakes, clinical tips, differences between units, and stories that generated an emotional response. Reported challenges included thinking of contributions and loose structure.

Discussion:

Conversation with peers is a natural source of learning in day-to-day life. C-PEGs provides a mechanism to focus peer dialogue on authentic clinical experiences to enhance learning.

Conclusions:

C-PEGs proved to be a valuable and enjoyable way for students to consolidate and extend their learning from ward-based experiences.

Paramedics' attitudes towards and experiences of clinical supervision and mentorship

Lisa Hurring¹, Bobby Harreveld¹

¹CQUniversity Australia, Rockhampton, Australia

Introduction/background:

Undergraduate student paramedics in Queensland undertake clinical placements with the Queensland Ambulance Service (QAS) where they are mentored by qualified paramedics. Quality mentorship is vital for student learning, but little is known of paramedics' attitudes towards the mentor role or of the challenges that they experience.

Aim/objectives:

To explore paramedic attitudes towards and experiences of the mentor role, and to identify obstacles to effective clinical supervision.

Methods

QAS paramedics were surveyed in three main areas relating to clinical mentorship: attitudes to the mentor role, experiences of mentorship, and obstacles to effective clinical supervision. This formed the first half of a larger survey that also included the Clinical Supervision Self-Assessment Tool.

Results:

90 paramedics completed the survey. Several main themes emerged from the data: preparedness for mentorship; obstacles to mentorship, including role clarity; and managing challenging students.

Discussion

Paramedics view mentorship as a mutually gainful and important duty, but also as a burden that increases stress and workload. This is complicated by high workloads and a lack of clear guidelines and training. Issues of poor student behaviour and attitude strongly impact paramedic experiences of mentorship, much as literature reports that poor mentor attitudes impact student experiences. Potential exists to develop mentorship capacity and to improve placement experiences for both paramedics and students by addressing training and support needs.

Conclusions:

This survey found paramedics to have a very positive attitude towards mentorship despite mixed experiences. Many obstacles to effective supervision may be redressed by provision of training and guideline development.

Use of the Clinical Supervision Self-Assessment Tool (CSSAT) to explore paramedics' clinical supervision skills and support needs

Lisa Hurring¹, Bobby Harreveld¹

¹CQUniversity Australia, Rockhampton, Australia

Introduction/background:

Undergraduate student paramedics in Queensland undertake clinical placements with the Queensland Ambulance Service (QAS) where they are mentored by qualified paramedics. QAS paramedics are not trained in mentorship skills and little is known of their capacity for effective clinical supervision.

Aim/objectives:

To explore paramedics' self-assessed capacity for clinical supervision and to identify training and support needs.

Methods

An abridged form of the Clinical Supervision Self-Assessment Tool (CSSAT) developed by Health Workforce Australia was completed by QAS paramedics. This is the first reported application of the CSSAT to paramedics, and forms part of the first study to survey QAS paramedics' experiences of mentorship.

Results:

90 paramedics completed the CSSAT, which identified several performance areas requiring additional training and support to improve knowledge, skill, and confidence in the role. These included role clarity, facilitation of training, assisting the failing student, and managing challenging behaviours.

Discussion

Clinical supervision is a complex role for which paramedics are unprepared; its difficulties are compounded by heavy workloads and by the competing demands of delivering both quality clinical care and effective clinical supervision. Commentary demonstrates the role is perceived by paramedics as increasing their workload and contributing to burnout and fatigue. QAS paramedics require support to increase confidence and capacity in the mentor role, and to best manage challenges to deliver quality clinical supervision.

Conclusions:

The CSSAT characterised the current clinical supervision capacity of paramedics and identified several support needs that may be addressed by a multi-modal approach of guideline development and mentor training.

Fuelling engines and releasing the brakes: Building staff capacity to thrive in the delivery of health professional education

Ashlee Forster¹

¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia

Introduction:

Airplanes fly in blue skies. For all their complex engineering, they have a simple purpose: safe and comfortable transport of passengers to their destination. This requires several factors to be in place. A functioning plane, complete with a structurally sound fuselage; fuel in the engine; a pilot; a defined flight path; clear processes and communication with ground staff, flight towers, passengers and within the crew. A deficit in any one area can result in failure.

In aviation, staff are dependent on one another to achieve their goal. In health professional education, there is evidence of a high level of staff turnover and burnout of motivated and committed staff. The engine for these staff has been their intrinsic motivation – compassion, dedication, the desire to make a difference. In terms of sustainability, do these staff have the team on the ground working well? Do they have a flight path? Do they have a structurally sound framework within which they operate?

Purpose/objectives:

The purpose of this PeArLs is to facilitate discussion on the drivers (or engines) of staff, and the barriers that hold them back from achieving their goals (the brakes).

Issues/ questions for exploration or ideas for discussion:

1. What are the drivers of staff in health professional education?
2. What holds them back from achieving all they would like to achieve?
3. How can we provide supports or safeguards that nourish staff, cultivate a positive work culture, and support staff development and/or promotion?
4. How do we work towards cultural change?

3H Well-Being

Supervised exercise programs to enhance the health and well-being of medical students: a cross-faculty student service program

Benjamin K. Barry¹, Emily Frawley¹, Meagan Crabb², Megan Steele¹, Pieter Jansen¹ and Craig Engstrom²

¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia.

²School of Human Movement and Nutrition Sciences, The University of Queensland, Brisbane, Australia

Introduction:

Support for medical student well-being is increasingly a priority for medical schools. Support schemes include counselling services, remedial academic support and personal advisor networks. A novel service complementary to these has been established at The University of Queensland, jointly by two faculties. This new service provides supervised exercise free to medical students under the guidance of allied health students in exercise physiology, who are overseen by qualified supervisors.

Aim:

The aims of the service are to: 1) support the physical and mental health of medical students via the benefits of regular exercise, 2) provide an extra-curricular approach to inter-professional education between allied health and medical students, and 3) encourage long-term positive lifestyle behaviours in trainee doctors, which may in turn benefit their future patients.

Discussion:

An interim trial of the service succeeded in capturing approximately 100 year-one and two students for 4-weeks of regular exercise classes. The participating students represented the spectrum of local and international students, and also spanned those with limited to extensive exercise experience. Feedback from participating students was very positive. Despite the short intervention and the group-based exercise format, there were encouraging indications of inter-professional learning.

Issues for exploration:

- 1) Planned inclusion of a one-on-one exercise counselling service to better support individualised exercise and to have a broader reach across clinical sites.
- 2) The merits of accompanying education on exercise and lifestyle change alongside the exercise classes.
- 3) Adequacy of approaches to evaluate the ambitious aim to improve support for exercise that benefits future patients.

When the wheels fall off: Medical Students experiences of interrupted academic progression

Sandra Carr¹, Ben Canny², Tony Celenza¹, Basia Diug³, Michelle Leech³, Andy Wearn⁴ & Tim Wilkinson⁵

¹University of Western Australia, Perth

²University of Tasmania, Hobart

³Monash University, Melbourne

⁴Auckland University, Auckland

⁵Otago University, Dunedin

Introduction/background:

.....Never failed much in my life, and then to have the wheels kicked out from underneath you, it was ego destroying...

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 phase one 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 to identify the associated influencing factors.

Methods:

This interpretive phenomenological study used in-depth interviews 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 Universities were purposively selected. Thematic analysis illuminated a range of factors aligning with three key themes: Motivation for Medicine and Learning- explaining why the interruption occurred; Managing the Failure- revealing varied reactions, responses and coping strategies and Feeling Ready, Excited and Nervous- preparing for transition to being a doctor.

Discussion:

The diversity of reasons for the interruption in progression and the resilience of the majority of respondents was unexpected. A key feature of their experience was isolation. They were isolated, or they became isolated or they isolated themselves. Finding connections to change that isolation was commonly part of coping with, managing and recovering from the interruption.

Conclusions:

These findings form the first part of three phases of research following graduands as they experience the first year as a doctor.

Sleep quality, frequency of breakfast consumption, and academic performance in medical students

Harsh Bhoopatkar¹, Karen Falloon¹, Miriam Nakatsuji¹, Andy Wearn¹, Fiona Moir¹

¹University of Auckland, Auckland, New Zealand

Introduction/background:

There is increasing interest in the interactions between dietary patterns and sleep quality. In particular, breakfast consumption may support some aspects of sleep quality in young adults.

Aim/objectives:

To explore the association between medical students' sleep quality and frequency of breakfast consumption 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 breakfast consumption (number of days in an average week the student had breakfast 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, 45% of participants skipped breakfast at least once in an average week and 91% of students had poor sleep quality (as defined by PSQI scores > 5). There was no significant correlation between sleep quality and frequency of breakfast consumption or performance in a clinical examination (Spearman's rho - 0.094 and -0.051, respectively).

Discussion:

The high prevalence of poor sleep quality prior to an exam, is of concern, as good sleep is associated with optimal wellbeing, memory and learning.

Conclusions:

Sleep quality of medical students is poor in the month prior to clinical exams; however, there is no significant association with frequency of breakfast consumption or academic performance. The medical curricula needs to address sleep behaviours as this may have potential benefits for the health of the workforce.

Physiotherapy students' pre-clinical stress prior to an outpatient placement - triggers and remedies.

Rebecca Lee¹, Dragana Cepnja¹, Mahbub Sarkar².

¹Physiotherapy Department, Westmead Hospital, Sydney, Australia, ² Monash Centre for Scholarship in Health Education, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia

Introduction/background:

Physiotherapy students frequently report stress prior to an outpatient clinical placement. As stress can have a negative impact on student's ability to learn and maximise the value of their clinical experience, exploring the factors related to their pre-clinical stress in the outpatient setting would seem important.

Aim/objectives:

This paper explored physiotherapy students' perceptions of the factors related to pre-clinical stress prior to a musculoskeletal outpatient placement, and possible mitigation strategies.

Methods:

Focus groups with 3rd and final year physiotherapy students undertaking musculoskeletal outpatient clinical placement were used to collect qualitative data. A visual analogue scale (VAS) was used to measure students' perceived stress prior to the outpatient placement.

Results:

There was generally an increase in perceived pre-clinical stress among students. Students viewed outpatients as a complex area that challenges their preparedness for practice as a physiotherapist. Negotiating a new workplace and aligned environmental stresses were also viewed as contributing factors to induce uncertainty and further pre-clinical stress. Adequate information about, and preparation for, the outpatient settings seem valuable to mitigate the pre-clinical stress.

Discussion:

Pre-clinical stress related to a musculoskeletal outpatient placement for physiotherapy students and appears to be multi-faceted in its origin.

Conclusions:

Much of the pre-clinical stress felt by students prior to an outpatient clinical placement relates to the need to assume a more responsible and independent role as a clinician.

Exploring medical student experiences of wellbeing and medical program impacts on wellbeing: A qualitative study

Christine Byrnes^{1,2}, Vaishnavi Anu Ganapathy^{1,3}, Melinda Lam^{1,2}, Lise Mogensen¹, Wendy Hu¹

¹School of Medicine, Western Sydney University, Sydney, New South Wales, Australia;

²Westmead Hospital, Westmead, New South Wales, Australia;

³Royal North Shore Hospital, St Leonards, New South Wales, Australia.

Introduction:

Medical student mental health and wellbeing is highly topical, but how do students themselves experience wellbeing, and the curricular influences on their wellbeing and mental health? This study aimed to address these questions, evaluate the efficacy of innovations such as wellbeing absence days, and identify directions for interventions and research.

Methods:

All students at an Australian undergraduate medical school were invited to complete an online survey between 2017 and 2018 following the introduction of “Wellbeing Days” (WBD). WBD allowed students optional absence days for self-care. Question topics included understanding and experience of wellbeing and mental health, and interventions to improve wellbeing such as WBD. Thematic analysis was performed using QDA Miner.

Results:

Sixty-eight responses were recorded from all year-groups. Long contact hours, relationships with staff, peer relationships and perceived surveillance of WBD arose as salient contributors to wellbeing. Long contact hours were described as incompatible with self-care activities, maintaining employment and seeking professional medical/psychological help. Degree of trust, engagement and communication with staff were also significant influences. Student peers affect wellbeing by providing social and academic support, and conversely, by being competitors. Students favourably viewed the introduction of WBD, but identified monitoring of their use, and stigma as significant barriers to usage.

Conclusion:

Our findings suggest that access to wellbeing absence days, reduction in contact hours, improvement in staff-student relationships and peer support/mentoring programs may be useful to improve student wellbeing. Further research investigating the relationship of these factors with wellbeing is needed.

Employing the Humanities and Social Sciences to re-engage and sustain medical students

Maxine Moore¹

¹Flinders University, Adelaide, Australia

Introduction/background:

Studying medicine is a challenging experience for many students: it involves relentless acquisition of knowledge, combined with development of technical competence, and fostering of personal qualities such as wisdom, empathy, tolerance for ambiguity, skilled observation, and emotional resilience. Given these learning demands, alongside frequent exposure to illness, pain and death, it should come as little surprise that medical students—like their qualified counterparts—are more likely to experience burn-out, psychological distress, and suicidal thoughts than the general community.

Aim/objectives:

This presentation will describe trial introduction of a Medical Humanities elective in the Flinders MD to support students’ deep reflection, critique, and consideration of the ‘art of medicine’ from multiple perspectives, in order to personally flourish in their course and careers.

Discussion:

Early indicators suggest the elective provides students with an alternative lens for reflecting on the practice of medicine that supports their emotional growth and mental wellbeing by fostering creativity, facilitating critical thinking, encouraging debrief, bolstering empathy, and reviving professional drive.

Issues/questions for exploration or ideas for discussion:

Why make time for a Medical Humanities elective in an already jam-packed MD curriculum? How to convince students and staff of the efficacy of such an approach for the learning and teaching of

Medicine? What steps are required to implement such an innovation? What are the benefits and pitfalls of implementing such an innovation?

Micro-credentials: is it feasible to use them in public health education?

Kate Dundas¹, Natalie A Johnson¹, Lorraine Paras¹, Tazeen Majeed¹, Dongxuan Luu¹, Erica L James¹.

¹University of Newcastle, Newcastle, Australia

Introduction/background:

Many universities, including the University of Newcastle, are exploring the feasibility of using micro-credentials (also known as “alternative credentials” and “digital badges”). Interest in ‘miniaturising’ the concept and process of ‘credentialing’ in the context of higher education stems from a desire to provide authentic assessment tasks while enhancing students’ work readiness and employability i.e., by ensuring their CVs are as robust and competitive as possible.

Aim/objectives:

This case study will describe the process of selecting micro-credentials to use as online self-directed learning tasks to replace face-to-face tutorials and traditional assessment tasks at the University of Newcastle. For example, preservice Health and Physical Education teachers enrolled in an undergraduate course with a focus on food and nutrition completed the ASCIA anaphylaxis e-training course for Australasian schools. This course, which is accredited by the NSW Education Standards Authority (NESA) and contributes 1 hours and 30 minutes of NESA Registered Professional Development addressing 4.4.2 from the Australian Professional Standards for Teachers towards maintaining Proficient Teacher Accreditation in NSW, replaced a 2 hour tutorial while the associated 26-item quiz comprised 10% of their final grade. Students who achieved a score of 80% or higher on the quiz questions embedded in the online training program were also able to download a Certificate of Completion for inclusion in their teaching portfolio. Other examples will be discussed.

Issues/questions for exploration or ideas for discussion:

We will be exploring issues in relation to staff and student acceptability, student engagement (completion) and perceived impact on employability.

3I ANZAHPE Fellowship Scheme

Why should I apply for Associate Fellowship or Fellowship of ANZAHPE and how do I do it?

Gary D. Rogers¹, Julie Ash², Adrian Schoo²

¹School of Medicine and Health Institute for the Development of Education and Scholarship, Griffith University, ²Prideaux Centre for Research in Health Professions Education, Flinders University.

Background:

The goals of the ANZAHPE Fellowship Scheme are:

1. To engender a culture of mentorship and encouragement through which more senior members of ANZAHPE can support the development of those with less experience
2. To chart a clear pathway through which emerging health professional educators can develop expertise, gain experience and undertake scholarly educational practice
3. To provide a means through which ANZAHPE members who have attained particular expertise in health professional education through scholarly practice can be recognised within their own institutions and the broader world.

The scheme offers recognition as an Associate Fellow or a Fellow of ANZAHPE.

Purpose and outcomes:

To enable attendees to determine their eligibility for recognition at either of the levels, decide whether to apply and work towards a successful application.

Issues for exploration:

- Reasons for applying
- Criteria for each level of recognition
- Advice on the application process and the evidence required.

Outline of activities:

1. Introduction to the Fellowship Scheme and the criteria for the two levels of recognition
2. Discussion in small groups of potential Fellows or potential Associate Fellows, each facilitated by a member of the Fellowship Committee, on how to apply and evidence fulfilment of the relevant criteria.

Wednesday 3 July

Plenary 2

***Thrown in the Deep End: From clinician to educator**

The journey of clinician to educator can be an uncertain one whether it is situated in academia or a health service. Teaching and mentoring skills are often assumed and contributions to teaching are taken for granted in many [health professions](#). In this symposium our panel will look at the following questions "What do we expect of clinicians as educators? How do we support and enhance clinician educators to develop their skills?"

Presenters

Wendy Hu - Associate Dean & Professor of Medical Education, Western Sydney University
Wendy researches and provides faculty development with collaborators in Australia, New Zealand, Canada, USA, the Netherlands, Sri Lanka and Vietnam. She has long puzzled over what makes a career in health professions education attractive, sustainable and rewarding.

Lucy Chipchase - Associate Dean (Education), Faculty of Health, University of Canberra
Lucy has responsibility for ensuring the educational quality of courses that prepare clinicians for fourteen health professional disciplines including, inter alia, nursing, midwifery, allied health, clinical psychology, optometry and pharmacy.

Karlee Johnston - Associate Lecturer Pharmacology, ANU Medical School. Karlee has worked as a clinical pharmacist for the last 15 years and has recently embarked on a journey into academia in a medical school. She is currently navigating the challenges associated with the transition.

Katrina Anderson - Chair, Canberra Region Medical Education Council, A/Professor ANU Medical School

Katrina has a longstanding interest in supervisor education and has created a pathway to Fellowship of the Higher Education Academy, Advance HE to engage clinicians who teach vertically across the continuum of medical training from students to registrars.

Joy Rudland - Director of Educational Development and Staff Support Unit at Otago Medical School, New Zealand.

Joy has had a long-term interest in the diverse and changing role of the teacher and facilitates the support/development of staff teaching undergraduate medical students; from dedicated conferences and courses to promoting one/one support by educational advisers.

4A Symposium

Blue sky thinking in health professions education: what does complexity science offer?

Koshila Kumar¹, Chris Roberts², Adrian Schoo¹, & Priya Khanna²

¹ Prideaux Centre, Flinders University

² Sydney Medical School, The University of Sydney

Introduction/background

Health professions education (HPE) is traditionally viewed and approached in rational-linear manner, with a focus on reducing educational problems, dilemma or challenges into simple terms, examining individual parts in isolation, and focusing on the quality of outcomes and the product. The reality is that educational phenomena (such as curriculum change, interprofessional education, chronic disease management teaching, evaluation) are complex issues which are: characterised by incomplete understandings; unpredictable, unordered and constantly changing, and not amenable to neat one-size solutions. So, how do stakeholders in HPE better engage with the complex reality of educational phenomena, and what does complexity science offer?

Aims/objectives

To outline the theoretical basis and ontological underpinnings of complexity science

To illustrate how complexity science principles can be applied to different areas of HPE (e.g. curriculum change, interprofessional education, education in chronic disease management, evaluation), and the associated implications

To describe a theory-informed approach to evaluating complex initiatives

List of Presentations

Koshila Kumar – The why and what of complexity science, and implications for curriculum redesign.

Koshila will outline what complexity science is, its key features and identify how complexity principles have informed curriculum review in a university postgraduate program.

Chris Roberts - A Healthcare Collaboration Challenge through the lens of Complexity Theory.

Chris will discuss the coming together of 1600 health care professional students to engage in a self-directed (self-organised) interprofessional learning activity underpinned by the principles of diversity and emergence.

Adrian Schoo – Preparing students for chronic disease management

Adrian will describe an IPE activity, including the educational and assessment approach, that prepares physiotherapy and occupational therapy students for chronic disease management which requires a different skill set than for acute care.

Priya Khanna - Ontological underpinnings of complex initiatives and theory-based evaluation

In order to better understand the impact of the complex initiatives, such as the case studies presented in this symposium, Priya will outline an approach to evaluating complex initiatives that is informed by critical realist approaches.

Discussion:

We hope to initiate a conversation about what complexity science offers HPE, including:

Why adopt a complexity science perspective in HPE - what are the opportunities and challenges?

How to adopt a complexity science perspective in HPE - what does it actually mean for how we conceptualise, plan, implement, evaluate, and/or improve HPE?

Who can adopt a complexity science perspective - what key capabilities do individuals, teams, organisations and systems need to work in and with complexity?

4B TED, Lightning Talks

ePortfolio beyond the showcase: Facilitating reflexive nursing practice through a learning experience framework.

Caroline Nilson¹, Jodie Young²

¹ Murdoch University, Perth, Australia

² PebblePad, Melbourne, Australia

Introduction/background:

ePortfolio practice using PebblePad was first introduced into the Murdoch University Bachelor of Nursing course in 2015 into a first year theoretical unit. The initial success of PebblePad in strategic units of the course acted as a driver for change for both academics and students alike.

Aim/objectives:

To discuss eportfolio as a learning and teaching tool in nursing education.

Discussion:

The Murdoch University Discipline of Nursing has taken a pedagogical leadership role by introducing eportfolio learning into the MU BN course through a whole-of-course mapping approach. This blended learning strategy uses the PebblePad platform where students own their individual eportfolio learning space to record, reflect, self-audit, and undertake assessment. Assessment and feedback are supported by the learning design and the platform, so learners work in partnership with educational guides, whether they be students, university educators, or clinical facilitators. Learners also engage in the more 'traditional' types of eportfolio activities of collecting, collating, organising and presenting their achievements and experiences. In this context, the eportfolio space becomes a platform for 'real world' learning through experience, which supports students in the self-management of their developing knowledge and understanding.

Issues/questions for exploration or ideas for discussion:

What does eportfolio practice look like when approached through a 'learning experience' lens? What kinds of activities, possibly seen as 'atypical' in an eportfolio platform, empower students to own their learning and engage meaningfully with authentic experiences? How can this type of learning experience framework support learners to construct, explore and discuss real-world problems in contexts that are relevant to their nursing knowledge and skills development?

Standardizing clinical placement expectations, resources and outcomes for Undergraduate Nursing Students and Clinical Facilitators

Sarah Coat¹

¹ Epworth Healthcare, Clinical Education and Simulation, Victoria, Australia,

Introduction/background:

At Epworth a large increase in undergraduate nursing student numbers from multiple disciplines and education providers unveiled inconsistency in facilitation, use of multiple and non-reviewed resources and differing expectations of student performance has resulted in a standardised method of orientation and facilitation.

Aim/objectives:

To demonstrate how this alignment has led to better outcomes and experience for students, facilitators and the host clinical environments.

Discussion:

Clinical placements are intended to develop the skills to care for patients in a real clinical setting. The way curriculum is structured, students can perceive their learning task as working through a series of case studies or developing skill in a particular task as their scope of practice increases. This can lead to students bringing expectations into placements that are focused on the narrow achievement of these learning tasks.

Facilitation can vary with several facilitators of variable expertise at different placement sites. We sought to manage expectations and variations by developing a comprehensive clinical resource book for all students.

The clinical resources booklet has standardised expectations, provided clear guidance for facilitators, enabled consistent feedback to students and education providers, provide clarity for wards and ward staff about the needs of and expectations of students.

Issues/questions for exploration or ideas for discussion:

Opportunities to further enhance the alignment of clinical placements with training courses will also be open for discussion.

Training to care or to clear beds?

Allison Hilbig

Eastern Health, Melbourne, Victoria, Australia

Introduction/background:

This is not an Eastern Health story, and the identity of the health organisation is not important. This real life patient story could be any one of our patients in any organisation.

Aim/objectives:

1. To provoke the audience to consider what we are aiming to do in training our future workforce: care for patients or clear hospital beds?

In our busy workplaces are we losing the capacity to care because it takes too much time to listen to a patient or read through a full report? Does this potentially put our patients at risk and what are the ramifications if we miss important information?

2. To consider the phrases we use with our learners.

Discussion:

This TED-style presentation will tell the true story of a patient, where a diagnosis was clearly stated in a report but missed by every health professional in that hospital setting, only to be noted by a specialist in a private clinic nearly two months later.

Issues/questions for exploration or ideas for discussion:

The presentation will tell the story of the patient to highlight the risks of what may be missed if we are focused on clearing beds rather than caring for patients.

Let's get emotional – How mindful affective reflection prepares health students in facing grief and loss.

Kwong Chan¹, Linda Humphreys²

¹Griffith University, School of Medicine, Communication and History Stream Lead, Gold Coast, Australia

²Griffith University, School of Medicine, Reflective Practice Lead, Gold Coast, Australia

Introduction/background:

The Griffith Medical Program includes structured mindfulness practice and reflective writing in communication skills teaching with a focus on affective learning. Students are exposed to this contemplative practice from the beginning of the program, which is reinforced through scaffolding across all four years. This teaching approach allows students personal exploration of issues around grief and loss and life and death.

Aim/objectives:

The aim of the TED talk is to showcase how focusing on affective learning through mindfulness and reflective writing across multiple simulated-based learning workshops can contribute to a wide range of learning outcomes including building communication skills, team work, professionalism, cultural competence, resilience and dealing with grief and loss.

Discussion:

Through the TED talk we will provoke the listeners' thoughts about focusing on affective learning through mindfulness and reflective writing and its potential benefit.

Issues/questions for exploration or ideas for discussion:

1. What is the place for affective learning in health education?
2. Is there a place for expressing vulnerability in health education?
3. How can we provide a safe learning space for health students that facilitates both exploration of emotions and expression of vulnerability?

Semiotics a crash course!

Hubert van Doorn¹

¹Northern Territory General Practice Training, Darwin, Australia

Introduction/background:

Medical Education is founded on a long apprenticeship which includes the habituation of skills in seeking, selecting and understanding patients' symptoms and signs. Semiotics is the study of signs. The craft of Medicine begins with listening to stories and looking for the presence or absence of clinical signs. How much do we understand the role of signs in what and how we do this?

Aim/objectives:

The presentation will present the semiotic model of the American pragmatist philosopher CS Pierce. This has a triadic approach which involves the interaction of the object of interest with its signs coupled with their interpretation. How this may apply to clinical reasoning will be proposed.

Discussion:

The presentation will ask; what is a sign? How is it the same or different to a cue or a clue or another form of information? If a sign is a representation how can that create the true sense of the presence of the real thing?

Issues/questions for exploration or ideas for discussion:

When is a sign a representation of what might really be happening? When does a clinician's formulation of a representation align with the actual presentation? Do we think beyond the; "what is going on here?" to the; "how am I interacting with, assessing and understanding this situation?" Can semiotic models be used to assist?

The hidden Jedi: A critical inquiry into Fellow's as Jedi's members of an order who protect good forces and harness power of the profession.

Claire Palermo^{1,2}, Louise Allen¹, Janeane Dart², Eleanor Beck³, Lynne Daniels⁴, Susan Ash^{1,2}

¹Monash Centre for Scholarship in Health Education, Monash University, Clayton, Victoria, 3800

²Department of Nutrition and Dietetics, Monash University, Clayton, Victoria, 3800

³The School of Medicine, the University of Wollongong NSW 2522

⁴School Exercise and Nutrition Sciences, Queensland University of Technology, Kelvin Grove, QLD 4059

Introduction/background:

The Fellow credential in the health professions is generally a member of a learned group, yet interpretation of the meaning and status of Fellow credentials differs within and across professions and countries.

Aim/objectives:

The aim of this study was to describe expertise in the nutrition and dietetics profession and critically review factors around recognition and promotion of expertise of those eligible for the Fellow credential. It also investigated the underlying determinants that may have hindered uptake of the credential.

Methods:

A critical approach was undertaken whereby those eligible for the credential were given a voice in the research process. Six focus groups (30 participants) aimed to describe expertise in the profession and uncover the determinants of uptake and perceptions of the credential. Data was analysed using a thematic analysis approach, with additional meaning explored through cultural historical activity theory.

Results:

The Fellow was found to embody leadership, impact, influence, innovation and inspiration internal and external to the organisation. Potential Fellows reported feeling disempowered by the system and perceived they would never achieve the standard required. The recognition of the credential largely remains hidden from within the community of dietitians and also externally. The role of the social system in which credentials operate including the competing forces within the system is acknowledged.

Discussion:

A change to both the standards and system may improve perception and uptake of the credential but this requires further exploration.

Conclusions:

The fellow credential exemplifies expertise through leadership, impact, influence, innovation and inspiration.

This is a GEM!

Hubert van Doorn¹

¹Northern Territory General Practice Training, Darwin, Australia

Introduction/background:

GEM is an acronym for the General Empirical Method developed by the Canadian philosopher Bernard Lonergan. It is what it says, a method to assess and interpret empirical information. The method has a realist focus and consists of four tasks. These are; recording the empirical data then moving through the following phases, interpretation, judgment and selection.

Aim/objectives:

The provision of health care depends upon the collection, integration and enaction of information from a complex array of sources. Practitioners attend to factual, experiential and value laden knowledge to provide care in partnership with clients. The GEM is a model that can guide the intentional processes of incorporating these into effective person-centred care. This is the rationale for this presentation.

Discussion:

The presentation will share how Engebretsen and colleagues in the Faculty of Medicine, University of Oslo, Norway have used Lonergan's method. They propose a model to integrate patient values, clinician experience and scientific evidence to deliver the best care anchored within the facts and values of Evidence Based Medicine.

Issues/questions for exploration or ideas for discussion:

The GEM offers a user-friendly tool to critically appraise the complex knowledge that practitioners call upon. The elegance of the model allows the constitution of all information, be it objective and/or subjective. The presentation will conclude with some clinical and educational questions: When would you use the model in practice? Who could benefit? How should this be shared educationally?

EBM training programs: what if we could measure patient outcomes?

Mary Simons¹, Yvonne Zurynski^{1,2}, Andrew Davidson¹

¹Faculty of Medicine & Health Sciences, Macquarie University, North Ryde NSW, 2109, Australia

²Centre for Healthcare Resilience & Implementation Science, Macquarie University, North Ryde NSW, 2109, Australia

Introduction/background:

Patient experience and shared decision-making are essential for patient-centred care. Evidence-based medicine (EBM) encourages doctors to use their experience, best evidence and patient perspectives for decision-making. EBM training improves short-term knowledge, but there is no strong evidence linking it to clinical practice or patient outcomes. Reliable patient outcome measures are crucial for program evaluation but are not reported. What if patient experience measures could indicate patient outcomes, thereby signalling the impact of EBM training on patient care?

Aim/objectives:

This study investigated whether EBM training improves doctors' knowledge and practice, and measures patient experience as an indicator of patient outcomes.

Methods:

Twelve junior doctors and 70 inpatients of Macquarie University Hospital participated. Pre- and post-EBM program assessment of doctors' knowledge (using the Fresno test) and attitudes (using a modified McColl survey) was performed. Patients completed pre- and post-program surveys using the Australian Hospital Patient Experience Question Set.

The intervention comprised four EBM tutorials run over eight weeks where doctors developed questions, acquired evidence, appraised and applied it to patients, then reviewed the process. Fifty inpatients were surveyed for baseline data and results compared to a post-program cohort of 20 patients.

Results:

EBM training improved doctors' knowledge and attitudes, whilst patient experience surveys indicated high baseline levels of patient satisfaction.

Discussion & Conclusions:

It was not possible to demonstrate an impact of EBM training on patient experiences, due to the small sample size. Qualitative methods, including patient interviews, will be added to obtain more informative data in future cohorts.

We need to talk about engagement

Deborah O'Mara¹

¹University of Sydney Medical School, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Introduction/background:

Students expend an enormous amount of time, money and effort in applying for medical school. Medical educators spend an extensive amount of time providing opportunities and online resources to facilitate learning and assessment in medical education. Online resources such as flipped classroom materials and formative assessments provides an opportunity to monitor engagement.

Aim/objectives:

To explore possible reasons why some students do not engage in online resources and other opportunities provided as part of their medical education.

Discussion:

Examples of lack of engagement will be provided including underuse of formative assessments by failing students, patterns of minimal usage of flipped classroom materials, low attendance and late submission issues.

Issues/questions for exploration or ideas for discussion:

Why do some students have a minimalist approach to medical education?

Will they have a minimalist approach to their career in medicine?

What can we do to encourage higher levels of engagement in medical education?

Could AGPT selection MMIs offer an early indicator of clinical reasoning difficulties?

Kyrillos Guirguis¹

¹MCCC GP Training, Victoria, Australia

Introduction/background:

MMIs are a component of the AGPT selection process to recruit candidates for RACGP Fellowship training. Clinical reasoning has been identified as an area that many GP registrars struggle with, and hinders their summative assessment. RTOs endeavour to establish early indicators for struggling registrars so timely support is offered to minimise the risk of failing KFP/OSCE exams.

Aim/objectives:

To explore whether interviewers' comments on AGPT candidates' performance in MMIs could indicate potential clinical reasoning difficulties.

Methods:

Interviewers' feedback comments on candidates' MMIs performance were linked to the candidates' MMIs and CAAKT scores. Descriptive statistics were used to establish whether there was an association between MMIs/CAAKT scores and comments suggestive of reasoning or thought disorganisation difficulties.

Results:

MMIs scores of RACGP Rural pathway applicants were significantly lower to scores of RACGP General pathway applicants (P=0.003). More applicants who were ranked in the lowest 21% in both MMIs and CAAKT scores received MMIs feedback comments suggestive of possible reasoning difficulties (P=0.015), but these comments were not associated with the pathway applied for (P=0.142).

Discussion:

Selection into GP training is a crucial stage for determining who should specialise in general practice. MMIs and CAAKT scores, together with insightful feedback from experienced interviewers, could serve to establish significant difficulties candidates will face once they commence training. Further robust research is needed to better define the usefulness of the selection process, and how it shapes individualised training programs.

Conclusions:

The AGPT selection process could be a potential early indicator for clinical reasoning difficulties and subsequent need for registrar support.

My first “intellectual streaking” experience: trepidation, vulnerability and emergence

Kylie Fitzgerald¹

¹Victoria University, Melbourne, Australia

Introduction:

Utilising a Making Thinking Visible approach may facilitate the development of clinical reasoning skills for learners by revealing an expert clinicians' thinking routine. However, this approach requires the educator to expose their experiences, confusions and vulnerabilities, also called intellectual streaking. This work explores my first intellectual streaking experience in the context of a large learner group in a low resourced environment with a focus on acute musculoskeletal pain presentations.

Aims:

Articulate the opportunities and challenges of teaching clinical reasoning through an analytical-interpretive auto-ethnographic exploration.

Discussion:

Personal themes: Trepidation, Vulnerability and Emergence

- Trepidation - I found the process and stress of explaining my clinical thinking to a large group, including 4 peer teachers less confronting over time.
- Vulnerability - I felt vulnerable at first as I was laying my reasoning bare for others to examine and potentially criticise – was I wrong? Was I leading the learner 'down the garden path'?
- Emergence - I became more reflective, and the process helped refine my thinking routine, ability to articulate my decision making and contributed to my growth as health professional educator.

Learner themes: Authentication and Engagement

- Authentication: I observed the learners continued to value my opinion over their peer's opinion, which was used to confirm or refute their own diagnosis.
- Engagement: I saw high engagement with the authentic, simulation based cases and willingness over time to exposure their thoughts using the expert thinking routine.

Combined themes: Reciprocity

- I felt as we exposed ourselves repeatedly, we experienced and displayed increasingly reciprocal trust behaviours.

Identification of barriers to student engagement with paediatric patients: an exploration of student perspectives

Jennifer Anderson,^{1,2} Stephanie Bowen^{1,2}, Karen M Scott¹

¹Discipline of Child and Adolescent Health, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

²The Children's Hospital at Westmead, Sydney, Australia.

Introduction/background:

Paediatric clinical encounters pose a novel and complex educational situation for medical students. One of the challenges in medical education is helping students overcome the typical social taboos around intrusive questioning and physical contact with patients. In paediatrics, medical students often have the added stressor of having minimal prior experience with children. .

Aim/objectives:

We explored medical students' perspectives on the challenges paediatrics poses to them during a paediatric term.

Methods:

Using a qualitative approach, three focus groups in 2018, each with 2-4 participants, investigated medical student perspectives on clinical encounters in paediatrics. Data analysis was performed by three researchers using theoretical thematic analysis through social cognitive theory, using line-by-line coding and the constant comparison process, with multiple cycles of discussion to capture all concepts, classify data and resolve discrepancies.

Results:

Key themes in the data focused on: 1) the Student: students' previous experience with children influenced their ease in clinical encounters, the "higher stakes" in paediatrics compared to adult medicine, and challenge to students' newly formed professional identities; 2) Environment: clinical interactions often involved parents, necessitating different communication modes to that with children, and students felt they represented an additional burden to families; 3) Behaviour/outcome: anxiety, stress and professional identity ambiguity increased in their paediatric term.

Discussion:

Students identified factors that contribute to and could partially mitigate discomfort in paediatric clinical teaching. Future research can be aimed at implementing and evaluating strategies that are modifiable to increase student participation in paediatrics and enhance educational outcomes.

Cross campus physiotherapy education – increasing access to physiotherapy training in regional NSW

Kerstin McPherson¹, Simone D O'Shea¹, Kay Skinner¹, Kristen Andrews¹, Rosie Corrigan¹, Clint Newstead¹, Mark Matheson¹, Jon Garner¹

¹Physiotherapy program, Charles Sturt University, NSW Australia

Introduction:

The number of Physiotherapy programs at universities in Australia is continuing to expand. We have three campuses within regional NSW delivering the same program to under graduate students. The method of delivery across NSW allows academics and students to live and connect with local communities, while participating in a physiotherapy program.

Aim:

To describe the cross-campus delivery of our physiotherapy program - the challenges and rewards and what we have learnt along the way.

Discussion:

Our physiotherapy program requires flexible innovative academics and methods for delivering our program. Simple videoconferencing lectures across campuses often does not lead to engagement and development of the softer skills required by graduate physiotherapists. We have developed a creative program to meet the needs of our three campuses in three regional areas with Blue Sky thinking and team work.

Issues/questions for exploration or ideas for discussion:

Does cross campus delivery of a physiotherapy program enhance or limit educational opportunities for students and academics?

4C PeArIs – 3 Evidence Based Curriculum

Attaining and sustaining an evidence base to health practice: Informing curricula

Linda Robertson¹, Helen Jeffery¹, Kim Reay¹

¹Otago Polytechnic

Introduction/background:

There is relatively little literature that provides direction for teaching evidence based practice in an undergraduate curriculum. The majority of studies of educational programmes are directed towards post graduate students.

The link between the academic programme and the fieldwork programme have the potential to provide rich learning opportunities for the students in the realities of using evidence in practice. Yet, these experiences vary enormously because of the clinician's use of an evidence base to their practice, and the resources available that support evidence based practice on fieldwork.

The literature places firm direction on ensuring that research literature can be sourced and critiqued, however clinicians interpretation of what is evidence is far more varied. Their practice may encourage the use of condensed, 'easy read' versions of research evidence, or include the use of colleagues knowledge and practice knowledge acquired on the job.

Purpose/objectives:

The purpose of this session is to share ideas and ways of ensuring that students are prepared to be evidence based in their practice, and that the skills they learn will enhance their capacity for evidence based practice throughout their career.

Issues/ questions for exploration or ideas for discussion:

What activities/practices constitute evidence based practice?

What strategies/tools in education enhance sustainable evidence based practice in students and new graduates?

What are the essential skills students require on graduation to support sustainable evidence based practice?

How can students be best prepared to cope with today's health environment of information overload and limited time for accessing evidence.

The lecture is dead, long live the lecture!

Sharon Darlington¹

¹School of Clinical Medicine, Faculty of Medicine, The University of Queensland

Background:

For many years, educational research has suggested that the days are numbered for the traditional "live lecture" as a primary modality for teaching and learning in universities. And yet, health professional education programs continue to use traditional lectures as a frequent teaching method.

The University of Queensland Medical Program has a very large cohort of up to 500 students per year level, taught across geographically dispersed clinical sites. Non-compulsory lectures are provided to support the compulsory small-group, case-based learning tutorial program, and delivered with maximal flexibility for student engagement. Students may engage with lecture material via live attendance, live-streaming, retrospective viewing of lecture recordings, or choose not to engage with lectures at all. Survey and observational data have demonstrated that each option is the preference for a significant proportion of students. Students cite multiple reasons, both practical and pedagogical, for their preference.

Purpose:

To consider the ongoing place of lectures in health professional education, within the current context of developments in pedagogical understanding, technology and student preferences.

Issues/ questions for exploration or ideas for discussion:

This PeArLs seeks to bring together educators from a range of health professions and institutions to share insights into the value, or otherwise, of the traditional live lecture. Consideration will be given to: understanding student preferences and engagement; alternatives to traditional live lectures; contexts in which lecture delivery may be the optimal method; suggestions to maximise the benefits of lectures;

and engagement with faculty who may be resistant to change.

4D PeArIs – 4 Social

Lower SES students- how can we change the deficit rhetoric? Exploring the ‘could if we would approach’ instead of the ‘we would if we could’ approach.

Lyza Helps¹

¹Flinders University, South Australia

Introduction/background:

Deficit based literature abounds about students from low SES backgrounds, gloomy forecasts about higher attrition rates, poorer academic performance and struggles to cope in an academic world. This discussion aims to promote energetic debates, challenge the deficit mindset and raise teaching ‘expectations’ for students from low SES environments. Including challenges of ‘poor teacher expectations’, faulty perceptions and deficit mindsets and ask questions about the learning trajectory- and a self-fulfilling prophecy of failure? Exploring strengths perspectives assessments and learning approaches, thought-provoking – the discussion asks participants, ‘where have all the strengths-based approaches gone’ posing the important question, ‘what would change if we decided that it is no longer ‘we would if we could approach’ but rather a ‘it could change if we would approach?’

Purpose/objectives:

The purpose of this session is to explore the learning trajectories for students from low socioeconomic backgrounds and what happened to ‘strengths perspective teaching in the higher education sector’

Discussion starters include; “poor doesn’t mean unintelligent”, “is the teaching challenged, not the student”? “poor perceptions not poor learners” “is marketisation of higher education leading to a playing it safe teaching model?”

Issues/ questions for exploration or ideas for discussion:

Is a ‘deficit rhetoric’ defining the learning trajectory for students from low socioeconomic backgrounds?

Is there actually a deficit? poor doesn’t mean unintelligent

what is a ‘strengths perspectives? -redefining terms

how do we facilitate strengths-based learning of the student?

The sky is the limit- if we decided to leave the safety zone, what would we do?

Old Tricks for New Dogs: Attracting Students To Work in Aged Care.

Daniela Castro¹, Angela Fearon¹

¹University of Canberra, Canberra, Australia

Introduction:

Isolation, vulnerability, abuse, physical impairment, dementia, cognitive decline, and polypharmacy are inter-related features affecting a considerable proportion of our older population. While some health care students immediately enjoy and connect with patients in this sector, many find working with ill, frail, sometimes “smelly” and dying patients confronting, they steer away from it. As health care educators we have a responsibility to address this. How can we attract students into the is

complex environment of aged care where physical, psychosocial and institutional barriers challenge us?

Purpose:

To work with a multidisciplinary group of educators to tackle the wicked problem of fostering health care student engagement, and enjoyment in working in aged care.

Objectives:

To develop three learning activities, based on small group discussion, that motivate health care students to work in aged care, and which facilitate deep and authentic learning of the complexities of working in aged care.

Issues/questions for exploration or ideas for discussion:

Following a brief presentation, the group will work on the above objective. These learning activities will be shared with all the participants.

Topic for discussion:

Authentic learning: Overcoming the key issues in developing authentic learning in aged care.

Complexity: Considering the inter-related issues of Isolation, vulnerability, abuse, physical impairment, dementia, cognitive decline, and polypharmacy

Safety: Engaging our older and frail population in teaching our students while keeping this frail population safe: what are the options?

Workforce: Can we make aged care a sexy career choice? How?

Prejudices: Dealing with ageism and prejudices about aged care

4E PeArIs – 5 IPL

Interprofessional handovers – how to assess and give feedback?

Malcolm Moore¹, Chris Roberts²

¹Australian National University Medical School, Canberra, ACT, Australia; ²The University of Sydney School of Medicine, Sydney, New South Wales, Australia

Introduction/background:

The assessment of clinical handover is an important part of medical training. While working in far-west NSW, Malcolm led a multi-university team that developed and validated an assessment and feedback tool for remote handover, the Clinical Handover Assessment Tool (CHAT). CHAT is structured on the ISBAR handover mnemonic and conceptualises a global assessment based on the user's confidence that they have 'received an accurate picture of the patient'.

Further work is being done to extend the use of CHAT to other contexts, including interprofessional handover. Whilst there is literature on nursing handover, there is little evidence on the assessment and training of handover in allied health disciplines. Some researchers suggest the use of structured handover in this context as well. However, there is little evidence on effective assessment and training.

Purpose/objectives:

In this session we aim to explore the various contexts of interprofessional (IP) handover and to understand the priorities of IP handover communication. This will inform the further development of an appropriate tool.

Issues/ questions for exploration or ideas for discussion:

What are the common settings for interprofessional handover?
Which aspects of IP handover should be included for assessment and feedback?
How can the 'global assessment' of IP handover be expressed?
How might the CHAT need to be modified for use in IP settings?

Establishing a Faculty wide strategy for assessment of Interprofessional learning

Susan Waller¹, Fiona Kent²

¹Monash Rural Health, Monash University, Australia, ² FMNHS Monash University, Australia

Introduction/background:

Development of learning outcomes, a framework and educational content for a Collaborative Care Curriculum has required a strategic whole of Faculty approach. With interprofessional curriculum now in place, assessment of collaborative work is now required.

Purpose/objectives:

Discuss the purpose of assessment in interprofessional education, both formative and summative. How can interprofessional assessment demonstrate competency in each of the dimensions and stages of the framework?

What are the challenges and opportunities associated with the introduction or revision of assessment tasks to support an interprofessional curriculum?

How to ensure alignment of curriculum content and the assessment planned for it?

Issues/ questions for exploration or ideas for discussion:

Interprofessional education is most effective when integrated within the existing curriculum rather than perceived as an add on. Similarly, interprofessional education assessment must be valued by each profession and demonstrate ability of individual students to achieve collective competency. The challenge in interprofessional curriculum planning arises when engagement in profession specific outcomes is highly valued, and interprofessional outcomes less so. To ensure the development of assessment tasks to align with an interprofessional education curriculum a strategy of engagement and professional and policy development requires co-design and collaboration across multiple schools. Ideas about how this can be done and exploration of examples in the literature will be used to facilitate discussion of authentic and meaningful assessment of interprofessional learning.

4F Admissions, Evaluations

Applying to study undergraduate medicine - a student perspective on selection cost and value

Jonathan Foo¹, George Rivers¹, Louise Allen², Dragan Ilic¹, Stephen Maloney^{1,3}, Margaret Hay²

¹Monash University, Melbourne, Australia

²Monash Institute for Health and Clinical Education

³Society for Cost and Value in Health Professions Education

Introduction:

Students are selected for health professions courses using a range of measures, assessing academic ability, aptitude, and personal characteristics. Selection can be a costly process for applicants and their families, including costs relating to preparation courses, examination fees, travel, and time. The extent of these costs is currently unknown.

Aim:

We aimed to determine applicant costs associated with the Monash University (Australia) undergraduate medical school selection process, and explore relationships between spending, socioeconomic status and perceived effectiveness of preparation.

Methods:

We evaluated selection involving the Undergraduate Medicine and Health Sciences Admission Test (UMAT) and Multiple Mini Interview (MMI). Monash University applicants who attended an MMI for 2018 intake were invited to participate in an online survey. Data was collected on socioeconomic status, perceived preparation effectiveness, and costs associated with preparation and attendance.

Results:

We received 381 responses (99% response rate). The median cost to applicants was \$1446 (IQR 776-2283) for the UMAT and \$721 (IQR 341-1163) for the MMI. A statistically significant positive correlation was found between perceived effectiveness of preparation and the amount spent ($r_s=0.27$, $p<0.01$). No statistically significant correlation was found between socioeconomic status and amount spent.

Conclusion:

The costs and perceptions of effectiveness explored in this study provide new insights into the experience of applying to medical school. Although applicants found costlier preparation resources more effective, the actual return on investment is unclear. These findings have implications on the perceived equity of selection processes, and on efforts to widen participation from a range of socioeconomic backgrounds.

Future directions in selection: pilot outcomes of a video-based online SJT in Australian medical student selection

Lyndal Parker-Newlyn¹, Kylie J Mansfield¹, Kelly L Dore²

¹University of Wollongong, NSW Australia

²McMaster University, Hamilton ON, Canada

Background:

A key challenge for medical schools worldwide is identifying appropriate tools to select students ideally suited for medical practice from a competitive applicant pool. Situational Judgement Tests (SJT) are one such tool, designed as an ability measure of emotional management and predicting future professional behaviour. CASPer is a video-based online SJT developed by McMaster University and widely used in Canada. Our aim was to determine validity evidence for CASPer in Australian medical student selection.

Methods:

University of Wollongong MD selection algorithm includes GPA, GAMSAT, extracurricular portfolio and MMI interview. Scores are added for rural background/education. In May 2018 UOW undertook a pilot administering an Australian specific CASPer to MD applicants ($n=1,548$). Resulting scores were correlated with other selection measures and demographics.

Results:

Significant correlation exist between CASPer and MMI ($R=0.38$, $p<0.0001$) particularly in applicants with a CASPer score <1 SD below mean. At MMI these applicants were more likely to score poorly and/or receive a "red flag" for concerning behaviour. Weaker correlations exist between CASPer and admissions portfolio ($R=0.19$, $p<0.0001$) and GAMSAT score ($R=0.23$, $p<0.0001$); particularly sections I and II. Minimal correlation exists between CASPer and GPA, age, gender, and rurality.

Conclusions:

This study is the first widespread use of online SJT for medical selection in Australia. It demonstrated less gender bias than existing selection measures, and no bias against rural applicants. CASPer screened effectively for MMI score and demonstrated sensitivity in identifying applicants who display concerning behaviours at interview. Based on this pilot, UOW will commence CASPer screening applicants from 2019.

Outcomes of a National Medical Leadership Curricula Assessment and Evaluation Survey

Simone Ross¹, Tarun Sen Gupta¹, Peter Johnston¹

¹College of Medicine and Dentistry, James Cook University, Australia

Introduction/background:

Australian medical students need to be trained in leadership. The Australian Medical Council (AMC) updated their Standards for Assessment and Accreditation of Primary Medical Programs in 2012, to include the domain of professionalism and leadership. The Health LEADS Australia framework, created by Health Workforce Australia in 2013, recommends competencies in which to train students and clinicians in practical leadership skills. Unfortunately, there is a paucity of research that evaluates medical leadership training, and currently no national strategy or set of learning outcomes or educational resources.

Aim/objectives:

To establish an overview of medical leadership education in basic medical education a questionnaire was sent to all Australasian schools. Questions included: i) the current content and methods of leadership education and assessment, ii) enablers and potential barriers, iii) questions to inform national competencies across the medical education continuum from selection to graduate education.

Methods

This is a mixed methods study. The qualitative survey focuses on feedback from Australasian medical educators. It is this de-identified qualitative data that will be presented.

Results:

Initial feedback suggests that leadership skills training is taught with some limited assessment in Australasian basic medical education; however there are many barriers and is contextualised at each school.

Discussion

The study aims to make applied and theoretical knowledge contributions to the way in which medical leadership is taught and may provide insights into the development of a curriculum across Australasia.

Health Informatics in the medical curriculum – students' perspectives

Rebecca Grainger¹, Hermaleigh Townsley², Amy O'Neill¹, Diane Kenwright¹, MaryLeigh Moore³, Tim Wilkinson³

¹University of Otago, Wellington, New Zealand

²Capital and Coast District Health Board, Wellington, New Zealand

³University of Otago, Christchurch, New Zealand

Introduction/background:

Health Informatics (HI) is the study of technology-based healthcare service delivery, management and planning, and aims to improve the quality and efficiency of healthcare. While doctors use HI in everyday clinical practice most do not have relevant training. Many Australasian medical schools have limited formal teaching in HI.

Aim/objectives:

We aimed to find out student opinions about what and how they learnt about HI in their medical degree, and on HI curriculum development.

Methods

Opinions regarding teaching and learning HI skills and knowledge were explored using clinical vignettes illustrating the clinical relevance of HI. Using snowballing recruitment, recent graduates from Otago Medical School were invited to complete an online survey (n=26). A student conducted 5 focus groups of final year medical students (n=17). Free text responses were analysed using thematic analysis.

Results:

Three main themes of student opinion were identified; 1) a preference for learning in the clinical context, 2) therefore a taught curriculum can create tension if it does not address the contemporary clinical environment (i.e. teaches out of date software or skills and attitudes not modelled by clinicians), and 3) digital native students have confidence in their ability to learn HI skills in the workplace as required.

Discussion

Students are critical consumers of potential HI curriculum content and express clear preferences for clinically relevant, up-to-date and just-in-time HI teaching.

Conclusions:

Key challenges in developing an HI curriculum will be adapting teaching to the limitations of existing clinical systems and practice, and ensuring relevance to digital native students.

Measuring students' academic motivation: What are the best method/s?

Tehmina Gladman¹, Steve Gallagher², and Anthony Ali³

¹University of Otago, Wellington, New Zealand

²Dunedin School of Medicine, New Zealand

³University of Otago, Christchurch, New Zealand

Introduction/background:

Academic motivation is an important aspect of student learning. Academic motivation can be defined as “a process that is inferred from actions ... and verbalizations ..., whereby goal- directed physical or mental activity is instigated and sustained” (Jones, 2009, p. 272). It is this motivation which spurs students to engage with teaching and learning and optimise their study strategies to excel in their programme. Jones (2009) has developed the MUSIC model of academic achievement that considers student perception of **empowerment**, **usefulness**, **success**, **interest** and **caring** and has been validated as a measure of student academic motivation in a number of contexts.

Purpose/objectives:

We are currently developing a version of the MUSIC scale to use with University of Otago medical students. While a survey is a useful first step to gauge current perceptions of academic motivation, we are interested in exploring other methods that can measure and predict how teaching and learning environments affect academic motivation.

Issues/ questions for exploration or ideas for discussion:

1. Can changes in the learning environment affect academic motivation?
2. What methods, other than surveys and focus groups, could we use to qualify/quantify the effect of a change in learning environment on academic motivation?
3. How can we use measures of academic motivation to inform decision-making on the teaching and learning environment?

An exploration of the use of contribution analysis to evaluate health sciences and health professional courses

Tammie ST Choi¹, Mahbub Sarkar¹, Dragan Ilic², Basia Diug², Julia Morphet³, Ingrid Brooks³, Arunaz Kumar⁴, Jennifer Lindley⁵, Caroline Wright⁶, Margaret Simmons⁷,

Anne Powell^{8,9}, Maxine Bonham¹⁰, Evelyn Volders¹⁰, Tina Brock¹¹, Paul White¹¹,
Wee Ming Lau¹², Claire Palermo¹

¹Monash Centre for Scholarship in Health Education, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

²Public Health and Preventive Medicine, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

³Nursing & Midwifery, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

⁴Department of Obstetrics & Gynaecology, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

⁵Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

⁶Department of Medical Imaging and Radiation Sciences, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

⁷Rural Health Churchill, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

⁸Central Clinical School, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

⁹Alfred Health, Prahran, Australia;

¹⁰Department of Nutrition, Dietetics & Food, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia;

¹¹Faculty of Pharmacy & Pharmaceutical Science, Monash University, Australia;

¹²Jeffrey Cheah School of Medicine & Health Sciences, Monash University, Malaysia

Introduction/background:

Course evaluation in health education is required for internal and external quality improvement. Despite this, systematic and coordinated approaches to course evaluations that include measurement of the outcomes and impacts these programs have on developing graduate capabilities are rare.

Aim/objectives:

To explore how curricula and other factors contribute to the development of health graduate capabilities.

Methods

Using contribution analysis, key stakeholders were engaged in an iterative, theory-driven evaluation. The researchers collectively developed a postulated theory-of-change. To identify factors that contribute, evidence from existing relevant documents was extracted using documentary analysis. Collated findings were presented to disciplinary focus groups of academic staff, industry representatives and graduates. The focus group discussions were used to identify any missing data and to validate the theory-of-change.

Results:

Our results highlight the complexity in teaching and learning, contributed by human, organisational and curricular factors. Advances in knowledge, skills, attitudes and graduate capabilities are non-linear and integrated into curricula. Work integrated learning significantly contributes to knowledge consolidation and professional identity formation in health professional courses. Workplace culture and educator passion influence the quality of teaching and learning yet are rarely considered as evidence of impact.

Discussion

Capturing episodic and contextual learning moments is important for describing success and reflecting for improvement. Satisfaction was the most commonly described focus of evaluation. Evidence of impact of specific course elements on future graduate capabilities was limited.

Conclusions:

Contribution analysis may be a useful evaluation method to explore the factors that influence graduate capabilities in health-related courses.

4G Workshop

***Experiential learning explored**

Bernie Bissett¹, Jane Frost¹

¹University Canberra

Experience simulation techniques that enhance learning in the health classroom. Aligned with the theme of blue sky thinking This interactive workshop will engage participants with innovative hands on experiences. Suitable for all health disciplines participants will be challenged to explore new ways of learning and teaching.

Bernie Bissett, Jane Frost, University of Canberra

4H Workshop Faculty Development

Faculty Development for Organisational Change

Brian Jolly¹

¹University of Newcastle

Objectives:

At the end of the workshop participants will have a range of strategies at their disposal to commence change in their organisations

Audience:

All academics, teachers and simulation personnel experiencing resistance to change

Workshop Designers:

Yvonne Steinert, Centre for Medical Education, Faculty of Medicine, McGill University, Canada

Miriam Boillat, (as above)

Brian Jolly, Medical Education Unit, University of Newcastle, NSW, Australia

Capacity 350 (divided into groups of 4-6 people; 3hrs)

Faculty development programs and activities in the health professions have traditionally focused on individual growth and renewal. However, although individual change may result in organizational change, faculty development can also play a greater direct role in promoting organizational growth and development, for example around the teaching of clinical skills and the use of simulation. This workshop will review and discuss how faculty development can function as an instrument of organizational change by exploring a variety of strategies and approaches that can help to achieve this goal. Participants will tackle a simulated organizational challenge and also be challenged to think about the contexts in which they work and how they can focus directly on their organizations as the "client" in faculty development process.

5A Teaching and Learning

Crash courses: Teaching trauma in the 21st century

Rohan Church¹

¹Rural Clinical School, University of Tasmania, Burnie, Australia

Introduction/background:

The assessment and management of patients with traumatic injuries has long been a core part of undergraduate training for health students of several disciplines. However, the realities of modern trauma management are not always reflected in the content and methods of teaching trauma in the undergraduate setting.

With the increased use of new diagnostic technologies, multi-disciplinary team models of care, and an increased emphasis on crisis resource management; undergraduate trauma education for the 21st century needs to be re-modelled to supply students with the necessary skills to be active and useful team-players as they transition towards real-life clinical practice.

Purpose/objectives:

This PeArL aims to explore what undergraduate trauma education should look like in the 21st century. After sharing some of the techniques used in trauma education at the University of Tasmania's medical school, this session will seek the input of educators from across health disciplines to help develop a teaching program for students that prepares them for real-life trauma practice.

The importance of non-technical skills such as team communication and crisis resource management will be discussed, and advice sought on how to implement effective multi-disciplinary teaching that still meets the needs of students from each area of clinical practice.

Issues/ questions for exploration or ideas for discussion:

- How should traditional approaches to trauma education be modified to accentuate the realities of modern trauma management?
- How can effective multi-disciplinary learning environments be created in trauma education?
- What teaching techniques are effective in teaching non-technical trauma management skills?

Team-based learning replaces problem based learning in a large medical school

Annette Burgess¹, Jane Bleasel¹, Inam Haq¹, Chris Roberts¹, John Hickson¹, Ceren Guler¹.

¹The University of Sydney School of Medicine, Faculty of Medicine and Health, Sydney, Australia

Introduction/background:

With increased student numbers (from 142 Year 1 students in 1997 to 332 in 2016), and a lack of standardisation across cohorts, student satisfaction of the problem-based learning (PBL) model had decreased in recent years. In 2017, Team-based learning (TBL) replaced PBL.

Aim/objectives:

This study sought to explore students' perceptions of TBL in Year 1 and Year 2 of the 2017 medical program in 2017.

Methods

Year 1 (n=275) and Year 2 (n=350) student feedback was collected by questionnaire, using closed and open ended items. Data were analysed using descriptive statistics and thematic analysis.

Results:

In total, 232/275 (84%) Year 1 and 258/350 (74%) Year 2 students responded. Students found positive aspects of TBL included the small group dynamics; intra-team and inter-team discussions; interactions with facilitators; provision of clinical contexts by clinicians; the readiness assurance process. Suggested improvements included: better alignment of pre-reading tasks with the TBL case; shorter class time; increased opportunity for clinical reasoning; and more feedback on the mechanistic flowchart.

Discussion:

Although the use of TBL required an instructional approach, needing direction from the tutor, it remained student-centred, generating a range of positive outcomes, including students being prepared for class, small group size to encourage peer learning, and immediate feedback by facilitators who were content experts.

Conclusions:

TBL has provided a successful replacement for PBL. Additionally, the application of TBL principles meant the sessions were not reliant upon a high teacher to student ratio. Changes in both curricula and pedagogy are needed to prepare students for demands of the increasingly complex healthcare systems.

Does thunder clap if no one is there to hear it? A quality and content analysis of non-assessable written trainee reflections

Libby Newton¹, Nathasha Kugenthiran¹, Rebecca Udemans¹

¹Royal Australasian College of Physicians, Sydney, Australia

Background:

Reflective activities in health education curricula are well accepted as promoting critical thinking, clinical reasoning and professionalism. Some argue that assessment of reflection is fundamentally at odds with its purpose - creating space for the learner to critically reflect on their professional practice without the artifice and censoring prompted by fear of implications. The Royal Australasian College of Physicians mandates that trainees complete structured, written reflective exercises, however these are not assessed. An evaluation was undertaken to understand the quality and focus of physician trainee reflections, how they relate to curricular outcomes and the responses they prompted.

Methods:

A purposive sample (N=360) of anonymised reflective writing activities was qualitatively analysed using the validated Reflection Evaluation for Learners' Enhanced Competencies Tool (REFLECT).

Results:

When categorised on the REFLECT Tool's four-point scale for reflection: habitual reflection (non-reflective), thoughtful action or introspection, reflection and critical reflection, most (96%) of the written reflections were categorised as either reflection or critical reflection overall, suggesting that the structured format is effective in eliciting quality reflections. A component of reflective capacity that was largely missing was the acknowledgement and exploration of emotions associated with the events.

Six core themes emerged across the reflections. The prevalence of communication and patient-centred care themes suggested that trainees are using these activities to develop their approach to therapeutic relationships and professional identity.

Discussion:

Non-assessed, structured approaches to reflection can elicit high quality responses, with transformative power for professional identity. By reflecting and making meaning from these events, trainees are shaping their future behaviour as physicians. The role of senior staff in supporting trainee reflection and action should be further explored.

Supporting clinician teachers of medical students – viewpoints of effective practices.

Sarah Rennie¹, Joy Rudland², Rebecca Grainger¹, Tim Wilkinson³, Lutz Beckert³

¹University of Otago, Wellington, New Zealand

²University of Otago, Otago Medical School, New Zealand

³University of Otago, Christchurch, New Zealand

Introduction:

It is a time-honoured practice that clinicians teach medical students frequently without a formal arrangement with the University. In our setting University staff often convene modules, attachments or runs, keeping an oversight of the curriculum. The professional development of staff teaching medical students is often supported by the University via medical education units. It is unclear how clinicians, not paid by the University and unable to attend formal University sessions, should be supported in their teaching task and development as teachers.

Aim:

To explore the views of module-convenors of effective ways to support clinician teachers in their role as medical student teachers.

Methods:

An electronic survey was distributed to all module-convenors at Otago Medical School, New Zealand. The survey collected demographic data and included three free-text questions exploring support for clinician teachers. The results were coded with NVivo using inductive thematic analysis with themes agreed by two researchers.

Results:

Of the 78 module convenors, 58 (74%) responded to the survey. Six broad themes emerged: the importance of briefing, debriefing, communication, training, resources and rewards. Barriers to providing support were a lack of time by the clinicians and module-convenors to engage in the support themes, difficulty accessing resources and the need to supporting clinician autonomy.

Discussion:

An encouraging range of strategies was adopted by module-convenors to support clinician teachers. In order to ensure greater continuity of support of non-university staff across the entire medical curriculum it is proposed to collate and promulgate teaching vignettes of good teaching practice.

Arguing with yourself: inner speech as a critical thinking tool for transformative conceptual learning.

Rachel Thompson¹

¹University of New South Wales, Sydney, Australia

Introduction/background:

Conceptual learning is key to the acquisition of disciplinary knowledge, and critical thinking is vital in this process. Different perspectives have been used to examine this, most recently through the threshold concept framework of Meyer and Land (2003). Current research focuses on the 'liminal space', the time-space where students struggle to grasp the concept. However, no one has fully mapped the individual journey to transformative knowledge considering the impact of critical thinking practice in this troublesome learning journey.

Aim/objectives:

To explore how undergraduate medical students' critical thinking processes work within the liminal space using a Vygotskian perspective.

Methods

During 2016, qualitative methodological approaches were used to collect data from experts and students on the learning of evidence-based practice and medical biostatistics in the undergraduate medicine program at UNSW. Abductive analysis of the data was carried out using NVIVO, employing Vygotsky's theories on zones of development, language and thought, and systematization of conceptual learning, alongside the threshold concept framework.

Results:

Language was shown to be an essential element of critical thought for facilitating conceptual learning. In particular, the impact of inner argument for critical self-instruction was shown as powerful in assisting the transformational process.

Discussion:

New models of transformational conceptual learning processes around the troublesome liminal space will be discussed alongside the current educational/research literature.

Conclusions:

Inner language should not be underestimated in transformational conceptual learning. Recommendations will be made for innovative theoretical approaches and development of new perspectives in teaching of critical thinking practice for learning in medical education.

Students portraying the role of patients: a systematic review of peer simulation in entry-level health professional education

Narelle Dalwood¹, Cylie Williams¹, Kelly Bowles¹, Shane Pritchard¹, Felicity Blackstock²

¹Monash University, Melbourne, Australia

²Western Sydney University, Sydney, Australia

Background:

Evidence supports substitution of both placement time and traditional educational activities with simulation based education (SBE). Peer simulation provides an alternative to simulated patient (SP) based SBE by educating students to portray patient roles. This diversifies learning experiences for students using SBE and may decrease costs.

Aim:

To determine the impact of students portraying the patient in a simulation based learning environment (peer simulation) on learning outcomes of entry-level health professional students.

Methods:

Seven databases were searched (inception to 1st February 2018) using the terms peer simulation, role-play, simulated patient and standardised patient. Included studies described a health professional student SBE interaction involving peer simulation. Data were extracted by two independent investigators and study quality was assessed using MERSQI and CASP. A descriptive analysis was completed, and meta-analysis conducted where outcomes could be pooled. PROSPERO registration: CRD42018091754.

Results:

Twelve studies met inclusion criteria. Five RCTs compared peer simulation with SPs, demonstrating greater patient empathy with peer simulation, but no difference in communication capabilities between the two groups.

Discussion:

Students were positive about peer simulation, but there has been limited evaluation of attainment of learning outcomes. There was significant observed heterogeneity; studies were diverse in design, outcome measures and training provided for peer patients.

Conclusion:

Peer simulation positively influences student development of empathy and offers an alternative to working with SPs. Further rigorous research is required to understand the impact of peer simulation for a broader range of learning outcomes and to explore the potential of this educational approach.

MERSQI =Medical Education Research Study Quality Instrument

CASP=Critical Appraisal Skills Programme

5B Assessment

Expert judgment versus checklist assessment – do the outcomes differ?

Conor Gilligan¹, Andra Dabson¹, Lisa Lampe¹, Mary Jane Dalton¹, Jessica Bergmann¹

¹University of Newcastle, Callaghan, NSW

Introduction/background:

Objective Structured Clinical Examinations (OSCEs) are widely used in the assessment of students' developing clinical skills and competencies across all stages of health programs. Rigid checklist-style marking criteria promote consistency across markers but tend to limit the detection of differences in students' skill level and the capacity to account for scenario-specific variation which is inherent in clinical practice. Global rating scales enable expert assessors to use their judgement regarding the students' competency and how appropriate their approach is for the scenario presented. Each of these approaches to assessment design has strengths and weaknesses.

Aim/objectives:

We sought to compare the outcomes generated through checklist style marking with those generated through cluster marking with the view to validating an approach which strikes a balance between the two approaches and allows for the provision of useful feedback to students.

Discussion:

In 2018 we implemented renewed rubrics with students in years 1 and 2 of our medical program. Here, we explore the data from 280 students performing five OSCE stations each. Scores obtained from the cluster scoring are compared with those obtained from the micro-skill marking. The scores and student outcomes from the two approaches are compared with each other and with the overall global assessment, and the correlation between micro-skill and cluster scoring is examined.

Issues/questions for exploration or ideas for discussion:

We discuss the strengths and weaknesses of each approach to OSCE assessment and propose an approach to finding a balance for implementation across all stages of a program.

Evaluating the performance and stability of assessment items over time

Deborah O'Mara¹, Peta Eggins¹

¹University of Sydney Medical School, Faculty of Medicine and Health, University of Sydney, Sydney, Australia

Introduction/background:

Written assessment based on single best answer (SBA) questions remains the most common method for assessing science based knowledge and application in medical education.

Aim/objectives:

The aim of this study was to evaluate the use of SBAs in a medical school over time with focus on changes in the quality and type of SBAs, including extended matching questions (EMQs), as well as usage across cohorts and years.

Methods:

Analysis was based on 6,803 questions included in written assessments for the Sydney Medical Program in the past 10 years. A range of item statistics and exam and cohort variables were examined. Methods used to improve item quality are also described.

Results:

SBA items were found to have significantly improved in discrimination and fit over time. No consistent differences were found between MCQs and EMQs. Evidence of leakage was minimal, despite high repeated usage for some questions. Items were less stable when used for exams that were based on less than 100 students and/or were worth a smaller proportion of the final mark.

Discussion:

Rasch statistics are useful for monitoring the performance of SBAs over time, across question types and cohorts. The overall improvements found in discrimination and fit was a result of better targeted question writing. EMQs were found to offer no advantage over SBAs other than collegiate item writing.

Conclusions:

Feedback to faculty on item performance and targeted written assessment workshops has significantly improved the quality of SBAs over time and resulted in a stable and reliable assessment format.

Establishing the Feasibility & Preliminary Efficacy of Peer Generated MCQs as An Active Learning Strategy

Tazeen Majeed¹, Kate Dundas¹, Erica James¹

¹University of Newcastle Australia

Introduction:

To encourage learning, deeper thinking, and productivity in the blended learning environment, we are transforming traditional learning behaviours and introducing more cognitively active learning behaviours (e.g., grasping difficult concepts, summarizing own insights etc.). One evidence-based approach is to implement 'authentic assessments' by introducing innovative ways of learning. Multiple choice questions (MCQs) have been identified as an efficient method of assessing students' grasp of content. However, we are critically reviewing the benefit of the traditional approach to MCQs (i.e. teacher initiated questions designed to simply test knowledge) and instead consider the role of MCQs as a learning activity - enhancing reflection and depth of understanding, and therefore directly contributing to student learning.

'Peer Generation of MCQs' is a technique where students are instructed and encouraged to reflect on learning objectives and develop MCQs to address specified content areas.

Aims:

To establish i) the feasibility and ii) the preliminary efficacy of peer-generated MCQs as an active learning strategy in two student cohorts learning public health content: undergraduate medical students and postgraduate public health students.

Questions for exploration or ideas for discussion:

The presentation will discuss whether the peer-generation MCQ task was i) acceptable to teaching staff and students ii) implemented as planned and proposed iii) able to be appropriately adapted for different student cohorts and iv) whether it positively impacted student metacognition. Analysis will describe whether students performed better in the MCQ task, performed better across the course, compared to those who performed less well in the task.

Personalizing OSCE stations to standardize learning impact

Elizabeth Krajic Kachur¹, Lisa Altshuler², Ingrid Walker-Descartes³

¹Medical Education Development, Global Consulting, New York, NY, USA; ²New York University Medical School, New York, NY, USA; ³Maimonides Medical Center, Brooklyn, NY, USA

Introduction/background:

Typically, OSCE stations are kept as uniform as possible in order to provide every learner with the same stimulus for demonstrating the desired performance. Usually, this standardization is an essential characteristic of OSCEs. However, in some cases, notably when addressing racism and other biases, the impact of the station will differ based on learner's personal characteristics. By programming learner-specific triggers into the scenario one has a better chance that reactions to an OSCE challenge are comparable in emotional depth for all learners.

Purpose/objectives:

By the end of the session participants should be able to:

- Explain the benefits/challenges inherent in personalized, partially standardized OSCE stations
- Identify OSCE scenarios that could lend themselves to this alternative station format
- Discuss strategies for identifying personal triggers for learners and integrating them in a common scenario

Issues/questions for exploration or ideas for discussion:

- What type of stations could benefit from integrating personalized triggers?
- How can we balance the impact of personal triggers with maintaining a safe learning environment?
- Personalizing scenarios can also have an emotional impact on simulated patients and faculty. How can we protect them from psychological harm that could negatively affect their work?
- When and how do we need to debrief such challenging stations?

Discriminative Capacity of a Rubric Assessment of Ethical Reasoning and Clinical Reasoning in Case-based Learning Tutorials

Sharon Darlington¹, Iulia Oancea¹, Benjamin K. Barry¹, Nicole Shepherd¹, Bryan Mukandi¹, Sarah Winch¹, and Helen Wozniak².

¹School of Clinical Medicine, Faculty of Medicine, The University of Queensland

²Office of Medical Education, Faculty of Medicine, The University of Queensland

Introduction:

In the UQ medical program, ethics teaching has been integrated with clinical science teaching by incorporating relevant discussion in year one case-based learning (CBL) cases. The rubric used by tutors to assess students' tutorial participation was expanded to assess ethical reasoning in addition to clinical reasoning.

Aims:

To evaluate the assessment rubric used to measure students' ethical and clinical reasoning as demonstrated in small-group tutorial discussions.

Methods:

Clinician tutors work with small groups of ten students throughout the semester. Over 490 students were assessed by 25 tutors. Students were graded as Unsatisfactory, Borderline, Meets Expectations, or Exceeds Expectations in clinical reasoning and ethical reasoning. The study was approved by the Human Research Ethics Committee (UQ#2018001652).

Results:

The percentage of students graded at each level in clinical versus ethical reasoning, respectively, was: Borderline (2.4% versus 0.8%); Meets Expectations (48.0% versus 59.9%); Exceeds Expectations (59.9% versus 39.3%). All tutors discriminated between these categories for at least some students. There was a weak correlation between clinical and ethical reasoning scores.

Discussion:

Tutors were more likely to discriminate students' performance in clinical than ethical reasoning. This could arise from differences in the duration and depth of ethics discussion compared to clinical details. It may also reflect tutors' relative confidence in teaching and assessing clinical science over ethical matters.

Conclusions:

The rubric has enabled distinct assessment of clinical and ethical reasoning by a large cohort of tutors. Further tutor training and increased tutorial time devoted to ethical reasoning are planned to facilitate further discrimination.

Improvement in communication skills demonstrated at OSCE assessment: cohort comparison study after a teaching innovation.

Shannon Saad¹, Alysha Battaerd¹

¹School of Medicine, Sydney, University of Notre Dame (Australia)

Introduction/background:

In order to ensure evidence-based, effective communication skills teaching, a new style of communication skills training was introduced at the School of Medicine, Sydney in 2017. The Calgary-Cambridge model and a supporting teaching style was first implemented in Year 1 cohort, with subsequent years of the course maintained under the existing teaching methods.

Aim/objectives:

To compare demonstrated communication skills in a history taking OSCE station between year one and year two cohorts of the same medical school, who have been exposed to different communication skills teaching models.

Methods

A quantitative cohort comparison study design was used.

A validated OSCE assessment tool was used to assess the communication skills demonstrated in the summative year one and two OSCE. The data was compared using statistical analysis (chi square-test).

The OSCE station used had the same content; examiners and simulated patients to reduce confounding factors. Cohort demographics will be compared for possible influences the data.

Results:

Preliminary analysis only has been completed:

Statistically significant (P value <0.05) differences were seen for the following process skills, with year 1 cohort outperforming the year 2 cohort: screening; summarising; determining the patient's perspective; using empathy, signposting.

Other communication skills showed no statistically significant differences between cohorts. Comparison of cohort demographics is yet to be completed.

Discussion

By comparing cohorts exposed to different teaching methods, we have been able to demonstrate an improvement in patient-centred communication process skills subsequent to the introduction of an evidence-based model and method of teaching communication skills.

5C IPL

The Australian Therapy Outcome Measure for Indigenous Children (ATOMIC): An Interprofessional Goal Measurement Tool

Alison Nelson², Jodie Copley¹, Anne Hill¹, Rebekah White², Teresa Quinlan¹, Chrisdell McLaren², Catherine Castan²

¹School of Health and Rehabilitation Sciences, The University of Queensland, Brisbane, Australia

²Institute of Urban Indigenous Health, Brisbane, Australia

Introduction/background:

Evaluation of interprofessional services necessitates functionally meaningful assessment tools that can be used across disciplines. Goal-based assessments could be an appropriate way of evaluating outcomes of interprofessional therapy. The ATOMIC was developed to measure interprofessional therapy outcomes in First Australian contexts.

Aim/objectives:

This paper reports on the use of the ATOMIC as a culturally responsive goal setting and evaluation tool, including inter-rater reliability and children's goal achievement after interprofessional therapy.

Methods

A pre-post therapy research design evaluated urban First Australian children's progress towards therapy goals after participating in short term, culturally responsive, interprofessional occupational therapy and speech pathology. Inter-rater reliability was calculated using an intraclass correlation coefficient (ICC). A paired t- test compared pre- and post-therapy goal achievement scores.

Results:

239 goals were identified for the 80 First Australian children, representing a range of skill domains (e.g. handwriting; language; self-management; speech intelligibility; social skills; phonological awareness). High inter-rater reliability was established (aggregated ICC 0.995). Comparison between pre- and post- therapy scores revealed a mean goal progression of 1.89 on a five category rating scale.

Discussion

The ATOMIC measured meaningful progress towards functional, individualised goals across a range of skill domains. The demonstrated benefits of interprofessional therapy for First Australian children in this study are reflective of essential components of culturally responsive practice, including strengths-based, flexible and dynamic service delivery built upon connections, yarning and relationship.

Conclusions:

The ATOMIC provides a culturally responsive way of sensitively measuring First Australian children's progress towards interprofessional therapy goals.

Applying a contextual model of curriculum change to analyse interprofessional learning initiatives

Megan Anakin¹, Ewan Kennedy², Daniel F B Wright³, Mary Butler⁴

¹Education Unit, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand

²School of Physiotherapy, University of Otago, Dunedin, New Zealand

³School of Pharmacy, University of Otago, Dunedin, New Zealand

⁴School of Occupational Therapy, Otago Polytechnic, Dunedin, New Zealand

Introduction/background:

In the Division of Health Sciences at the University of Otago, we prioritise integrating interprofessional learning opportunities into established programmes. Our efforts are supported by an institutional policy that actively encourages teachers and departments to design learning events that allow students in different programmes to "learn about, from, and with others".^{1 p19} There is a paucity of research that analyses these interprofessional learning initiatives from a curriculum change perspective.

Aim/objectives:

The aim of study to identify and explain the factors that may promote and inhibit interprofessional learning initiatives in the Division of Health Sciences at the University of Otago.

Methods

Documented interprofessional learning initiatives were subjected to conceptual analysis using the components of a contextual model of curriculum change.²

Results:

As predicted by the model, six factors were found to be promoting and inhibiting interprofessional learning initiatives at three level of social organisation (i.e., lecturer, departmental, and institutional), however, an additional level of social organisation was identified and required for explanation: inter-institutional.

Discussion

Findings from this study provide an understanding of how interprofessional learning initiatives are promoted and inhibited by the interactions among individuals located in roles at different levels social organisation. Interprofessional learning initiatives appear to be supported by 'champions' and may be undermined by conflicting conceptions of what it means to be an interprofessional teacher.

Conclusions:

Educators and researchers will find the results of this conceptual analysis useful to stimulate their thinking about how the challenges they face when designing interprofessional learning opportunities for their programmes.

References

1. Centre for the Advancement of Interprofessional Education (CAIPE), Interprofessional education - a definition. CAIPE Bulletin 13. London: CAIPE. 1997.
2. Anakin M, Spronken-Smith R, Healey M, Vajoczki S. The contextual nature of university-wide curriculum change. International Journal for Academic Development. 2018 Jul 3;23(3):206-18.

Creating, leading and sustaining a team of facilitators in online interprofessional education

Sherryn Evans¹, Catherine Ward¹, Nicole Shaw¹, Arlene Walker¹, Tess Knight¹, Wendy Sutherland-Smith¹

¹Deakin University, Geelong/Burwood, Australia

Introduction/background:

Over the last decade there has been significant growth in the use of asynchronous and synchronous information and communication technologies to deliver health profession education, including interprofessional education (IPE) experiences. Despite this growth, little has been written about the facilitation role in online IPE environments. Effective facilitation of learners' interprofessional interaction and reflective discourse is crucial to enable interprofessional learning, and therefore knowledge of how to develop and support the online IPE facilitation role is important.

Aim/objectives:

This presentation aims to describe practical advice for educators creating an online IPE facilitation role, and thereafter preparing, supporting and sustaining a team of facilitators in that role. This advice is derived from the authors' experience of leading teams of online IPE facilitators over a ten year period at Deakin University, their research associated with the facilitation of online IPE, and other key online facilitation literature.

Discussion:

Practical advice in the form of twelve key lessons will be outlined. These lessons relate to the creation of the role, recruitment and training, access to and provision of appropriate resources and support, creating a community of learners and evaluation. While there will undoubtedly be challenges in leading a team of online IPE facilitators, we feel our lessons learnt over a decade may help maximise other educators success in this endeavour. While the advice presented in this presentation is based on the authors' online IPE facilitation experience, it is anticipated that it may be relevant to other online teaching and learning contexts.

Issues/questions for exploration or ideas for discussion:

How similar or dissimilar are these lessons to other online health education learning environments?
How similar or dissimilar are these lessons to other face-to-face health education learning environments?

Interprofessional Education: experiences from a cross-campus final year allied health module

Simone D O'Shea¹, Natalie Hamam², Sharnee Jacobs², Michelle Smith-Tamaray³, Suzanne Hopf³, Gregory Maynard⁴

¹Physiotherapy Program, School of Community Health, Charles Sturt University

²Occupational Therapy Program, School of Community Health, Charles Sturt University

³Speech and Language Pathology Programs, School of Community Health, Charles Sturt University

⁴Pharmacology Program, School of Biomedical Sciences, Charles Sturt University

Introduction:

Interprofessional education (IPE) involves students from different health disciplines coming together to learn about, from and with each other. IPE is seen as an essential requirement for producing a collaborative practice ready health workforce that will strengthen the safety, quality and efficiency of health care systems. IPE leads to greater understanding and respect between professions and enhanced client-centred outcomes. However, undertaking interprofessional education can be challenging, with commonly cited barriers arising from organisational (e.g., lack of leadership skills and financial resources), professional (e.g., accreditation and curriculum differences across courses), and individual (e.g., staff and student enthusiasm) sources.

Aim:

To describe the academic and practical considerations of developing and implementing a sustainable, innovative face-to-face and online IPE program

Discussion:

A two-week cross-campus final year interprofessional module first commenced at Charles Sturt University (CSU) in 2014. The module currently includes 130 students per year and is anticipated to grow to over 200 students by 2021. The module has telehealth and face-to-face streams and includes elements of a problem-based learning approach. The module is consistently rated by students as a positive teaching tool for improving: (1) understanding of the scope of practice of different disciplines, and (2) methods for capitalising on collective knowledge that can create a holistic client experience.

Through critical reflection of the CSU experience key considerations of the logistical and resource challenges that face staff and students undertaking IPE, and novel strategies for overcoming these challenges, will be explored.

Issues for exploration:

Interprofessional education, learning outcomes, logistics, assessment and resourcing

Clinical reasoning for inter-professional pregnancy care – everyone on the same page!

Michelle Schlipalius¹, Clare Delany²

¹Monash Health, Melbourne, Australia

²The University of Melbourne, Melbourne, Australia

Introduction:

Inter-professional collaboration is crucial to provide women with safe and effective team-based pregnancy care. However, it can be challenging for all team members to develop shared mental models and the required clinical reasoning and thinking steps.

Aim:

To conduct and evaluate an inter-professional workshop that facilitates the development of shared understanding regarding clinical reasoning.

Methods:

The workshop comprised a one hour, face to face, interactive session using typical case studies. A common framework and set of thinking steps necessary for formulating a pregnancy care plan was presented. The thinking steps developed to “make thinking visible” were issue identification, issue management, evaluation of care type and communication / documentation. Learners completed an evaluation.

Results:

193 midwifery and medical learners completed an evaluation. The majority agreed or strongly agreed to better recognising the need (93%), acquiring the skills (92%) and being more confident (84%) to develop a pregnancy care plan. Additional comments were overall very positive.

Discussion:

Although pregnancy care is provided by an inter-professional team, there is often a presumption that inter-professional collaboration will automatically occur. This workshop suggests deliberate practice enables learners to apply their own clinical reasoning to pregnancy care and also consider that of their colleagues. The workshop made visible the ‘practices’ of a community, with discussions at inter-professional meetings providing ongoing feedback to staff.

Conclusions:

Clinicians value explicit education on clinical reasoning. This assists them to provide pregnancy care to women and ensures all members of the inter-professional team are on the same page!

Improbable ideas that actually work: forming inter-institutional partnerships to offer pre-registration health sciences interprofessional education

Eileen McKinlay¹, Melanie Brown¹, Louise Beckingsale¹, Marla Burrow¹, Karen Coleman¹, Ben Darlow¹, Sarah Donovan¹, Tom Gorte¹, Ben Gray¹, Jo Hilder¹, Hazel Nesar¹, Meredith Perry¹, Dougal Sutherland¹, Debbie Wallace¹, Christine Wilson¹, Craig Waterworth¹, Sue Pullon¹

¹University of Otago Wellington

Introduction/background:

Pre-registration health science interprofessional education (IPE) programmes are usually organised by one institution for students from different schools or faculties. However, in small or regional institutions there are often small or mismatching numbers of students or missing professional groups. To offer sustainable, balanced IPE programmes the answer can lie in forming partnerships with other institutions.

Aim/objectives:

This study sought to explore the process of forming inter-institutional partnerships with four different organisations to deliver IPE for health science students in Wellington, New Zealand.

Methods

Eighteen IPE teachers from four institutions participated in four audio-recorded focus groups. Focus groups were transcribed verbatim. Data were analysed by an independent researcher using Interpretive Description. Participants contributed to analysis and interpretation.

Results:

Three themes emerged: Joining vs Creating; Being on the Same Page; and Time and/or Effort. A partnership model was developed from these themes, representing a continuum of complexity in forming inter-institutional partnerships. Partnerships were less complex when a new institution joined an existing IPE programme and more complex when institutions that had not previously worked together needed to create a new IPE programme.

Discussion

Typically, education institutions are competitive. However, forming inter-institutional partnerships is a practical solution to providing sustainable and balanced IPE programmes and there can be benefits for all taking part. Depending on complexity, formal and/or informal cross-institutional arrangements may be required. To build successful partnerships and reap the interprofessional benefits, those involved must be prepared to invest time and effort, work with complexity and stay on the same page.

5D Curriculum Development

Curriculum Renewal Through Design Thinking

Priya Khanna¹, Sabina Cerimagic¹, Chris Roberts¹

¹Sydney Medical School, University of Sydney

Introduction/background:

Sydney Medical School is transforming its four year MD curriculum to better prepare graduates for practice. Three substantive components include: a) clinical reasoning approaches shaping constructive alignment of learning objectives, learning activities, and assessment; b) early and prolonged guided exposure within various clinical settings from year 2 onwards and , c) e-Portfolio to supporting programmatic assessment for learning (iPAL).

Our design thinking uses a symptom-based approach. Students' progress from understanding common disease-common presentations (Year 1), to application of common symptoms/cases (Year 2), leading to competency and capability in clinical reasoning when dealing with uncommon presentations and diseases (Years 3-4).

A dual-processing theory of clinical reasoning allows vertical alignment of learning through scientific reasoning (year 1), guided experiential learning (year 2) and work-integrated learning (year 3-4).

Design thinking on an integrated e-Portfolio to support programmatic assessment provided a push pull mechanism for driving curriculum change across a large and diverse research-intensive faculty.

Purpose/objectives:

The objectives of the session are to:

- a) Generate a discussion and shared understanding on the utility of this approach in better preparing medical students to practice in the contemporary healthcare environments
- b) Frame an evaluation strategy to determine the utility of the design thinking approach for curriculum renewal process.

Issues/ questions for exploration or ideas for discussion:

What does the audience think about educational design thinking; its strengths, weaknesses and future directions?

What evidence needs to be collected to determine success of a design thinking process in curricular renewal in complex settings?

Beyond a tweak! Curriculum design to refresh a profession

J Gibson¹, J X Rolley¹

¹School of Nursing, Midwifery & Public Health, University of Canberra

Introduction/background:

We started with a deep understanding of learning environments, challenges to the profession of nursing, concerns for the safety of the community and, how we might build something transformative. A bold makeover to shift the balance. A move to animation from passivity. We started with not only a view to ethical political action as a vigilant critique of a current undergraduate nursing curriculum, but

also to present a positive, almost utopian alternative with moral value, and an open-ended direction for now and the future.

Curriculum development in healthcare presents a complex set of issues. There are many competing stakeholders to be satisfied. In time pressured environments the demands of this process are not insignificant.

Aim/objectives:

We present the results of a collaborative autoethnography that is an authentic evocation of the personal, relational, cultural, theoretical and political reflexivity involved in the rigorous, and challenging process involved. The architects of a curriculum that is simultaneously professionally and pedagogically transgressive discuss the process.

Discussion:

Developing transformative curricula is a brave act when professional conservative signature paedagogies are dominant. The shift to concepts underpinning skilful practice is realised through an integrated syllabus where students are engaging in critical, contextually relevant and person-centred ways that goes beyond outcomes a simple 'tweak' to the curriculum would have achieved. This process can be transformative for the developers too.

Issues/questions for exploration or ideas for discussion:

The process of curriculum renewal beyond minor amendments, is deliberative in exposing professional 'hidden curricula' at work within the broader profession as well as the academic representatives engaged in the work of the curriculum.

Yesterday medical students trained in hospitals. Tomorrow medical students will train in the Community. Now is the time to redesign our medical curriculum.

Bernadette Bellete¹, [Liz Fitzmaurice](#)¹

¹Griffith University School of Medicine, Gold Coast, Australia

Introduction/ background:

The demographic of hospital patients has changed¹. Recent trends in health care, mean hospitals are no longer the ideal training ground for medical students.

Aim/objectives:

This presentation explores the challenges the hospital placements pose to student learning including: disconnect between medical school and clinical placement expectations, the reality that students are passively and retrospectively involved in learning and the focus on recall of facts by time poor clinical teachers.

Discussion:

In contrast, in General Practice and community care facilities, students can become valued members of the team and become actively involved in the diagnosis and management of conditions. There is synergy between the medical curriculum and the longitudinal holistic model of care delivered in general practice. Also, students can discover the impact of the social determinants of health on patient engagement in the health system and health outcomes.

Issues/questions for exploration or ideas for discussion:

If medical students learn best in the community, then it behoves medical schools to deliver a longitudinal community based medical curriculum.

Personalising pedagogy in undergraduate public health education:

operationalising 'Big Picture Learning' design at the University of Newcastle.

Erica James,¹ Kate Dundas¹ and Vivienne White²

¹University of Newcastle, Newcastle, NSW, Australia

²Big Picture Education Australia

Introduction/background:

One of the biggest challenges facing Universities is how to enhance student engagement. 'Big Picture Learning' pedagogy is based on research that shows that we learn best when we are personally motivated; by putting students at the centre of decisions around what, how and when they learn nurtures engaged and independent learners. 'Big Picture Learning' encourages a departure from traditional 'appointment learning' where everyone learns the same things according to a fixed timetable, instead promoting personalised, passion-based learning. Evaluation of 'Big Picture' secondary schools reveal positive outcomes for learners including evidence that they learn deeply, reason, apply knowledge, reflect on their learning, develop strong relationships and that re-engagement with learning is profound. There are no Bachelor degrees internationally that utilize 'Big Picture Learning' as the underlying pedagogy.

Aim/objectives:

To describe how Big Picture Learning Design is being implemented at University of Newcastle.

Discussion:

The School of Medicine and Public Health (University of Newcastle) is developing a new 3-year, AQF level 7 undergraduate degree; the Bachelor of Public and Community Health (BPCH). This presentation will describe efforts of the development team towards operationalising 'Big Picture Learning' design throughout the proposed degree. Students will work in small-groups to identify "public health passion projects", devise personalised learning objectives, and identify a combination of academic work and internships to achieve their goals. Assessment will be via portfolio and exhibition.

Issues/questions for exploration or ideas for discussion:

This proposed program has the potential to be a market leader in innovative tertiary curriculum design. This presentation will be of interest to academics teaching public health who are interested in practical strategies to enhance student engagement.

Development of an international graduate curriculum for clinical reasoning using a modified Delphi process.

Lisa Amey¹, James Fraser,^{2,3} Andrew Teodorczuk^{1,4}

¹School of Medicine, Griffith University, Queensland, Australia.

²School of Education & Professional Practice, Griffith University, Queensland, Australia

³The Wesley Hospital, Brisbane, Queensland, Australia

⁴The Prince Charles Hospital, Brisbane, Queensland, Australia

Introduction/background:

Clinical reasoning (CR) is a key skill that medical students need to learn in order to practice effectively. Despite its importance in diagnostic medicine and patient safety, significant gaps in curriculum objectives specific to CR remain in Australian and New Zealand medical schools. Previously we have identified considerable variability in how it is taught and no gold standard curriculum exists.

Purpose and outcomes:

To use a modified Delphi process to develop consensus agreement on a Clinical reasoning curriculum

Issues for exploration or questions for discussion:

The intention of the workshop is to bring together a panel of educators to work on the core components of developing a curriculum. Questions to answer include:

1. What should be taught?
2. How should CR be taught?
3. Who should teach CR?
4. When is CR best taught?

Outline of workshop activities

An overview of the importance of CR in developing tomorrow's doctors will be presented. Discussions amongst expert clinical educators to develop consensus agreement concerning the key questions will follow. To ensure a rich discussion, buzz group activities will be adopted, findings will be ranked by nominal group techniques and a member check at the end of the workshop will be conducted. Following the conference, contact with delegates will be made via survey monkey whereby anonymous responses will be compiled to further refine the curriculum till 80% consensus is achieved. The end result will be the development of a CR curriculum for medical students to be implemented across Australia and New Zealand.

Educational delivery methods and the course experience in an integrated osteopathy curriculum.

Brett Vaughan¹, Tracy Denning², Kylie Fitzgerald³

¹University of Melbourne, Melbourne, Australia

²RMIT University, Melbourne, Australia

³Victoria University, Melbourne, Australia

Introduction/background:

Improving the student experience is a driver for change in the tertiary sector including health professions education. Student feedback is frequently gathered to inform curricular and program changes to: improve the educational environment; maximise student engagement with a variety of learning approaches; and, increase the overall student experience. Health professional programs need to ensure curricular changes made in response to student feedback both improves the experience and prepares them for future learning.

Aim/objectives:

To evaluate the student experience and preferred education strategies in the pre-clinical years of an integrated osteopathy curriculum.

Methods

Students in the first cohort to undertake an integrated osteopathy Bachelor degree at Victoria University completed the Course Experience Questionnaire and an education strategy questionnaire at the conclusion of their three-year program.

Results:

Final data from the conclusion of Bachelor degree is currently being analysed and will be available for the conference. Initial data suggest students value a range of educational approaches that are tailored for specific learning outcomes and that aspects of the course experience require addressing.

Discussion

Ongoing course evaluations using validated measures can be challenging in environments with limited resources. This work goes beyond the individual subject level to evaluate aspects of the effectiveness of an integrated curriculum at the whole program level.

Conclusions:

The evaluation strategy will continue as the students enter the clinical phase of their training. Data from this study will be valuable for health profession educators to evaluate their own educational strategies in low resource environments.

5E Clinical Education

Strategies for enriching learning through practice: clinicians' perspectives

Christy Noble,^{1,2,3} Rola Ajjawi,⁴ Stephen Billett,² Joanne Hilder,¹ Andrew Teodorczuk²

¹Gold Coast Health, Southport, Australia

²Griffith University, Australia

³University of Queensland, Australia

⁴Deakin University, Victoria

Background:

Balancing patient care whilst developing junior medical trainees in acute healthcare settings is notoriously challenging for clinicians. Healthcare organisations often support this through offering protected learning time and continuing professional development activities. Clinical settings offer rich learning opportunities yet realising this learning potential is not always apparent.

Aim:

Explore strategies used by experienced clinicians, from different specialities, to enrich trainee learning through practice whilst balancing patient care responsibilities.

Methods:

Nineteen senior clinicians, from emergency medicine (n=8), medicine (n= 6) and surgery (n=5), were interviewed. We analysed the data using thematic framework analysis as informed by workplace learning theory.

Findings:

Clinicians described enriching learning by identifying and responding to opportunities provided by their particular practice requirements, yet reported similar pedagogic practices e.g. questioning, guided learning. However, different clinical specialities described different ways of responding to these opportunities with emergency medicine being shift focussed whilst medicine enacted them across a trainee's term. Supervisors reported accommodating their own and trainees' preferences and readiness, which shaped the selection of opportunities for learning. This informs the practice curriculum and pedagogies.

Discussion:

Clinicians used a range of strategies to enrich trainees' learning through practice, shaped by circumstances and speciality requirements (e.g. rotations, patient imperatives, trainee readiness). This showed that supporting learning through practice is context-dependent and reliant on interactions amongst trainees, patients and supervisors to co-produce effective learning outcomes.

Conclusions:

Supporting trainee learning through practice is a complex, dynamic and differentiated process, and supporting it is shaped by situational factors, not standard strategies.

“...a complete character assassination”: Supervisors' dignity experiences during work-integrated learning

Olivia King^{1,2}, Corinne Davis¹, Allie Clemans³, Jan Coles¹, Paul Crampton^{1,4}, Nicky Jacobs⁵, Tui McKeown⁶, Julia Morphet^{1,7}, Kate Seear⁸ & Charlotte Rees¹

¹Monash Centre for Scholarship in Health Education (MCSHE), Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia

²Barwon Health and South West Healthcare, Australia

³Monash Education Academy, Monash University, Australia

⁴Research Department of Medical Education, University College London, UK

⁵Faculty of Education, Monash University, Australia

⁶Faculty of Business & Economics, Monash University, Australia

⁷Monash Nursing & Midwifery, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia

⁸Faculty of Law, Monash University, Australia

Introduction/background:

Work-integrated learning (WIL) is where students practice their learning in the workplace aided by a supervisor. While there are obligations to protect the dignity of students and supervisors during WIL, the literature currently fails to explore supervisor experiences.

Aim/objectives:

This research seeks to answer: What are: 1) supervisor experiences of workplace dignity during WIL? 2) factors contributing to these experiences? and 3) the consequences?

Methods:

Thirty semi-structured interviews were undertaken with medicine, nursing, business, counselling, education and law WIL supervisors. Narrative interviewing techniques helped explore participants' experiences of their own or others' dignity during WIL. Data analysis was undertaken via team-based framework analysis.

Results:

Common themes identified in 52 stories were: *the right for appropriate feedback, student engagement/initiative, professionalism, and verbal abuse*. Feedback subthemes were: *feedback resistance, inappropriately escalated feedback, right for constructive feedback and abusive feedback*. There were factors identified that contributed to experiences at the *individual, relational and/or environmental* levels, with the individual level commonly reported and attributed to students. Common consequences were at the *individual* level, in particular, supervisor wellbeing. Interestingly, despite the power imbalance often assumed between students and supervisors, students indeed acted in ways that diminished supervisor dignity.

Discussion:

While the existing literature reports that student dignity can be violated during WIL, this study highlights that supervisor dignity can also be impacted by students.

Conclusions:

This research offers insights into the dignity experiences of supervisors during WIL. It highlights the vulnerability of supervisors and challenges assumptions around power imbalances between supervisors and students.

Medical student participation in general practice registrar workshops pilot

Scott Preston¹, Michelle Sheldrake¹, Marie-Louise Dick², Nancy Sturman², Remo Ostini³, David King²

¹General Practice Training Queensland, Brisbane, Australia

²Primary Care Clinical Unit, Faculty of Medicine, University of Queensland, Brisbane, Australia

³Rural Clinical School, Faculty of Medicine, University of Queensland, Brisbane, Australia.

Introduction:

The traditional model of training medical students in Australian General Practice is by general practice placements supplemented with university tutorials. This model limits medical students' exposure to general practice registrars and their experience of vocational training.

Aim:

To study the influence of medical student participation in GP registrar workshops on participant learning and medical student career intentions.

Methods:

Over a 12-month period, 25 medical students (in groups of one to two) voluntarily participated in one half-day registrar workshop, completing a survey relating to their workshop experience immediately following the workshop. After 12 months, participating registrars (n=83) and medical educators (n=9) completed a survey about their impressions of having medical students participate. A descriptive analysis was performed of the quantitative survey data. Two researchers independently performed a thematic analysis of the free-text responses.

Results:

The themes arising in the survey responses included: learning benefits for medical students and registrars; opportunity for registrars to teach; registrars and medical educators being identified as role models; medical students learning about GP vocational training; and positive influence towards a general practice career. The disadvantages identified included: differing learning needs; potential for disruption of workshops, reduction in workshop quality for registrars; and increased workload for medical educators.

Discussion:

Our mixed methods study identified potential advantages and disadvantages of this educational model for medical students, GP registrars and medical educators.

Conclusions:

The results of the study may be of relevance to GP vocational training organisations and university collaborations interested in the recruitment and dual educational potential.

Near peer mentoring on allied health placements: a systematic review

Merrolee Penman¹, Joanna Tai², Gretel Evans³, Jennie Brentnall¹, Belinda Judd¹

¹Work Integrated Learning, Faculty of Health Sciences, The University of Sydney, Sydney, Australia

²Centre for Research in Assessment and Digital Learning, Deakin University, Geelong, Australia

³Occupational Therapy, Westmead Hospital, Sydney, Australia

Introduction/background:

Near peer mentoring (NPM) during allied health clinical placements may afford benefits, including improving placement experiences, improving learners' clinical capabilities, altering the workload of clinical supervisors, and, preparing students for future educator roles. There is likely also benefit to service users where students can contribute to high quality service provision. However, benefits to allied health students, supervisors and service users are currently unclear, as studies have primarily focused on medical and nursing students.

Aim/objectives:

To identify benefits of NPM for allied health students, their educators, and service users in placement settings.

Methods:

A narrative systematic review was completed. Keyword searches across seven databases, identified 2738 articles, which were screened for relevance and quality. Nine papers were included in the analysis.

Results:

Included studies involved students in physiotherapy, occupational therapy, pharmacy and psychology. Some utilised cross-discipline mentoring; others focussed on senior and junior students within the same professions. Studies were explorational or evaluative, with a focus on student satisfaction and perceived learning outcomes from student and supervisor perspectives. No work directly focussed on service user outcomes.

Discussion:

The small number of relevant studies across allied health suggest this is an emerging area of interest, with studies exploring proof of concept rather than impacts on short and longer-term learning and service user outcomes.

Conclusions:

While NPM in allied health clinical placements is a promising area of innovation, future studies should investigate outcomes for learners, educators, and service users, with theory-building or theory-testing designs moving beyond satisfaction with the model.

Emergency Medicine Education and Training Goes Bush -

Kirsty Freeman¹, Stephanie Schlueter², Josephine McDonnell³

¹The University of Western Australia, Perth, Australia

²WA Country Health Service, Perth, Australia

³St John of God Healthcare, Midland, Australia

Introduction/background:

The Kimberley region covers an area of 424,517km², almost twice the size of Victoria, and three times of the United Kingdom. With a large transient population there is no such thing as a 'typical patient'. Healthcare providers need to have access to training that is focused on upskilling local clinicians in the clinical skills and leadership required in emergency situations that enable a positive outcome for a patient. A team of healthcare simulation educators and emergency medicine specialists devised a model of educational delivery designed for rural & remote interprofessional learning.

Aim/objectives:

The program aims to provide clinicians with the opportunity to develop their skills and leadership in various Emergency Medicine situations without having to leave town and thereby compromising continuity of care in finitely resourced areas. This paper presents an overview of the model utilised in the Kimberley region of Western Australia for the delivery of emergency medicine education.

Discussion:

Results indicate that participants value locally delivered, contextually appropriate educational opportunities that increase their knowledge, skills and attitudes in the delivery of emergency skills. Through a combination of immersive simulation experiences, hot and cold case reviews, and clinical skills workshops participants reported improved interprofessional team performance, particularly in the area of crisis resource management skills including leadership, communication and resource management.

Issues/questions for exploration or ideas for discussion:

1. How can we deliver a comprehensive training program to geographically disparate communities?
2. What roles does interprofessional faculty play in building relationships with staff at peripheral sites to encourage communication and trust?

Postgraduate, interprofessional, simulation-based education: removing time and place barriers by embedding training during clinical care

Robyn Dickie¹, Stephanie Barwick¹, Alison Michaels¹

¹Mater Education, Mater Misericordiae Limited, Brisbane, Queensland, Australia

Introduction/background:

Traditionally, clinicians would undertake annual advanced resuscitation re-certification with limited opportunities to 'practice' between re-certification periods. Commencing in 2014, the interprofessional,

insitu 'Pop-Up' simulation program (Pop-Up Program) is integrated which the clinical environment and is conducted across seven hospitals, including adult, paediatric, maternity and neonatal specialities at Mater Misericordiae Limited (Mater), Queensland.

Aim/objectives:

This training provides experiential learning opportunities to experienced clinicians working in interprofessional resuscitation teams as part of their usual clinical roles. The program aims to improve clinician's ability to recognise and manage the deteriorating patient (RODP), reinforce resuscitation training to ensure skill and knowledge retention and to provide opportunities for clinicians to engage easily in simulations amid delivering patient care.

Methods

Weekly Pop-Ups (n=184) are designed and conducted to include technical and non-technical skills, with the simulations addressing clinical and process issues. Participatory Action Research (PAR) and a quality improvement framework (Plan-Do-Study-Act) were applied, prompting simulation repetition where issues were identified, communicated and escalated through action plans, and subsequently rectified. The Teamwork Emergency Assessment Measure (TEAM) tool (Cooper et al., 2010) is used by faculty and participants to evaluate team members' leadership and communication skills during simulations.

Results:

Preliminary analysis demonstrates participant (n=990) TEAM score improvement. Process improvements include priority lift access, improved interdepartmental RODP response to obstetric/neonatal patients and effective team leader identification.

Conclusions:

Insitu, simulation-based interprofessional resuscitation and RODP training has demonstrated improved confidence and teamwork alongside significant quality improvements that directly impact local and emergency response teams' capability to effectively manage deteriorating patients.

5F Technology

Capitalising on content, digitising delivery: can face-to-face faculty development be effectively converted to online environments?

Sarah Champion¹ and Gillian Lucas¹

¹Royal Australasian College of Physicians, Sydney, Australia

Background:

Faculty development is foundational for effective work-based learning programs but is typically resource intensive and difficult to deliver conveniently to busy faculty. Since 2014, the Royal Australasian College of Physicians has offered a highly regarded supervisor professional development program, comprised of three face-to-face workshops. Recognising the need to train an increased volume of supervisors and improve flexible access options, the workshop content was developed into three online social learning modules.

Methods:

Pre and post questionnaires for all delivery instances of the first workshop in the series (titled Practical Skills for Supervisors) were analysed and compared for the face-to-face (N= 1065) and online (N= 218) modalities.

Results:

The results show strong self-rated relevance and efficacy for both face-to-face and online learning modalities. Face-to-face participants considered the training relevant to their needs, with 92%

agreeing or strongly agreeing. Online participants judged the resource useful in providing new skills for the role of a supervisor, with 94% agreeing or strongly agreeing.

Discussion:

Translating content from one learning modality to another and ensuring sustainability are challenges relevant to a number of educational organisations. The favourable feedback for the face-to-face workshops and the online adaptations indicates the utility of digitised faculty development. Applying social learning methods and user experience principles to designing online faculty development programs is a promising avenue for future exploration.

How is the sense-making of simulated-patients-in-training in response to impactful learning experiences influenced by their professional backgrounds?

Nicole Evans¹, Pit Cheng Chan^{1, 2}, Gary D. Rogers^{1, 2}

¹School of Medicine, Griffith University, Gold Coast, Australia; ²Health Institute for the Development of Education and Scholarship (Health IDEAS), Griffith University, Gold Coast, Australia

Background:

Human patient simulation is a complex educational process with cognitive, psychomotor and affective dimensions. Untrained health students have been considered a poor substitute for professional simulated patients (SPs) because of their perceived inability to set aside professional understandings in order to play patients authentically. Little is known about the affective development of SPs-in-training, especially in relation to their prior professional backgrounds.

Aim:

To explore the affective learning of SPs-in-training in relation to their professional backgrounds.

Methods

Participants in a for-credit SP training course came from a variety of backgrounds, including health professional and theatre- or screen-performance-based training and experience. They journalled daily about the emotional impact of large- and small-group practical learning experiences. Their accounts were analysed utilising an established phenomenologically-informed method, taking account of their professional backgrounds.

Findings:

There was evidence of high-level affective learning in most journals. Learners from health backgrounds made sense of their experiences in particular ways and appeared to gain a deeper appreciation for the importance of human capabilities in their own health practice, as well as an understanding of SP methodology and the performance techniques that optimise its effectiveness. Students from performance backgrounds appeared to benefit from working with health-background students in relation to their awareness of the human dimensions of health care and their appreciation of the value of SP-based learning activities for health professionals.

Conclusions:

Our study suggests that, with appropriate training, both health-background and performance-background learners can become effective SPs. There may be added value in training both groups together.

TAG Team Patient Safety Simulation: Student satisfaction

Trudy Dwyer¹, Tracy Levett-Jones², Tracy Flenady¹, Kerry Reid-Searl^{1, 1}, Patrea Anderson⁴, Stephen Guinea³, Leanne Heaton¹, Judith Applegarth¹

¹CQUniversity, Queensland, Australia, Australia

²University of Technology, Sydney, Australia

³Australian Catholic University, Victoria, Australia

⁴University Sunshine Coast, Queensland, Australia

Background:

The quality of clinical skills simulation impacts the translation of this knowledge to delivery of quality of care and ultimately patient safety behaviours of the learner in the clinical environment. Hence any new simulation activity needs to be measured and monitored. TAG Team Patient Safety Simulation (TTPSS) caters for large groups of learners whilst simultaneously nurturing active engagement of all learners through observation, role play or providing critical feedback.

Methods:

This exploratory study used the Patient Safety Simulation Experience Scale, adapted from a validated psychometric scale, to measure students' (N=721) satisfaction participating in TTPSS.

Results:

Overwhelmingly, participants reported high levels of satisfaction with Briefing, Patient Safety, Clinical Practice and Debrief. Confirmation factor analysis revealed a reasonable Model fit ($p < .0001$) for this priori four factor structure. Themes from 156 (21.6 percent) participant open-ended responses were *Observing and being observed* and *Learning to respond to unexpected* informed their overall satisfaction. Students had fun, gained insight into patient safety and valued the *clarity* this simulation contributed to learning and application to clinical practice.

Conclusion:

TTPSS creates a psychological safe environment where mistakes are simulated, accepted and thus become an accepted part of the learning. Learning from our mistakes is essential and supports the development of the mind-set that acceptance of human error is an important learning. Having experienced or observed incidents during the TTPSS that compromise patient safety, they were able to learn from the event itself, from observing others or through the process of briefing, active reflection and debriefing.

Meaningful and engaging teaching strategies in nursing and allied health – A comparison of disciplines

Patrick Crookes¹, Peter Lewis², Kay Crookes³ and Fabienne Else³

¹University of Canberra, Canberra, Australia

²University of Queensland, Brisbane, Australia

³University of Wollongong, Wollongong, Australia

Introduction:

Educators in health need to move away from traditionally passive and didactic modes of teaching into meaningful and engaging approaches. This paper will report on a project which compares and contrasts the perceptions and approaches taken to meaningful and/or engaging teaching in Nursing and Allied Health, so as to provide insights into how this might impact on curricula and student experiences.

Aims:

To explore the approaches taken to meaningful and engaging teaching by allied health educators and compare and contrast these to a previous study of nursing educators to develop insights for teaching and curriculum development.

Methods:

In line with the original nursing project, academics from allied health disciplines were interviewed and recorded and the results thematically analysed.

Results and Discussion:

Many of the ways in which both nurse academics and allied health academics attempt to make their teaching meaningful and engaging are the same, however there are interesting differences. In this presentation we will compare and contrast the strategies used by educators from a range of health disciplines.

Conclusion:

While sharing many similarities, allied health and nursing educators also demonstrated some distinct differences in the approaches they utilised to make their teaching meaningful and engaging. The impact of these differing approaches and what they mean for students and for Interprofessional education is worthy of consideration.

Preparing the robotic nursing and midwifery workforce of the future – what will the curriculum look like?

Anthony McGillion¹

¹La Trobe University, Melbourne, Australia

The shrinking nursing workforce in Australia, coupled with expanding demand, necessitates blue sky thinking in terms of workforce planning. Historically, discussion about robots has been confined to future-thinking but the future is upon us. Currently, workforce leverage exists through a series of unsustainable funding and policy initiatives and it is clear that a robotic nursing and midwifery workforce, whether partial or complete, is no longer a dream, or the elephant in the room, and needs to be part of our future planning before the future is the present.

The purpose of the PeArl is to remove more than just the metaphorical blinkers and draft a curriculum to best prepare a work-ready robotic nursing workforce. This is not the time to argue about whether this is the right approach but to put a solid framework and infrastructure in place to support this and be protagonists.

What skills will we, as academics, require to prepare this workforce? Will academics even be integral to outcomes? What role will simulation play? What are the advantages and disadvantages of a robotic workforce? Picture the endpoint and consider what skills robots will need to care for patients. What will 'caring' look like in the robotic world? When should this future paradigm become the current paradigm? Will clinical placements be required? What about the rest of the multi-disciplinary team – will there be robotic medical practitioners and dieticians in the future? What would a current patient think about this future?

From Skippy to Goldilocks: Video Feedback in Medical Education - Performance and Perceptions

Margaret Simmons¹, Marianne Tare¹

¹Monash University (Churchill, Australia)

Background and aims:

Improving student engagement with assessment feedback enhances motivation, learning and future performance. Today's students are digitally-connected and it is important to engage them through familiar channels. Traditionally, summative written feedback was provided to students on a creative-piece assessment task at a rural Victorian graduate-entry medical school. The task was based on a Community-Based Placement (CBP) where students work interprofessionally with local rural agencies and clients to develop student understanding of social, cultural and economic health impacts. The affirmative reception to trialling individualised video feedback in 2016 ensured we continue with great success. We demonstrate the process of making the videos and provide student perceptions of this modality.

Discussion:

Applying Goffman's notion of performativity enables the contextualisation and evaluation of performance and perceptions of this feedback. Accepting that we are all social actors performing a 'role' to an audience, the developing social relationship is one of teacher/actor to pupil/audience. When there is a perception by the audience/students that the actor/academic cares about their

response to the performance, the actor is considered 'sincere'. This notion of sincerity is borne out by overwhelmingly positive student responses to the video feedback.

Issues/questions for exploration or ideas for discussion:

Academics are often concerned that video feedback is time-consuming and complicated. Our process has evolved to adopt simple mobile-phone recordings and uploading as MP4 files. We demonstrate how the process went from 'Skippy' (with errors) to 'Goldilocks' (just right) and that the feedback model is worth pursuing to enhance learner and teacher satisfaction.

Keywords: Video feedback; assessment engagement; medical education; performativity

5G Workshop

***Designing for Interactive Learning: Using the Affordances of Technology**

Alexandra Webb¹, Karlee Johnston¹, Zsuzsoka Kecskes¹

¹ANU

Critical thinking skills are essential for 21st Century medical and health graduates to navigate the challenges they will encounter during their careers. Technology enhanced learning (TEL) creates interactive learning opportunities for students to identify and solve complex problems, think critically about information, work effectively in teams and communicate clearly about their thinking in supported classroom environments. This hands-on workshop will be focussed on educational design and TEL enablers to create interactive learning opportunities to enhance student problem solving and critical thinking.

This workshop is relevant to all educators who deliver large and small group teaching and learning sessions and would like to incorporate more interactive learning opportunities that engage students in problem solving and critical thinking. Please bring a device.

5H workshop Supervision

Tools to measure the supervisory relationship in general practice

S Costello¹, R Kippen², J Burns^{3,4}, M Bentley⁵, J Benson⁶, T Elliott⁷,

¹Monash University, Melbourne, Australia

²Monash University, Bendigo, Australia

³General Practice Supervisors Australia, Bendigo, Australia

⁴School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia

⁵General Practice Training Tasmania

⁶GPEX, Adelaide, Australia

⁷GPEX, Adelaide, Australia

Background:

The educational alliance between a GP Registrar and GP Supervisor is regarded as the platform from which all learning takes place. Can we measure the strength of that relationship? What can it tell us?

Objectives:

To describe the adaptation and validation of the GP Supervisory Relationship Measure for Supervisors (GP-SRMS) and GP Supervisory Relationship Measure for Registrars (GP-SRMR).
To present the GP SRMS and GP SRMR tools and discuss how they may be accessed and used.

Methods:

The GP SRMS and GP SRMR were adapted from tools originally used in the UK with clinical psychology trainees.

Using a nominal group consensus method, the original tools were each adapted by an Expert Group for use in the Australian General Practice Training (AGPT) Program.

The tools were each piloted and distributed to GP Supervisors and to GP Registrars from two GP Regional Training Organisations – GPEx and General Practice Training Tasmania (in the case of the GP SRMR) using SurveyMonkey and exploratory factor analysis conducted.

Results:

Factor analysis resulted in the identification of 3 subscales for the GP SRMS and 4 subscales for the GP SRMR. The subscales on both tools had high reliability (0.87 to 0.96).

Discussion:

The GP SRMS and GP SRMR have potential for identifying placements at risk of being sub-optimal, allowing early intervention in the placement. Other possible uses are discussed.

Conclusions:

The GP SRMS and GP SRMR are validated tools for measuring the supervisory relationship between a GP Registrar and GP Supervisor. Other uses may also exist.

6A Seminar Assessment

The conundrum of assessment – using life-long learning to equip health professionals of the future

Sandra Goetz¹, Christine Ossenberg¹, Lynda Hughes¹

¹Griffith University

Introduction:

Internationally, assessment of learner performance in authentic work-integrated learning (WIL) environments is crucial to ensure quality practice and patient safety. Yet assessment of professional practice remains challenging. Knowledge of key attributes of feedback and assessment can provide clarity to assessors and support student learning. As a process to enhance learning, assessment can be grouped as: assessment *as* learning, assessment *for* learning and assessment *of* learning. This symposium highlights the benefits of embedding assessment and feedback practices for learners and assessors.

Aim/Objective:

To highlight the importance of augmenting assessor and learner engagement with best practice principles to enhance assessment and lifelong learning.

Presenters:

Sandra Goetz – “Strategies that support assessment as learning”

Strategies that incorporate assessment *as* learning, including goal setting, reflection and self-assessment, have been reported to enhance critical thinking and life-long learning skills. This presentation will discuss the strategies identified from a literature review across disciplines that incorporate WIL and their significance to health professional assessment.

Christine Ossenberg – “Using key attributes of feedback to become feedback companions”

Formative assessment and feedback are considered assessment *for* learning. While best practice encourages the learner to be a part of the feedback process, the learner’s voice frequently remains silent (Ossenberg et al., 2018). Assessor use of key attributes of feedback ensures the learner is a crucial member of the process and feedback is relevant to learning needs/goals.

Lynda Hughes – “Does assessment of learning in academia lead to fitness for practice in professional programs?”

Summative assessment that results in a mark or grade, is assessment of learning. However, evidence suggests that some learners are passing summative assessments when they do not meet professional practice standards (Hughes et al., 2016). Assessors are faced with the conundrum of assessment not solely reflecting academic achievement but ensuring that learners who graduate from our programs are fit for practice as registered health professionals through Australian Health Practitioner Regulation Agency.

Issues/Questions:

Collectively, application of these assessment and feedback practices can assist in developing learners as critical thinkers and scaffold self-directed learning that contribute to a suite of lifelong learning skills. The presenters would like to discuss participants experiences with engaging learner's in feedback and goal setting to enhance life-long learning. A further point of discussion will centre around how assessors ensure that only those fit for practice progress into the health professions.

6B TED, Lightning – Clinical Education Student-created Videos: Marking Less and Learning More

Alexandra Webb¹, Katherine Esteves¹, Krisztina Valter¹

¹Medical School, College of Health and Medicine, Australian National University, Canberra, Australia

Introduction/background:

Written assessments can be a challenging and time-consuming process for both students and academics. Students spend weeks preparing their assessment prior to submission and after receiving their grade and feedback typically do not share or refer to their work again. For academics, the grading of written assessments requires a significant time commitment within a limited deadline and often surpasses the time devoted to teaching. Using student-created videos instead of written assessments offers new possibilities to enhance the assessment process for both students and academics.

Aim/objectives:

The aim of this study was to determine the impact of student-created videos on the student and staff assessment experience.

Discussion:

Most students enjoyed creating a video (93%) and reported that the process of creating a video improved their understanding of the topic (90%). Students preferred peer-videos that delivered pertinent content integrated within a story or drama. In addition, the most highly ranked videos incorporated an entertaining comic element. Using video rather than written assessment offers students a fun group-based learning experience with the potential for peer-learning opportunities for current and future student cohorts. The process of creating videos provides students with the opportunity to construct their own knowledge representations which aids their learning. The burden of marking is reduced for academics creating more time to enrich the student feedback.

Issues/questions for exploration or ideas for discussion:

What components of the video creation process are pertinent to student learning?
What can academics learn from student created resources?

Near Peer Teaching in Paramedicine Education

Jaime Wallis¹, Zoë Murray¹, Myah Isgrove¹

¹Griffith University, Gold Coast, Australia

Introduction

For the Paramedicine discipline teaching has become a registration requirement. Near-peer teaching (NPT) of aspects of the curriculum, offers both experience in teaching for senior students, as well as a supported learning experience for junior students.

Aim/objectives

This study explored the learning experiences and perceptions of first year students following the implementation of an NPT program within paramedicine curriculum at an Australian University.

Methods

A cross sectional study utilising a paper-based self-reporting questionnaire was administered to first year students in Week 12 of the trimester. The clinical teaching preference questionnaire (CTPQ) was used to evaluate the learning experience of the first year students, utilising Likert and open questions to ascertain students' opinions on positive and negative aspects of the program, as well as provide feedback for potential improvements.

Results

The survey was completed by 75.6% of the first-year students. Students strongly believed that teaching was an important role for paramedics and that the peer mentors made a positive contribution to their practical sessions. However, students felt that peer mentors were not more supportive than instructors ($p=0.027$), and that near peer teachers did not make them more self-confident ($p=0.005$). These were corroborated by the qualitative results.

Discussion

The data demonstrates the significance of NPT programs, while also highlighting the necessity for adequate training and screening of the peer teachers. Despite the criticism from the student learners, the data also conveys the positive impacts made by the program and the benefits gained by both student learners and teachers.

Move over Gen Y, it's time for Gen Z!

Allison Hilbig¹

¹Eastern Health, Melbourne, Victoria, Australia

Introduction/background:

A senior clinician complained about "those Gen Y students" to her team of clinical educators. That team consisted of entirely Gen Y staff, who quietly replied, "Um, we're Gen Y. They're Gen Z."

A large proportion of our clinical educators are now Gen Y. Just as senior staff feel they've finally worked out what Gen Y are all about, a new generation of students have emerged: welcome Gen Z.

Aim/objectives:

To explore this new generation of students and identify what makes Gen Z different to Gen Y and equip educators to be able to adapt to their unique needs.

Discussion:

This TED-style talk will give an introduction to the new generation of students, identifying common traits and potential challenges.

Issues/questions for exploration or ideas for discussion:

Do we need to adapt our teaching styles to accommodate Gen Z students?

What makes them different to previous generations?

What can clinical educators expect?

Designing an ePortfolio-based assessment strategy to support longitudinal development of clinical competence in a large medical program

Helen Wozniak¹, Shari Bowker¹, Robyn Philip¹, Audette Smith¹

¹Office of Medical Education, University of Queensland, Brisbane, Australia

Introduction/background:

A substantial amount of medical student training occurs in the haphazard and unpredictable clinical environment where student learning competes with other important priorities such as patient care. How to capture these opportunistic learning experiences and scaffold connections to the desired educational goals, and still meet the needs of individual learning pathways, is challenging. The introduction of an ePortfolio provided an opportunity to map assessments being conducted in the clinical workplace to clinical and professional competencies in order to make explicit the relevance of each of these disparate learning experiences.

Aim:

During this presentation participants will gain valuable insights in how to translate blue sky ideas into workable solutions for a complex context. They will also learn how an outcome based ePortfolio design can facilitate student tracking of their progression towards the desired clinical competencies.

Discussion and issues for exploration:

Assessment design requires a commitment to consider the pedagogy while also meeting the requirements for valid, robust and transparent assessment processes. It also needs to foster greater student responsibility for learning by providing opportunities for them to gain feedback and reflect on their performance. This needs to be managed alongside an appreciation of the complexities and intersecting cultures between universities and clinical settings, in order to manage the obstacles that will emerge. This presentation will explore how we capitalised on an opportunity to embrace change and delivered a scalable assessment strategy using an ePortfolio.

Economics 101: how to ask an economic research question

Jonathan Foo¹, Stephen Maloney^{1,2}

¹Monash University, Australia

²Society for Cost and Value in Health Professions Education

Introduction:

We recently completed a systematic review appraising the methodological and reporting quality of economic evaluations in HPE. Of concern, we found that only 63% (n=49/78) of studies stated a research question, and only 29% (n=23/78) stated the form of economic evaluation used. Knowledge of research questions and evaluation forms will better equip educators to understand, appraise, and apply economic literature, and support researchers in incorporating economic evaluations into their work.

Objectives:

By the end of this lightning-talk, audience members should be able to form an economic based research question, and match their question to an appropriate form of economic evaluation.

Discussion:

Economic evaluations can answer three main types of questions, each with a matching evaluation form. Firstly, the question "*how much does this cost?*" is best evaluated using a cost-analysis. Cost-analyses are similar to burden of disease studies in that they focus on total cost but not any intervention. Secondly, the question "*is it worth achieving this goal, and if so, what quantity of resources should be allocated?*" is best evaluated using a cost-benefit analysis. Cost-benefit analyses can be thought of like a profit and loss statement, which sums up revenues and expenses, and tells you if you made an overall profit or loss. Lastly, the question "*what is the most efficient way to achieve this goal?*" is best evaluated using a cost-effectiveness analysis. Cost-effectiveness analyses measure outcomes in educational units (e.g. number of students passing) and present the cost of alternative interventions used to achieve said outcome.

Climate change: What are you talking about?

Rohan Church^{1,2}

¹School of Medicine, University of Tasmania, Hobart, Australia; ²Tasmanian Chair, Doctors for the Environment Australia

Introduction/background:

Climate change has widely been described as the greatest threat to human health of the 21st century. Far from being yet another health-determinant to be crammed in to the community health or professionalism domains of a health education curriculum, this pressing health issue demands revolutionary thinking within health professional education just as much as it needs radical action on the global stage.

Health professionals are increasingly aware of the existential threats of climate change but are rarely provided the means or opportunity to do anything about it within their clinical contexts.

Aim/objectives:

This presentation will highlight the global health threat of climate change and stress the need for health professionals and students to take the lead in calling for urgent action at local, national and global levels.

This presentation will challenge educators to examine what they are talking about when they discuss climate change in their curriculum. Are they simply viewing this topic as another transfer of intellectual material that may or may not be examinable? Or are they providing students the chance to develop skills in critical thinking, leadership and health advocacy and so be equipped to respond to the threats of climate change?

Discussion:

Whilst the health implications of this issue are clearly increasingly core curricula for health students, responding to the growing and grave threats of climate change also provides opportunity to foster the acquisition of key health advocacy skills as well as the chance to take action that is personally and professionally meaningful for students.

Let's play a game: the use of an innovative computer-based simulation game to build knowledge and confidence in the supply of 'Pharmacist Only Medicines'

Kenneth Lee¹, Megala Mohanarangan², Fiona Schwab², Isabelle Arnet², Ivan Bindoff³, Rhonda Clifford¹

¹University of Western Australia, Perth, Australia; ²University of Basel, Basel, Switzerland; ³University of Tasmania, Hobart, Australia

Introduction and background:

'Pharmacist Only Medicines' are a legal classification of non-prescription medications that can only be supplied by a registered pharmacist in a pharmacy. As Pharmacist Only Medicines do not require a prescription, the responsibility falls solely on the pharmacist to make a clinical judgement as to the possible diagnosis of the patient's medical issue, and the appropriateness and safety of supplying a Pharmacist Only Medicine. In cases where supply is warranted, pharmacists must also be able to effectively educate patients on the correct and appropriate use of the medication to ensure the best patient outcome.

Entry-to-practice pharmacy curricula often use a combination of work-integrated learning (placements) and instructor-guided simulation activities to educate students on the supply of Pharmacist Only Medicines. Despite these multifaceted approaches to learning, there is research to

suggest that the practice of Pharmacist Only Medicines supply by pharmacists is poor. Given limitations on the duration of classes, creative strategies must be developed to provide students with additional learning opportunities.

Aim:

To provide students with additional out-of-class learning opportunities by using an affordable, commercially available computer-based simulation game (Pharmacy Simulator) to practice supplying Pharmacist Only Medicines, thereby improving student confidence and knowledge in this area.

Discussion:

A computer-based simulation game offers students self-paced, out-of-class learning opportunities that engage, supplement and augment student learning, and improve knowledge and perceived confidence.

Ideas for discussion:

Would allowing students to create their own simulation game scenarios and testing their colleagues further improve their own knowledge and perceived confidence?

Developing students' skills and experience in writing for publication

Pippa Burns¹, Kathryn M Weston¹, Warren C Rich¹, Shahid Akhund¹, Judy R Mullan¹, Peter L McLennan¹

¹University of Wollongong, NSW, Australia

Introduction/background:

The Research and Critical Analysis program has been designed to encourage, prepare and support student engagement in research during their medical course and beyond. In 2018, a final capstone assessment task was included as an assessable item with students undertaking and completing this task whilst on a six-week elective placement. The task was designed to allow students to choose from one of four options: case report, visual clinical medicine, short report and professional practice. The report required for each option was mapped to relevant journal submission guidelines and students also presented findings to peers and academic staff. Students receiving a mark of "Excellent" are encouraged to submit their task for peer-review.

Aim/objectives:

This presentation aims to report on student engagement and outcomes of a capstone assessment task.

Discussion:

Students were most likely to engage with either the case report (42%) or visual clinical medicine (47%) options. Sixty-one percent of students received a grade of 'excellente for their journal-style capstone report. More than half the cohort felt at least somewhat competent in their ability to prepare an article for review.

The introduction of this capstone assessment task further bridges the gap between practice and research and allows students to appreciate the learning potential of their real world experience.

Issues/questions for exploration or ideas for discussion:

1. Is this activity applicable/suitable to other professional degree courses?
2. How can we better disseminate student research findings?
3. Will a final year capstone help graduate medical professionals with enhanced research skills?

What is taught to Graduate Entry Physiotherapists in Australia about Women's Health Physiotherapy?

Kerstin McPherson^{1,2} Irmina Nahon¹

¹University of Canberra, Australia, Canberra, Australia

²Charles Sturt University, Orange, NSW Australia

Introduction:

The area of Women's Health Physiotherapy is an expanding area of practice with current research supporting the important role of physiotherapy in managing conditions such as incontinence and pelvic organ prolapse. Although specialist post graduate training is required to manage conditions in this area of physiotherapy, knowledge of symptoms, referral process and management options is essential for all physiotherapists, yet little is known of how we prepare graduates.

Aim:

To explore how universities in Australia provide knowledge for physiotherapy graduates in the area of women's health.

Methods

A survey was sent to physiotherapy university programs in Australia and advertised to recent graduates via social media. Descriptive analysis of the data was used.

Results:

The amount and subject content varied between university programs. Both universities and graduates felt that especially with prescribing exercises knowledge of women's health conditions is lacking upon graduation.

Discussion:

Within Australia, physiotherapists are well placed within the healthcare profession to identify and with post graduate training management women health conditions. Hence knowledge of conditions women's health physiotherapists manages, needs to be covered within all pre graduate entry physiotherapy programs.

Conclusions:

Providing knowledge of women's health physiotherapy promotes clinical and research-based evidence based practice. It also provides advocacy and inspiration for physiotherapy in this increasing health care burden within Australia.

Rural interprofessional education: a gamut of perspectives

Lorraine Walker¹

¹FMNHS, Monash University, Australia

Aim

To report a series of case studies study that explored interprofessional education in rural clinical learning environments from the perspectives of operational managers, educators, clinicians and undergraduate healthcare students.

Background

While rural clinical learning environments provide a natural forum for interprofessional learning, little is known about their potential to facilitate structured interprofessional education opportunities. This paper reports on a series of case studies that explored interprofessional education and learning in rural clinical learning environments and the readiness of organisations to promote healthcare students' interprofessional learning.

Methods

An exploratory mixed methods case study design comprising surveys, focus groups and interviews was utilised to establish the readiness of organisations and participants for interprofessional learning and collaboration.

Discussion

The findings indicate that where an organisation has a culture of learning and commitment to interprofessional education, that rural clinical learning environments are well placed to facilitate interprofessional education and learning about collaborative practice. Some professions remain resistant to collaborative practice.

Conclusion

Investment in interprofessional education initiatives in rural environments yields a good return by providing students with knowledge and understanding for future collaborative practice. Opportunities for interprofessional education are context bound and enabled or obstructed by social and cultural influences within the organisation, and the commitment of leaders and power brokers.

Issues/questions for exploration or ideas for discussion

Translating the will into the way

How to engage professions that focus on career objectives and disregard collaborative practice: how to put the 'I' in the team.

THE PEDAGOGY OF DISCOMFORT: Dimensions of resistance to teaching about Indigenous health, poverty and stigmatized groups

Stewart Sutherland¹, Amanda Wingett,¹ Christine Phillips²

¹Indigenous Health Unit, Australian National University Medical School; ² Social Foundations of Medicine, Australian National University Medical School

Introduction/Background

We discuss the phenomenon of students' resistance to curricular material on populations facing structural inequality, stigma, and the long-term impacts of colonialism. We problematize student requests for "positive stories", "more clinical information" on how to treat the marginalised group, and "less political" material.

Aim/objectives

To present a framework to understand the dimensions of resistance to teaching about Indigenous Health, poverty and stigmatized groups; and to describe the case for a transformative "pedagogy of discomfort" in this area.

Discussion

We hypothesise that students resist teaching about complex issues related to marginalized and vulnerable groups if the teaching makes them feel emotionally uncomfortable. This appears to be the norm in teaching about Indigenous Health, where lecturers often have to negotiate negative student feedback when delivering the standard CDAMS curriculum. A taxonomic analysis of student feedback on our teaching about marginalized or stigmatized groups over a decade indicates that the dimensions of resistance relate to: (1) feeling uncomfortable about one's own prejudices, (2) feeling uncomfortable about gaps in health and opportunity among Australian citizens, (3) feeling uncomfortable about the inability of medicine in itself to right inequality, (4) feeling conflicted about stigmatizing views expressed by mentors within medicine. A transformative pedagogy of discomfort will acknowledge and support students through emotionally disquieting educational experiences.

Issues/questions for exploration or ideas for discussion

How do we support students to recognize, accept and work through their discomfort? How do we support educators who deliver discomforting education? How do we incorporate this into feedback systems?

AGAINST SEXUAL HARASSMENT AND BULLYING: A realistic path towards more civil medical education

Christine Phillips¹

¹Social Foundations of Medicine, Australian National University Medical School

Introduction/Background

Sexual harassment and bullying is a wicked problem for medical schools. Finding effective solutions has proven very challenging for medical schools internationally. The ANU Medical School was aware of high rates of sexual harassment and bullying in its own school, and began to develop a multilevel, multisector program for change.

Aim/objectives

To outline the Safe Spaces for Learning program at the Medical School, and its ongoing monitoring.

Discussion

Initial surveys of students noted that sexual harassment by a medical educator/supervisor was experienced by 25% of students in the preceding year, predominantly by women (OR 6.21), and in clinical settings (OR 3.27). Nearly one-third had experienced sexual harassment by peers, mainly in second year. 58% of students reported bullying behaviours by educators/supervisors in the previous six months, and 48% by peers. Only 2% of students had reported the adverse behaviour. The medical school's response works with students and staff. A strategic committee at the highest executive level combines membership from both hospitals, the medical school and student leaders. Student partners have developed a clear booklet on responses to adverse behaviours, and the student society has a permanent elected position for an Equity Officer, supported by peer mentors. Responding to bullying and harassment is part of the professionalism and clinical skills curriculum. The survey is conducted annually to monitor outcomes.

Issues/questions for exploration or ideas for discussion

Is our medical school's Safe Spaces program relevant for other schools? If ultimate success is eradication, what constitutes intermediate success in such a program?

6C Teaching and Learning

Development of expertise in physical examination as viewed through Gibson's theory of perceptual learning.

Anna Vnuk¹

¹Flinders University, Adelaide, Australia

Introduction/background:

Physical examination (PE) uses a series of physical actions to collect information through perception using the senses: tactile, auditory and visual. Many medical schools use checklists to teach and assess PE to medical students which seem to focus students' learning on physical actions but not perception.

Aim/objectives:

Gibson's theory (1,2) on the development of perceptual learning, provides a different perspective which can be used to analyse the impact of current teaching methods on the learning of perception in PE.

Methods:

As part of a larger study, medical students in years 2-4 of a four-year postgraduate medical program were interviewed individually or in focus groups about their experience of learning PE. The interviews were audio-recorded, transcribed and analysed using Gibson's theory of perceptual learning.

Results:

Two major themes emerged: absence of perception in early PE learning and assessment; and enablers of the development of perception, particularly meaningful clinical encounters with real patients

Discussion:

For students learning PE in isolation of real patients, students know that they can pass assessments by replicating the physical actions almost without perceiving any findings. However, when they encounter real patients for whom their perceptual findings in the PE contribute to the diagnosis, they begin to develop expertise in their perceptual abilities.

Conclusions:

As educators, we need to ensure that our methods of teaching and assessment provide students with the opportunities to develop their perceptual skills in order to be able to use PE for its intended purpose: to help make a diagnosis

1. Gibson, Eleanor J (1992) How to think about perceptual learning: Twenty-five years later. p.215-237 in Cognition: Conceptual and methodological issues, Herbert L., Jr. Pick, Paulus Van Den Broek, David C. Knill (eds), American Psychological Association.
2. Adolph, K. E. & Kretch, K. S. (2015). Gibson's theory of perceptual learning. In H. Keller (Developmental Section Ed.), International Encyclopedia of the Social and Behavioral Sciences, (2nd ed., Vol.10, pp. 127-134). New York, NY: Elsevier.

Implementing an entrustment decision making framework into undergraduate medicine dispensing activities

Hayley Croft¹, Conor Gilligan¹, Rohan Rasiah², Tracy Levett-Jones³, Jennifer Schneider¹

¹University of Newcastle, Australia

²University of Western Australia, WA Centre for Rural Health, Australia

³University of Technology Sydney, Australia

Introduction/background:

Effective medication consultation and dispensing by pharmacists is essential in ensuring patient safety. Entrustable Professional Activities (EPAs) offer a new way of defining and assessing these daily activities of professional practice. Although EPAs have become popular within competency-based medical education programs, there is yet to be consensus on how EPAs can be used in undergraduate pharmacy education, and assessment. An assessment framework containing a scale of entrustment has been developed for pharmacy students to evaluate their readiness to safely manage the supply of prescribed medicine(s) in a community pharmacy.

Purpose/objectives:

The purpose of the session is to invite participants to use the developed entrustment framework to evaluate an undergraduate pharmacy student in a simulated medicine dispensing activity (video). The objective is for participants to reflect on this experience and identify enablers and challenges for how the entrustment framework could be incorporated into our current workplace-based assessment procedures in undergraduate pharmacy education.

Issues:

Questions and ideas for further exploration in this session include:

Has the EPA for medicine dispensing been defined adequately?

Does the assessment framework provide adequate guidance for entrustment decision making?

Who should be responsible to make entrustment decisions about pharmacy student's readiness to manage the supply of medicines?

What other sources of data should be used to inform these entrustment decisions?

Should entrustment be incorporated into day-to-day decisions, or formal/ summative decisions?

What influences decisions to entrust a pharmacy student with important clinical duties?

Intellectual Streaking/Candour: Revealing more for the sake of learning and safety

Elizabeth Molloy¹, Margaret Bearman²

¹Department of Medical Education, University of Melbourne, Melbourne, Australia

²Centre for Research in Assessment and Digital Learning, Deakin University, Melbourne, Australia.

Introduction/background:

Educators are often seen as experts, delivering well-rehearsed scripts to learners in the classroom or workplace. This preparation, along with high status positioning, can give educators a sense of security and control. On the other hand, we expect learners to take intellectual leaps such as revealing their reasoning in front of a patient or peer on a ward round. In 2017, we presented the notion of 'Intellectual Streaking' as "the nimble exposure of a teacher's thought processes, dilemmas or failures – as a way of modelling both reflection-in-action and resilience" (Bearman and Molloy, 2017). We have expanded on this work, to further detail the process of "Intellectual Candour" for both learners and educators (Molloy and Bearman, 2018) and what it might achieve within an educational setting.

Purpose and outcomes:

In this interactive workshop, participants will be able to:

Define intellectual streaking/candour

Discuss how to design education opportunities to promote intellectual streaking/candour

Trial linguistic approaches that encourage intellectual streaking/candour

Issues for exploration or questions for discussion:

What are the sociocultural influences on educator and learner preparedness to reveal hearts and minds?

Is there a point of 'optimal disclosure' whereby moving any further would result in an assault on the individual's credibility and a reduction in learning? (if so, how do we teach people to find that point?)

Outline of workshop activities

This half-day workshop will draw on participants' experiences, as well as share research findings and case studies (feedback and workplace learning encounters) exploring vulnerability, credibility, trust and humility in health professions education. Participants will have opportunities to identify how intellectual streaking/candour relates to their own practice context.

Does increasing the experiential component improve the efficacy of the 'This is Public Health' photo essay task? A non-randomised trial.

Kate Dundas,¹ Natalie A Johnson,¹ Stephen Hancock,¹ Lorraine Paras,¹ Daniel Barker,¹ Tazeen Majeed,¹ Vibeke Hansen,² Sue Outram,¹ Erica L James¹

¹School of Medicine and Public Health, University of Newcastle, NSW

²School of Health and Human Sciences, Sothern Cross University, NSW

Introduction/background:

Experiential learning is best practice pedagogy in undergraduate public health courses. We have previously shown that utilising the 'This is Public Health' (TIPH) campaign as an experiential assessment task among undergraduate students studying core public health courses led to increased knowledge of public health. The effect of emerging mobile technologies like geocaching, which provide an opportunity to increase the experiential component of the TIPH task, has not been evaluated.

Aim/objectives:

To determine whether adding geocaching to the traditional TIPH task will increase knowledge of the scope and definition of public health when compared to the traditional task.

Methods

A two-arm non-randomised trial was conducted with 785 allied health and teaching students enrolled in one of several first-year public health courses (n=785). For logistical reasons, students were allocated to either the traditional TIPH task (n=210) or the geocaching TIPH task (n=92) according to the course they were enrolled into. The primary outcome was change in knowledge of public health. Data was analysed using an ANCOVA model. A structured approach was undertaken to devise an eight-point coding guide to assess the quality of public health definitions provided by participants.

Results & Conclusion:

71% (217/302) of the participants provided information at follow-up. Scores on the eight-point scale ranged from 0-5 at baseline and follow up. Mean scores for both groups improved by 1.2 points. The average difference in post-intervention scores was 0.274 (95% CI 0.056–0.491; p=0.014). Whilst the geocaching group performed significantly better at follow up, after adjusting for baseline scores, this difference is unlikely to be pedagogically meaningful.

Medical Students' Study Patterns

Taylen Furness¹, Anna Ryan¹ & Terry Judd¹

¹Department of Medical Education, University of Melbourne, Australia

Introduction/background:

Prior studies of medical students' study behaviour and effectiveness have relied heavily on self-report questionnaires which have acknowledged limitations.

Aim/objectives:

We developed and tested a smartphone study diary application that allows for real-time quantification of study and other activities. Successful implementation of this app will facilitate accurate and nuanced characterisation of study behaviour and as a result better support our efforts to understand the educational impact of assessment and curriculum interventions.

Methods

Our bespoke study diary smartphone application (for iPhone and Android) allows students to record the type, timing and context of formal and informal study activities over a 24-hour period. The app includes the ability to capture concurrent non-study activities, enabling us to better quantify students' effective study time and assess the likely impact of distractions (multitasking) on learning.

Results:

Students in years 1-4 of a graduate entry medical program recorded study and concurrent non-study activities over specified 24-hour time periods. We captured the type, duration and context of all activities undertaken, students' motivation for engaging in these activities, and self-reports of their effectiveness.

Discussion

Students engage in a variety of learning activities (of variable levels of effectiveness). There is clear evidence of regular distraction/multitasking during learning, and substantial variation in activity type by year level.

Conclusions:

Our study diary app is a convenient and effective method for quantifying study behaviour. The prevalence of ineffective study activities and multitasking suggests students may benefit from study skills-based education including strategies for managing digital distraction.

6D PeArIs – 6 Learning

What can student pre-dispositions for self-regulated learning (SRL) tell us about how they might interact with the clinical learning context?

Sarah Hyde¹, Yann Guisard², Barney Dalgarno³, Cass Colvin¹, Lyn Hay¹, Lindy Croft-Piggin¹

¹Three Rivers University Department of Rural Health, Charles Sturt University (CSU)

²School of Biomedical Sciences, CSU, NSW

³Learning and teaching, CSU

Introduction/background:

Self-Regulated Learning (SRL) is recognised as an important graduate capability across a range of disciplines. It is also known that learning is context dependent and students do not always transfer their learning, or SRL capability between the formal teaching context and the clinical setting. A recent review has found that interventions focused on SRL in clinical contexts are restricted to goal setting and monitoring rather than self-evaluation (von Houten-Schat et al 2018). There has been limited research and intervention aimed at improving student reflection and ability mindfully transfer their skills when appropriate in this setting. More explicit recognition of the interdependence between person and context in clinical learning situations is needed.

Purpose/objectives:

We propose using the de la Fuente-Arias's (2017) Theory of Self – vs. Externally-Regulated Learning™ DEsign DEvelopment PROduct (DEDEPRO) model to understand the interactions which occur between learners and contexts and that impact various learning outcomes. We will illustrate the operationalisation of this model, suggest our preliminary measures of predisposition for SRL and discuss the future potential of unpacking the dimensions of learning according to this model for the clinical environment.

Issues/ questions for exploration or ideas for discussion:

If we can anticipate student strengths and weaknesses towards learning in the clinical context, how might we best prepare them and their supervisors?

How agile can learning opportunities in the clinical context really be? How can students learn to become more resilient and pro-active about seeking out learning opportunities in different contexts? To what extent can we personalise learning in the clinical environment?

References

de la Fuente-Arias J (2017) Theory of Self- vs. Externally-Regulated Learning™: Fundamentals, Evidence, and Applicability. *Front. Psychol.* 8:1675. doi: 10.3389/fpsyg.2017.01675

Van Houten-Schat, MA, Berkhout JJ, van Dijk N., Jaarsma ADC, Diemers AD. (2018). Self-regulated learning in the clinical context: a systematic review. *Medical Education*, 52(10): 1008-1015
doi: 10.1111/medu.13615

A new approach to learning how to learn? Making better decisions, more often.

Gerry Corrigan¹, Phillippa Smith¹

¹ANU Medical School, Canberra, Australia

Introduction/background:

Process mapping provides a means of showing how learners' decisions about learning relate to each other. Process mapping has been successfully employed as a microanalytical research tool in a

number of settings (Year 9 science, innovation in the business world, PBL medical program and primary art education). It is one of many microanalytic techniques being developed to understand learning. We are interested in exploring its application in the learning environment as a metacognitive tool.

Purpose/objectives:

To explore the viability and potential utility of a proven research tool in the day-to-day learning environment.

To explore how we might help learners learn how to know more efficiently and effectively.

Issues/ questions for exploration or ideas for discussion:

As a learner, will process maps provide me with accurate and precise feedback about how I learn that could improve my efficiency and effectiveness as a learner?

How might that work?

As a teacher, will process maps provide me with detailed feedback about the decisions my learners make in order to help them become better at learning?

What would that look like?

As a clinician, will process maps provide me with the feedback I need to make better decisions, more often in order to improve outcomes?

How might that work in practice?

As a supervisor, will process maps provide detailed feedback about the decisions my clinicians make in order to achieve improved performance?

What might that look like?

6E PeArIs – 7 Learning

Sustaining undergraduate inter-professional practice

Heather Bridgman¹, Marie-Louise Bird¹, Tracey Dean¹, Shandell Elmer¹, Sibella Hardcastle¹, Annette Marlowe¹, Sandy Murray¹, Kimberley Norris¹, Jan Radford¹, Anne Todd¹, Andrew Williams¹,

¹University of Tasmania (UTAS)

Introduction/background:

At the UTAS we have developed several interprofessional practice (IPP) opportunities for our undergraduate health care practitioner (HCP) students involving the delivery of authentic patient care. Our Residential Aged Care Facility (RACF) IPP placement has been sustained over 7 years and offers medical, pharmacy and nursing students a successful IPP opportunity where all students engage in resident reviews. We also designed an IPP activity involving a larger number of disciplines dealing with the management of chronic pain. The initial workshop for this was rated very favourable by all participating students and the patients rated highly the multi-week program that was led by exercise physiology (EP). However, non-EP student engagement after the initial workshop was poor in this longitudinal IPP opportunity. We are still trying to determine if this was because the patient clinical setting is skewed to one discipline's role, or if the longitudinal nature interfered too much with other student commitments.

Purpose/objectives:

We would like to share with you how we managed to form a successful IPP placement in a clinical environment in residential aged care but were less successful in our chronic pain clinics.

Issues/ questions for exploration or ideas for discussion:

How successful have your IPP activities been and how have you managed to sustain them?

How do you ensure engagement by all HCP students in IPP?

Can a longitudinal version of IPP work?

What have we all learnt about the making of a successful IPP activity for undergraduate HCP students?

Challenging the status quo! How do we continue to engage new graduate health professionals in Inter-professional Learning?

Sarah Chapman¹, Ned Jelbart¹, Jennie Yaxley¹

¹Canberra Health Services, Canberra, Australia

Introduction/background:

The World Health Organisation (2010) has identified inter-professional collaboration as a crucial enabler of safe and high quality healthcare. Globally, educational institutions and healthcare organisations recognise this through introduction of curriculum and policy to lead inter-professional practice transformation. ACT Health commenced an Interprofessional Graduate Program in 2013, and continues to be one of only a few delivered in Australia. The program aim is to break-down silos of traditional profession-based graduate programs, bringing together new-graduate nurses, midwives, doctors and allied health professionals to learn with, from and about each other. Large group program delivery has included role-plays, facilitated discussion, group activities and staff/consumer presentations. Seven years of data collection and evaluation demonstrates no notable improvement over time in participant satisfaction, despite continual improvement and refinement efforts by program co-ordinators. A trend also exists where nursing staff rate sessions most favourably, whereas medical interns consistently rate sessions least favourably compared to colleagues from other disciplines.

Purpose/objectives:

To explore education strategies that provide engaging opportunities for new graduate health professionals to learn with, from and about each other. The aim is to increase participant satisfaction, for all disciplines, to an average of at least 4 on a 5 point Likert scale (with 5 being the most favourable response) by December 2019.

Issues/ questions for exploration or ideas for discussion:

Common barriers such as time, space and individual learning priorities will always exist. Let's identify possible motivators for healthcare professional "tribes" to improve and develop inter-professional relationships? Think outside the box- can innovative digital platforms and social interactions be used as inter-professional learning opportunities?

6F Technology

Developing a method of measuring the usefulness of Clinical Skills Apps for just-in-time learning

Grace Tylee¹, Tehmina Gladman¹, Sarah Rennie¹, Steve Gallagher², and Rebecca Grainger¹

¹University of Otago, Wellington, New Zealand

²Dunedin School of Medicine, New Zealand

Introduction/background:

Apps are ideal for supporting "just-in-time learning" occurring during authentic educational opportunities in clinical practice. While many methods have been developed to assess app quality, no measure could be identified that focussed on app usefulness for medical students' just-in-time learning needs.

Aim/objectives:

The aim was to develop an evidence-based, student-driven checklist for rating the usefulness of clinical skills apps for just-in-time learning.

Methods

From the literature, a list was generated of terms and criteria that have been used to evaluate mobile app quality. Medical students participated in a student-led focus group that used a modified form of the nominal group technique to determine items to include as a measure of app usefulness for just-in-time learning.

Results:

Ten students participated in the focus group and voted on the 36 pre-identified items that could be included in the checklist, as well as having the opportunity to contribute any missing items they felt were important. From this initial set of items, voting rounds discarded eight items, leaving 28 included items and three with a split decision.

Discussion and conclusion:

Student discussion and voting on the literature-derived items confirmed that most previously identified items important for measuring quality of an app were considered as essential to students when deciding if an app would be useful. Future work will refine the items into a checklist that will be tested on a set of clinical skills apps to evaluate their usefulness to support learning for medical students.

Video-enhanced professional learning for clinical teachers: How do video-clubs support GP-supervisors' teaching practice?

Tim Clement^{1, 2}, Elizabeth Molloy³, Duncan Howard¹, Eldon Lyon^{1, 2}, Jonathan Silverman²

¹Murray City Country Coast GP Training, 49 Kepler St, Warrnambool, Victoria, Australia

²Faculty of Health, School of Medicine, Deakin University, Geelong, Victoria, Australia

³Department of Medical Education, University of Melbourne, Melbourne, Victoria, Australia

Introduction/background:

In order to prepare clinicians to take on an effective teaching role they need to be taught how to teach and then continuously improve as educators.

Aim/objectives:

We trialled a novel form of professional development (PD) to investigate the learning that occurred in a series of online and face-to-face video-club meetings; a forum where groups of clinical teachers met over six-months to watch and discuss video-recordings of their teaching.

Methods:

We employed case study evaluation. Summative qualitative content analysis was used to explore the impact of participating in the video-clubs on participants' understanding of teaching and learning and explain the observed outcomes.

Results:

The results suggest that participating in the video-club impacted on the supervisors' ability to notice and interpret important features of teaching and learning. In particular, a deepening and broadening of ways to analyse and interpret teaching and learning; the ability to employ evidence to discuss what they had noticed; and a focus on learners' thinking and behaviours as well as their own performance.

Discussion:

As an aid to clinical teachers' learning, video-clubs represent a significant challenge to those who are designing short programs of PD. Learning about teaching and learning through observing others' practice will require a new culture to be developed; one where exposing one's practice to others is a new norm.

Conclusions:

This research has demonstrated the feasibility of video-clubs as form of PD for clinical teachers and enhances our understanding of clinical teachers' thinking. Further research is required to investigate the impact on supervisors' actual instructional practices.

The Health Collaboration Challenge: a large-scale video based interprofessional assessment

Christie van Diggele¹, Chris Roberts¹, Carl Schneider², Gillian Nisbet³, Judith Werner⁴, Inam Haq⁵

¹ School of Medicine, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

² School of Pharmacy, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

³ Faculty of Health Sciences, The University of Sydney, Sydney, Australia

⁴ School of Dentistry, Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

⁵ Faculty of Medicine and Health, The University of Sydney, Sydney, Australia

Introduction:

The Health Collaboration Challenge (HCC) is a large-scale interprofessional learning activity held annually at the University of Sydney. In 2018, the HCC involved 1,674 health professional students from 11 health disciplines, including dentistry, oral health, nursing, pharmacy, occupational therapy, speech pathology, physiotherapy, dietetics, diagnostic radiography, medicine and exercise physiology. Students were required to collaborate in the production of a video and patient management plan based on a complex patient case.

Aim/objectives:

This study sought to explore students' perspectives of the opportunities provided for interprofessional learning within the HCC.

Methods:

The HCC is a blended learning student led activity consisting of five tasks, including; an on-line pre-module; a face-to-face activity, where student produce a video and written patient management plan; peer assessment task and intra-team rating. Data collection included a student questionnaire, assessment results, peer review results, and focus group interviews. Data were analysed using thematic analysis and descriptive statistics.

Results:

Assessment tasks provided a number of learning opportunities. When managing a patient students gained the perspectives of other disciplines; identifying one's role within a team setting; networking with other professions; the value of prior training in team contribution; and leadership dynamics within a team. Participants felt learning was enriched through the video assessment and would benefit from more IPL opportunities throughout their degrees.

Discussion:

Many challenges exist within interprofessional training, such as management and timetabling complications, often resulting in minimal IPL and disciplines training within individual silos. The associated benefits of IPL suggest that students would value greater opportunities, provided through a practical, longitudinal IPL program.

Conclusions:

The HCC was acknowledged as a beneficial and worthwhile learning experience for health professional students. Perceived benefits included the development of role identification; perspective exploration; team leadership skills; negotiation skills; and the opportunity to network with other health professions.

Orientation strategies that prepare postgraduate students for online study.

Elizabeth J Ware¹, Rebecca Evans², Nichole Harvey²

¹ James Cook University, Mackay, Australia

² James Cook University, Townsville, Australia

Introduction/background:

Despite the increasing popularity of online university courses, high non-completion rates are common. An effective orientation program can assist students to prepare for online study.

Aim/objectives:

The focus of this research was to gain an understanding of students' perceptions of: (i) the skills needed for online study; (ii) which skills HPE students feel least confident about at the commencement of their course; and (iii) orientation activities and resources that students find useful when preparing for online study.

Methods:

A mixed methods study, including online surveys and telephone interviews, was used.

Results:

Students were confident about their computer skills but were less confident about using the learning management system, in particular, the discussion board and webinar tools. Rusty academic skills, such as writing and referencing, were a challenge for many. Responses to suggested orientation sessions indicate students desire a wide variety of activities and resources to help them transition to online learning including: study tips from experienced online learners; staying motivated in off-campus study, and tips for organising and managing files.

Discussion and Conclusions:

Orientation activities should be delivered in an incremental way so students can progress at their own pace through a structured, but flexible, program that does not overwhelm the novice. Self-evaluation of the skills required for postgraduate online study, flexibility to tailor the orientation program to suit personal learning needs, and time to practise required skills, should underpin the orientation program. Lastly, opportunities for students to connect with other students and faculty should be provided.

Adaptive Tutorials versus Web-Based Resources in Radiology: A Mixed Methods Study of Efficacy and Engagement in Senior Medical Students

Stuart W.T. Wade^{1,2}, Michelle Moscova², Nicodemus Tedla², Daniel A. Moses^{1,3}, Noel Young⁴, Merribel Kyaw⁵, Gary M. Velan²

¹Prince of Wales Hospital, Sydney, Australia

²School of Medical Sciences, Faculty of Medicine, The University of New South Wales, Sydney, Australia

³Prince of Wales Clinical School, Faculty of Medicine, The University of New South Wales, Sydney, Australia

⁴Westmead Hospital, Sydney, Australia

⁵Royal Prince Alfred Hospital, Sydney, Australia

Introduction/background:

Radiology is under-represented in many medical curricula. Adaptive tutorials, a form of e-learning, have the potential to enhance radiology education for medical students.

Aim/objectives:

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

Methods:

A randomised mixed methods crossover trial assessed the effectiveness of adaptive tutorials on engagement and knowledge of appropriate use and interpretation of CT scans of the head and chest. 81 volunteer year 5 and 6 students enrolled in a 6-year undergraduate Medicine program were randomly allocated into two groups. In the first phase, Group A received an adaptive tutorial on head CT, while Group B received peer-reviewed web-based resources. Both groups then completed an examination-style assessment. Following cross over, Group B received an adaptive tutorial on chest CT, while Group A received web-based resources on that topic. Both groups then completed an online assessment followed by a questionnaire evaluating perceived engagement and efficacy of each resource.

Results:

Groups receiving adaptive tutorials achieved higher mean assessment scores in both phases of the study, statistically significant in the first phase only. Both groups reported higher engagement and overall perceived value of the adaptive tutorials.

Discussion:

Adaptive tutorials have objective benefits for learning radiology by senior medical students. Such tutorials are overwhelmingly accepted by those students, compared with peer-reviewed web-based resources. Our findings suggest that interactivity aids participation, as well as retention and application of knowledge.

Conclusions:

Adaptive tutorials have the potential to bridge the current gap in radiology education within medical curricula.

Development of Socio-Clinical Medical Resources for Pre-Clinical Learning- MEDHAX: By Students for Students

Jessie Zhou¹, Anoushka Lal¹, Kathryn Yu¹, Adelle McArdle², Margaret Simmons²

¹Student summer scholars, Monash Rural Health (MRH), Medicine, Nursing & Health Sciences, Monash University, Victoria, Australia

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

Introduction/background:

Components of pre-clinical learning in Evidence-Based Medicine (EBM) and Health Sociology (HS) are essential elements of practicing person-based medicine. Feedback suggests that many pre-clinical medical students struggle with understanding the relevance of these concepts in their future practice. MRH is creating an educational integrative resource to provide clinically relevant connections for pre-clinical medical students.

Aim/objectives:

This project aims to create an interactive online platform to integrate and apply clinical aspects within the pre-clinical EBM and HS learning environment. By presenting clinical scenarios drawn from person-centred cases, students will appreciate how these concepts affect and apply to individual patients.

Methods:

We incorporated feedback and reflections from staff and students to create person-centred clinical cases where EBM and HS can be integrated and the clinical relevance showcased. Clinicians were approached to provide holistic insights into the practical application of these concepts in developing appropriate education resources.

Results:

Through the feedback and reflections, we created person-centred cases to apply and integrate EBM and HS, with other pre-clinical knowledge, in an online environment.

Discussion:

This is a unique 'by students for students' created resource to assist future students in applying and integrating challenging concepts of EBM and HS; within a person-based approach.

Conclusions:

Through engaging students and clinicians in content development, we developed an online interactive platform called MEDHAX that specifically targets areas requiring a focused clinical integration to improve the student experience and understanding of EBM and HS.

Towards patient-centred communication: an observational study of supervised audiology student-patient hearing assessments

Samantha Tai¹, Caitlin Barr¹, Robyn Woodward-Kron¹

¹University of Melbourne, Melbourne, Australia

Introduction/background:

Patient-centred communication is beginning to gain a place in audiology education. However, audiology students continue to report feeling ill-prepared when counselling patients regarding their hearing impairment.

Aim/Objective:

To gain an understanding of students' clinical communication skills, this study had two interconnected aims. The first was to explore how audiology students co-construct hearing assessments with patients while supervised by a clinical educator. The second was to investigate how students' communication aligns with principles of patient-centred communication.

Methods:

Student-patient-clinical educator hearing appointments were video-recorded and transcribed. Genre analysis, a form of discourse analysis, was carried out to identify the structure and communication patterns. The six-function model of medical communication (de Haes & Bensing 2009) was adapted as an analytical framework to map students' patient-centred communication. Twenty-three final year audiology students from two Australian universities participated in the study.

Results:

The generic structure of the hearing assessments were the main stages of taking a history, providing a diagnosis, and initiating management plans. For patient-centred communication functions, students demonstrated their ability to foster the relationship and gather information. The communication functions of decision-making, enablement and responding to patients' emotions were rarely observed. A significant relationship was found between clinical educators' interjection as a function of students' patient-centred communication tendencies.

Discussion:

To enhance students' patient-centred communication, teaching should include explaining and planning as well as addressing additional aspects of patient-centred communication. Support of clinical educators through professional development of communication teaching could optimise students' learning of skilled communication.

References

de Haes H & Bensing J (2009). Endpoints in medical communication research, proposing a framework of functions and outcomes. *Patient Education and Counseling*. 74(3), 287-94.

6G Workshop

Team-based learning (TBL): an active introduction to the key steps.

A Burgess¹, J Bleasel, C Roberts¹, I Haq¹, E Matar¹, A Menezes¹, A Clarke¹

¹The University of Sydney School of Medicine, Faculty of Medicine and Health, Sydney, Australia

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. Using a flipped classroom approach, and specific steps, TBL promotes: collaborative peer learning in small groups, student accountability, and provides standardisation across large student cohorts. The facilitators have developed and implemented a hybrid form of TBL, specifically designed to promote class discussion and clinical

reasoning, with free-text responses, avoiding pre-determined outcomes. The purpose of this workshop is to empower attendees to explore the relative merits of TBL, and how these may be applied to their own medicine and health science curricula. This interactive workshop will utilise TBL format to explore the application of readiness assurance testing, student feedback, clinical problem-solving, and student peer-review.

Purpose and outcomes:

Any individual (student, staff, faculty, dean's level) involved in health education and training may benefit from this workshop. Participants will gain an understanding of the 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 share experiences, and allow participants to 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 team-based learning class is required. We will use a short video, individual test, team-test, feedback, and problem solving activities.

6H Workshop Feedback

Facilitating feedback and feedforward in adult learners

Hubert van Doorn¹, Lina Zbaidi¹ Graham Emblen²

¹Northern Territory General Practice Training, Darwin, Australia

²General Practice Training Queensland, Brisbane, Australia

Introduction/background:

Providing, receiving and acting upon feedback is a core skill for learners and educators, as experience alone is a poor teacher. Modern vocational education programmes are anchored in the principles of adult learning. Moving beyond the traditional approach to sandwich corrective in between confirming feedback, demands the adoption of steps in line with Kolb's Experiential Learning Cycle.

Purpose and outcomes:

The workshop will introduce the latest concepts needed to implement the tasks of delivering and responding to feedback. This will be followed by sharing a range of pragmatic strategies and summarizing these in a user-friendly format that participants can use in their practices.

Issues for exploration or questions for discussion:

Luft and Ingham's Johari Window model will be shown to provide perspective. Learning starts with discussions related to the dissonance that is discovered between identified knowledge, skills, attitudes and behaviours, and those needed in line with agreed standards. How feedback effectively supports this discovery and the necessary learning and implementation will guide the workshop's outcomes. Core skills impacting effective feedback will be identified.

Outline of workshop activities

Following an introduction, the workshop will consist of three interactive parts. The themes will be; facilitating the engagement of a learner in the delivery of confirming and corrective feedback, managing personality types and identifying strategies when openness to reflection is challenge.

Thursday 4 July

Plenary 3

*The changing face of simulation

Bernie Bissett¹, Jane Frost¹

¹University Canberra

This session will describe one institution's journey with embedding hybrid simulation across a range of health courses, and use this as a case study in how teaching methods evolve over time and in response to critical analysis and reflection. Formal evaluation data will be used to capture the student perspective of this approach, while the speakers will share the highs and lows of thinking outside the box to maximise authentic experiential learning for students. This session should stimulate honest discussion of how we challenge ourselves and our students to make the most of every learning opportunity - and how sometimes the best learning happens well outside our comfort zone.

7A Seminar Indigenous Education

Growing authentic work integrated learning experiences with Aboriginal and Torres Strait Islander people: Wins, Worries and Wonderings

Alison Nelson^{1,2}, Kate Odgers-Jewell², Emma Crawford¹, Anne Hill¹, Teresa Quinlan¹

¹University of Queensland, Brisbane, Australia; ²The Institute for Urban Indigenous Health, Brisbane, Australia

Introduction/background:

Student placement experiences are an important opportunity for health students to learn clinical skills they need in a context where their cultural awareness and knowledge can also be developed. Community-Controlled Indigenous organisations have the potential to provide an invaluable learning experience for students due to the nature of the professional and clinical skills they can learn in this environment. However, students need to be well prepared and supported both clinically and professionally, with a well-designed placement and explicit expectations. Traditionally, there has been limitations on the variety of students who can access these placements with allied health students often not having placement opportunities due to a lack of appropriate professional supervision. Additionally, the health services need to be consulted regarding models of student placements which are sustainable and do not overload staff.

Aim/ objectives:

This presentation will outline work carried out jointly by the Institute for Urban Indigenous Health (UIH), a regional community-controlled organisation, and the University of Queensland to develop additional health services and service-learning opportunities in Indigenous organisations through health student placements. Each presentation will outline successes and challenges in their service learning opportunities as well as thoughts on next steps.

List of Presentations

1. Dr Alison Nelson: Overview of Models of Student placements in Indigenous Health.

This presentation will provide an overview of the growth in clinical placements in Indigenous community controlled health services and their link to the growth in allied health service

delivery in these settings. Different models of student placements will be described including the way in which sustainability and support have been developed.

2. Dr Kate Odgers-Jewell: Setting students and services up for success.

This presentation will outline the critical ingredients for the establishment and sustainability of meaningful student placement experiences in Indigenous health and education settings. This will include orientation processes, ongoing support mechanisms and approaches to cultural integrity development through the UIH's Proppa Ways curriculum.

3. Dr Emma Crawford: Can everyone have an opportunity? How to scale up student numbers in Indigenous health settings and stay meaningful and useful.

Emma has developed a unique final year occupational therapy course designed to develop critical reflection skills in the context of community development with Indigenous clients. In this presentation, she will outline the development and ongoing evolution of this course and how she has enabled over 100 students/semester to gain valuable experiences with Indigenous clients.

4. Dr Anne Hill and Ms Teresa Quinlan: Inter-professional clinical placement experiences in an Indigenous school setting: what works

Anne and Teresa established an inter-professional occupational therapy and speech pathology student placement at The Aboriginal and Torres Strait Islander Independent Community School (The Murri School) has run for 7 years. In this presentation they will describe the mechanisms they developed and used to ensure student and client outcomes and tools they used to work together effectively in an inter-professional team

Discussion: Issues/questions for exploration or ideas for discussion:

How do universities partner with Indigenous community-controlled organisations in meaningful, reciprocal relationships that can meet both service and student learning needs?

What structural or systems changes are needed to grow opportunities for health professional education in Indigenous health?

How can service learning opportunities in Indigenous health or education contribute to broader graduate attributes in a crowded curriculum?

How can inter-professional learning opportunities in Indigenous health or education be expanded to other professions?

7B PeArIs – 8 Capacity

Student placement workload; is it Blue Sky thinking to be able to quantify expected clinical capacity?

Williams Jill¹, Gill Robyn²

¹Flinders University, South Australia, Australia

²Country Health South Australia Local Health Network; Flinders University, South Australia, Australia

Introduction/background:

Supervising clinicians and students frequently seek guidance relating to student workload expectations on clinical placement ('how many patients would this student be expected to see?').

Student workload on placement is influenced by a myriad of intrinsic and extrinsic factors. University programs expect the student to gradually increase their capacity to provide safe and effective service over time. This progression can be seen in both quality and quantity of service delivery, with a proportional decrease in the level of direct supervision required. This change reflects gains in confidence and competence in the workplace, among other factors.

Effective learning on placement requires a balance between 'hot' (patient contact) and 'cold' (adjunct tasks) learning time. Time for planning, preparation and reflection is vital. It also impacts on the time available to work directly in clinical care.

It may be possible to guide supervising clinician and student expectations relating to capacity development to inform workload management and potentially allow early identification and support of marginal students.

Purpose/objectives:

This session is intended to facilitate exploration of factors that impact on student clinical capacity. Identifying common themes provides an opportunity to reflect on, and subsequently develop and test principles for appropriate workload capacity expectations of students on clinical placement.

Issues/ questions for exploration or ideas for discussion:

What are the expectations relating to a student's clinical capacity, at different stages of their placement and program?

What guidelines can be provided to supervising clinicians and students on expected student clinical capacity and progression of workload?

Gameification: How do we measure the magic?

Fiona James¹

¹University of Canberra, ACT, Australia.

Introduction/background:

Our School of Nursing is breaking new ground in moving to a concept-based curriculum and I was inspired to develop a game-based learning activity for first semester nursing students that would help them understand the concept of clinical decision-making by exploring a variety of situations/problems that needed to be negotiated.

Gameification can incentivise learning. By using game-based play to replicate real world clinical situations that required team approach decision-making, students would be able to practice critical thinking skills in a risk-free space.

Purpose/objective:

The objective of this presentation is twofold. Firstly, to discuss how the use of gamification engaged these learners and explore some of the changes we noted in them from using the game-based activity; in relation to the level of collaboration within groups across generations and cultures, and investment of the individual learner.

Secondly, to interact with the audience regarding their own experiences of using game-based activities in their teaching and whether they have explored the measurement of such an abstract concept as decision-making, and how this improves student's confidence when undertaking real world work integrated learning.

Issues/questions for exploration or ideas for discussion:

Have others attempted this type of game-based learner engagement activity?

Can such an abstract concept as clinical decision-making be quantified?

Could we quantify the change in confidence around novice student decision making?

As an example of authentic assessment- how might one assess this within a curriculum?

What other capabilities might game-based play enable students to develop, and us to potentially measure?

7C PeArIs – 9 Games and Google

*Innovative strategies for avoiding staff and student burnout

Linda Nicholson¹; Tanisha Jowsey², Karlee Johnston¹

¹ANU

²University of Auckland

Burnout is synonymous with adverse physical health, mental health, and work-related outcomes. According to a systematic review, conducted by Ahola, Toppinen-Tanner (2017), it is also proving difficult to treat. It is essential that medical schools continue to identify and embed organisational and intrapersonal strategies that are protective against accumulative stress and burnout.

The aim of this workshop will be to highlight recent developments in conceptualizing, reducing and responding to burnout and to generate new ideas for optimizing wellbeing in healthcare learning environments. In the first twenty minutes we will draw upon a conceptual model of workplace stress developed by Sisley et al., (2010). We will outline current research regarding organisational and individual self-care practices that may serve to buffer the detrimental impact of accumulative stress. Then comes the fun part: participants will engage in a series of experiential activity stations where they will be asked to respond to provocations concerning wellbeing, stress and burnout. The activity stations are intentionally geared towards drawing out creative innovative responses. Several of the stations promise to be fun. The workshop will finish with whole group discussion about the innovative ideas emergent from the activity stations, and where we want the focus of future initiatives in medical education to be.

7D PeArIs – 10 IPL, Leadership

Do we mean what we say and say what we mean?: Exploring implications of terminology associated with interprofessional education and learning

Jane Ferns², Alexandra Little¹, Anne Croker¹

¹University of Newcastle Department of Rural Health, Tamworth, Australia ²University of Newcastle Department of Rural Health, Taree, Australia

Background:

“My other supervisor, well, she’s not ‘other’ in a negative way, it’s just, she’s not my proper supervisor, well she is ‘proper’ in that she’s a supervisor, but she’s not from my discipline ...” stumbled the student during a presentation describing her successful interprofessional learning (IPL) project. The term ‘other supervisor’ failed to describe the interrelated, blurred nature of her supervisory relationship. Her supervisor wasn’t an ‘other’, rather, a close, connected supervisor, integral to the student’s clinical placement. As interprofessional researchers and educators we were unsettled by this scenario, yet more suitable terminology evaded us. Aware of this dilemma we became more sensitive to limitations and implications of language use. Words and phrases began to stand out as alternate linguistic interpretations of particular words came into view, for example ‘*exposure* to different disciplines’ could have secret and sinister associations.

Objectives:

In this PeArL we will identify some potentially problematic terminology used in interprofessional education (IPE), and explore implications of their use for subtly shaping the way we discuss and engage with IPE and IPL. We aim to collaboratively and synergistically develop a selection of appropriate terminology that enables us to knowingly use language for our own purposes in the interprofessional domain rather than being ‘used’ by it.

Questions for exploration:

In relation to working and learning with a variety of professions, which terms and phrases roll effortlessly off our tongues?
Where do these terms and phrases come from?
What are the implications of these?
What are some alternatives?

Let's develop a nationally accepted medical leadership framework

Simone Ross¹, Tarun Sen Gupta¹, Peter Johnson¹

¹College of Medicine and Dentistry, James Cook University, Australia

Introduction/background:

Leadership in health service is a universal challenge yet we seem to be doing little to prepare graduates for this important role. The teaching of leadership and the assessment of leadership skills in basic medical education programs appears to be poorly evaluated worldwide. This also seems to be true for both direct entry and graduate programs, with few signs of change on the horizon. There is an essential requirement for training medical students in leadership education. However, there is currently no national strategy or set of learning outcomes or educational resources. Providing opportunities for leadership training prepares medical students for this important role, enabling them to understand that being able to make a difference to the health of the community is a professional competency as important as any other.

Purpose/objectives:

To discuss the development of a nationally accepted framework with examples of leadership training across basic medical education and clinical practice. There would be explicit aims and goals at each level and domain, thus, less uncertainty about the leadership curriculum. Discussing and evaluating the leadership training needs with students, teachers, Deans and accrediting bodies will help identify and address these needs.

Issues/questions for exploration or ideas for discussion:

How can we transform leadership education to include knowledge and practice so that student have leadership skills they can use from the time they graduate? What level of the training curricula should leadership skills be taught? Who is responsible? How is this best assessed and evaluated? What is the research agenda?

7E Seminar Refugee Patients

CULTURALLY RESPONSIVE CLINICAL PRACTICE FOR MIGRANT AND REFUGEE PATIENTS: Applying the competency standards framework to health worker education

Christine Phillips¹, Gulnara Abbasova², Deb Colville³

¹Australian National University Medical School

²Migration Council of Australia

³Royal Australian and New Zealand College of Ophthalmologists; Royal Australasian College of Surgeons

Introduction/Background

Delivering quality care to people from migrant and refugee backgrounds requires clinicians to adopt culturally responsive practices and utilise competencies to communicate and work effectively with this cohort. The national Migrant and Refugee Health Partnership (<http://culturaldiversityhealth.org.au/>) has co-developed a competency framework in collaboration with medical, nursing and midwifery colleges, the interpreting sector, settlement services and community groups. The framework is structured around the CANMEDS Physician Competency Framework, and is designed to be consid

applied across professional education, training, continuing development and standard setting for clinicians. This symposium occurs at the end of a national consultation process.

Aim/objectives

The aim of this objective is to introduce the framework and consider its adaptability across the spectrum of health worker education, from undergraduate to pre-vocational, to vocational.

List of presentations

Gulnara Abbasova will outline the structure of the framework, discussing some of the challenges navigated in developing the framework, and potential opportunities. Deb Colville will focus in detail on key aspects of the framework and its relevance for professional education. Christine Phillips will introduce the practice guide on working with interpreters, describing the use of the practice points in teaching medical students how to work with interpreters.

Issues/questions for exploration or ideas for discussion

How might the framework be applied in curriculum development, training opportunities, and in supporting collaboration across different cadres of health workers to drive culturally responsive practice? The symposium will address these questions in general, and through specific focus on key clinical areas such as teaching about pain.

7F IPL

A Qualitative Study Exploring Healthcare Facilitators' Perceptions in Delivering Interprofessional Activities

Alla El-Awaisi¹, Saba Sheikh Ali¹, Aya Abu-Nada¹, Ahmed Awaisu¹, Daniel Rainkie¹

¹College of Pharmacy, Qatar University

Introduction/background:

Interprofessional education (IPE) is a valuable educational approach for preparing healthcare students for collaborative practice. Facilitation of these experiences is a major determinant of IPE events' success and is usually a shared responsibility with faculty, from different backgrounds, working together. Faculty need to be role models to their students, who will need to learn together with an interprofessional collaborative spirit.

Aim/objectives:

The aim of this study is to explore facilitators' perceptions and experiences in delivering IPE in Qatar, and to identify the enablers and barriers faced during the facilitation of IPE activities. Using an exploratory case study approach, 21 semi-structured interviews were conducted with facilitators from different professions representing four healthcare academic institutions: Qatar University, Weill Cornell Medicine, University of Calgary Qatar and College of North Atlantic- Qatar. The following professions were represented: Medicine (Med=6), pharmacy (n=4), nursing (n=4), and health sciences (HS=7) including respiratory therapist, biomedical and public health. Inductive thematic analysis, was undertaken to derive key themes and subthemes.

Discussion:

Four main themes were identified in relation to the facilitators' perspectives. The first relates to drivers to facilitator involvement which included their interest in IPE, their commitment and their awareness of collaborative practice benefits. The second theme related to active student participation in terms of group dynamic and student engagement. Thirdly, active facilitator participation affected by facilitator attributes and preparedness. Finally, organizational support manifested in the establishment of an active IPE committee and the way IPE is designed and delivered. Overall, facilitators valued IPE in preparing students for collaborative practice. However, the findings reinforced the necessity of having facilitator training and debriefing sessions to ensure facilitators are competent and confident.

Moving interprofessional education out of the classroom and into the real world: Capitalising on shared clinical placement environments

Lani De Silva¹, Emma Cooper^{1,2}

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

²Hunter New England Health, Tamworth NSW, Australia

Introduction/background:

It is an expectation that health practitioners will work interprofessionally to provide safe, effective, patient-centred care. The Educating for Collaborative Healthcare Opportunities (ECHO) program, developed by the University of Newcastle Department of Rural Health, aims to promote excellence in rural health services and foster new-graduate health practitioner readiness for collaboration, through a range of interprofessional activities.

Aim/objectives:

An ECHO activity was developed opportunistically for physiotherapy and diagnostic radiography students on placement in a rural Emergency Department (ED). Through a process of interprofessional shadowing, collaboration around management of 'shared' patients, and facilitated discussion and reflection, we aimed to enhance students' understanding of another professional role, and develop interprofessional skills required for collaborative practice.

Discussion:

Students participating in the activity reported gaining a deeper insight into each other's profession, developing a more comprehensive understanding of the priorities and constraints that exist within the individual professions. They gained a greater appreciation of the patient experience in the ED, acknowledging the importance of effective communication and rapport; rapport between patients and health professionals, and rapport among the different health professionals involved. Students were able to identify ways they could adapt their professional behaviour, in order to work in a more collaborative and patient-centred manner.

Issues/questions for exploration or ideas for discussion:

This presentation will explore the value students place on the explicit opportunity to develop collaborative practice skills in a clinical setting, and discuss elements for the successful creation and implementation of interprofessional activities in shared clinical environments.

Five to five: five weeks of interprofessional immersion - what impact five years on?

Christine Wilson¹, Rose Schwass², Ben Darlow¹, Patrick McHugh², Eileen McKinlay¹, Sue Pullon¹

¹University of Otago, Wellington NZ, ²University of Otago, Tairāwhiti NZ

Introduction/background:

The Tairāwhiti InterProfessional Education (TIPE) programme is a 5-week, rurally-based, live-in clinical rotational programme that students can attend as part of the final year of their respective health professional pre-registration degree. Learning outcomes include interprofessional, hauora Māori, rural health and long-term condition management competencies. Over 450 students have completed the programme since 2012. Year-on-year, student, staff and community feedback has been consistently positive. Five years on, inaugural students are practicing health professionals with experience in their respective fields.

Aim/objectives:

To assess participant perceptions of the value and influence (or otherwise) of interprofessional aspects of this portion of their final-year course, five years post-graduation.

Methods:

A mixed-methods approach to evaluation included an online survey, sent to all 2012/2013 student cohorts 5-years post-graduation. Survey respondents indicated willingness to participate in a recorded video/telephone interview. Survey data were analysed descriptively; content analysis was used to analyse qualitative data.

Results:

A total of 70/86 students (81%) responded to the survey, with 43/70 (61%) indicating they currently work in health care teams (3+ professional groups). Thirty respondents indicated willingness to be interviewed. Respondents considered their TIPE programme learning to have positively influenced their ability and confidence to work effectively with others in workplace teams. Other programme aspects were also influential.

Discussion

Longitudinal follow-up of students across several disciplines undertaking interprofessional immersion programmes is not common. Reflection from young health practitioners about influence and relevance of memorable programme components several years post-graduation is one important information source that can guide further educational development.

Absence/presence in student understandings of interprofessional healthcare teams: a graphic elicitation study

Sandra Kemp¹, Helen Flavell¹, Margo Brewer¹ and Claire Morrisby¹

¹Curtin University

Introduction/background:

For health professionals-in-training, interprofessional education is under close scrutiny. Although there have been case studies of teaching initiatives, few studies examine how students learn about interprofessional teamwork in the early years of undergraduate education courses. Understanding how students build skills in interprofessional teamwork, across the duration of a course of study, is critical for future professional demands.

Aim/objectives:

This project aimed to investigate how students understand successful interprofessional teamwork during their first exposure to interprofessional education. A key focus was on student conceptions of the nature and characteristics of effective healthcare teams. To illuminate diverse perspectives of health professionals-in-training, participants were from a range of different health professions, including medical students,

Discussion:

Participant-produced graphic elicitation was used as a research method to generate visual data and interview data. Patterns in the visual data indicated that some aspects of effective healthcare were frequently present, and other critical attributes for effective interprofessional healthcare teams were strikingly absent. The implications for designing authentic and effective interprofessional teamwork are explored.

Issues/questions for exploration or ideas for discussion:

Interprofessional education is an important focus in health professions' training. Illuminating how student learning might be vertically integrated in healthcare courses will be key to ensuring strong interprofessional clinical care teams of the future.

Transforming medicines administration for people with Parkinson's: An interprofessional collaboration.

Avril Lee², Anna Miles¹, Angela Lambie², Tony Spelman³, Monica Amer Oad¹, Richard Hansen¹

¹Speech Science, The University of Auckland, Auckland, New Zealand

²Waitemata District Health Board (WDHB), Auckland, New Zealand

³People with Parkinson's Inc, New Zealand

Background:

People with Parkinson's are at high risk of medication error due to their dependence on timely and accurate use of large volumes of medication, and their high incidence of dysphagia. Errors involving late or missed doses can impact their quality of life. Despite this, there are limited opportunities for different health professionals and patients to collaborate on providing effective support and education for people with Parkinson's.

Objectives:

To increase understanding of participating professions' contribution to Parkinson's care.

To demonstrate how involving patients collaboratively can improve patient care.

Methods:

Phase 1

An electronic survey was completed by 71 people in New Zealand with Parkinson's disease. Respondents reported complex daily multi-medicine use (mean daily tablets/capsules 11, range 2-25). Analysis showed 57% scored outside the normal range for Eating Assessment Tool (EAT-10) with 57% reporting difficulties with medicines. Many respondents reported missing medicines and requiring reminders. Swallowing strategies included crushing tablets, using yoghurt or fruit juice, swallowing exercises and medicine placement in the mouth.

Phase 2

Survey results are guiding the development of a co-designed patient/health professional tool to assist with medication management. Following pilot testing, the tool will be distributed for feedback and review.

Discussion:

This co-designed initiative with patients as core members of the interprofessional team demonstrates how learning together can develop enhanced care.

Questions for exploration:

The changes in the relationship between health providers and tangata whaiora - people seeking health and wellness for themselves and their families.

Putting the spotlight on clinical reasoning: Implications for facilitating interprofessional education

Alexandra Little¹, Jane Ferns², Anna Edgar¹, Miriam Grotowski¹, Lani De Silva¹, Anne Croker¹

¹University of Newcastle Department of Rural Health, Tamworth, Australia ²University of Newcastle Department of Rural Health, Taree, Australia

Background:

Our department has a long history of interprofessional education (IPE): *"We've been doing IPE for ages, but there's potential to understand so much more"*.

We welcomed this 'blue sky' potential, when one educator commented *"Isn't it just clinical reasoning, don't we do it the same?"*

This led to our 'aha' moment: *"You don't even recognise you've been socialised into the way your profession does it, or how your profession shapes you to think about it"*.

We pondered *“It’s not until someone puts the spotlight on it, the way you approach things, that you actually appreciate there is a difference”*.

This resulted in us exploring *“What would our IPE facilitation look like, if we better understood others’ approaches to clinical reasoning?”*

Aim:

As an interprofessional team, we are curious about our own and other professions’ clinical reasoning, aiming to unbundle implications for facilitating IPE. Our research project, using collaborative dialogical inquiry, enables us to acknowledge our scope to understand more, unsettle our current understandings, grapple with emerging insights and inquire about implications for IPE practice.

Discussion:

By sharing our stories and insights about how different professions undertake and teach clinical reasoning, we invite audience members to join us in our grappling and inquiry for authentic and rich IPE facilitation.

Questions for exploration:

How would you explain your profession’s clinical reasoning? How is it taught?

To what extent do you understand other professions’ clinical reasoning?

To what extent do you consider other professions’ clinical reasoning in planning and facilitating IPE strategies?

7G Workshop IPL

An interprofessional Clinical Teacher Training (CTT) program for students and junior health professionals

A Burgess¹, C Roberts¹, A Menezes¹, A Clarke¹ E Matar, ¹C van Diggele¹

¹The University of Sydney School of Medicine, Faculty of Medicine and Health, Sydney, Australia

Introduction/background:

Skills in supervision, teaching, facilitation, assessment and feedback, leadership and interprofessional teamwork are required graduate attributes for health professionals. Since teaching skills can be learned, health care faculties play an important role in improving the teaching abilities of their students. We have developed an interprofessional, modular, blended learning Clinical Teacher Training (CTT) program for students and junior health professionals. The CTT workshop provides a theoretically informed framework where participants can develop and practice their teaching skills. Participants will be provided with opportunities for active participation in small, interprofessional learning teams. They will also have the opportunity to consider CTT program design for their own setting.

Purpose and outcomes:

The CTT workshop aims to develop the teaching, assessment and feedback skills required for health professional students and junior health professionals to participate in teaching and assessment programs. In addition, participation may help participants to initiate development of their own CTT programs.

Issues for exploration or questions for discussion:

What does a successful, blended learning clinical teacher training program look like? How do you promote interprofessional faculty development activities, and ongoing engagement?

Outline of workshop activities

Attendance at the workshop will require active participation in interprofessional, small groups. We will use short one minute videos to demonstrate educational frameworks (eg. for providing feedback, teaching a skill, teaching a small group). Participants will apply these frameworks to demonstrate an

activity, and practice giving and receiving feedback. If permitted, we will provide preparation material to participants prior to the workshop.

7H Workshop Concept Based Learning

Concept-based learning: Design, development and application for student learning moments.

Catherine McGrory¹, Courtney Hayes¹

¹University of Canberra, Canberra, Australia.

Introduction/background:

In 2018, the Discipline of Nursing at the University of Canberra implemented an accredited Bachelor of Nursing curriculum using a conceptual learning pedagogy. This significant change was required to address challenges related to a curriculum that was modular, didactic and content-driven. Using a clinical reasoning framework, the aim of the concept-based approach was to develop critical thinking, apply concepts and demonstrate transferability of these concepts to diverse clinical environments and situations.

Purpose and outcomes:

This mini-workshop aims to provide an immersive experience that engages conceptual learning, stimulates reflexivity, challenges assumptions and creates a student rather than teacher focused experience with community safety at its core.

Issues for exploration or questions for discussion:

Participants will explore the student experience of concept-based learning and consider how this experience could inform the design of learning moments in varied student learning environments.

Outline of workshop activities:

In this workshop, participants will commence with an exploration of concept identification and mapping related to their unique learning moments with students. These concepts will be then used to design a learning activity for the participants students to practice application of the concept. A reflexive discussion and peer review opportunity will follow this experience and the presenters will finish with an exemplar of concept-based learning for a Bachelor of Nursing program.

8A IPL

Interprofessional education in health professional accreditation and regulation in Australia: just how serious are we about learning together to work together?

Fiona Bogossian^{1,2,3}, Dana Craven¹

¹University of the Sunshine Coast, Sippy Downs, Australia

²The University of Queensland, St Lucia, Australia

³Monash University, Melbourne, Australia

Introduction:

Interprofessional education (IPE) is proposed as a means of enabling effective interprofessional collaborative practice (IPCP) with the flow on effects of optimising health services and improving health outcomes. Although accreditation alignment has been identified as an enabling action for IPE, globally stewardship, accreditation and regulation are not uniformly practiced.

Aim/objectives:

To determine the extent to which IPE is mandated in standards for program accreditation and, the extent to which competencies for IPCP are evident in the standards for practice for health professionals in Australia.

Methods:

A narrative analysis of standards for program accreditation and standards for practice for a range of health disciplines from medicine to counselling. Data were extracted and synthesised to determine the extent to which professional standards required IPE be demonstrated in programs and IPCP be demonstrated in practice.

Results:

In Australia, standards for accreditation of health professional programs vary in how they address IPE. Likewise, there is variation in standards for practice for health professionals in relation to the demonstration of IPCP. While some health disciplines had concepts of IPE and IPCP firmly embedded, other disciplines were silent on both counts.

Discussion:

Generally speaking the professions regulated by the Australian Health Professional Regulatory Authority, are more explicit regarding the requirement to demonstrate IPE and IPCP than self-regulating and less mature disciplines.

Conclusions:

Legal and regulatory structures can be barriers or enablers of interprofessional education and impact whether IPE and IPCP are valued, resourced, implemented, demonstrated and evaluated by education institutions, health systems and practitioners.

Interprofessional faculty development: a blended learning program

Annette Burgess¹, Christie van Diggele¹, Craig Mellis¹

¹The University of Sydney School of Medicine, Faculty of Medicine and Health, Sydney, Australia

Introduction/background:

The need for faculty development programs designed to help junior health professionals fulfill their multiple roles across various institutions, is widely acknowledged. In collaboration with four healthcare faculties, we developed a blended learning, interprofessional, up to date, faculty development program, accessible to clinicians working in the hospital and university settings.

Aim/objectives:

To explore participants' perceptions of the structure, processes and outcomes of the program, utilising the conceptual framework of communities of practice.

Methods:

The Clinical Teacher Training (CTT) program included eight modules, and was delivered using a blended learning format. Participants were provided with education literature, on-line activities, and videos, plus in-class opportunities for active participation in small interprofessional learning groups, and large group sessions. Quantitative data were collected by questionnaire, and analysed using descriptive statistics. Qualitative data were collected by focus group, and analysed using framework analysis.

Results:

Participants felt able to achieve most of the CTT program learning outcomes through active participation, formative assessment and feedback. Learning was enriched through the blended learning platform, and delivery within an interprofessional context. Suggested improvements included greater content delivery through face-to-face sessions.

Discussion:

Importantly, participants perceived an increased understanding of the various roles of health professionals. Although participants felt well prepared to teach students, they felt less well prepared for assessment activities.

Conclusions:

The CTT program provided a framework for health professionals to develop and practise their skills in teaching, assessment, and feedback. Key to its effectiveness were: the blended learning platform, including short videos, interprofessional small group activities, and formative assessment with feedback.

Constructing professional and interprofessional identities through workplace interactions

Fiona Kent¹, Paul Crampton^{1,2}, Charlotte Rees¹

¹Monash University, Australia; ² University College London, UK

Introduction:

Professional identities impact on ethical practice, confidence and well-being. In the recent focus on developing collaborative practice in health professional education, there is a need to understand how students and clinicians construct their professional and interprofessional identities.

Aim/objectives:

The aim of this research was to explore how students and clinical educators construct their identities through narratives of workplace interprofessional student-clinician interactions. Twelve group and ten individual interviews using narrative interviewing were conducted (with 38 students and 23 clinicians from six professions: medicine, nursing, midwifery, occupational therapy, paramedicine and physiotherapy). A framework analysis explored identity constructions; positioning analysis was used to analyse further identity constructions through one positively and negatively evaluated student narrative.

Discussion:

We identified 24 different student identity constructions (most common = 'learner', 'novice' and 'competent'), and 17 clinician identity constructions (most common = 'wrong-doer', 'educator', 'specialist' and 'kind'). In negatively evaluated narratives, students commonly constructed student identities as 'subordinate' and 'trouble-maker', whereas clinicians constructed student identities as 'reluctant learner' and 'incompetent'. Positioning analysis illustrated how a medical student positioned his own and midwives' identities differently during the positively evaluated parts of his story compared to the negative parts.

Issues/questions for exploration or ideas for discussion:

By illustrating how students and clinicians construct themselves and others during interprofessional interactions, we can better appreciate why certain interprofessional interactions are constructed as positive or negative. Awareness of the influence of informal interprofessional interactions on professional and interprofessional identity development may facilitate the development of collaborative practice in the future workforce.

Perspectives of generic skills among students of health professions and sciences

Mahbub Sarkar¹, Simone Gibson², Dragan Ilic³, Nazmul Karim³

¹Monash Centre for Scholarship in Health Education, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia; ²Department of Nutrition, Dietetics & Food, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia; ³Public Health and Preventive Medicine, Faculty of Medicine, Nursing & Health Sciences, Monash University, Australia

Introduction/background:

The importance of generic skills for the preparedness for work is well-reported in the literature—from perspectives of policymakers to those of employers and graduates—to cope in the rapidly changing, complex, uncertain and highly competitive employment sector. By ‘generic skills’ we mean the key skills and capabilities transferable to a wide range of tasks and contexts beyond the university setting (e.g. communication, critical thinking, team-working).

Aim/objectives:

To explore how students of health professions and sciences (a) perceive relative importance of targeted generic skills, (b) self-assess those skills, and (c) view the development of these skills in their study.

Methods:

This is an ongoing research. Students studying undergraduate and postgraduate courses at different year levels in the disciplines of health professions and sciences responded to an Online questionnaire incorporating the notion of graduate capital and a validated framework of industry-demanded skills.

Results:

Initial results highlighted that whilst students perceived importance of the targeted skills for their preparedness for work, they viewed having limited capabilities to perform most of those skills. They also viewed that their university studies made limited contributions to the development of those 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.

Conclusions:

A continual monitoring of, and reflecting on own performance of the generic skills would help students to take responsibility for their own skill development as well as developing a propensity for lifelong learning.

Prepared to Care – ethnographic film of interprofessional simulation education in New Zealand

Tanisha Jowsey¹

¹University of Auckland, Auckland, New Zealand

Introduction/background:

Ethnographic research has been largely under-utilised in medical and health sciences education. In this presentation I offer an output (a film) from ethnographic research as a resource to support interprofessional and simulation education.

Aim/objectives:

This research aimed to get a thick description of student experiences of interprofessional learning on a simulation course in Auckland called Urgent and Immediate Patient Care Week (UIPCW). An objective within this was to explore student professional identity and practice.

Methods:

Ethnographic research was undertaken, including non-participant observation, participant observation, field notes, short 1-5 minute interviews, and ethnographic film. Research was undertaken during two four-day cycles of UIPCW in May 2018. A total of 115 students participated in this research. A film-industry standard documentary was made.

Results:

In this presentation I will show the 3-minute trailer to the ethnographic film *Prepared to Care*. Students make clear in the trailer that they experienced a range of confronting and difficult situations, but they valued such experiences because of the formal and informal learning that occurred. During our observations students expressed feelings of nervousness about simulations and we noted varying

levels of confidence. Students performed in the context of anxiety, known and unknown risks, high stakes, and in front of observing peers and teaching faculty. Such experiences deeply informed students in their professional identity formation.

Discussion:

I will discuss the research findings with reference to anthropological theory concerning performance, risk, professionalism, medical gaze and culture. I will explore possible uses of the film in health science curricula.

Embedding interprofessional learning: The collaborative vision and actions in a School of Clinical Sciences

Brenda Flood¹, Jane Morgan¹, Sue McNaughton¹ and Diana Austin¹

¹Auckland University of Technology, Auckland, New Zealand

Introduction/background:

Graduates require dispositional qualities, knowledge, and skills that enable them to respond to and meet the demands required to navigate the relational world of practice, where different conceptions and expectations of interprofessional practice, knowledge and performance exist. Interprofessional education (IPE) is central to preparing learners to become interprofessional.

The AUT Interprofessional Steering Committee has led the development of an embedded interprofessional education programme across the Faculty of Health and Environmental Sciences (FHES). The orientation of interprofessional learning (IPL) is toward building relationships and developing dispositional qualities such as placing the patient at the heart, trust, respect, openness, authenticity, valuing others and engaging in genuine dialogue with patients and colleagues.

Aim/objectives:

This embedded programme will prepare future health professionals through effective, authentic IPE, to be confident, competent and capable members of interprofessional healthcare teams.

This presentation will outline the processes followed, principles adopted and framework designed to support this highly collaborative and sustainable endeavour and report back on early findings of an action research study.

Discussion:

The embedded nature of this programme means IPL will become 'business as usual', providing sustainable learning opportunities for all health science students in the FHES. Developing a workable and embedded IPE framework for in excess of seven clinical programmes has been a significant achievement.

Issues/questions for exploration or ideas for discussion:

Explore logistical challenges inherent when making significant structural, system and cultural change. Explore mechanisms implemented to address and overcome differences in professional perspectives, expectations and requirements.

8B

Making thinking visible: complexity, flexibility and self-confidence with clinical reasoning

Kylie Fitzgerald¹, Brett Vaughan², Clare Delany²

¹Victoria University, Melbourne, Australia

²University of Melbourne, Melbourne, Australia

Introduction/background:

Although an understanding of system one and two clinical reasoning processes can inform educational design, the practical skill of learning clinical reasoning is challenging. Research suggests that learners see value in hearing the reasoning process of experienced clinicians to develop their own reasoning.

Aim/objectives:

Evaluate the use of the *making thinking visible* strategy to develop clinical reasoning skills in pre-clinical osteopathy learners.

Methods:

A mixed-methods design was used to evaluate effectiveness of the strategy. Learners were exposed to the strategy through the use of clinical case scenarios with peer simulated patients each week for six weeks. An osteopath modelled their case-specific thinking routine after the feedback component of each simulation. Peers then discussed their clinical reasoning using the lead educators thinking routine as a scaffold. Learners completed clinical reasoning self-confidence, process and behaviour frequency questionnaires, and participated in three focus groups at weeks 0, 2 and 6.

Results:

Clinical reasoning self-confidence and use of reasoning processes increased over the three time points, with a significant gender interaction. Frequency of use of reasoning behaviours increased to time 2 then decreased. Data from the focus groups is currently being analysed.

Discussion:

Learners reported increased self-confidence and reasoning process use. The making thinking visible approach may engage learners in flexibility and complexity of thinking about reasoning. The qualitative data may illuminate these findings further.

Conclusions:

The *making thinking visible* strategy appeared to increase self-confidence with clinical reasoning however the variable results with respect to frequency of behaviours requires further investigation.

Cost – The Four-Letter Word of Health Professions Education

Stephen Maloney^{1, 2}

¹Monash University, Melbourne, Australia

²Society for Cost and Value in Health Professions Education

Introduction:

Healthcare and health professions education share many of the same problems in decision making. In both cases, there is a finite amount of resources, and therefore choices need to be made between alternatives.

The main reason to consider cost and value in health professions education is to ensure that education delivers maximum value for a given spend.

To fully appreciate how to select wisely among the myriad of possible interventions in health professions education, we must begin to understand their costs.

Objectives:

This presentation will introduce educational decision-makers to the concept of economic cost. It will then use this concept to explore the role of cost and value in advancing health professions education, and the emotions and tensions it so frequently evokes in educators and education researchers.

Discussion:

The relationship between health professional educators and administrators can at times be adversarial, due to the perceived conflict of interests between providing the best education possible and ensuring financial sustainability – the tension between cost and quality.

However, value matters more than cost alone, considering the real and perceived educational benefits obtained. Academics who are informed on the cost and value of their teaching approaches and policies are best placed to advocate change, and demonstrate their educational worth.

Questions for exploration:

1. Is there a tension between cost and quality? – and if so, what are the responsibilities of the educator, and education researcher?
2. How do we get the maximum value for a given spend?
3. Can educators be cost-effective innovators?

Medical Deans of Australia and New Zealand (MDANZ) Climate Change and Health Working Group—draft learning objectives and accreditation standards for Australasian medical schools.

L. Madden¹, M. Ackland¹, A. Boparai¹, B. Canny¹, A. Capon¹, A. Hankinson¹, I. Haq¹, G. Horton¹, A. MacMillan¹, J. Maxwell¹, I. McKay¹, M. McLean¹, A. O’Sullivan¹, A. Roiko¹, K. Sherwood O’Regan¹, A. Woodward¹, I. Woodruff¹, B. Alsop-ten Hove¹, L. Selvey¹, E. Yi¹

¹MDANZ Climate Change and Health Working Group

Introduction/background:

The Working Group, representing medical schools and medical student associations across both countries, was formed to collaboratively address health and climate change within primary medical programs in Australasia. The task included developing learning objectives, curriculum and learning resources.

Aim/objectives:

Progress, including suggested amendments to accreditation standards and learning objectives that support these, will be presented.

Discussion:

By examining the literature, teaching experience and benchmarking against relevant medical courses, including courses developed by students for their peers on climate change and health, the Working Group determined that Graduate Outcome Statements (GOS) and learning objectives should cover five broad areas of learning. These are 1) the principles of anthropogenic climate change and how this relates to the environmental determinants of health 2) health impacts of climate change 3) the impact of climate change on the health system 4) the environmental impact of the health sector and what comprises environmentally sustainable healthcare, and 5) creating change, both intra- and intersectorally, through advocacy and leadership. The current AMC GOS were mapped against these areas to determine whether they were sufficient or whether amended or new statements were required. Learning objectives were identified from the literature and other core sources. This work has been endorsed by the Medical Education Collaboration Committee of MDANZ. The next steps, including how this is being shared with medical schools, will be described.

Issues/questions for exploration or ideas for discussion:

How do we achieve momentum for change in health professions education to address climate change?

What lessons have we learned from the work so far?

How will we measure success?

Doing the numbers: Using longitudinal insights and workforce predictions to model future workforce needs for General Practice.

Antonia Verstappen¹, Craig Webster¹, Joy Rudland², Tim Wilkinson³, Phillippa Poole¹

¹University of Auckland, Auckland, New Zealand

²University of Otago, Wellington, New Zealand

³University of Otago, Christchurch, New Zealand

Introduction/background:

The shortage of General Practitioners (GPs) in New Zealand (NZ) is well-documented and publicised. However, we have little recent knowledge about the career intentions of recent medical graduates, how their intentions correlate with current workforce predictions, and the factors that might predict or motivate their choice of a GP career.

Aim/objectives:

To identify influential or predictive factors associated with an interest in GP career choice for doctors three years post-graduation (PGY3) and to compare alignment of interest with workforce predictions.

Methods

Using data from the NZ-arm of the Medical Student Outcome Database longitudinal tracking study (MSOD), key results from analysis of linked cohort data will be presented and discussed. Analysis is being undertaken to determine the patterns of GP career interest at PGY3, and which background factors, personal characteristics, medical school experiences, and experiences working as a doctor predict a medical graduate's interest in, and intentions to pursue, a career in the specialty of General Practice.

Results:

Early results indicate that 31% of medical graduates at PGY3 have an intention to train as a GP, with NZ-born and NZ Māori graduates more likely to choose this career path. Interestingly, those who completed a GP rotation at PGY1 were less likely to choose GP at PGY3. These results will be updated and contrasted with NZ national MSOD data, and compared to current government-projected workforce needs.

Discussion

Knowing more about the factors that predict an interest in a General Practice career may help guide the various stakeholders in addressing GP shortages.

8C Feedback

“Something to work on as you go”? Feedback conversations following work-based assessment in general practice

Warren Jennings¹, Ben Mitchell¹, Michaela Kelly¹, Margaret Henderson¹, Jo O'Reilly¹, David King¹, Nancy Sturman¹

¹Primary Care Clinical Unit, University of Queensland, Australia

Introduction/background:

Feedback conversations are believed to be a key component of work-based learning. Little is known about how GP teachers and medical students approach these conversations in general practice placements.

Aim/objectives:

Our aim was to identify aspects of feedback which medical students find most useful.

Methods

Feedback conversations were recorded following student performance of a focused task during a GP consultation. Student reflections following this feedback, and student and GP teacher focus groups, were recorded, transcribed and analysed thematically.

Results:

24 feedback conversations, 26 student reflections, and 3 focus group discussions were recorded. Students were generally positive about receiving timely feedback, although it was difficult to identify the most useful aspects. A number of different “feedback scripts” were identified. Some feedback referred back to previous teaching and appeared to be fragments of ongoing conversations or repetition of previous feedback. GP teachers tended to soften, even discount, critical feedback, and frequently emphasised open questions, targeting history and examination, and clinical reasoning.

Discussion

It was difficult for the researchers to bracket off their prior assumptions about good feedback practice. Feedback tended to be technical and process-oriented in nature, sometimes pointing to differences between hospital and general practice expectations. Learning plans and specific guidance for closing the feedback loop were less evident, although GP teachers appeared to actively build student self-confidence.

Conclusions:

Further exploration of work-based feedback practices and their effectiveness is warranted. Supporting GP teachers to provide effective feedback and close the feedback loop may facilitate student learning outcomes.

Determining the value of feedback: for whom and how

Rola Ajjawi¹, Fiona Kent^{1,2}, Joanna Tai¹, Margaret Bearman¹, Jaclyn Broadbent¹, David Boud¹

¹Deakin University, Melbourne, Australia

²Monash University, Melbourne, Australia

Background:

Feedback is a perennial problem. Existing reviews have clarified important feedback features, yet the effect of feedback is inconsistent. The relationships between feedback participants, what they bring, contexts in which feedback occurs and the form it takes are likely to contribute to the usefulness of feedback. A more nuanced approach to studying feedback interventions is required.

Aims:

To investigate the effects of feedback, for whom, and under what circumstances.

Methods:

Realist review is well-suited to the analysis of complex interventions. Initial program theories were drawn from the social and psychological literature: self-regulated learning, self-determination theory and education alliance. Multiple databases were searched for primary research publications investigating feedback practice in higher education. We report on studies which dealt with feedback interventions related to assignments, essays, lab reports and other more complex written tasks.

Findings:

A total of 10,332 papers were screened at title and abstract level. 355 full-text papers were assessed with eligible papers then assessed for rigor and relevance, resulting in 55 full-text papers. Analysis suggests: a sense of connection is associated with improved self-efficacy and engagement with feedback; learner-teacher dialogue and scaffolded tasks play an important role in developing evaluative judgment; and emotions interplay with perceptions of self-efficacy.

Discussion:

Feedback efficacy aligns best with self-determination theory and its three key components: perceptions of autonomy, competence and relatedness.

Conclusions:

There was variability in learning and feedback use. These findings challenge the concept of a single best-practice feedback model: there are many factors which determine how, what, and for whom, feedback makes a difference.

Beyond consultation- Co-design to develop an educational resource supporting better health messages.

Susan Waller¹, Alison Beauchamp¹, Karen Missen^{1,2}, Emma Zammit², Andrea Petrie³, David Morgan⁴, Nicole McFarlane², Angela Ellis⁵

¹Monash University Rural Health, Victoria, Australia

²Latrobe Community Health Service, Australia,

³Department of Health and Human Services, Victoria, Australia

⁴Ramahyuck District Aboriginal Corporation, Australia

⁵Gippsland Lakes Community Health Service, Australia

Introduction/background:

An intervention was designed to support primary health workers to deliver *very brief advice* began with a co-design phase. Co-design of an online educational resource was used to ensure engagement and relevance of content and format. Three regional community health services are participating in this project including an Aboriginal Community Controlled Health Service (ACCHS).

Aim/objectives:

Focus groups were conducted with workers and service users to understand their present experience delivering and receiving very brief advice; what challenges and opportunities exist for improved practice and service user experiences? What content and format would an educational resource deliver to support improvement?

Understanding and working closely with workers and service users in an ACCHS is integral to collaboratively building a resource that meets the needs of this service and also that of the other regional community health services participating in the project.

Discussion:

Results of the initial co-design phase, the focus group data, will be presented and how that data has been used to construct the content and format of the educational resource. The strengths and challenges of using a co-design model will be shared and strategies for using co-design to inform the next phase of the project will be outlined.

Issues/questions for exploration or ideas for discussion:

What are the strengths and challenges of a community co-design model for development of an education resource to support improved practice in offering very brief advice in the community primary health setting with particular focus on engagement with Aboriginal workers and service users?

Engaging healthcare professionals in health literacy for refugee and migrant communities: An implementation research project in Hobart, Tasmania

Sarah Gelbart^{1,2}, Louise Clark², Faline Howes¹, Mark Nelson¹

¹University of Tasmania, Hobart, Australia; ² Menzies School of Health Research, Darwin, Australia

Introduction/background:

The link between low health literacy and adverse health outcomes represents an important public health challenge. Refugees face additional barriers to accessing appropriate services and achieving equitable health outcomes. The Water Well Project (TWWP) is a community-based health literacy intervention for refugee and migrant groups, that has demonstrated positive outcomes in other jurisdictions. A trial of this intervention was undertaken in Hobart in 2018.

Aim/objectives:

This study describes the implementation process and short-term impacts of TWWP in Hobart. It sought to:

1. Assess the feasibility of implementing TWWP in Tasmania
2. Understand contextual factors that may impact on implementation
3. Understand the needs and experiences of the volunteer healthcare professionals and students

Methods:

A process evaluation of the implementation was conducted using mixed methods, including survey, observational and interview data. Qualitative data was analysed thematically, using the RE-AIM framework.

Results:

Volunteers reported increased confidence to work effectively with interpreters and increased knowledge of refugee health needs. Key benefits included fostering of cross-cultural communication skills, engagement with refugee communities, and inter-professional education and collaboration.

Discussion:

A Knowledge Exchange model describing TWWP as a public health intervention has been proposed based on these findings. Differences in community demographics may impact on the feasibility and fidelity of the intervention and require further exploration.

Conclusions:

TWWP has the potential to fill a gap in refugee health literacy needs and provide relevant training for healthcare professionals in Tasmania. The context, including demographic differences, need to be considered to ensure viability of this intervention.

Student and tutor evaluations of the integration of medical ethics in case-based learning discussions

Benjamin K. Barry¹, Iulia Oancea¹, Nicole Shepherd¹, Sharon Darlington¹, Bryan Mukandi¹, Sarah Winch¹ and Helen Wozniak²

¹School of Clinical Medicine, Faculty of Medicine, The University of Queensland

²Office of Medical Education, Faculty of Medicine, The University of Queensland

Introduction:

For UQ medical program, teaching of ethics has been integrated with clinical science teaching by incorporating relevant discussion points in year-one case-based learning (CBL) cases. This has been complemented by assessment that separately captures clinical reasoning and ethical reasoning. Effectiveness of the integration is contingent on both student and tutor engagement in the content.

Aims:

To evaluate the engagement of students and tutors in ethics aspects of CBL.

Methods:

Over 490 students and 30 tutors were invited to complete self-report questionnaires in the last 4 weeks of teaching for a 32-week year of classes. Likert scale ratings were sought on issues of confidence and engagement in discussing ethics aspects of cases, as well as estimates of time

dedicated to ethics discussion. The study was approved by the Human Research Ethics Committee (UQ#2018001652).

Results:

Survey responses were received from 37 students (~8%) and 6 tutors (~20%). Although 30 minutes of each 140-minute tutorial was notionally allocated to ethics discussion, tutors and students estimated a median of 10 minutes was dedicated to ethics. While 89% of students agreed they were engaged during discussions of clinical reasoning, just 59% of students agreed they were engaged during discussions of ethics. The tutors' assessment of student engagement also reflected this.

Discussion:

Accepting the potential response-bias, ethics integration to CBL was reasonably successful. Convergent responses from students and tutors have identified avenues for improvement.

Conclusions:

Further scaffolding for students and enhanced tutor training appear warranted to achieve the desired integration of ethics into CBL tutorials.

8D Research, Technology

Exploring the impact of small grant funding in assisting the early career progression of cancer researchers

Erin Turner¹, Kate Reid²

¹Victorian Comprehensive Cancer Centre, Melbourne, Australia

²The University of Melbourne, Melbourne, Australia

Introduction:

Early career cancer researchers experience barriers to career development such as maintaining work/life balance, position availability, location, support and financial implications. The Picchi Awards for Excellence in Cancer Research, supported for six years by the Picchi Brothers Foundation, aim to inspire and encourage the next generation of leaders in cancer research. Several cancer-related PhD students are awarded \$10,000 from basic sciences, clinical sciences and population health, to build their professional profile leading to research independence.

Aim:

To explore the impact of small philanthropic grants in assisting early career progression of cancer researchers.

Methods

Prior to conducting this research project the authors sought to understand whether there is evidence that small philanthropic funds play a role in supporting burgeoning careers in cancer research. A systematic literature review will form the basis of a semi-structured interview schedule to inform in-depth qualitative interviews of Picchi Award recipients from 2012 – 2018. We intend to conduct approximately 25 one-hour qualitative interviews with previous recipients.

Results:

The results of this study will inform ongoing development of this small grant philanthropic program which is designed to positively impact early career cancer researchers.

Discussion

This presentation will illustrate whether providing small grant philanthropic funding to early career researchers springboards their research careers to explore the barriers and facilitators of career development.

Conclusions:

Research has shown that the availability of funding is a key influence in career progression. From the interviews conducted we hope to demonstrate the importance of the Picchi Awards for early career cancer researchers.

Translational research in health professions education: a systematic scoping review

Leila Mohammadi¹, David Curtis², Ruth Sladek¹, and Lambert Schuwirth¹

¹Prideaux Centre for Research in Health Professions Education, College of Medicine and Public Health, Flinders University, Adelaide, South Australia

²College of Education, Psychology and Social Work, Flinders University, Adelaide, South Australia

Background:

The importance of translation research is generally acknowledged in health, education and Health professions education (HPE). Translation in HPE research is difficult for different reasons such as different jargons between research producers and clinical educators, different perspective on what constitutes evidence, educational research methodological diversity which makes synthesis difficult.

Aim/objectives:

This review interrogates with literature as subject to establish a better understanding of translational research process in HPE, to examine what makes research translation successful, what contributes to failure, what features of research innovations make it to be adopted successfully and widely.

Methods:

This qualitative literature review takes a grounded theory (GT) approach to identify HPE research translation phenomenon. We used Arksey and O'Malley scoping review methodological framework. A systematic literature search conducted in Medline, CINAHL, ERIC, Scopus, Campbell Collaboration and EPPI Centre to find relevant articles. We employed NVivo to analyse data and to report findings. Included studies classified, summarised and presented according to the major themes emerged from the data analyses.

Results:

In HPE translation research process: T1 translates fundamental and design-based research into educational design, T2 translates from justification studies into educational practice guidelines, T3 facilitates adaptation/implementation of effective educational interventions across multiple learning settings. This would lead to a better students outcome which positively contribute to optimal healthcare.

Individual and organisational barriers such as proliferation of research, limited time and research literacy skills to understand/appraise articles, generally clinical but not necessarily educational background of HPE educators, shortage of resources and peer resistance to change practice contribute to a research translation failure.

To successfully translate research into practice, evidence needs to address real-world issues and be obtained from multiple sources. Organisations need to value and promote evidence-based teaching and to support collaborative learning environment.

Discussion and conclusions:

HPE translational research is a complex rather than linear dynamic process. To adapt interventions from another context, educators must understand the deep structure(fundamental) and the design specifications(design-based) of HPE research. Common view on evidence epistemology and collaborative interactions between researchers and clinical educators makes translation successful. Medical/Health professions education units play a key role, as knowledge broker, in facilitating research translation in learning context.

Making a castle-in-the-air a reality: moving from a non-publishing culture to become an organisation that shares its learnings

Rebecca Udemans¹, Libby Newton¹, Michele Daly¹

¹Royal Australasian College of Physicians, Sydney, Australia

Post-graduate medical education design and evaluation often occurs beyond the established traditions and cultures of tertiary institutions and in the shared space of education and healthcare. In this space, there is similar emphasis on intellectual rigour and pursuit of evidence to inform practice, as well as a commitment to meaningful co-design and sustainable implementation practices. Regrettably, the culture of sharing lessons learned through academic publications has not broadly translated across to post-graduate medical education organisations in Australia and New Zealand. Hence much valuable praxis does not enter the wider educational discourse. Our organisation, the Royal Australasian College of Physicians, has actively worked to address this gap in recent years.

Using the metaphor of making our castle-in-the-air a reality, we explore the actions we embarked upon, reflect upon the lessons we learned during the process and share the knowledge dissemination outcomes achieved, across three themes:

1. Ground-up: harnessing, connecting and building existing enthusiasm and capabilities through a community of practice.
2. Top-down: embedding systemic structures in organisational hierarchies to strengthen practical and cultural supports.
3. Beyond four walls: nurturing formal and informal networks and partnerships to broaden opportunities and impact.

Watch and Learn: Using Videos to Enhance Medical Student Development of Clinical Skills

Janelle Hamilton¹, Michelle Barrett¹, Alastair Walters¹, Lyndall Thorn¹

¹Medical School, Australian National University, Canberra

Introduction/background:

Physical examination is an essential clinical skill and an integral component of medical training. A significant challenge in medical education is standardising the teaching of physical examination techniques; ensuring that tutors deliver a consistent approach, aligned with competencies expected in student assessments. In 2015, an evaluation of Year 2 students found only 48% agreed that physical examination skills were taught at an appropriate level; 59% that examination processes were explicitly covered, and only 56% understood how content translated to hands-on tutorial sessions. We designed an educational intervention aimed at improving standardisation of physical examination teaching for both students and tutors; enhancing delivery and improving student skill development.

Aim/objectives:

Videos of physical examinations were created and evaluated in 2017. Video content was explicitly aligned with written physical examination guides provided to tutors and students, and to examiners in assessments. The videos were embedded in an online lesson platform (kuraCloud), integrated with activities that tested knowledge and clinical application with immediate feedback.

Discussion:

In the 2017 evaluation, 100% of students agreed that the physical examination skills were taught at an appropriate level, 90% reported that the examination process was explicitly covered and 98% understood how the content translated to the tutorial sessions. All students (100%) that completed the evaluation agreed that the videos were a valuable learning tool and 98% agreed the videos aided their skill development. Assessment results were also improved.

To blend or not to blend: Is this the right question?

Kate Bridgman¹

¹La Trobe University, Melbourne, Australia

Introduction/background:

The debate around blended learning in Health education continues. Despite strong evidence supporting non-inferior outcomes, adoption is varied. Educators experience the tension of retaining immediate student satisfaction and transitioning to blended pedagogy.

Aim/objectives:

This case study aimed to (i) explore the experience and perceptions of Masters level students following a trial of “blending” a PBL case; and (ii) to seek students suggestions for how content can be presented to best address subject intended learning outcomes.

Methods

A 2-hour face-to-face lecture was replaced by an online learning module for a single PBL case. Students across two campuses were invited to complete an anonymous, 10-minute online survey. Descriptive statistics report results from Likert scale questions, and thematic analysis was completed for text responses to open-ended questions.

Results:

Survey data from n=78 (73%) of the students supported a positive response to “blending the lecture”. Half of the students agreed that the online module presented was “easier to learn from” than 2-hour lectures, and 60% agreed it was easier to learn from than recorded 2-hour lectures. Emerging themes supporting “blending the PBL case” related to time, learning and equity.

Discussion

An unexpected outcome was that students identified changes relating to content and course workload would most help them achieve subject intended learning outcomes.

Conclusions:

The findings of this case study are consistent with learning design principles that (i) students respond well to explicit blended learning design; (ii) traditional learning models need to be reviewed and improved before innovative pedagogy can be applied; and (iii) satisfaction with blended learning may relate more to content than modality.

8E Clinical Education

A Meta-Analysis for Comparing Effective Teaching in Clinical Education

Pin-Hsiang Huang¹, Matthew Haywood¹, Anthony O’Sullivan^{2,3}, Boaz Shulruf^{1,4}

¹Office of Medical Education, UNSW Sydney, Sydney, Australia

²Faculty of Medicine, UNSW Sydney, Sydney, Australia

³Departments of Medicine & Endocrinology, St George and Sutherland Clinical School, Sydney, Australia

⁴Centre for Medical and Health Sciences Education, University of Auckland, Auckland, New Zealand

Background:

Many factors affect learning outcomes, however studies comparing the relative effectiveness of different clinical teaching methods are limited. The aim of this study was to utilise the list of influences on educational achievement compiled by John Hattie as a basis for the first meta-analysis of learning effect sizes (ESs) associated with teaching-learning factors (TLFs) in clinical education.

Method:

A literature search was conducted in PubMed to identify articles examining clinically relevant TLFs. Selection criteria were applied to identify learner-focused studies, followed by categorisation of

suitable articles according to study design (pretest-posttest or controlled group). The Cohen's ES (d) for each TLF was extracted or calculated from each study and a pooled ES determined.

Results:

Screening produced 132 articles suitable for analysis from 3454 studies retrieved by our literature search. Sufficient data allowed the evaluation 16 TLFs' ESs. In general, ESs derived from pretest-posttest study data were larger than those from controlled group designs, probably due to learner maturation effect. The TLFs of mastery learning, small group learning and goal settings possessed the largest ESs at $d \geq 0.8$, while worked examples, play programs, questioning, concept mapping, meta-cognitive strategies, visual-perception programs and teaching strategies demonstrated ESs between 0.4 and 0.8.

Discussion:

This is the first study of its kind to provide a rigorous and comprehensive overview of the relative effectiveness of different clinical teaching methods. Teachers may use these to optimize teaching within their individual context. We discuss the practical traits shared by effective TLFs which may assist teaching design.

Exploring student fitness to practise (FTP) issue identification and management with allied health clinical educators in a tertiary health service

Melanie Farlie^{1,2}, Joanne Thorpe¹, Kristin Lo²

¹Monash Health, ²Clayton Monash University, Frankston

Introduction:

Health professional students often have fitness to practise (FTP) issues. FTP issues may include clinical incompetence, lack of professionalism, impaired mental or physical health, poor communication and poor recognition of limits. While FTP issues are common, clinical educators may not feel confident to support affected students. One way of increasing clinical educator confidence is to provide them with further education on FTP.

Method:

Allied health clinical educators were invited to attend a 1.5 hour interprofessional education workshop about student FTP. Participants contributed to group discussions regarding identification and management strategies to address student FTP issues. Participants completed pre and post surveys. Quantitative data was analysed using independent t-testing. Qualitative data was analysed using content analysis.

Results:

Seventy-seven clinical educators from ten professions attended. There was pre and post data for 46 participants. Students were more confident to define FTP ($t(38)=7.14$, $p<0.0001$), more able to identify relevant supports ($t(38)=9.17$, $p<0.0001$) and more likely to seek help ($t(35)=6.45$, $p<0.0001$)

Discussion:

Participating clinical educators preferred to have mental health issues such as anxiety disclosed early using feed forward mechanisms. The importance of clinical educator preparation was discussed as participants lacked confidence and felt that they had inadequate training to support students with FTP issues. There were indications to put the onus on the student, set expectations early and develop understanding of how to best provide feedback. Support from the university and other staff was important.

Conclusion:

A multidisciplinary group were able to elucidate a range of strategies that may assist supporting students with FTP issues across professions.

Viewing student learning experiences as promoting/inhibiting participation in using, and co-constructing, clinical reasoning skills

Megan Anakin¹, Madelyne Jouart², Julie Timmermans³, Ralph Pinnock¹

¹Education Unit, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand

²Dunedin School of Medicine, University of Otago, Dunedin, New Zealand

³Higher Education Development Centre, University of Otago, Dunedin, New Zealand

Introduction/background:

The importance of clinical reasoning in medical practice and the challenges that students face when learning this skill are well established. Difficulties in learning clinical reasoning skills are predominantly viewed as a problem requiring remediation with individual students. This study adds to the growing literature where the process of learning clinical reasoning is viewed from a sociocultural perspective.

Aim/objectives:

This study aimed to interpret the learning experiences described by medical students as promoting or inhibiting their participation in using, and co-constructing, clinical reasoning skills.

Methods

Twenty-five students in the final-year of the undergraduate medical programme at Dunedin School of Medicine were interviewed. Data were analysed using a general inductive approach then interpreted using a sociocultural perspective.

Findings:

Five themes were found to represent groups of learning experiences that either promoted or inhibited students' learning of clinical reasoning skills. The themes could also be represented as points along a continuum of participating in, and co-constructing, clinical reasoning skills.

Discussion

In this presentation, the findings will be illustrated by discussing examples of the students' learning experiences. Discussion will focus on the implications of the findings for the teaching and learning of clinical reasoning.

Conclusions:

The sociocultural interpretation of findings from this study offers an original and enriching perspective for clinical teachers to understand how they teach and how students learn clinical reasoning. Findings may provide educators with new insights about challenges students may face when they are learning how to participate productively in medical practice.

Support in a challenging experiential learning environment

JR Rudland¹, C Golding², C Jaye³, M Tweed⁴, TJ Wilkinson⁵

¹University of Otago, Education Unit, Wellington, New Zealand

²University of Otago, HEDC, Dunedin, New Zealand

³University of Otago, Dept. GP, Dunedin, New Zealand

⁴University of Otago, Dept. Medicine, Wellington, New Zealand

⁵University of Otago, Dept. Medicine, Christchurch, New Zealand

Introduction:

Support has been identified by Dornan as an important feature to foster experience based learning with the generation of 3 classifications, organisational, pedagogical and affective support.

Aim:

This study looked at the nature of the support needed to maximise learning of students in a new, challenging work situated clinical learning environment.

Method

Using a qualitative framework content analysis approach, data from 6 focus groups were coded into Dornan's organisational. Addition classifications were made where required.

Results:

The majority of comments fell within Dornan's 3 constructs but with a more expanded description. Organisational was articulated as the clarity of learning expected and the learning opportunities afforded. Pedagogical support was evident in supervision and feedback not only provided by clinicians but also peers. The value of support through direct observation by others was inconclusive. Positive affective support manifested predominantly as the 'people that you've been with' and the degree of care and respect. The construct of support was expanded to include support, unsupported and the absent or inaccessibility of support.

Discussion:

Support is important for maximising learning. Pedagogical and affective support were socially derived and resonates with Vygotsky's zone of proximal development. The inconclusiveness of the value of observed practice may be due to the novelty of experiential learning and the need for confidence before observation. The expanded concept of how support manifests may be useful in determining the type of support required for students in the work place environment.

Conclusions:

The intricacies of what it means to support a learner in different contexts need to be carefully considered to maximize learning.

Tools to measure the supervisory relationship in general practice

S Costello¹, R Kippen², J Burns^{3,4}, M Bentley⁵, J Benson⁶, T Elliott⁷

¹Monash University, Melbourne, Australia

²Monash University, Bendigo, Australia

³General Practice Supervisors Australia, Bendigo, Australia

⁴School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia

⁵General Practice Training Tasmania

⁶GPEX, Adelaide, Australia

⁷GPEX, Adelaide, Australia

Background:

The educational alliance between a GP Registrar and GP Supervisor is regarded as the platform from which all learning takes place. Can we measure the strength of that relationship? What can it tell us?

Objectives:

To describe the adaptation and validation of the GP Supervisory Relationship Measure for Supervisors (GP-SRMS) and GP Supervisory Relationship Measure for Registrars (GP-SRMR).
To present the GP SRMS and GP SRMR tools and discuss how they may be accessed and used.

Methods:

The GP SRMS and GP SRMR were adapted from tools originally used in the UK with clinical psychology trainees.

Using a nominal group consensus method, the original tools were each adapted by an Expert Group for use in the Australian General Practice Training (AGPT) Program.

The tools were each piloted and distributed to GP Supervisors and to GP Registrars from two GP Regional Training Organisations – GPEX and General Practice Training Tasmania (in the case of the GP SRMR) using SurveyMonkey and exploratory factor analysis conducted.

Results:

Factor analysis resulted in the identification of 3 subscales for the GP SRMS and 4 subscales for the GP SRMR. The subscales on both tools had high reliability (0.87 to 0.96).

Discussion:

The GP SRMS and GP SRMR have potential for identifying placements at risk of being sub-optimal, allowing early intervention in the placement. Other possible uses are discussed.

Conclusions:

The GP SRMS and GP SRMR are validated tools for measuring the supervisory relationship between a GP Registrar and GP Supervisor. Other uses may also exist.

Engaging with evidence-based practice in the osteopathy clinical learning environment: a mixed methods pilot study

Sandra Grace¹, Brett Vaughan², Bimbi Gray¹, Andre Kleinbaum³

¹Southern Cross University, Lismore, Australia

²University of Melbourne, Melbourne, Australia

³Unitec Institute of Technology, Auckland, New Zealand

Introduction/background:

Health professionals should access and consider research when making patient management decisions. How learners and clinical educators engage with, and practice, evidence-based medicine (EBM) appears to be variable.

Aim/objectives:

Evaluate the effectiveness of the SNAPPS-Plus clinical supervision model in a pre-professional osteopathy program as a way to engage learners in evidence-based practice.

Methods:

The study used a mixed methods design. Southern Cross University (Australia) senior osteopathy students and their clinical educators were invited to complete the Evidence-Based Practice Questionnaire (EBPQ) and participate in a focus group. Inferential statistics were used to explore EBPQ responses, and focus groups thematically analysed.

Results:

Attitudes to EBM and practice were largely positive. The student EBPQ Practice subscale was significantly different pre- to post-intervention. None of the other subscales were significantly different. Focus groups confirmed the increased use of EBM and that the SNAPPS-Plus model provided a structure that improved the efficiency and effectiveness of students' literature searches. Focus groups highlighted the different value educators and students placed on research evidence and clinical experience.

Discussion:

Engaging students in evidence-based practice in the clinical learning environment likely provides the appropriate context where a student could see the direct impact of EBM on patient care. Educators also appeared to learn from the process.

Conclusions:

The SNAPPS-Plus model appears to have been effective in promoting student use of EBM in the clinical learning environment. Further research is required to evaluate whether the model creates a sustained habit of searching for evidence to inform clinical practice.

8F Teaching and Learning

A new formative tool to encourage a deep approach to self-directed learning for Problem Based Learning

Victoria J. Gauci-Mansour¹, Iman Hegazi¹

¹Western Sydney University, Sydney, Australia

Background

Problem-based learning (PBL) is a learning model which is primarily student-led, encouraging student autonomy. The Western Sydney University medical program, PBL scenarios are implemented in the preclinical years. As most of our intake are undergraduate students, this change in learning style is a shock, leaving many students feeling cognitively overwhelmed.

Aims

We aim to encourage the transition from teacher focused to student-centred learning, reduce the use of “supernotes” in self-directed learning and encourage students to study for deeper understanding.

Methods

The intervention consisted of a review quiz, released during self-directed learning and prior to PBL tutorial conclusion. An evaluation questionnaire was administered prior to and following the intervention. Qualitative and quantitative analyses were performed using Quirkos and SPSS, respectively.

Results

Preliminary analyses of the data collected revealed that student concerns focused primarily on depth of knowledge and student-derived learning issues. However, by supplementing their self-study with a formative review quiz, students could identify gaps in knowledge and direct the level of depth in self-directed study. This encouraged changes to study habits and provided a useful platform to consolidate knowledge. Significantly, survey responses revealed that “supernotes” usage had increased.

Discussion

Overall students had found the formative review quiz a useful tool that added direction to their study habits, but there was no impact for discouraging the use of “Supernotes”.

Conclusions

The review quiz provided direction for student self-study and changes to study habits. However, it will be interesting to further investigate the reasons why students use supernotes.

Teacher response after an adverse incident involving teaching

Anthony Ali¹, Tim Wilkinson¹

¹University of Otago, Christchurch School of Medicine, New Zealand

Introduction/background:

Much has been written about the impact of patient complaints and other adverse experiences on medical practitioners. However, little is known about possible effects on teachers when they experience an adverse incident arising from teacher-student interactions and if these effects impact on the well-being and/or subsequent behaviour of the teacher.

We intend to survey people, but are keen to hear about experiences from other schools first.

Purpose/objectives:

The purpose of this research is to determine the prevalence, nature, and flow-on consequences of adverse teaching experiences. The expectation is that this knowledge will be able to assist both teachers and institutions of learning to better manage such incidents, and potentially minimise risk and harm to both teachers and learners.

Issues/ questions for exploration or ideas for discussion:

1. Are other schools collecting data about adverse experiences of their teaching staff?
2. Do you have any systems in place to support staff through these adverse experiences?
3. What do we know about the impact of these adverse experiences?
4. How can we best use information we collect?
5. Would you be willing to collaborate on this research?

Building digital literacy of medical students by embedding teaching cases in an electronic medical record

Mark Braunstein^{2,3}, Benjamin K. Barry¹, Iulia Oancea¹, Jim Steel^{3,4}, Sharon Darlington¹ and David Hansen³

¹ School of Clinical Medicine, The University of Queensland, Brisbane, Australia.

² School of Interactive Computing, Georgia Tech, Atlanta, United States of America.

³ The Australian e-Health Research Centre, Commonwealth Scientific and Industrial Research Organisation, Brisbane, Australia.

⁴ School of Information Technology and Electrical Engineering, The University of Queensland, Brisbane, Australia.

Introduction:

Electronic medical records (EMRs) are increasingly utilised in clinical practice. These tools have potential to benefit patient care via performance measurement of services and by enhancing engagement of patients in their own care. Recent efforts to standardise EMRs and associated apps may remove some of the barriers to effective use of these tools. Concomitantly, digital literacy of graduates has become an increasing focus of universities, reflective of technology use across all employment sectors.

Aim:

The aims of the learning innovation are to: 1) enhance student engagement and learning in case-based learning tutorials via the use of an authentic EMR platform that is specifically designed to support learning, 2) help prepare graduates for their future work as doctors in which use of EMRs is anticipated to only increase, and 3) to support the development of digital literacy in medical students by integration of technologies into existing learning activities.

Discussion:

A pilot version of the EMR teaching platform was built via consultation, and iterative design and testing, involving medical educators, EMR experts and software design students. A pilot of this system using a single teaching case was well received by students, although familiarity of tutors with the system did influence impressions.

Issues for exploration:

- 1) Development of a tool for health professional educators to author cases on a refined EMR teaching platform.
- 2) Engaging medical students and engineering students to collaborate and support development of cases within the platform.
- 3) The inclusion of branches and constraints within the EMR teaching platform.

Online learning activities to augment teaching of clinical skills to medical students in pre-clinical years of the MD Program

Ashlee Forster¹, Benjamin K Barry¹

¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia

Introduction:

The University of Queensland Medical Doctorate (MD) Program is one of the largest in Australia. During year 1 and 2 of the Program, clinical skills are taught in small groups at various clinical sites, delivered by clinical and para-clinical tutors. Due to timetabling and space and resource constraints, a subset of important clinical examination skills are not able to be taught in small group tutorials, but are still assessable in clinical exams.

Aim/objectives:

This project aims to augment the teaching of clinical skills in the pre-clinical years of the MD through development of a series of comprehensive online learning experiences delivered on the Smartsparrow platform. It will also help to standardise teaching across a large cohort.

Discussion:

This project's significance centres around enhancing the student experience of learning and providing resources to help students prepare before practical tutorials or to revise ahead of high-stakes assessments, such as Objective Structured Clinical Examinations. By analysing feedback provided during learning activities, students can better drive their own learning and focus on areas to improve. This also allows the teaching team to develop and modify the resources in response to areas of need.

Issues/questions for exploration or ideas for discussion:

- 1) Does the introduction of adaptive learning activities improve student performance and/or confidence in acquisition of clinical skills?
- 2) What lessons have been learnt through the development process?
- 3) Expanding the content to include teaching of non-technical skills e.g. teamwork, feedback literacy, reflective practice.
- 4) Sharing of resources with other programs and/or universities.

Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.

Matthew Lee^{1,2}, Stephanie Chen¹, Teresa Ewart¹, Jacob McNish¹, Robyn Woodward-Kron²

¹Austin Health, Melbourne, Australia

²University of Melbourne, Melbourne, Australia

Introduction/background:

Multidisciplinary training programs have been implemented to improve communication and team dynamics in the operating theatre. Current programs tend to run over half or full days, involve high fidelity scenarios and use off-site simulation laboratories. These programs can be resource-intensive, with organisational and financial costs impeding their conduct and attendance.

Aim/objectives:

To describe the implementation of a high efficiency, low cost approach to multidisciplinary operating room training. This program uses frequent, short duration, in-situ simulations to promote teamwork training and culture change with negligible clinical service, rostering and financial impact.

Discussion:

The program runs fortnightly for 40 minutes. Scenarios require a coordinated team response such that the solution cannot be achieved by one discipline alone. Fortnightly conduct enables large volumes of staff to participate. Disruptions to clinical services and rostering are obviated by the program's in-situ conduct and short duration, which permit attendance by staff who are rostered to work. Simulation equipment is loaned from our institution's simulation centre at no cost.

Between November 2017 and November 2018, there were 22 sessions and 153 participants. On quality assurance surveys, participants indicated that the program was professionally run, relevant to patient care, and should be recommended to their colleagues. Participants self reported that the program would lead to behaviour change and that it improved their confidence in managing crises. Future directions are to evaluate the program's effectiveness by assessing self-reported behaviour change on survey and interview at 3 months.

Simulated acute care wards: Do they help prepare medical students for future hospital practice?

Poornima Roche¹, Karryn Lytton¹, Roy Rasalam¹, Paula Heggarty¹, Torres Woolley¹, Nichole Harvey¹

¹James Cook University, Townsville, Australia

Introduction/background:

In 2016, the James Cook University (JCU) medical school's clinical skills unit created a simulated acute care ward ('JCAC'). This was established in collaboration with local hospital emergency department doctors. The focus of JCAC is to teach Year 4 medical students how to manage common sub-acute medical problems in an authentic, safe simulated environment with the overarching aim to better prepare medical students for real-world acute hospital practice.

Aim/objectives:

The aim of the research was to evaluate the Year 4 medical students' self-reported benefits from participating in the JCAC simulated session.

Methods:

Year 4 medical students were administered a 15 item survey to rate the clinical learning experience provided by the JCAC session and a further 4 item survey to rate their confidence level in clinical preparedness. Ethical approval was obtained (#H5595).

Results:

Year 4 medical students reported the JCAC sessions as helpful in integrating their science knowledge with their 'clinical' knowledge and thinking of the person as a whole. The students also described the sessions as assisting with increasing their confidence and independence to diagnose and treat 'real people'. Students also found the JCAC sessions '*super helpful*' in being able to self-identify knowledge gaps and in learning how to develop patient management plans.

Discussion

Authentic simulated learning activities, such as JCAC, are extremely helpful in developing confidence and independence in medical students and in bridging the theory-practice gap.

Conclusions:

JCAC sessions provide integrated learning experiences that develops clinical reasoning skills and improves patient-centered care.

8G Workshop IPL

*Artificial Intelligence (AI) in education

Evaki Georgousopoulou¹, Tom Gedeon¹

¹ANU

The Workshop entitled "Artificial Intelligence (AI) in education" will introduce the Strengths and limitations of AI in education in general and medical education more specifically, followed by real examples of AI in medical education and a case study on physiological signals of observers. At the end of the workshop, an interactive open discussion will aim to summarize the key messages and address participants' emerging questions

8H Workshop Communication

It's not just – failure to communicate: Assisting Overseas Trained Doctors to navigate Australian General Practice.

¹Judith Given and ²Rebecca Stewart

¹Health Leaders Australia, Brisbane, Australia

²General Practice Training Queensland, Brisbane, Australia

Introduction/background:

Overseas Trained Doctors (OTDs) form an integral part of the Australian medical community, primarily meeting rural and remote workforce needs. Overseas Trained Doctors may face challenges with social, cultural, and educational isolation, and are provided with limited resources and career counselling when pursuing specialist qualifications. Consequently, they can have difficulty in passing college Fellowship examinations and working in the Australian healthcare context.

Purpose and outcomes:

This workshop aims to provide guidance and resources to assist with education and mentorship of OTDs.

Issues for exploration or questions for discussion:

Participants will be asked to consider the organizational systems in which they work; the learning and teaching techniques utilized; and the cultural, societal and communication factors that impact upon patient care. After exploring these areas, workshop activities will demonstrate key resources (including the GPSA Communication Toolbox) to provide ideas, techniques, guidelines, readings, worksheets and references to assist in education, training and mentorship of OTDs.

Outline of workshop activities:

Workshop participants will be provided with background information around the employment, education and training needs of OTDs working in Australia. Using interactive polling, participants' perspectives regarding these needs will be outlined. In small groups, participants will be asked to review selected resources, and identify how the resources could be utilized in their teaching. They will then share their findings with the broader group. Finally, a video consultation will be viewed, with a group discussion on suitable approaches to address the learning needs identified. Key discussion points will be summarized.

Contents

Tuesday 2 July 1A Seminar	22
Student fitness to practise – a suite of supports	22
1B Rural and Remote Teaching	23
Indigenous Medical Education: Curriculum Reform for the 21st c.....	23
Blue sky over the Kimberley: Three essentials for small site success.....	23
CT learning via high-fidelity simulation with peer and traditional facilitation for undergraduate Radiography students	24
Transitioning a safe medicines management course online: Challenges of remote setting.....	25
Health students’ experiences of clinical placements in urban Indigenous contexts: Developing a culturally responsive workforce in Aboriginal and Torres Strait Islander Health	25
First Peoples health interprofessional and simulation-based learning	26
1C PeArts – 1 Assessment	27
Is Workplace Based Assessment possible within the Mentor/Trainee relationship?	27
Failing to fail student clinical performances: How bad is too bad and what can we do about it? ...	27
1D Transition to Practice	28
Seamless transition from GP vocational training to Fellowship	28
Medical interns in the Emergency Department: children or adults?	29
Enhancing medical student transition to clinical practice by introducing a management of clinical aggression (MOCA) simulation in a Pre-Internship Program (PIP).	29
Enhancing undergraduate international nursing students’ preparation for clinical placement	30
Looking beyond students’ struggles during the transition to clinical training: a scoping review.....	31
1E Assessment	31
What do industry and academic clinical assessors say about ‘failure to fail’ in students’ clinical practice?.....	31
Construct validity of Script Concordance Test (SCT) in assessing clinical reasoning – progression from novice to general practitioner.....	32
The Role of the Long Case in Modern Medical Education: The Sydney Medical Program Experience	33
Poor performance in mock AKT/KFP exams may predict failure in real RACGP exams	33
1F Workshop Mentoring	34
It isn’t about knowledge – it is about relationship! Developing the teaching and mentoring skills of the health professional educator through experiential and reflective activities.	34
1G Workshop Student Placements.....	35
Evolving models of allied health student placements: implications for supervision	35
1H Workshop Simulation.....	35

Building sustainable simulation programs – a rural and remote perspective.....	35
2A Seminar	36
Dangerous ideas in medical education.....	36
2B TED.....	37
Glimpse of future: innovative pathology teaching in a rural medical school - one man army!	37
Deadly Health Jobs – inspiring the next generation of Indigenous health professionals.....	38
X-ray image interpretation education for rural multidisciplinary health professional generalists: Is there a need?	38
The self beyond itself.....	39
The Nursing and Allied Health Graduate Outcomes Tracking Study: Methodology for Large-scale Data Linkage.....	39
Simulation as an instrument for interprofessional learning: interpreting	40
Data-Driven Approaches to Student Development and Wellbeing.....	40
2C PeArIs - 2.....	41
Academic Misconduct: Managing the Mutations.....	41
Are we doing enough to help students manage their stress?	42
2D Transition to Practice	42
Swipe right: a novel approach to junior doctor orientation at Auckland District Health Board (ADHB).....	42
Utilising a new graduate transition to practice framework within public sector health services. ...	43
Supporting the Transition to Practice of New Graduates undertaking a Graduate Program	44
Exploring influences on student transition to clinical training using audiodiaries	44
“Trying to work with what you can” – New graduate physiotherapists’ experiences working with culturally and linguistically diverse communities	45
2E Assessment	46
Writing assessment items – why is it so difficult?	46
Physiotherapy musculoskeletal assessment outcomes are associated with clinical skills during work-integrated learning placements: a model for layering of teaching.	46
An assessment tool to judge exercise physiology student performance in a clinical placement setting	47
Developing a validity argument for a simulation-based assessment framework in medicine dispensing activities	48
Student-generated multiple choice questions: do they make the grade?	48
Re-imagining student assessment tool development for allied health placement readiness.....	49
2F Workshop	50
Scenario Planning for Disruption & Health Workforce Education.....	50

2G Workshop	51
System thinking in action in the context of clinical education and health workforce development	51
2H Workshop	51
Creating OSCE stations that focus on professionalism	51
3A Teaching and Learning	52
The Influence of an authentic learning environment on educating for patient-centred collaborative practice	52
Is there a need for mandatory pharmacy teaching for international medical graduates in Australia?	53
Ambiguity: What’s Your Tolerance?	53
A preliminary analysis of an interactive case study for health care education	54
Active learning in Pathology: A comparison between case illustrative learning and didactic lecture to a large group of second year medical students.....	55
Facilitating learner’s evaluative judgement development	55
The application of critical thinking to midwifery practice	56
3B Simulation, Technology	57
Multi-platform technology to track patient encounters: a learning tool for GP registrars.....	57
SIM-S interprofessional placement program for allied health students. Does support equal success?	57
“It’s the ultimate observer role because you’re feeling and seeing what’s happening to you”: a qualitative study of physiotherapy students’ experiences of peer simulation	58
Does the addition of MASK-ED simulation to usual teaching improve clinical performance of physiotherapy students? A randomised trial protocol.....	59
Strengthening Consumer Voice: Using stories to educate and shift mental health stigma	59
Simulation training in Interprofessional Family Conferencing (IFC): Translating Knowledge to Practice	60
3C Professional Development	61
Online continuing education for health professionals to improve the management of chronic fatigue syndrome: outcomes of a randomised controlled trial.....	61
Developing an education program within workplace settings: opportunities from mapping past communities of practice	62
Turning clinical staff into facilitators: how the introduction of an electronic medical record (EMR) necessitated a novel inter-professional train the trainer program	62
Supervision training interventions in healthcare: a realist synthesis	63
Exploring the impacts of continuing professional development programs in the health professions: A scoping review	63
How might we measure the importance of continuing professional development?.....	64

Validation of the MUSIC Scale of academic motivation in New Zealand: Some adjustment required	65
3D	66
The arts and health: Can verbatim theatre stimulate culture change in healthcare settings?	66
Improving health professional education and workforce development through better connected policy	66
Winning the War for Talent. The Role of Clinical and Professional Education in Attracting and Retaining Talent	67
Medical educators: Where do they come from? Barriers and enablers to becoming a medical educator	68
Practical Support Midwife program for the Bachelor of Midwifery students at University of Canberra: the gold standard for growing midwives	68
Global Innovation in the Healthcare Industry.....	69
The medical and health humanities as a means to develop skills and tools for delivering humane healthcare	70
3E Professional Development	70
Social accountability as a lens for health professional education of the future: the case of pharmacy	70
The Shaping of Moral Development in Medical Students	71
Career-Defining Moments and Junior Doctors’ Emerging Professional Identity.....	71
Diverse understandings of professionalism in dietetics: lifting the clouds	72
Students’ experiences of workplace dignity during work-integrated learning: A qualitative study exploring student and workplace supervisors’ perspectives.....	73
Constructing professional identity: the international medical learner experience.....	74
3F Assessment	74
Developing a tool for peer assessment of blood withdrawal and Intra venous drug administration	74
How integrated are the Vertically Integrated Assessments (VIA) in medical education?	75
Measuring and assessing health professional preceptor competencies: A rapid review	76
Beyond Competencies- Consensus on Entrustable Professional Activities and Milestones for Dietetics Education	76
Simulation-based clinical assessment: is it a reliable and consistent method for determining competency of overseas trained physiotherapists?	77
Assessment on the run: acceptability and feasibility of medical student work-based assessment in general practice placements.....	78
OSCE stations that address racism and other biases – comparison of two formats	79
3G Clinical Education.....	79

Evaluating the impact of supervision training for health and human services workers in Victoria: translating education into practice?	80
Allied health students value-add to inpatient hospital services: findings from a multi-site study. .	80
Allied health pre-entry student clinical placement capacity: can it be sustained?	81
Clinician Peer Exchange Groups (C-PEGS): Augmenting medical students’ learning on clinical placement.	82
Paramedics’ attitudes towards and experiences of clinical supervision and mentorship.....	83
Use of the Clinical Supervision Self-Assessment Tool (CSSAT) to explore paramedics’ clinical supervision skills and support needs	83
Fuelling engines and releasing the brakes: Building staff capacity to thrive in the delivery of health professional education	84
3H Well-Being	85
Supervised exercise programs to enhance the health and well-being of medical students: a cross-faculty student service program	85
When the wheels fall off: Medical Students experiences of interrupted academic progression	85
Sleep quality, frequency of breakfast consumption, and academic performance in medical students	86
Physiotherapy students’ pre-clinical stress prior to an outpatient placement - triggers and remedies.	87
Exploring medical student experiences of wellbeing and medical program impacts on wellbeing: A qualitative study	87
Employing the Humanities and Social Sciences to re-engage and sustain medical students	88
Micro-credentials: is it feasible to use them in public health education?.....	89
3I ANZAHPE Fellowship Scheme	89
Why should I apply for Associate Fellowship or Fellowship of ANZAHPE and how do I do it?	89
Wednesday 3 July	90
Plenary 2	90
*Thrown in the Deep End: From clinician to educator	90
4A Symposium	91
Blue sky thinking in health professions education: what does complexity science offer?.....	91
4B TED, Lightning Talks.....	91
ePortfolio beyond the showcase: Facilitating reflexive nursing practice through a learning experience framework.	91
Standardizing clinical placement expectations, resources and outcomes for Undergraduate Nursing Students and Clinical Facilitators.....	92
Training to care or to clear beds?	93

Let’s get emotional – How mindful affective reflection prepares health students in facing grief and loss.	93
Semiotics a crash course!.....	94
The hidden Jedi: A critical inquiry into Fellow’s as Jedi’s members of an order who protect good forces and harness power of the profession.	94
This is a GEM!.....	95
EBM training programs: what if we could measure patient outcomes?	96
We need to talk about engagement	96
Could AGPT selection MMIs offer an early indicator of clinical reasoning difficulties?	97
My first “intellectual streaking” experience: trepidation, vulnerability and emergence.....	98
Identification of barriers to student engagement with paediatric patients: an exploration of student perspectives.....	98
Cross campus physiotherapy education – increasing access to physiotherapy training in regional NSW	99
4C PeArts – 3 Evidence Based Curriculum	99
Attaining and sustaining an evidence base to health practice: Informing curricula	99
The lecture is dead, long live the lecture!	100
4D PeArts – 4 Social.....	101
Lower SES students- how can we change the deficit rhetoric? Exploring the ‘could if we would approach’ instead of the ‘we would if we could” approach.....	101
Old Tricks for New Dogs: Attracting Students To Work in Aged Care.	101
4E PeArts – 5 IPL.....	102
Interprofessional handovers – how to assess and give feedback?.....	102
Establishing a Faculty wide strategy for assessment of Interprofessional learning	103
4F Admissions, Evaluations	103
Applying to study undergraduate medicine - a student perspective on selection cost and value.	103
Future directions in selection: pilot outcomes of a video-based online SJT in Australian medical student selection	104
Outcomes of a National Medical Leadership Curricula Assessment and Evaluation Survey.....	105
Health Informatics in the medical curriculum – students’ perspectives	105
Measuring students' academic motivation: What are the best method/s?.....	106
An exploration of the use of contribution analysis to evaluate health sciences and health professional courses	106
4G Workshop.....	107
*Experiential learning explored	107
4H Workshop Faculty Development.....	108

Faculty Development for Organisational Change.....	108
5A Teaching and Learning.....	108
Crash courses: Teaching trauma in the 21 st century.....	108
Team-based learning replaces problem based learning in a large medical school	109
Does thunder clap if no one is there to hear it? A quality and content analysis of non-assessable written trainee reflections	110
Supporting clinician teachers of medical students – viewpoints of effective practices.	110
Arguing with yourself: inner speech as a critical thinking tool for transformative conceptual learning.	111
Students portraying the role of patients: a systematic review of peer simulation in entry-level health professional education	112
5B Assessment.....	112
Expert judgment versus checklist assessment – do the outcomes differ?.....	112
Evaluating the performance and stability of assessment items over time.....	113
Establishing the Feasibility & Preliminary Efficacy of Peer Generated MCQs as An Active Learning Strategy	114
Personalizing OSCE stations to standardize learning impact.....	114
Discriminative Capacity of a Rubric Assessment of Ethical Reasoning and Clinical Reasoning in Case-based Learning Tutorials	115
Improvement in communication skills demonstrated at OSCE assessment: cohort comparison study after a teaching innovation.....	116
5C IPL	116
The Australian Therapy Outcome Measure for Indigenous Children (ATOMIC): An Interprofessional Goal Measurement Tool	116
Applying a contextual model of curriculum change to analyse interprofessional learning initiatives	117
Creating, leading and sustaining a team of facilitators in online interprofessional education	118
Interprofessional Education: experiences from a cross-campus final year allied health module.	119
Clinical reasoning for inter-professional pregnancy care – everyone on the same page!	119
Improbable ideas that actually work: forming inter-institutional partnerships to offer pre-registration health sciences interprofessional education	120
5D Curriculum Development	121
Curriculum Renewal Through Design Thinking.....	121
Beyond a tweak! Curriculum design to refresh a profession.....	121
Yesterday medical students trained in hospitals. Tomorrow medical students will train in the Community. Now is the time to redesign our medical curriculum.....	122

Personalising pedagogy in undergraduate public health education: operationalising ‘Big Picture Learning’ design at the University of Newcastle.	122
Development of an international graduate curriculum for clinical reasoning using a modified Delphi process.....	123
Educational delivery methods and the course experience in an integrated osteopathy curriculum.	124
5E Clinical Education	125
Strategies for enriching learning through practice: clinicians’ perspectives.....	125
“...a complete character assassination”: Supervisors’ dignity experiences during work-integrated learning	125
Medical student participation in general practice registrar workshops pilot	126
Near peer mentoring on allied health placements: a systematic review	127
Emergency Medicine Education and Training Goes Bush -	128
Postgraduate, interprofessional, simulation-based education: removing time and place barriers by embedding training during clinical care.....	128
5F Technology.....	129
Capitalising on content, digitising delivery: can face-to-face faculty development be effectively converted to online environments?	129
How is the sense-making of simulated-patients-in-training in response to impactful learning experiences influenced by their professional backgrounds?	130
TAG Team Patient Safety Simulation: Student satisfaction	130
Meaningful and engaging teaching strategies in nursing and allied health – A comparison of disciplines.....	131
Preparing the robotic nursing and midwifery workforce of the future – what will the curriculum look like?	132
From Skippy to Goldilocks: Video Feedback in Medical Education - Performance and Perceptions	132
5G Workshop.....	133
*Designing for Interactive Learning: Using the Affordances of Technology	133
5H workshop Supervision.....	133
Tools to measure the supervisory relationship in general practice	133
6A Seminar Assessment	134
The conundrum of assessment – using life-long learning to equip health professionals of the future	134
6B TED, Lightning – Clinical Education.....	135
Student-created Videos: Marking Less and Learning More.....	135
Near Peer Teaching in Paramedicine Education.....	135

Move over Gen Y, it's time for Gen Z!	136
Designing an ePortfolio-based assessment strategy to support longitudinal development of clinical competence in a large medical program	136
Economics 101: how to ask an economic research question	137
Climate change: What are you talking about?.....	138
Let's play a game: the use of an innovative computer-based simulation game to build knowledge and confidence in the supply of 'Pharmacist Only Medicines'	138
Developing students' skills and experience in writing for publication	139
What is taught to Graduate Entry Physiotherapists in Australia about Women's Health Physiotherapy?	139
Rural interprofessional education: a gamut of perspectives.....	140
THE PEDAGOGY OF DISCOMFORT: Dimensions of resistance to teaching about Indigenous health, poverty and stigmatized groups	141
AGAINST SEXUAL HARASSMENT AND BULLYING: A realistic path towards more civil medical education	141
6C Teaching and Learning.....	142
Development of expertise in physical examination as viewed through Gibson's theory of perceptual learning.....	142
Implementing an entrustment decision making framework into undergraduate medicine dispensing activities	143
Intellectual Streaking/Candour: Revealing more for the sake of learning and safety.....	144
Does increasing the experiential component improve the efficacy of the 'This is Public Health' photo essay task? A non-randomised trial.	144
Medical Students' Study Patterns.....	145
6D PeArIs – 6 Learning.....	146
What can student pre-dispositions for self-regulated learning (SRL) tell us about how they might interact with the clinical learning context?	146
A new approach to learning how to learn? Making better decisions, more often.	146
6E PeArIs – 7 Learning	147
Sustaining undergraduate inter-professional practice	147
Challenging the status quo! How do we continue to engage new graduate health professionals in Inter-professional Learning?	148
6F Technology.....	148
Developing a method of measuring the usefulness of Clinical Skills Apps for just-in-time learning	148
Video-enhanced professional learning for clinical teachers: How do video-clubs support GP-supervisors' teaching practice?.....	149

The Health Collaboration Challenge: a large-scale video based interprofessional assessment.....	149
Orientation strategies that prepare postgraduate students for online study.....	150
Adaptive Tutorials versus Web-Based Resources in Radiology: A Mixed Methods Study of Efficacy and Engagement in Senior Medical Students	151
Development of Socio-Clinical Medical Resources for Pre-Clinical Learning- MEDHAX: By Students for Students	152
Towards patient-centred communication: an observational study of supervised audiology student-patient hearing assessments	153
6G Workshop.....	153
Team-based learning (TBL): an active introduction to the key steps.	153
6H Workshop Feedback.....	154
Facilitating feedback and feedforward in adult learners.....	154
Thursday 4 July	155
Plenary 3	155
*The changing face of simulation	155
7A Seminar Indigenous Education	155
Growing authentic work integrated learning experiences with Aboriginal and Torres Strait Islander people: Wins, Worries and Wonderings.....	155
7B PeArIs – 8 Capacity	156
Student placement workload; is it Blue Sky thinking to be able to quantify expected clinical capacity?	156
Gameification: How do we measure the magic?.....	157
7C PeArIs – 9 Games and Google	158
*Innovative strategies for avoiding staff and student burnout.....	158
7D PeArIs – 10 IPL, Leadership	158
Do we mean what we say and say what we mean?: Exploring implications of terminology associated with interprofessional education and learning.....	158
Let’s develop a nationally accepted medical leadership framework	159
7E Seminar Refugee Patients.....	159
CULTURALLY RESPONSIVE CLINICAL PRACTICE FOR MIGRANT AND REFUGEE PATIENTS: Applying the competency standards framework to health worker education	159
7F IPL.....	160
A Qualitative Study Exploring Healthcare Facilitators’ Perceptions in Delivering Interprofessional Activities.....	160
Moving interprofessional education out of the classroom and into the real world: Capitalising on shared clinical placement environments.....	161

Five to five: five weeks of interprofessional immersion - what impact five years on?	161
Absence/presence in student understandings of interprofessional healthcare teams: a graphic elicitation study.....	162
Transforming medicines administration for people with Parkinson’s: An interprofessional collaboration.....	162
Putting the spotlight on clinical reasoning: Implications for facilitating interprofessional education	163
7G Workshop IPL	164
An interprofessional Clinical Teacher Training (CTT) program for students and junior health professionals.....	164
7H Workshop Concept Based Learning.....	165
Concept-based learning: Design, development and application for student learning moments. .	165
8A IPL	165
Interprofessional education in health professional accreditation and regulation in Australia: just how serious are we about learning together to work together?	165
Interprofessional faculty development: a blended learning program.....	166
Constructing professional and interprofessional identities through workplace interactions.....	167
Perspectives of generic skills among students of health professions and sciences	167
Prepared to Care – ethnographic film of interprofessional simulation education in New Zealand	168
Embedding interprofessional learning: The collaborative vision and actions in a School of Clinical Sciences.....	169
8B.....	169
Making thinking visible: complexity, flexibility and self-confidence with clinical reasoning	169
Cost – The Four-Letter Word of Health Professions Education.....	170
Medical Deans of Australia and New Zealand (MDANZ) Climate Change and Health Working Group–draft learning objectives and accreditation standards for Australasian medical schools..	171
Doing the numbers: Using longitudinal insights and workforce predictions to model future workforce needs for General Practice	172
8C Feedback	172
“Something to work on as you go”? Feedback conversations following work-based assessment in general practice	172
Determining the value of feedback: for whom and how.....	173
Beyond consultation- Co-design to develop an educational resource supporting better health messages.....	174
Engaging healthcare professionals in health literacy for refugee and migrant communities: An implementation research project in Hobart, Tasmania.....	174

Student and tutor evaluations of the integration of medical ethics in case-based learning discussions	175
8D Research, Technology	176
Exploring the impact of small grant funding in assisting the early career progression of cancer researchers.....	176
Translational research in health professions education: a systematic scoping review.....	177
Making a castle-in-the-air a reality: moving from a non-publishing culture to become an organisation that shares its learnings	177
Watch and Learn: Using Videos to Enhance Medical Student Development of Clinical Skills	178
To blend or not to blend: Is this the right question?	178
8E Clinical Education	179
A Meta-Analysis for Comparing Effective Teaching in Clinical Education	179
Exploring student fitness to practise (FTP) issue identification and management with allied health clinical educators in a tertiary health service	180
Viewing student learning experiences as promoting/inhibiting participation in using, and co-constructing, clinical reasoning skills	180
Support in a challenging experiential learning environment	181
Tools to measure the supervisory relationship in general practice	182
Engaging with evidence-based practice in the osteopathy clinical learning environment: a mixed methods pilot study	183
8F Teaching and Learning	183
A new formative tool to encourage a deep approach to self-directed learning for Problem Based Learning	183
Teacher response after an adverse incident involving teaching	184
Building digital literacy of medical students by embedding teaching cases in an electronic medical record.....	185
Online learning activities to augment teaching of clinical skills to medical students in pre-clinical years of the MD Program.....	185
Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.	186
Simulated acute care wards: Do they help prepare medical students for future hospital practice?	186
8G Workshop IPL	187
*Artificial Intelligence (AI) in education.....	187
8H Workshop Communication.....	188
It's not just – failure to communicate: Assisting Overseas Trained Doctors to navigate Australian General Practice.....	188

POD 1 10:00 –	209
An Overview of the first year Undergraduate Medical Students Feedback on the Point of Care Ultrasound Curriculum.....	209
How do undergraduate health professional students use feedback to develop their evaluative judgement for clinical practice?.....	209
Using Entrustable Professional Activities (EPAs) to shape a new Pharmacy curriculum.....	210
‘Useful’ and ‘useless’: written feedback and the miniCEX.....	211
The Concept of Feedback Orientation in Health Professions Education	212
The Validation of the Feedback Orientation Scale in Medical Education.....	212
Surveying the digital literacy landscape through the student lens	213
Clinicians’ epistemic beliefs about assessment: Basis for a paradigm shift	213
Learning anatomy: Do threshold assessments improve student performance?.....	214
Perceptions of assessment feedback in high-performing and underperforming preclinical medical students	215
Is an image worth a thousand words in the medical program exams?	215
Does student performance on short answer questions vary from that on single best answer questions?	216
Pod 2 10:30.....	217
Building a community of learning in general practice.	217
Student perceptions of clinical placement; an Australian evaluation	217
Improving Clinical Pharmacology learning: Pharmacist-led teaching of first year clinical students	218
Medical student clinical placements in General Practice as sites of learning and contribution	219
Constructive alignment with peer role play to improve learning on a hospital ward (Aged Care)	219
Clinical Supervision in a changing environment	220
Leading in Learning: growing the capability of the health service employee to support students through interprofessional supervisor training.....	221
Learning Circles: augmenting the placement experience.....	221
Preparation for Placement: Development of an Online Module for Health Students	222
Pod 3 10:30.....	223
Translating a learning and teaching vision to reality: a new era in health service interprofessional governance.....	223
Beyond inter-professional insight: The value in taking a grassroots approach.....	223
Enhancing the capacity for interprofessional collaboration in a university student-led, multi- professional health clinic	224

Interprofessional education in Advanced Life Support simulation: Assessing team functioning, communication and perceptions of nursing and medical students	225
Which learning activities enhance physiotherapy practice? A systematic review and meta-analysis.	225
A novel research program for undergraduate health professionals: ‘Undergraduate Paramedic Student Research Engagement Academy’ (UPSTREAM)	226
Strategically identifying allied health research assets in a start-up context: A rapid review	227
Can allied health clinicians see more patients during student placements? A systematic review with meta-analysis	227
Does the context of an examination influence student performance in anatomy and pathology disciplines for clinical science courses in a medical program?	228
Pod 4 13:30.....	229
An exploration of allied health (AH) students’ perceived stress, resilience and wellbeing during work integrated learning (WIL) placements in healthcare settings.....	229
Mental Health First Aid for allied health clinical educators.....	229
‘You’re not necessarily trying to provide comfort, but that’s often what they want ...’ the nuance of touch for the new and naive.....	231
Taking the Pulse- students journey of health and wellbeing for success in an undergraduate training	231
Supporting students to support peers: a qualitative interview study	232
Wellbeing@Work Study.....	233
Self-care among trainee clinical psychologists: Definition, practices and perceived barriers	234
Understanding the motivations and barriers for International Medical Graduates practising in remote and rural regions	234
Pod 5 13:30.....	235
‘Groupwork was fun!’ – using object-based and inter-disciplinary peer-assisted learning to promote Ethics and Professionalism in Optometry.....	235
Embedding a palliative care simulation into an interprofessional curriculum.....	236
Blue sky thinking – turning the world of Inter-professional assessment upside down – capitalising on the positives.....	236
Blue sky thinking meets grounded reality: Reflections on a naïve intersectoral, interprofessional education pilot.	237
Using technology to incorporate emotion into the teaching of Clinical Ethics – Classie teaching.	238
An interprofessional student orientation: Enhancing learning and practice	238
Developing an integrated, interprofessional education framework to optimise practice capability – moving on from the stop, drop, roll (it out), and leave	239

Use of space and place for interprofessional learning in a purpose built health-care clinic: One year on!	240
Beyond monodisciplinary practice in the health professions- creating opportunities for interprofessional learning for Nursing and Nutrition and Dietetics students	240
Medical student attendance at lectures: is there a correlation with performance on assessment?	241
Near Peer Assessors: Senior medical students assessing junior peers - a novel approach to a Year 2 Formative OSCE.....	242
Pod 6 13:30.....	242
Get your head in the (digital) cloud: Innovating with user experience design methods to develop online social learning environments.....	242
How can we incorporate the voice of the lived experience of mental illness into learning and teaching? A personal reflection on the challenges, triumphs and recommendations of working as a consumer academic	243
Male genital examination in the undergraduate medical curricula: Necessary? Achievable? Sustainable?	243
An experiential learning innovation in pre-registration paediatric nursing education.	244
Improving the provision of education in paediatric surgery for medical students.	245
What is the signature pedagogy of Nursing?.....	246
The Safety in Practice Programme for Primary Care	246
Performing Emotions: using moved readings to develop empathic ways of being	247
Enhancing medical students' experience of communication skills for Problem Based Learning... ..	248
Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.	248
Pod 7 15:30.....	249
Staff knowledge and adherence to supplemental oxygen guidelines within Acute Aged Care inpatient setting.....	249
An investigation into the perceived value of a clinical teaching fellow (CTF) program in a quaternary paediatric hospital in Australia.	250
Setting up expectations: Meeting the increased support needs of students on Work Integrated Learning	250
Explore the knowledge, attitude and practices of medical students regarding infection prevention and control in clinical settings	251
Modelling Good Behaviour?: Using a Systematic Review to Define Effective Clinical Handovers.	252
Feeding Difficulties in Children – Evaluation of the Guide for Allied Health Professionals.....	252
Authentic scaffolded learning enhances comprehensive nursing practice	253

A balancing act: GP supervisors’ role in workplace-based assessments (WBAs)	254
Creating supportive learning environments on clinical placement – changing a culture	254
Completion of Training feedback: what GP registrars perceive as valuable aspects of their training	255
Pod 8 15:30.....	256
Developing clinicians who model excellence in practice, challenge poor practice and inspire others	256
Is there a ‘best’ academic pathway to graduate entry medicine?	256
Factors influencing medical and dental graduates to choose Health Professions Education as a Career Choice: A Qualitative Exploratory Inquiry	257
Workplace based Faculty development Model: A Systematic Literature Review	258
Managing underperforming students: Outcomes of a clinical educator training program	258
It’s tricky! Reflections on developing an inter-professional staff supervision education programme	259
Connecting clinical educators to the university environment through Associate Fellowship of the Higher Education Academy.....	260
Looking at the big picture: developing interdisciplinary professional standards for health profession educators.	260
How can the experiences of stakeholders with doctors inform medical selection and education? An interpretive phenomenological study.	261
Super supervisors: what makes a good research supervisor.....	262
A case for promoting self-directed learning among GP registrars	262
Upskilling the primary care workforce in cancer survivorship	263
Wednesday 3 July 2019 POD 9 10:30	264
Introduction of interactive case-based discipline-specific tutorials augment learning for final year medical students.....	264
Beyond Milestones for Allied Health Professionals.....	264
How are dietitians and student dietitians learning about environmental sustainability: A scoping review.....	265
An audit of the use of simulation in Australian and New Zealand physiotherapy curricula.	266
The Healer’s Art: awakening the heart in medicine for both students and mentors.....	267
Aged care student learning experiences-the skies the limit.....	267
Physiotherapy students portraying simulated patient roles: an observational study of portrayal accuracy and quality	268
From simulated patients to simulated participants: How we plan to expand our participant pool to meet the changing requirements of medical teaching and learning.....	269

Integration of intra-professional education into a Diploma and Bachelor of Nursing course to address role confusion on graduation	269
Pilot Study of a Unique Holistic Online Foundational Knowledge Course for Students Transitioning into a Postgraduate Medical Program	270
Mixed views on evidence-based practice in paramedicine students	270
POD 10 10:30	271
The impact of introducing a fee for student placement cancellations at ACT Health.....	272
Medical ethics education in Australian and New Zealand medical schools, thinking big.	272
Australian and New Zealand medical students’ opinions on professional behaviours	273
Demographic effects on medical students’ opinions on professional behaviours.....	274
A successful vaccination program to prevent transmissible infectious diseases among Thai medical students.....	274
Medical Ethics Education: a discourse driven approach	275
Evaluating Nursing Continuing Professional Development Programs – A Integrative Literature Review.....	275
Professionalism – emerging themes from final year optometry portfolios	276
Increasing Dietetic student readiness for placement	276
SKILLED: A pathway for PhD scientists into clinical trials	277
POD 11 10:30	278
An integrated Medical Program.....	278
Introducing planetary health and sustainable health care into the medical curriculum: Making a start at Bond University, Gold Coast, Australia	278
Developing a communication curriculum for health service volunteers.....	279
Developing a case-based learning capstone subject for undergraduate health science students	280
The innovation process for transition to a Medical Doctorate in Australia	281
Do changes in course structure and delivery methods improve the educational environment for students?.....	281
Embedding climate change in health curricula: how do we do it?.....	282
Clinical communication for the 21st century: A faculty approach for curriculum renewal and improved graduate outcomes	283
Using student feedback to tailor an introductory Pathology course for Exercise Physiology students	284
A focus on the clinical governance of student placements established as student led services ...	284
The war on dental health care in Taiwan.....	285
POD 12 13:00	285

Capitalising on the development of reflection in speech pathology students through facilitation	285
Problem based learning and the development of collaborative practice skills in student physiotherapists.....	286
Clinical Skills Refresher program: Proactive support for medical students returning after interruption of studies	287
Improved Technical Performance and Critical Thinking of undergraduate dental students when utilising Simulation-Based Practical Educational Intervention	287
Introducing large-scale activities into a Collaborative Care Curriculum.....	288
Team-based learning - the missing puzzle piece?	288
How learners learn: a new microanalytic assessment method to map decision-making	289
Imagining the scholarly playground: An examination of the health professions education literature	290
POD 13 13:00	290
What are the understandings of interprofessional practice (IPP) by key stakeholders in the acute care sector?.....	290
Development of a simulation based activity to teach the Mental State Examination to pre-registration nursing students.....	291
Minds matter: Enriching student learning by using an interactive virtual learning environment to diagnose cognitive neuropsychological disorders	292
Challenges and Successes in Facilitating Student Engagement in Industry-initiated “Innovation” Projects.	292
Improving the Educational Resources for Limited Licence X-ray Operators in Two Australian States	293
Real or not real – the impact of physical fidelity on learning anatomy in an interactive labelling task.....	294
# tagging themes and transcripts: a mechanism to aid video use by educators across course domains.....	294
Student curation of learning activities and resources (SCOLAR)	295
POD 14 15:00	296
Exploring the Potential Impact of Practice Effects on an Online Situational Judgement Test (CASPer®)	296
How to evaluate competences of new graduate nurses? A systematic review of the literature ..	296
Assessment of medical students’ competencies in pain medicine – a focused review	297
The long case: back from the brink.....	298
What are the barriers and facilitators for writing quality assessment items? A scoping review ...	298

Blue sky innovation but stormy weather planning: five lessons learned making changes to high-stakes examinations.....	299
Skyrockets and bombs: a compensatory performance grid as an alternative approach to weighted cumulative scoring for assessment of clinical skills	300
A randomised controlled trial of open- and closed-resources in a medical student examination	300
Implementation of progressive competency based assessment of clinical skills in an MD program: Evaluation of impact on student learning.....	301
Using videos to teach Mini CEX assessment of nursing and midwifery students.....	302
Formative self-assessment integrating structural knowledge to clinical presentation in pre-clinical medicine.....	302
POD 15 15:30.....	303
Undergraduate Nursing Students’ Perceptions of Affect, Confidence and Preparedness for Clinical Placement	304
Transition, Threshold Concepts and Troublesome Knowledge in Medical Education: Hurdles in Becoming an Intern Doctor.....	304
Exploring the possibilities: introducing Tasmanian interns to rural general practice.	305
Translating Evidence into Practice: a model of knowledge translation for community pharmacists in Australia	306
A Workforce in Development: Postgraduate Alcohol and Drug Teaching in Health Sciences.	306
Describing the work requirements of entry-level dietitians.....	307
What are New Zealand and Swedish dental hygienists’ perceptions of their work and job satisfaction?	308
Growing our own: an innovative graduate nurse program model supporting learners and a health service workforce strategy.....	309
An Internship fit for 21 st practice	309
Monday 1 July 2019 Workshops	331
Workshop 1: Writing for Publication.....	331
Workshop 3: Assessment	331
‘OSCE Station 201’- Developing, Reviewing and Implementing OSCE stations on ethical, professional, public and cultural health competencies – Advanced level.....	332
Assessment of Remediation Workshop: Who needs it? How do I engage a learner with underperformance.....	333
Workshop 4: Interactive Learning	333
Incorporating interactive learning into large group teaching.....	333
Medical students, simulation and experiential learning at St Elsewhere's	334
Workshop 5	335
Peer supported faculty development in the workplace to improve clinical supervisors’ practice	335

The Educator as Coach – kicking goals for supervisors and trainees.....	335
Mental Health First Aid for academics.....	336
Workshop 6	337
ANZAHPE 2019 Reviewing Manuscripts for Publication Workshop	337
Workshop 7	337
*Using visual art in medical education:an introduction to the National Gallery of Australia/ANU Medical School Artmed program.....	337

POD 1 10:00 – An Overview of the first year Undergraduate Medical Students Feedback on the Point of Care Ultrasound Curriculum.

Vian Mohialdin¹

¹McMaster University

Background:

With the technological progress of portable Ultrasound machines, there is growing demand by all health care providers to perform bedside Ultrasonography. Also known as point of care Ultrasound (POCUS), this technique is becoming extremely useful as a part of Clinical Skills/Anatomy teaching in the Undergraduate Medical field Curriculum.

Summary of Work:

The research we report in this manuscript is a preliminary qualitative study. provides the template for future model for teaching a hand on ultrasound for all health care providers in different learning institutions. McMaster Undergraduate Medical school is a 3-year program where we introduced (POCUS) in the first year curriculum. Each tutorial group has 20 students, one ultrasound machine; students spend 90 minutes with their tutor. Students will have the chance to scan their peers at least one time during the session.

Summary of Results:

Students valued their experience to see and or/scan each other and even asked for more scanning/teaching time to be added into their curriculum. All students agreed that this experience had increased their basic ultrasound and scanning knowledge and believed it is appropriate to integrate and complement their Anatomy/Clinical Skills learning.

Discussion:

Incorporating bedside ultrasound into Undergraduate Medical Education Curriculum can complement their physical examination findings. This also adds more safety measurement to every diagnostic/therapeutic procedure done under ultrasound guide. This leads to a reduced hospital stay and better improvement in the patient's outcome.

Conclusion:

A questionnaire was handed to medical students to evaluate their hands on ultrasound sessions experience. Answers were collected and data analyzed into multiple graphs (as illustrated on this poster). POCUS has shown to be an extremely important diagnostic and or/therapeutic tool for different medical specialities. The learning environment has become more interactive because the Medical students were able to practice scanning their peers as part of their experience.

Take-home Message:

Students have found that interpreting ultrasound images can be a very challenging task. The introduction of bedside ultrasound training into the first year Undergraduate medical school curriculum at McMaster University has been very successful. Students were strongly engaged and it has significantly impacted their sonogram and probe orientation knowledge.

How do undergraduate health professional students use feedback to develop their evaluative judgement for clinical practice?

Chanika Ilangakoon^{1, 2}, Charlotte Rees,¹ Ruth Endacott,² & Rola Ajjawi³

¹Monash Centre for Scholarship in Health Education (MCSHE), Monash University, Clayton, Australia

²Monash Nursing and Midwifery, Monash University, Clayton, Australia

³Centre for Research in Assessment and Digital Learning (CRADLE), Deakin University, Australia

Introduction/background:

The process of using feedback requires the student to actively narrow the gap between their ability and performance against the expected standards. The use of feedback to develop evaluative judgement is an integral element of the learning process but has been under-researched.

Aim/objectives:

How do undergraduate health professional students use feedback to develop evaluative judgement for clinical practice?

Methods:

A systematic review of peer-reviewed literature (databases including CINAHL, ERIC, Medline, ProQuest, PsycINFO and Scopus) and grey literature will be used to address how undergraduate health professional students use feedback to develop evaluative judgement.

Results:

The preliminary findings will include: (1) a PRISMA flow diagram for the selection of papers; (2) the identified relevant and rigorous papers; and (3) extracted data in terms of outcomes which address the research question.

Discussion:

A higher education curriculum provides an opportunity for students to develop evaluative judgement, helping them to transition from 'dependent novices' relying heavily on educators, to independent and effective practitioners, with the abilities to make well-informed decisions. This review will examine the volume and quality of evidence regarding existing practices within the context of health professional literature and the potential for developing evaluative judgement in health students.

Conclusion:

The recommendations from this review will focus on how students can be encouraged to use feedback to develop evaluative judgement. We expect the results to make an original contribution to new knowledge on the relationship between feedback and evaluative judgement in the context of undergraduate health professional education.

Using Entrustable Professional Activities (EPAs) to shape a new Pharmacy curriculum

Maree Donna Simpson¹, Yann Guisard¹, Sarah Hyde², Heather Robinson¹, Gregory Maynard¹

¹School of Biomedical Science, Charles Sturt University (CSU), Orange, NSW

²Three Rivers University Department of Rural Health, CSU, Orange, NSW

Introduction/background:

Levels of entrustment, and EPAs themselves have been utilised for curricula reform within medical education, and some pharmacy programs in the USA, but are relatively new to pharmacy and other health professions in Australia. EPAs have also been more widely employed within the clinical years of a curriculum. At CSU we are exploring the use of EPAs to shape the entire pharmacy course and have derived a number of EPAs which could be considered appropriate markers of achievement at the end of each year of study within the program.

Aim/objectives:

We will illustrate the process used to derive the EPAs for the first two years of the course, building on the work of Wilbur (2017) and Hauer et al (2015) and will discuss the challenges inherent in developing an understanding of EPAs, translating existing competency and professional practice standards into EPAs, and scaffolding stakeholder understanding of this.

Discussion:

EPAs provides a useful overarching framework to re-imagine curricula, communicate with clinical supervisors, and refocus the inherent requirements of the course. This process has enabled a sharper focus on the core competencies within the discipline. The EPA framework also aligns well with a PBL approach and we believe will drive the development of authentic assessment. This style of curriculum development may prove useful for inter-professional education and practice and we would like to widen the scope for this development.

Issues/questions for exploration or ideas for discussion:

1. What is the scope for having common EPAs relating to professionalism, communication, ethics, cultural competency, and law for all health professions education?
2. How can EPAs be utilised on rural placements to foster IPL?

References (if needed)

Hauer, K. E., Boscardin, C., Fulton, T. B., Lucey, C., Oza, S., & Teherani, A. (2015). Using a curricular vision to define entrustable professional activities for medical student assessment. *Journal of general internal medicine*, 30(9), 1344-1348.

Wilbur, K. (2017). Entrustable Professional Activities: A Primer for Canadian Pharmacy Preceptors. *The Canadian journal of hospital pharmacy*, 70(6), 450.

‘Useful’ and ‘useless’: written feedback and the miniCEX

Brett Vaughan¹, Dian Parry², Navine Haworth²

¹University of Melbourne, Melbourne, Australia ²Victoria University, Melbourne, Australia

Introduction/background:

The miniCEX is a widely used workplace-based assessment tool. Multiple assessments are required for summative decision making however individual assessments provide an avenue for feedback about performance. Feedback is typically discussed with the learner and noted on the miniCEX form.

Aim/objectives:

Explore the volume and quality of comments provided about learner performance and plan of action on the miniCEX in osteopathy clinical education.

Methods:

Clinical learners in year 4 and 5 were assessed in various student-led clinics using the miniCEX by clinical educators. Data were extracted from each form and thematically analysed.

Results:

Results are being finalised and will be available for the conference. Initial observation of the data suggests that the quality and volume of the comments is variable and not related to student performance. Higher performing students were likely to receive comments indicating no learning need from the patient encounter however.

Discussion:

Previous literature supports the use of the miniCEX in the student-led environment and as a feedback tool. The utility of the information contained on the miniCEX is variable suggesting some clinical educators are using the form as intended and others not so. This suggests students are receiving variable feedback from a single time-point assessment, and this approach to feedback may be replicated in other parts of the clinical learning environment.

Conclusions:

The variability in feedback across the 'performed well', 'needs improvement' and 'action plan' components of the miniCEX suggests further training is required to improve the utility of the assessment as a performance feedback tool.

The Concept of Feedback Orientation in Health Professions Education

James Fraser¹, Christopher Klopper², Michelle Hood³

¹PhD Candidate School of Education and Professional Studies, Griffith University

²School of Education and Professional Studies, Griffith University

³School of Psychology, Griffith University

Introduction/background:

Feedback is critical for a student to be able to measure their performance against criteria that define success. Feedback may provide one of the most powerful effects on learning, though these effects are highly variable (Hattie & Timperley, 2007). Norcini et al. (2011) referred to the effect of feedback on assessment to "drive future learning" as "catalytic". However feedback often fails to deliver on its goal to positively influence student learning (Boud & Molloy, 2013) and in 40% of instances has been found to result in a deterioration in student performance (Kluger and DeNisi, 1996).

Understanding individual student's approaches and responses to feedback may help educators address one of the factors contributing to variable feedback effects.

The concept of feedback orientation, which is defined as "an individual's overall receptivity to feedback" was described by London and Smither (2002). Feedback orientation is a multidimensional construct and has been demonstrated to be an important contributor to an individual's longitudinal development in the workplace.

Aim/objectives:

This presentation will discuss the concept of feedback orientation and studies in other disciplines and the potential application in health professions education.

Issues/questions for exploration or ideas for discussion:

What individual factors influence feedback?

How do educators perceive these to provide effective feedback?

The Validation of the Feedback Orientation Scale in Medical Education

James Fraser¹, Michelle Hood², Christopher Klopper³

¹PhD Candidate School of Education and Professional Studies, Griffith University

²School of Psychology, Griffith University

³School of Education and Professional Studies, Griffith University

Introduction/background:

The concept of feedback orientation, defined as "an individual's overall receptivity to feedback" was described by London and Smither (2002). Feedback orientation is a multidimensional construct and has been demonstrated to be an important contributor to an individual's longitudinal development in the workplace.

The Feedback Orientation Scale was developed and validated by Linderbaum and Levy (2010) as a tool to further research on the concept of feedback orientation. The feedback orientation scale has been validated in workplace performance literature and has been shown to align with academic

achievement in secondary school settings. There is no research validating or utilising the feedback orientation scale has not been validated in higher education.

Aim/objectives:

This presentation will present data from the validation study of the Feedback Orientation Scale in medical education and will discuss potential future applications of this scale in health professions education.

Issues/questions for exploration or ideas for discussion:

What individual factors influence feedback?

How do educators perceive these to provide effective feedback?

Surveying the digital literacy landscape through the student lens

Cham Kwang Meng¹, Kathryn Frame¹, Tania Celeste¹, Kathy Ryan¹, Andrea Phillips¹, Lisa Kruesi¹

¹University of Melbourne, Victoria, Australia

Introduction/background:

Students value and recognize the role digital literacy has in enhancing their employability. However, these digital competencies are often viewed as generalized expectations of students today. Without gaining a deeper understanding of students' digital capabilities, this will undermine the benefits of technology-enhanced educational activities.

Aim/objectives:

This study aims to evaluate the needs, practices and attitudes of students in the digital environment. We want to explore their online habits regarding their personal resources and software familiarity. Students' perceptions and preferences relating to digital technology ownership, usage, and computing experience will be studied.

Methods:

Undergraduate (Oral Health) and postgraduate (Optometry, Physiotherapy, Speech Pathology and Dental Surgery) students across all year levels attended a digital literacy workshop and completed pre- and post-surveys.

Results:

Of the students 72% (n=343) reported using online tools several times a day, with Facebook (95%) being most frequently used. Approximately 50% wanted to learn how to create applications, websites, and 3D printing. Most of the students (81%) reported that being digitally competent will enhance their career and professional development. Only 35% felt that this was achieved during their course of study, and 89% stated more University support and services is warranted.

Discussion:

Students regarded being digitally competent as relevant and important but wanted deeper discipline-relevant content. Pre-assessment or indication of student prior knowledge may assist in segmenting the audience for improved applicability.

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.

Clinicians' epistemic beliefs about assessment: Basis for a paradigm shift

Julie Ash¹, Iris Lindemann¹, Joanna Tai², Rola Ajjawi²

¹Flinders University, Adelaide, Australia, ²Deakin University, Melbourne, Australia

Introduction/background:

In health professions education clinicians are critical to assessing students' clinical competence. However, most are not trained educators and despite faculty development offering often their main guide is the assessment form or materials given to them. Assessment is undergoing a paradigm shift from a focus on the psychometrics of quantitative measurement tools to a more holistic and programmatic approach. This represents a significant change in assessment beliefs, practices and materials. The literature suggests there is a gap in understanding how clinical assessors' epistemic beliefs about assessment influences their assessment practice and adaptation to new assessment practices. This project was awarded an ANZHAPE grant in 2018 and has just commenced.

Aim/objectives:

This project aims to explore the role and interaction between clinicians' epistemic beliefs about assessment and their practice assessing students.

Methods:

This is a qualitative interview study using the principles of constructivist grounded theory. Clinicians who assess medical students' clinical competence recruited from across two medical schools will provide a varied purposive sample. Variation in researcher background provides a strong basis for a collaborative, reflexive, recursive, analytic process.

Results:

A preliminary qualitative analysis of interviews will be presented for discussion. An updated version of this abstract can be provided to report early findings prior to the conference

Discussion:

The authors are interested in checking the relevance and transferability of the findings. Does the presented analysis ring true to the audience? Are there alternative interpretations? Is there interest in collaborating to extend this study across the professions?

Learning anatomy: Do threshold assessments improve student performance?

Carl Parsons¹, John Morley¹ and Caroline Joyce¹

¹School of Medicine, Western Sydney University, Campbelltown, Australia

Introduction:

In any learning environment, students face competing demands for their time. Anatomy is a core component of pre-clinical medical curricula and its learning requires a significant investment of time and may be neglected in favour of other course components. At Western Sydney University, anatomy learning in pre-clinical years is primarily assessed via a practical exam conducted on cadaveric specimens and models, with additional content in the other papers. Over nearly a decade it was noted that failure rates in the anatomy assessment were higher compared to other assessments. In an effort to increase students' motivation to learn anatomy, the anatomy practical assessment was made a threshold component. Thus, progression was dependent on passing anatomy.

Aims:

To evaluate student performance in an anatomy practical exam following introduction of threshold requirements. This is a longitudinal study on students in the pre-clinical years (years 1 and 2) of an undergraduate medical degree.

Discussion:

In both years 1 and 2 the overall performance in the practical exam increased following the introduction of the threshold, with significantly more students passing the assessment than in the

cohorts prior to the threshold. Moreover, in the cohort for which there was data before and after the introduction of the threshold, there was a significant increase in individual student performance which was most pronounced in the bottom third of the cohort. These results demonstrate the effectiveness of thresholds assessments in improving students' performance in anatomy.

Issues/questions:

Does the increase in students passing anatomy have an impact on their performance in other assessments?

Perceptions of assessment feedback in high-performing and underperforming preclinical medical students

Bryony McNeill¹, Malia Lardelli¹, Margaret Bearman², Rola Ajjawi²

¹School of Medicine, Deakin University, VIC, Australia

²Centre for Research in Assessment and Digital Learning (CRADLE), Deakin University, VIC, Australia

Introduction/background:

Feedback can have a powerful influence on learning. However, providing effective feedback to students who are underperforming represents a significant challenge for medical educators and little is known about how this group of learners interpret and utilise the feedback they receive.

Aim/objectives:

We aimed to explore how learners respond to and utilise assessment feedback and to identify the similarities and differences between high-performing students, and those who are underperforming.

Methods:

Semi-structured interviews were conducted with postgraduate medical students in the first and second preclinical years of their medical degree, whose academic performance was ranked in the upper (top 25%) or lower (bottom 25%) quartile for their year level. Interviews were transcribed and analysed for key themes.

Results:

Preliminary analysis of the interview data from students in the upper and lower quartiles suggests that there are differences between these groups of learners in their perceptions of feedback utility, and its effects on motivation to learn. A strong emotional response to feedback was also observed.

Discussion:

The results of this study will contribute to our understanding of how students perceive and utilise assessment feedback, and will inform the development of feedback practices that better support struggling learners.

Is an image worth a thousand words in the medical program exams?

Iulia Oancea¹, Benjamin K. Barry¹, Pavla Simerska², Claire Aland³, Mark Midwinter³, Suja Pillai³, Nicholas Hawkins²

¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia

²Office of Medical Education, The University of Queensland, Brisbane, Australia

³School of Biomedical Sciences, The University of Queensland, Brisbane, Australia

Introduction:

Year 1 and 2 courses in the University of Queensland Medical Doctorate (MD) assess anatomy and pathology content in the classroom and as practical assessment. The classroom examination is delivered via an electronic platform (ExamSoft) which provides the opportunity to enhance and diversify question style, including the addition of anatomy or pathology images. The practical

assessment is conducted in an anatomy laboratory, using a combination of specimens, pots and images.

Aim:

To compare student performance in anatomy and pathology items with or without images, both in the classroom and laboratory practical context.

Methods:

Performance data were aggregated for 982 year-1 MD students enrolled in the Clinical Science 2 course in 2017 or 2018. Anatomy and pathology questions were identified and tagged as image or non-image based. The practical assessment included only two types of images (radiographic and histology micrographs), whereas the classroom examination contained a broader spectrum of images, pots, specimens, histology, radiographic anatomy and clinical photographs.

Results:

Overall, there was no difference in student performance on image-based items (0.73 ± 0.21 , $n = 53$) versus non-imaged based items (0.75 ± 0.15 , $n=155$) (mean \pm SD; Mann-Whitney $p=0.65$).

Discussion:

Image recognition and interpretation is a key skill for the visual disciplines of anatomy and pathology. Use of images in examinations supports the development of those skills. Similar and generally good performance of students on image-based questions and non-imaged based questions suggests that image interpretation skills are developing well in the pre-clinical year-1 students.

Does student performance on short answer questions vary from that on single best answer questions?

Pavla Simerska¹, Benjamin K. Barry², Iulia Oancea², Claire Aland³, Mark Midwinter³, Suja Pillai³, Nicholas J. Hawkins¹

¹Office of Medical Education, The University of Queensland, Brisbane, Australia

²School of Clinical Medicine, The University of Queensland, Brisbane, Australia

³School of Biomedical Sciences, The University of Queensland, Brisbane, Australia

Introduction:

Content from the anatomy and pathology disciplines has been assessed in years 1 and 2 of the University of Queensland (UQ) Medical Doctorate program by both classroom and practical based assessment. The classroom examinations consist predominantly of single best answer multiple-choice questions (SBA-MCQs), whereas practical based assessments are a combination of these and short answer questions (SAQs).

Aim:

To compare the performance of students in anatomy and pathology assessment items when assessed by SAQs compared to SBA-MCQs. The purpose is to guide future exam writing by ensuring that examination writing guidelines are evidence-based.

Methods

Data were collected from 2017 and 2018 for clinical science courses examinations of 982 students. Paper-based examination data were subsequently transcribed to spreadsheets. Statistical comparisons of student performance were conducted with repeated measures designs.

Results

Overall, there was no statistical difference in student performance on the SAQ (0.75 ± 0.13 ; $n=50$) and on SBA-MCQ (0.74 ± 0.18 ; $n=159$) items (Mann-Whitney U test; $p=0.67$).

Discussion

Various students may have preference for various question types. Even though the overall performance of students on SAQs was similar to that on SBA-MCQs, further statistical analysis is required to evaluate possible differences in performance at the individual student level.

Conclusions:

The inclusion of different question types in the examinations may not be necessary to assess learning of students. Further investigations will be performed to find out whether high quality SBA-MCQs can replace SAQs in clinical science examinations.

Pod 2 10:30

Building a community of learning in general practice.

Katrina Anderson¹, Jennifer Thomson¹

¹Australian National University Medical School. Canberra ACT

Introduction/background:

The number of learners in general practices in Australia has increased over recent years and this has placed an increased demand on general practices to be engaged in teaching. There are now medical students, GP registrars, junior doctors, as well as supervised overseas trained doctors, all at varying stages of training in many general practices across Australia. This has demanded some new approaches to teaching and learning in the general practice context. It is important in this environment that the learning experience of medical students is interactive and experiential.

Aim/objectives:

Teaching learners who are at different stages of their career in general practice is referred to as vertical integration of education and training. For learners to have a rich experience while on clinical placement it is crucial to create an environment where multi-level learning is enhanced and supported.

Discussion:

GP supervisors/preceptors need to create a collegiate learning and teaching environment in general practice to successfully train the next generation of doctors, while enhancing quality and care for their patients. If done well, patients and learners all benefit from a general practice community of learning.

Issues/questions for exploration or ideas for discussion:

Teaching and supervision can be very onerous, and we intend to outline factors to be considered and strategies to use when building a community of learning in general practice. Creating a positive experience for students during GP placements is crucial for attracting them to general practice in the future.

Student perceptions of clinical placement; an Australian evaluation

Lauren McTier¹, Nicole (Nikki) M. Phillips¹, Rochelle Wynne¹, Maxine Duke¹

¹Centre for Quality and Patient Safety Research, School of Nursing and Midwifery, Faculty of Health, Deakin University, Geelong, Victoria, Australia.

Background:

Education providers' ability to influence the quality of teaching and learning is reduced when students undertake learning in the clinical context. Emerging evidence suggests that clinical facilitators' attitudes and behaviours toward students are as influential on learning outcomes as the environment in which learning takes place.

Aim:

To evaluate undergraduate nursing students' experience of clinical placement and explore student perceptions of preceptorship, achievement of learning outcomes and satisfaction with University support.

Methods:

A 24-item survey including a 5-point agreement Likert Scale was distributed to all undergraduate nursing students (N = 3192), in 2016. Qualitative comments were coded and categorised.

Results:

Responses (n = 731, 22.9%) from 1st year (20.4%), 2nd year (45.1%) and 3rd year (34.5%) students, showed students were on average assigned to 4 (SD 2.3 Range 35) preceptors. Third year students had frequent preceptor changes (5.5, SD 5.4, $\chi^2(2) = 10.5$, p = 0.005). Overall students were satisfied with placement (n = 602, 82.4%), University support (n = 614, 84.9%), achievement of learning outcomes (n = 582, 80.7%), clinical supervision (n = 658, 90%) and preceptor attitude toward their learning (n = 624, 85.4%). Problematic aspects of placement were delays in receiving specific roster, changes in preceptor/s, negative preceptor attitudes and assessment delays.

Conclusions:

Despite overwhelmingly positive student perceptions of placement there are aspects that can be improved to enhance the student experience. In particular, the number of allocated preceptors an individual student may encounter and implications of summative assessment practices when multiple preceptors are involved.

Improving Clinical Pharmacology learning: Pharmacist-led teaching of first year clinical students

Avril Lee^{1 2}, Christopher Mysko^{1 2}, Laura Chapman^{1 2}

¹Waitemata District Health Board, Auckland, New Zealand

²School of Medicine. The University of Auckland, Auckland, New Zealand

Background:

It is well recognised junior doctors find prescribing difficult during their formative years¹. They report feeling unprepared and express concerns about content on prescribing in the tertiary medical curriculum². They make more errors than experienced clinicians³. In New Zealand, the final three years of medical degrees are placement focussed providing the opportunity for clinical workplace learning. In 2018 a new pharmacist led Clinical Pharmacology module was developed as a voluntary option for fourth year students; this included tutorials and clinical attachments with pharmacists for students.

Objectives:

The aim was to consolidate foundation knowledge, to enhance prescribing practice and to create cultural change through inter-professional relationship building by engaging in practical collegial activities, rather than didactic learning.

Discussion:

Students attended a pharmacist-led two hour practical prescribing tutorial followed by a clinical pharmacy attachment. They learnt how to complete thorough medication histories, contextualise the use of ten core medications and access appropriate resources. Documentation required sign-off by their pharmacist before submission to Medical School.

85% students completed the attachment (n=39). 100% of those students agreed / strongly agreed that the tutorial and attachment were valuable, and 96% reported improved confidence in skills, showing that the students valued this approach to learning.

This presentation will share our experience of implementing this pilot, and next steps.

Issues/ Questions for exploration or ideas for discussion:

This is a low cost and practical way for medical students to gain both explicit and implicit knowledge about prescribing and clinical pharmacology whilst building inter-professional understanding, providing a solid foundation for their remaining undergraduate years.

References:

1. Lee, A., Sheehan, D., & Alley, P. (2013). Medication safety and quality improvement in PGY1 teaching. *The New Zealand Medical Journal*, 126(1384)128.
2. Ross, S., & Loke, Y. (2009). Do educational interventions improve prescribing by medical students and junior doctors? A systematic review. *British Journal of Clinical Pharmacology*, 67(6) 662-670. <https://doi.org/10.1111/j.1365-2125.2009.03395>
3. Dornan, T., Ashcroft, D., Heathfield, H., Lewis, P., Miles, J., Taylor, D., et al (2009). An in-depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education: Equip Study. *London: General Medical Council*, 1-215.

Medical student clinical placements in General Practice as sites of learning and contribution

Anthea Dallas¹, Wei Samantha Hiew,² Robyn Woodward-Kron²

¹University of Tasmania, Australia; ²University of Melbourne, Australia

Introduction/background:

Clinical placements are key to developing work-ready graduates as students are immersed in workplace activities. Measuring students' contribution to the health service and evaluating students' learning experiences can be challenging due to the unpredictability of clinical workplaces and the learning environment. A 2017 pilot study of the bi-directional benefits of clinical placements found that contextual factors such as clinical rotation and curriculum warranted further study. Little is known about the benefits of clinical placement, for example, in the General Practice (GP) setting.

Aim/objectives:

To identify the bi-directional benefits of clinical placements in General Practice for medical students, patients, the practice, and the wider community. The study also sought to identify any learning opportunity gaps.

Methods:

The study is a mixed-method design using online survey, and activity profiling conducted as part of focus groups. It includes two medical schools located in urban/regional Tasmania and metropolitan/regional/rural Victoria. Students completing their GP rotation were invited to participate in the survey and activity profiling reflecting on their learning activities and contributions, learning gaps and opportunities.

Results:

The study commenced in September 2018 and concludes in June 2019, with data collection ongoing at both schools for each GP rotation.

Discussion: Discussion of the findings will take into account curriculum differences between the two schools, and the particular affordances of the GP learning environment including interprofessional learning opportunities and patient interactions.

Conclusion: These findings build on existing studies and provide a deeper understanding of student learning environments in a specialty rotation.

Constructive alignment with peer role play to improve learning on a hospital ward (Aged Care)

En Ye Ong¹

¹Eastern Health/Eastern Clinical School, Melbourne; Melbourne University.

Introduction/background:

Simulation-based education(SBE) such as roleplay is increasingly important due to reducing patient contact opportunities. Peer-based roleplay may be acceptable to learners and reduce resource requirements without being inferior especially with constructive alignment. (No literature on peer role play in Geriatrics).

Aim/objectives:

Review the literature and evaluate if constructively aligned peer role play is helpful in improving learning.

Methods:

A brief literature review (PubMed and ERIC) on medical peer roleplay and roleplay in Geriatrics for rationale, pros and cons and to design a peer roleplay teaching activity.

Evaluation will include pre-and-post learner self-assessment questionnaires +/- focus groups (engagement, perceptions, confidence with surveys/interviews of participants and their colleagues), and assessment of knowledge and skills (MCQ, MiniCEX).

Results:

Evaluation data suggest a high level of learner satisfaction, good engagement in the teaching activity (useful for their exams and future clinical practice). Data on improvement in knowledge and skills is pending.

Discussion:

Learners approve of peer roleplay (especially as relevant to assessment/ constructively aligned) and wish for more. Feasibility (resources and time) continue to be a challenge possibly ameliorated by registrar (near-peer) engagement and clearly marking rubrics.

Conclusions:

Peer roleplay teaching will become increasingly important with limitations to patient access. Preliminary evidence suggests it can be successful for teaching skills, however, it remains to be seen if wider adoption without a champion will be successful.

Clinical Supervision in a changing environment

Nyoli Valentine¹,

¹ModMed Institute for Health Professions Education

Introduction/background:

To ensure Australia has a healthy future, doctors need to have a broad range of competencies. For trainees to learn and develop these competencies, competent supervisors are needed. This is more than just teaching “apprentices” and hoping the trainee will absorb all they need to know from simply seeing patients, but embracing the curriculum and competencies that are required of our future workforce. The medical educational literature is rapidly growing but many supervisors are unaware of the advances made due to competing clinical demands and a difficulty in translating literature into practice.

Aim/objectives:

To develop a supervisor course which translates best available evidence in medical education into the practical skill of being a supervisor.

A comprehensive review of the health education literature was conducted. Educational concepts were translated into clinical practice and case studies. Content was developed into case based learning with principles of programmatic assessment framework applied. This was then piloted with supervisors and an evaluation of learning outcomes and acceptability of use undertaken.

Discussion:

John Dewey said *'if we teach today's students as we taught yesterday, we rob them of tomorrow.'* Supervisors are able to be coaches, facilitators, professional, scholars, role models and assessors to assist trainees in their life-long learning journey. Evidence from best practice in medical education can be translated into an online course which is relevant for supervisors in their daily teaching.

Issues/questions for exploration or ideas for discussion:

How can clinicians be engaged in developing ongoing supervision skills?

Leading in Learning: growing the capability of the health service employee to support students through interprofessional supervisor training

Kim Boniwell¹, Meegan Callinan¹, Michelle Rutherford¹

¹Eastern Health, Victoria, Australia

Introduction/background:

At a large Victorian public health service, a key strategic focus is to build a high performing organisation that is 'Leading in Learning'. The health service facilitates students from Medicine, Nursing, and Allied Health pre-registration programs to complete more than 80,000 clinical placement days a year. The health service also offers learner programs to employees from novice to advanced specialty practice.

All learners are supervised throughout their program or placement by health service employees. Students and learners need supervisors with evidence-based knowledge and experience in supporting learning in the clinical context in order to provide a positive and safe learning environment which stimulates growth and development. The health service also needs to provide a high standard of clinical practice supervision to ensure patient and staff safety and to maintain contractual commitments, as independent assessors of students attending placements.

Aim/objectives:

The objective of this discussion is to outline the new and innovative learning program developed at Eastern Health to facilitate Supervisor training to support learners from all professions.

Discussion:

A small Interprofessional working group was established to develop a contemporary program for 2019. This new program consists of online modules and half day face-to-face workshops that provide foundational knowledge in line with current best practice frameworks. The program facilitates a consistent and standardised interprofessional approach and leverages the impact of creating a positive learning environment for students and employees.

Learning Circles: augmenting the placement experience.

Zoë Murray¹, Bernadette Sebar¹, Anne Roiko¹, Gary D. Rogers¹

¹Griffith University, School of Medicine, Gold Coast, Queensland, Australia

Introduction/background:

A challenge for convenors of placement experiences in higher education health programs is that the learning environment in which placements occur is relatively out of their control and the real-life pressures of the work is by necessity the priority. Practicum convenors need strategies that engage students in learning, support student transition from traditional learning to reflective experiential learning and help build resilience. Learning circles are emerging as a learning strategy for use by practicum convenors.

Aim/objectives:

The aim of the presentation is to overview the introduction of on-campus learning circles to augment learning occurring on public health and environmental health practicums.

Discussion:

The practicum convenor facilitated fortnightly learning circles over a 12-week trimester. Students were required to submit learnings from at least three. Content analysis revealed the dominant theme regarding perceived learning was that of good practices, followed by dealing with emotions and tensions and working on self-confidence. When asked about the value of learning circles students indicated that they appreciated the opportunities to share experiences, to hear and learn from others' experiences, and to practice having a 'voice'. The learning circle process used was connected to feelings of accomplishment from being able to contribute, reduced stress from knowing others were having the same issues and learning strategies to deal with them; and gaining deeper insights from questions raised, reflection, and feedback.

Issues/questions for exploration or ideas for discussion:

Learning circles are a strategy that can be used to augment practicum learning.

Preparation for Placement: Development of an Online Module for Health Students

Lana J Mitchell^{1,2}, Jena Buchan^{1,2}, Jenny Campagnolo¹, Kelly Clanchy¹, Andrea Hams¹, Simone Howells¹, Zoe Murray¹, Christine Randall^{1,2}, Ganeshan Rao¹, Danny Sidwell¹, Tanja Weinbrecht¹

¹Griffith University of Australia, Gold Coast, Australia

²Menzies Health Institute Queensland, Australia

Introduction/background:

Preparing students for the professional, interpersonal, learning and emotional requirements of placement is essential. A self-directed online module provides scalable, standardised student training that can be self-paced and reviewed as needed.

Aim:

The aim of this study was to develop and evaluate an online 'Preparation for Placement' module.

Methods:

An expert multi-disciplinary group of health academics and Learning and Teaching Consultants was convened. The working group reviewed available content and planned module topics. Two-three subject matter experts created content while the whole group reviewed and educationally designed topics within Blackboard. A design-based research approach was used to evaluate and finalise content, including working party review, expert feedback, and student piloting, with feedback then incorporated. Pre- and post online surveys were embedded within each topic to capture student data around degree and topic confidence and understanding.

Results:

An online module was developed covering the topics of: Professionalism, Communication, Optimising Learning and Emotional Resilience. Content was reviewed by 12 working party members and 8 placement experts, then piloted with 159 students (providing student numbers) across seven degrees.

Consent to use responses for module evaluation was received from 143 respondents. Perceived confidence increased after module completion, with 91.5-97.6% agreeing/ strongly agreeing depending on the topic (improving for 24.8-40.6% of students). Understanding topic requirements for placement was even higher, with 95.3%-98.3% agreeing (improving for 40.9-48.2%).

Discussion:

A comprehensive online preparation module improves student confidence and understanding of placement-related information.

Conclusions:

The module will be available for all institution health disciplines, with ongoing evaluation.

Pod 3 10:30

Translating a learning and teaching vision to reality: a new era in health service interprofessional governance

Kath Riddell¹, Michelle Rutherford¹, Nicole Argall¹, Laura Gaskin¹, Peter Mellow¹

¹Eastern Health, Victoria, Australia

Introduction/background:

Establishing the Interprofessional Learning and Teaching Directorate at a health service in Victoria required a significant cultural and transformational change for the organisation. Traditional models, practices, structures and paradigms have been shifted to shine a spotlight on 'Learning' which is now one of the five strategic priorities for the organisation.

Aim/objectives:

The objectives of this discussion are to outline the new governance and structure implemented in the establishment of a Learning and Teaching Directorate. The short-term and long-term goals for interprofessional learning and collaboration will be also discussed.

Discussion:

The strategy and structure for Learning and Teaching involved internal and external stakeholder engagement and consideration of recommendations from two external consultants. The new structure was realigned to focus on the key areas of student programs across professions, transition to practice, advanced and specialty practice and strengthening practice capability of the existing workforce. In addition, an e-learning solutions, technologies and simulation based learning unit was established to support the operations of the streams.

Driving the Learning and Teaching strategy requires working in partnership with education partners and all the internal organisational directorates, governance systems and committees to understand emerging risks, performance gaps and to align learner programs. Partnership will facilitate co-design of learning solutions and support the provision of interprofessional and cross service learning experiences.

This milestone new structure positions the health service at the forefront of Industry based health education and lays a strong foundation for a 'high performing organisation'.

Beyond inter-professional insight: The value in taking a grassroots approach

Charmaine Bonus¹, Robyn Dalziell¹, Sandra Warburton²

¹The University of Sydney, Sydney, Australia ²Westmead Hospital, Westmead, Australia

Introduction/background:

This pilot comprised a series of inter-professional learning (IPL) activities, for medical, nursing and dentistry students at the Westmead Precinct (WP). These disciplines are now united under the University of Sydney Faculty of Medicine and Health (FMH); providing unique opportunities for IPL. Various small, mixed-group, extra-curricular, reciprocated observational IPL activities were conducted, avoiding institutional barriers to implementation, and enabling qualitative student feedback.

Aim/objectives:

To evaluate student readiness for, and perceptions of, inter-professional collaboration.

Methods:

Mixed methods, including a focus group, pre- and post- activity surveys using the Interdisciplinary Education Perception Scale, and short answer questions.

Results:

During the medicine-focused activity, nursing and dentistry students gained insight into the specialised role of medicine in patient care, and recognised areas of shared patient care responsibilities within their disciplines. Medical students demonstrated the most engagement in the nursing-focused activity. Medical students also found the most significance for their future self-practice in the debriefing session following the simulated, sentinel event.

Conclusions:

There are broad institutional objectives to implement IPL, particularly in contexts of unique opportunity such as the restructured FMH and redeveloped WP. However, there lacks grassroots initiatives collecting data on student perceptions and experiences of small, periodic IPL activities throughout the duration of their respective degrees. There is value in examining data at this level for informing larger scale IPL plans and future professional practice. This work aims to serially build a platform of data to this benefit.

Enhancing the capacity for interprofessional collaboration in a university student-led, multi-professional health clinic

Melanie Moore¹, Allyson Flynn¹, Julie Priestley¹, Sharryn Sims¹, Sally Jackson¹, Wendy Alford¹, Jacqui Etherington¹

¹Affiliation University of Canberra, Canberra, Australia

Introduction/background:

Interprofessional collaboration and practice is known to improve health care outcomes. Early exposure to interprofessional learning for health professional students shapes professional competencies and attitudes, ensuring students gain the communication and interpersonal skills required for future interprofessional collaboration.

Aim/objectives:

To assist health professional students build the knowledge, skills, and attitudes necessary for effective collaboration through undertaking facilitated interprofessional learning activities.

Discussion:

Through a quality improvement framework, a structured interprofessional learning program was implemented at the University of Canberra Health Clinics. Participants were students on placement at the University of Canberra Health Clinics from the following professions: Clinical Psychology, Exercise Physiology, Nutrition and Dietetics, Occupational Therapy and Physiotherapy. Four activities were implemented: team-based case study workshops; interprofessional clinic observations; integrated participation in group service delivery; and social engagement activities. Facilitators were clinical educators from the University of Canberra Health Clinics. Quantitative and qualitative data was collected through surveys administered post activity, which explored students' knowledge, skills and attitudes toward the activity. Preliminary findings indicate enhanced knowledge and understanding of

both the students own professional identity and their understanding of other profession's roles within a health care team. Improved attitude and understanding of the importance for collaborative practice in patient centred care was also demonstrated.

Issues/questions for exploration or ideas for discussion:

Future directions to determine the preferred activity to maximise interprofessional learning and student collaboration within the student led interprofessional health clinic.

Interprofessional education in Advanced Life Support simulation: Assessing team functioning, communication and perceptions of nursing and medical students

Ashlee Forster¹, Sharee Stedman¹, Belinda Swyny¹, Debora Osborne² and Benjamin K. Barry¹

¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia

²School of Nursing and Midwifery, The University of Queensland, Brisbane, Australia

Introduction:

Interprofessional collaboration in clinical settings improves the quality of patient care. Foundations of collaborative care lie in interprofessional education (IPE) of students, which is an emerging field of interest for stakeholders in health care (e.g. hospital and health services, and the community) and accreditation bodies. Within the Clinical Practice program at The University of Queensland, second year medical students undertake a half-day Advanced Life Support (ALS) simulation workshop that provides an excellent platform for IPE. The medical program has partnered with the Master of Nursing Studies to facilitate IPE between medical and nursing students.

Aim/objectives:

To introduce interprofessional education to clinical skills teaching and raise student awareness of the importance of IPE. To evaluate student perceptions of the IPE experience using a standardised survey tool along with observational studies. Results will be compared to a control group of medical students only.

Discussion:

Medical and nursing students are training to work in clinical environments alongside many other health professionals, sharing expertise and functioning as a team to deliver patient-centred care. Key concepts of successful interprofessional collaboration include team functioning, role clarification, communication, conflict resolution and leadership. Student education and training should prepare graduates for this working environment by facilitating immersive IPE experiences.

Issues/questions for exploration or ideas for discussion:

- 1) Student perceptions on the IPE experience.
- 2) What are the merits and feasibility of extending this IPE workshop to include other professions, such as paramedicine?
- 3) Exploring the scope to embed longitudinal exposure to IPE in the clinical skills curriculum.

Which learning activities enhance physiotherapy practice? A systematic review and meta-analysis.

Edmund Leahy^{1,2,3}, Lucy Chipchase^{2,4}, Marlana Calo³, Felicity Blackstock²

¹Northern Health, Melbourne, Australia

²Western Sydney University, Sydney, Australia

³La Trobe University, Melbourne, Australia

⁴University of Canberra, Canberra, Australia

Introduction/background:

Following graduation from entry-level education, physiotherapy expertise requires career-long participation in learning activities due to a rapidly expanding evidence base. Determining which learning activities enhance clinical expertise and the incorporation of research into practice, would enable the physiotherapy profession to make informed decisions about the allocation of professional development resources.

Aim/objectives:

To evaluate which learning activities enhance physiotherapy practice.

Methods:

Eight databases were searched to March 2017. Randomised controlled trials (RCTs) evaluating physiotherapy learning activities were included. Both clinician (physiotherapist knowledge, affective attributes and behaviour) and patient outcomes were of interest. Risk of bias assessment was completed using the PEDro scale. Meta-analysis and GRADE were used to synthesise results as appropriate.

Results:

Twenty-six RCTs were identified. Twenty studies reported therapist outcomes and nine reported patient outcomes. There was limited evidence that professional development courses improved physiotherapist knowledge and low-level evidence that peer assessment and feedback was more effective than case discussion at improving knowledge (SMD 0.35, 95%CI 0.09 to 0.62). There were inconsistent results for the effect of learning activities on affective attributes. Courses with active learning components appeared more effective at changing physiotherapist behaviour. The completion of courses by physiotherapists did not improve patient outcomes however the addition of a mentored patient interaction appeared impactful.

Conclusions:

Current evidence suggests active approaches such as peer assessment and mentored patient interactions should be used when designing learning activities for physiotherapists. Further research is required, as current evidence is of low quality and has significant variability in outcomes measures and interventions.

**A novel research program for undergraduate health professionals:
'Undergraduate Paramedic Student Research Engagement
Academy' (UPSTREAM)**

Paul Simpson¹, [Liz Thyer](#)¹

¹Western Sydney University, Sydney, Australia

Introduction/background:

Australian undergraduate health science degrees routinely include coursework-based research content, teaching students to be 'research consumers', analysing and critiquing research, rather than 'research producers'. Some health science degrees include Honours for students wishing to extend their studies or transition into postgraduate research. However, inclusion of a 'hands-on' research program where undergraduate students, starting at first year, engage as 'research producers' is a novel addition to a health curriculum. The Western Sydney University **Undergraduate Paramedic Student Research Engagement AcadeMy** (UPSTREAM) offers interested students the opportunity to form a peer-based research team and conduct a study under supervision, exploring a research project via active learning and exposure to all phases of the cycle of research from conception to publication.

Aim/objectives:

The object of this presentation is to describe the UPSTREAM program over four years of activity, and to subject the current model to broader critique and discussion with the aim of developing a transferrable and sustainable model.

Discussion:

UPSTREAM is successful due to the high level of commitment from the students and academics involved. It has, to date, engaged 44 students, resulting in 4 student-led publications, 22 conference presentations, and one enrolment in a higher research degree. However, its extracurricular nature creates financial barriers and academic workload pressures that are yet to be reconciled and transferred into a sustainable model.

Issues/questions for exploration or ideas for discussion:

How can this successful initiative be translated into a sustainable model for student and staff within an undergraduate health science program?

Strategically identifying allied health research assets in a start-up context: A rapid review

Olivia King^{1, 2} and Rosalie Boyce¹

¹Barwon Health (Geelong) and South West Health Care (Warrnambool), Australia

²Monash Centre for Scholarship in Health Education, Clayton, Australia

Introduction/background:

Recent state-wide investment resulted in new allied health research capacity building (RCB) and translation roles in Victoria.

Aims/objectives:

The study aims to accelerate RCB by: analysing baseline research activity and service evaluation projects using existing secondary data resources from 2016-18¹; identifying patterns of engagement and mapping activity to the Allied Health Research Continuum; and assessing research literacy and potential to convert research-active allied health professionals (AHPs) to higher levels of engagement, achievement and impact.

Methods:

Research assets were identified via review of secondary data sourced from publicly available documents: BSW and Grampians Allied Health Conference (2016, 2018) and Victorian Allied Health Research Conference (2017) programs. Programs were searched for evidence of research and evaluation studies selected for oral presentations, posters and workshops/symposia. This enabled identification of a cohort of research active AHPs in the BSW region. Content analysis will be undertaken to identify patterns in the research undertaken.

Results:

Patterns in the type and clinical focus of research and in the types of AHPs (e.g. physiotherapists, dietitians etc.) more frequently undertaking and presenting research will be identified.

Discussion:

Some AHP-driven projects will be identified as having potential to result in peer-reviewed publication; others may progress to research projects. Candidates for higher degree research may also be identified. RCB will support these transitions.

Conclusion:

This novel approach to establishing the strengths, capacity, and patterns in research and evaluation work will contribute to a regional research strategy; facilitate community engagement and development, and provide a mechanism to develop individual researchers.

Can allied health clinicians see more patients during student placements? A systematic review with meta-analysis

Elizabeth Bourne¹, Kate Short², Lindy McAllister¹, Belinda Kenny¹

¹University of Sydney, Sydney, Australia

² Liverpool Hospital, South West Sydney Local Health District, Australia

Introduction/background:

Allied health clinicians are concerned about the impact of student placements on their patient care time and activity levels. Quantitative data have not been synthesised since 1998. This systematic review analyses quantitative evidence from patient care time or activity measures.

Aim/objectives:

This paper reports on nutrition and dietetics, occupational therapy, physiotherapy and speech pathology data. It compares quantitative data with and without students in healthcare facilities from measures of 1) patient activity level, 2) direct clinical time, 3) clinical billed units, and 4) productivity.

Methods:

A systematic search by two authors identified peer-reviewed literature since 1990. Included studies reported clinician- recorded data in one or more quantitative measures. Papers were rated for quality, and effect size calculations and meta-analysis were completed.

Results:

23 publications were identified, with 17 suitable for effect size calculations. Methodological similarity was sufficient for conduct of four meta-analyses. Pooled results for activity levels and direct clinical time favoured significant increases during student placements. Clinical billed units and productivity analyses were not significantly different in periods with students compared to periods without students.

Discussion:

Current evidence demonstrates the potential for increased patient activity during allied health student placements. However, increases in patient activity and direct clinical time mostly contrast with reported clinician perceptions. Consistent with clinician perceptions, student level or placement length may affect quantitative measures during student placements.

Conclusions:

Allied health clinicians may be able to maintain or increase their usual clinical activities during student placements. Recommendations for future high-quality research are provided.

Does the context of an examination influence student performance in anatomy and pathology disciplines for clinical science courses in a medical program?

Benjamin K. Barry¹, Pavla Simerska², Claire Aland³, Mark Midwinter³, Nicholas Hawkins², Suja Pillai³, Iulia Oancea¹

¹ School of Clinical Medicine, The University of Queensland, Brisbane, Australia.

² Office of Medical Education, The University of Queensland, Brisbane, Australia

³ School of Biomedical Sciences, The University of Queensland, Brisbane, Australia

Introduction:

Clinical science examinations for the medical doctorate at the University of Queensland are conducted in the classroom and also in a spotter examination format in the gross anatomy facility. This assessment scheme is typical of medical and other health professional programs. In many instances the examination questions posed in these two contexts are extremely similar; certainly in terms of content and often also in style. The spotter examinations are logistically intensive to run.

Aim:

To identify if student performance differs in anatomy or pathology discipline knowledge depending on the context of an examination.

Methods

With permission from the institutional ethics committee, examination data were collated for classroom and spotter examinations for cohorts of year-1 students from 2017 and 2018. Questions in these exams were labelled according to discipline (anatomy or pathology) and constituent sub-disciplines (gross anatomy, radiographic anatomy, histology). Statistical comparisons of student performance were conducted with repeated measures designs, with examination context and discipline as factors.

Pod 4 13:30

An exploration of allied health (AH) students' perceived stress, resilience and wellbeing during work integrated learning (WIL) placements in healthcare settings.

Janna Lutze¹; Emily Peelgrane¹

¹ Canberra Health Services, Canberra, Australia

Aim:

Students experience stress during educational training. This stress may be heightened during WIL placements. This study aimed to explore students' perceived stress, wellbeing and resilience during WIL placements in the AH profession populations, which has not been widely investigated.

Methods:

A mixed-methods approach was taken with sequential design. Students completed an online quantitative survey incorporating a modified Perceived Stress Scale 10 (PSS-10), followed by qualitative semi-structured interviews exploring students' perceived stress, and understanding of resilience and wellbeing. Only qualitative results are discussed.

Results:

Five themes emerged. These were: (1) A whole new world, (2) Great expectations, (3) Wanting to impress, perform and feel safe, (4) Getting to the finish line, unscathed, and (5) Perceived barriers and enablers for healthy placements. Stressors included assessment, university assignments, busy supervisors, responsibility for patients, and the transition to the clinical environment. Students employed positive coping strategies to manage wellbeing including seeking emotional support from friends, family and peers, and establishing routines. Students described resilience in terms of reactive coping, rather than proactive managing of stressors.

Discussion:

AH students from five disciplines experienced similar stress, stressors and wellbeing in the WIL environment. Supportive supervisors/clinical educators, and coming together with student peers on placement, ameliorated some of the stressors experienced. Resilience is well placed as an appropriate intervention to support student wellbeing.

Conclusion:

Students across a range of health professions share an uncertain transitional experience into the WIL environment, and interventions to support wellbeing during this period should be explored, and may be delivered interprofessionally.

Mental Health First Aid for allied health clinical educators

Kristin Lo¹, Geoffrey Ahern^{2,3}, Alyssia Rossetto^{4,5}, Melanie Farlie^{1,6}

¹Monash University, Frankston

²Deakin University, Burwood

³Eastern Health/Victorian Police Mental Health and Police (MHaP) Response

⁴University of Melbourne, Parkville

⁵MHFA England, London, UK ⁶Monash Health, Clayton

Introduction:

Health professional students may have mental health issues and clinical educators do not feel confident to support them. We assessed whether providing Mental Health First Aid (MHFA) training to clinical educators increases confidence to support students with mental health (MH) related issues, helps them recognise/support people with mental health issues and encourages them to provide help.

Methods

Allied health clinical educators from a tertiary health service attended a two-day MHFA course. Participants completed pre/post workshop evaluations. Quantitative data was analysed using independent t-tests and qualitative data was analysed using content analysis.

Results

Twenty-four clinical educators attended. Pre (n=21) and post (n=23) surveys were completed. The confidence to manage students with MH issues increased significantly ($t(34.4)=5.868$, $p<0.0001$). The difference in the MHFA management plan (A.L.G.E.E) score for the depression/suicide scenario was $t(30.4)=5.39$, $p<0.0001$ and for the post-traumatic stress disorder/anxiety scenario was $t(30)=2.146$, $p=0.0401$. MH knowledge increased significantly ($t(24.8)=3.94$, $p=0.0006$). The key behaviours that participants were going to change as a result of this workshop were: continuing to have conversations with students about MH issues, stop being judgemental of people with MH issues and to start using A.L.G.E.E.

Discussion:

MHFA increases clinical educators' ability to identify appropriate management strategies. Clinical educators wished to start: talking with students even if they were difficult conversations and ask questions of students whilst providing support. Participants also highlighted the importance of looking after their own health, including practising mindfulness.

Conclusion

MHFA increases clinical educators' confidence and knowledge to manage students with mental health issues.

An exploration of allied health (AH) students' perceived stress, resilience and wellbeing during work integrated learning (WIL) placements in healthcare settings.

Janna Lutze¹, Emily Peelgrane¹

¹Canberra Health Services, Canberra, Australia

Aim:

Students experience stress during educational training. This stress may be heightened during WIL placements. This study aimed to explore students' perceived stress, wellbeing and resilience during WIL placements in the AH profession populations, which has not been widely investigated.

Methods:

A mixed-methods approach was taken with sequential design. Students completed an online quantitative survey incorporating a modified Perceived Stress Scale 10 (PSS-10), followed by qualitative semi-structured interviews exploring students' perceived stress, and understanding of resilience and wellbeing. Only qualitative results are discussed.

Results:

Five themes emerged. These were: (1) A whole new world, (2) Great expectations, (3) Wanting to

impress, perform and feel safe, (4) Getting to the finish line, unscathed, and (5) Perceived barriers and enablers for healthy placements. Stressors included assessment, university assignments, busy supervisors, responsibility for patients, and the transition to the clinical environment. Students employed positive coping strategies to manage wellbeing including seeking emotional support from friends, family and peers, and establishing routines. Students described resilience in terms of reactive coping, rather than proactive managing of stressors.

Discussion:

AH students from five disciplines experienced similar stress, stressors and wellbeing in the WIL environment. Supportive supervisors/clinical educators, and coming together with student peers on placement, ameliorated some of the stressors experienced. Resilience is well placed as an appropriate intervention to support student wellbeing.

Conclusion:

Students across a range of health professions share an uncertain transitional experience into the WIL environment, and interventions to support wellbeing during this period should be explored, and may be delivered interprofessionally.

‘You’re not necessarily trying to provide comfort, but that’s often what they want ...’ the nuance of touch for the new and naive.

Lorna Davin¹, Jill Thistlethwaite² Emma Bartle³

¹University of Notre Dame, Fremantle, Australia

²University of Technology, Sydney, Australia

³University of Queensland, Brisbane, Australia.

Introduction/background:

In a time of the #MeToo movement, a heightened awareness of child and elder abuse, and an increase in the incidence of domestic violence, along with increasing social isolation, the notion of touch in the clinical context has increasing layers of complexity.

Aim/objectives:

A qualitative, longitudinal study initially asked 8 medical interns ‘how have you learned to express compassion for your patients when working in the clinical context?’

Methods

The participants recorded regular journals and were interviewed every 4 months. During their first interview each intern was asked ‘whether they used non-clinical touch in their provision of compassionate patient care?’

Results:

Key themes identified included the learner’s feelings, actions and behaviours as they observe role models and interact with patients. The use of time, talk, and identity including: gender, age and professional role, coupled with place, were central to the use of touch.

Discussion

There is an expectation in medicine that medical students and doctors use touch appropriately. Yet what is perceived to be appropriate is open to interpretation and context specific.

Conclusions:

As educators we need to consider how we support our medical students in navigating this complex domain of human intimacy where boundaries between clinical and compassionate care are permeable.

Taking the Pulse- students journey of health and wellbeing for success in an undergraduate training

Karen Blackwood¹, Jayne Webster², Karin Govaerts¹

¹School of Occupational Therapy, Otago Polytechnic, Dunedin, New Zealand

²School of Occupational Therapy, Otago Polytechnic, (Wintec/Hamilton satellite campus), New Zealand

Introduction:

Assessment outcomes and qualification attainment are not the only markers of learner success. Success also relates to students' journeys and transformations that occur throughout their undergraduate study. With this in mind, we determined to explore student journeys with a focus on wellness and wellbeing.

Aim:

This presentation will identify factors that influence and impact occupational therapy student wellness over the course of the academic year and undergraduate programme.

Methods:

Over the course of an academic year, up to two students from each year cohort were allocated to one of four one-hour-long focus groups at each campus. Eight focus groups were run over the year. Transcriptions of each interview were then analysed using the Qualitative Analysis Guide of Leuven (QAGOL).

Results:

From the three areas of wellbeing, learning, and professional identity, we have learnt that a range of issues, not necessarily connected explicitly with the academic programme, can influence students' success.

Discussion:

The key areas which influence students' success in their journey for their qualification attainment; where they are at in regards life skills when they commence the programme, capacity to adapt their style of learning & the critical importance of fieldwork although this was also seen as a factor that could often impact on their wellbeing.

Conclusions:

This study has allowed for snap-shots at points along the student's journey. We have obtained a range of student perspectives, which has enabled us to better inform curriculum design as well as ensure student success in relation to effective support systems.

Supporting students to support peers: a qualitative interview study

Jane Graves¹, Eleanor Flynn², Robyn Woodward-Kron², Wendy Hu³

¹Western Sydney University, Sydney, Australia

²University of Melbourne, Melbourne, Australia

³Western Sydney University, Sydney, Australia

Background:

High rates of psychological distress and suicidal ideation are experienced by medical students globally. Medical students are reluctant to seek support due to perceived stigma and fear of negative impact on their career trajectory. In medical programs, peers are likely the first to recognise signs of a medical student in distress.

Aim:

This study sought to understand how medical schools could better support peer support strategies.

Methods:

Medical students at two Australian medical schools were invited to participate in semi-structured telephone or face to face interviews. Participants were recruited from wellbeing interest groups and the general cohort. To ensure anonymity, students were interviewed by researchers from the other, interstate, medical school. Interview recordings were transcribed. Identifying details were removed from verbatim transcripts by the interviewer, then independently analysed by another researcher for emergent themes.

Results:

Participants readily identified numerous causes for distress in peers. Being in frequent and direct contact increased awareness of their peers' wellbeing and facilitated identification of any distress. Mental health (MH) stigma and confidentiality concerns were seen as barriers to open MH peer discussions. Despite this, friendship groups were seen as the primary form of support. Participants readily identified strategies for medical schools to facilitate peer support. Formalising peer support, however, generated mixed responses.

Conclusions:

Our findings confirm that students are well placed to identify and support peers in distress, but not all students support formal peer support roles. Future research is needed to confirm findings and explore the acceptability of suggested strategies.

Wellbeing@Work Study

Reigen-Janice¹, Heap-Naomi¹, Mysko-Christopher¹, Miller-Ellen¹, Patel-Dhruvi¹

¹Waitemata District Health Board (Waitemata DHB), Auckland, New Zealand.

²University of Auckland, Auckland, New Zealand.

Background:

Waitemata DHB is using the World Health Organizations (WHO) Healthy Workplace definition and model to look at health, safety and wellbeing. An expanding evidence base supports that the healthcare workforce is demonstrating increasing signs of poor health and wellbeing. This also has inextricable links to the safety and quality of experience, care and outcomes delivered.

Collaborated work with the University of Auckland and the Medical Education Training Unit, decided to explore our workforces perceptions of their wellbeing through a psychosocial risk perspective. These factors have been identified to be central to individual, team and organisational wellbeing. WHO identify that creating healthy workplaces is the right, legal and smart thing to do.

Methods:

A systematic literature review was completed and a Wellbeing@Work survey was designed. This integrated the WHO-5 Wellbeing Index and elements of the Second and Third version of the Copenhagen Psychosocial Questionnaire, using a six-point Likert scale as a measure. Key areas were identified to pilot this work. Data was stratified in order to appreciate the relationships between workforce demographics and their perceived views of their wellbeing.

Results:

Key themes extracted from these baseline results are being used to inform further strategic planning to improve the wellbeing of our workforce.

Discussion:

Through a blue sky thinking perspective what role do educators have in contributing to this area of work? How can we demonstrate a commitment to improvement, using our workforces knowledge and expertise? What can be done at national and international levels to recognise and contribute to this?

Note:

This is a provisional draft due to key leads in this project being currently away for two weeks. We would like their input into the abstract, to ensure we are representing the work correctly. Additionally,

we will need to work with them to decide whom would present the work therefore we have left this blank. Thank you for your patience.

Self-care among trainee clinical psychologists: Definition, practices and perceived barriers

Bridgette Martin¹, [Dimity Crisp](#)¹

¹Centre for Applied Psychology, Faculty of Health, University of Canberra, Canberra, Australia

Introduction/background:

Pursuing a career in mental health can be a rewarding endeavour. However, heavy workloads which can include exposure to distressing content, complex ethical dilemmas, and a high level of professional responsibility, make psychologists vulnerable to experiencing high levels of stress and burnout. Trainee clinicians are at a further enhanced risk. While self-care is a widely endorsed approach to mitigating the psychological hazards inherent in the psychology profession, limited research has focused on individual self-care during the training period.

Aim/objectives:

The current study is a pilot investigation of self-care among trainee clinical psychologists.

Methods:

Sixteen trainee clinical psychologists participated in semi-structured interviews where they were asked to reflect on different aspects of self-care including its definition, practices, and perceived barriers. Data was analysed using thematic analysis.

Results:

Trainees reported understanding self-care in a manner consistent with definitions in past research. Self-care practices (type and frequency) varied across individuals, with the most common practices including social connection, exercise, pursuing leisure activities, healthy eating and sleep hygiene. Prominent barriers to engaging in self-care included time, financial constraints, environmental barriers (e.g. rigid course structure, lack of support, emotional contagion), as well as a lack of knowledge about self-care.

Conclusions:

The current study provides unique insight into the understanding and experience of self-care amongst trainee clinicians. Findings have implications for future research examining the need for successful integration of adequate self-care education into clinical training programs.

Understanding the motivations and barriers for International Medical Graduates practising in remote and rural regions

Bunmi Malau-Aduli¹, Amy Smith¹, Louise Young¹, Tarun Sen Gupta¹, Richard Hays¹

¹James Cook University, Townsville, Australia

Introduction/background:

International Medical Graduates (IMGs) seeking licensure in Australia are recruited to address health work force shortages in remote and rural regions (RRRs), but retention of this group of general practitioners (GPs) is an ongoing challenge.

Aim/objectives:

This study aimed to describe the motivators (attractors) and barriers (challenges) of IMGs living and working in RRRs.

Methods:

Semi-structured interviews were conducted with IMG Registrars (n=6) and Supervisors (n=5) living and working in RRRs of Queensland, Australia. Interview transcripts were thematically coded using a grounded theory approach.

Results:

Perceptions of willingness and capacity to continue practising in RRRs were the overarching determinants of their decision. These were influenced by, for example: legislation, prior experience in RRRs, family considerations, preferences for lifestyle and work conditions, feelings of belonging, being valued and supported, social support, and access to educational, religious, cultural, travel and entertainment opportunities. Whether these factors acted as motivators or barriers was individually determined based on how they coped or managed the situation.

Discussion:

While the factors identified for IMGs may resemble previous research about GPs, in general, the IMG unique decision-making context (e.g., based on legislation, and cultural differences), shift the prioritisation and weighting of these criteria in their decision-making process.

Conclusions:

Communication and support programs designed to improve GP retention in RRRs may be enhanced by ensuring they are tailored to address the unique needs and constraints of IMGs.

Pod 5 13:30

‘Groupwork was fun!’ – using object-based and inter-disciplinary peer-assisted learning to promote Ethics and Professionalism in Optometry

Cham Kwang Meng¹, Heather Gaunt¹

¹University of Melbourne, Victoria, Australia

Introduction/background:

Scholarship on teaching health ethics is limited in Optometry. There are no existing research focussing on the key conceptual content for an optometric curriculum.

Aim/objectives:

This project aims to provide inter-disciplinary learning and engagement for students in Optometry, Arts Management/Curatorship and Animation. Focused on the physical environment of the Grainger Museum, students experienced object-based learning opportunities in group contexts, designed to promote personal and professional learning and reflection in the areas of ethical dilemmas, communication and collaboration across different disciplines.

Methods:

Optometry students experienced activities that focused on ethical dilemmas, including dealing with present or future ‘moral distress’ in health professional contexts. Arts Management/Curatorship students provided insights and ways of connecting to the selected objects, and Animation students assisted in the video production.

Results:

Together, 84% of the students (n=70, 100% response rate) reported that this task increased their understanding and awareness in professionalism and health ethics. 86% believed that their communication and inter-personal skills will improve after this activity. 89% found group work more enjoyable compared to previous experiences.

Discussion:

The project has enhanced students' awareness in professionalism and ethical dilemmas. All students have an increased understanding and awareness of professionalism, teamwork, communication and collaboration across different professions and perspectives.

Conclusions:

This project has provided specific supported learning opportunities for students across disciplines to engage in unique ways. It has encouraged them to consider and appreciate the perspectives and skills of students from other disciplines, and how to communicate and work effectively in team-based settings.

Embedding a palliative care simulation into an interprofessional curriculum

Marie-Claire O'Shea¹, Nathan Reeves¹, Claire Palermo², Gary Rogers³, Lauren Williams¹

¹School of Allied Health Sciences, Griffith University, Australia

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

³School of Medicine, Griffith University, Australia

Introduction/background:

Griffith University palliative care simulation in 2014 included Exercise Physiology and Dietetics students. In 2017, pharmacy and social work students were added.

In 2018, an initiative to strengthen the learning and teaching aspects of this simulation-based learning experience was undertaken. The PCC4U (Palliative Care Curriculum for Undergraduates) Graduate Capabilities were embedded into this simulation activity.

Aim/objectives:

To redevelop, implement and evaluate a palliative care IPE simulation to meet the PCC4U Graduate Capabilities (2017).

Discussion:

A purpose designed, three-phase online learning module was developed and included relevant readings and self-reflection guides. An embedded MCQ quiz enabled students to demonstrate minimum learning thresholds before embarking on the simulation activity. The 5.5-hour activity included a 30-minute briefing, 30-minute IPE case conference and a 30-minute group debriefing. The remaining 4-hours included a series of patient consultation and educational workshops. Feedback from peers, facilitators and SPs were integrated throughout the simulation. Students received a certification of completion based on the Graduate Capabilities.

Issues/questions for exploration or ideas for discussion:

Simulation Design: Retrofitting a module to take new learning and teaching content priorities into account. Or is it better to simply start afresh?

Student Assessment: How to assess theory knowledge and retention? How to assess IPE aspects?

Future iterations of this simulation will require greater forward planning due to increasing student numbers, full commitment from each of the discipline leads to embed this simulation into program planning, and considerations for future funding plans.

Blue sky thinking – turning the world of Inter-professional assessment upside down – capitalising on the positives.

Maree Donna Simpson¹, Kristy Robson², Narelle Patton², Kay Skinner¹

¹Charles Sturt University, Orange, Australia ²Charles Sturt University, Albury, Australia

Introduction/background:

In allied health (AH) education there is increasing focus on inter-professional (IP) clinical placements to allow students to develop collaborative skills. There is little literature on student assessment in these settings. It is suggested that as placements become scarce, inter-professional assessment (IPA), where professionals have input into the assessment of students from other professions, will become a major source of feedback for students. In implementing any placement supervision model, a key factor to success is the capacity and willingness of supervisors to provide quality experiences. A driver of this for supervisors could lie in the benefits of being involved in the assessment of students from other professions.

Aim/objectives:

The presentation explores new ways of thinking about IPA and outlines key strategies that support positive experiences for supervisors and their students.

Discussion:

Drawing on 6 years experience trialling and refining an IPA model, qualitative research outcomes from supervisors involved in the model and further research into potential implementation in rural settings, this presentation takes into account “blue sky” ideas from supervisors of what ideal IPA might look like, puts out a challenge to turn barriers into benefits, and makes suggestions for strategies that support supervisors in assessing students from other professions.

Issues/questions for exploration or ideas for discussion:

Why our students want to be involved in an inter-professional placement.
Why I want to be involved in supervising an inter-professional placement.
Why students from another profession want me to assess them.
Why I want to assess a student from another profession.

Blue sky thinking meets grounded reality: Reflections on a naïve intersectoral, interprofessional education pilot.

Fiona Bogossian^{1,2,3}; Dana Craven¹; Kendall George^{1,4}; Fiona Pelly¹; Rebekah Shakhovskoy^{1,2,4} and Hattie Wright¹

¹University of the Sunshine Coast, Sippy Downs, Australia

²The University of Queensland, St Lucia, Australia

³Monash University, Melbourne, Australia

⁴Sunshine Coast Hospital and Health Service, Sunshine Coast, Australia.

Introduction/background:

Although universities are committed to preparing health graduates to work collaboratively, education is generally delivered within specific disciplines and often in physical isolation from the clinical environment. Interprofessional education (IPE) is a strategy to prepare students for future interprofessional collaborative patient care, which can improve client outcomes.

Aim/objectives:

To evaluate the impact of an IPE day pilot which focused on diabetes in pregnancy on the learning outcomes for midwifery and dietetic students. The program was delivered across tertiary education and clinical health care sectors, by an expert interprofessional healthcare team. We specifically wanted to determine changes to students' knowledge, confidence, competence and their experiences of IPE using a pre-post survey and focus groups. We also wanted to test the structure, implementation and evaluation strategies as a template for future IPE events.

Discussion:

Despite exhaustive recruitment, attendance by students to the pilot fell below expectations. Response rates to the pre-post surveys and focus groups were also poor. Verbal feedback was positive on the value of the day. However, the interprofessional focus and facilitation was questioned.

Issues/questions for exploration or ideas for discussion:

Navigation of ethical requirements for research/evaluation of student vs staff learning experiences.
Motivations for point of completion students and expert clinicians to engage in additional education.
Rapidly establishing an IPE culture of learning in an intersectoral environment.
Managing differing levels of existing knowledge and experience and their impact on IPE engagement.
Preparing teachers and learners for their roles in IPE.

Using technology to incorporate emotion into the teaching of Clinical Ethics – Classie teaching

Adrienne Torda¹, Stephanie Dowdell²

¹ Prince of Wales Clinical School, UNSW Sydney, Sydney, Australia, ² Faculty of Medicine, UNSW Sydney, Sydney, Australia

Introduction/background:

The CLASSIE project (Clinically applicable student studies in Ethics) is an innovative project designed to develop educational modules for teaching 'Ethics in clinical decision making' to senior medical students that incorporates emotion, experience and reflection into their learning process.

Aim/objectives:

This project involved the development of a series of clinical scenarios presented to the students as an immersive experience via virtual reality (VR) technology, that simulated being within the clinical scenario. Each VR scenario triggered learning activities based on the ethical dilemma in the clinical scenario.

Discussion:

There was a need for this teaching as senior medical students complete clinical placement across a variety of hospitals and clinics with variable experiences. We provided calibrated learning materials to support development in the 'Ethics and Legal' capability. Evaluation found that user engagement rated highly. Both self-perception of knowledge gains and measured learning gains were positive. User experience was mixed. Reflections on the clinical anchoring of these modules, were excellent.

Issues/questions for exploration or ideas for discussion:

Most students valued the VR experience of the scenarios, but a small number didn't enjoy the VR nature of the videos (particularly any technical glitches). A few wanted transcripts which would allow complete bypass of the clinical scenarios. The main issue this feedback raises is how to help students appreciate the benefits of an immersive experience in learning which incites emotion and connection, hopefully reflecting real clinical experience, but which is not the fastest way to complete a learning activity.

An interprofessional student orientation: Enhancing learning and practice

Megan Catterall¹, Brenda Flood¹

¹ Auckland University of Technology, Auckland, New Zealand

Introduction/background:

With the fragmentation of health services globally, and rise in complex health challenges, calls have been made for a health workforce able to work collaboratively in a people centred way in order to deliver care effectively and efficiently. No one health practitioner can provide the broad spectrum of

knowledge and expertise required in the provision of comprehensive health services. The WHO argue that in order to move health systems from a place of fragmentation to one of strength, an interprofessional and practice ready health workforce is required.

AUT Integrated Health (AIH) is a student-led health service where students from across AUT's Faculty of Health and Environmental Sciences come together to provide person/whānau centred care. Interprofessional Education (IPE) is central to the students experience within this clinical environment, and a key mechanism which supports the development of responsive and 'fit for purpose' health graduates is how they are oriented into the service.

Aim/objectives:

The interprofessional orientation resource fosters interprofessional understanding and enhances collaborative relationships.

Discussion:

This resource has been supported by students from AUT Bachelor of Computer and Information Sciences. It enables AIH students to become familiar with the physical space, the philosophy, the role and contribution of all those who work at AIH, and the integral nature of interprofessional practice.

Issues/questions for exploration or ideas for discussion:

How does this resource strengthen interprofessional relationships and practice?

Developing an integrated, interprofessional education framework to optimise practice capability – moving on from the stop, drop, roll (it out), and leave

Laura Gaskin¹, Penelope Casey¹, Melinda Webb-St.Mart², Tegan Howard¹, Susan Power³, Kath Riddell¹

¹Learning & Teaching Directorate, Eastern Health, Victoria, Australia; ²Quality Practice Improvement Department, Eastern Health, Victoria, Australia, ³Acute & Aged Medicine, Eastern Health, Victoria, Australia

Introduction/background:

Supporting clinical practice capability to minimise clinical risk is an imperative to delivering high quality patient care and experiences. Bridging the gap between knowledge and sustainable evidence-based best practice is challenging and, when faced with historical educational approaches, clinicians often revert to traditional habits.

At a large Victorian metropolitan public health service traditional models, practices, structures and paradigms have been shifted to shine a spotlight on 'Learning' which is now one of the five strategic priorities for the organisation.

With a primary catchment servicing the largest older person population in Victoria, a new educational framework and pedagogy has been developed to meet clinical learning needs, most specifically in relation to cognitive impairment in the older patient.

Aim/objectives:

Our objective is to describe the development of an integrated interprofessional educational framework which is pioneering an approach to program design through integration of a change management method.

Discussion:

The education framework integrated the organisation's quality and safety improvement methods with the Prosci ADKAR model, which places a focus on the people component of change management. The design was contextualised and incorporated contemporaneous patient data and clinician feedback throughout the learning journey. Facilitators utilised a 'scaffolding' approach to support

knowledge application, development of a common language to describe cognition across professional groups and improve the understanding of roles and accountabilities within the multidisciplinary team.

By integrating educational and change management methods clinicians transition to a shared understanding and skill set to meet the multidimensional needs of the patient with cognitive impairment.

Use of space and place for interprofessional learning in a purpose built health-care clinic: One year on!

C. Jane Morgan¹, Alexandra Bowman¹, Sue McNaughton¹, Brenda Flood¹, Ailsa Haxell¹

¹Auckland University of Technology, Auckland, New Zealand

Introduction/background:

Interprofessional learning (IPL) occurs when two or more health disciplines learn with, from and about each other during patient-centred-care (PCC). Examining influences of a purpose built healthcare space on IPL demonstrates both favourable and unfavourable environmental aspects for learning.

Aim/objectives:

This ethnographic study explored the use of a purpose-built university integrated healthcare clinic (AUT Integrated Health) involving students and clinical educators working with clients with respect to IPL.

Methods:

The experiences of students and educators, working alongside their clients, were gathered through observations and movement map creation, and interviews with educators and students. Data was collected in the initial weeks of settling during August/September 2017, and again 16 months following occupancy in October/November 2018.

Results:

The movement maps demonstrate environmental and human factors enabling and inhibiting interprofessional interaction. Interviews identified the ongoing importance of place and a sense of belonging before IPL occurs.

Discussion:

In 2018 early analysis from the study was presented at ANZAHPE. At that time, the question of whether a purpose-built clinic promotes IPL and IPP was asked. One year on, after repeat spatial maps, observations and interviews with clinical educators and students, the results deepen our understanding of evolving space and place for IPL.

Conclusions:

While space influences interprofessional practice, IPL requires staff modelling and scaffolding IPP and negotiating the place of IPP with deliberate intent.

Beyond monodisciplinary practice in the health professions-creating opportunities for interprofessional learning for Nursing and Nutrition and Dietetics students

Carolyn Keogh¹, Joanne Cupples¹, Mary Hannan-Jones¹, Margaret McAndrew¹, Terri- Jayne Bissell¹

¹Queensland University of Technology

Introduction/background:

The provision of quality health care has evolved from one of monodisciplinary care to the need to work collaboratively with a multidisciplinary team (MDT). Working interprofessionally is embedded in professional competency standards in disciplines such as nutrition and dietetics and nursing, however challenges exist within the university sector to develop curricula and authentic assessment to enhance the student's knowledge and skills in working effectively in a MDT.

Aim/objectives:

To provide quality innovative interprofessional learning opportunities for nursing and nutrition and dietetics students.

Methods:

A pilot study of twenty students from the disciplines of Nursing and Nutrition and Dietetics attended one lecture and two simulation workshops. Students completed the Readiness for Interprofessional Learning Scale (RIPLS) prior to the commencement and at the conclusion of the project and students participated in a focus group to gain qualitative data.

Results:

Data showed improvement in both disciplines using RIPLS across all sub-scales. Students from both disciplines identified that the lectures and workshops enhanced their understanding of the roles of other health professionals and the importance of effective communication within the MDT. Nursing students reported that they would like to participate in more collaborative learning opportunities that were nutrition focussed. The Nutrition and Dietetics students rated the learning opportunities higher than the Nursing students.

Discussion:

The provision of a lecture and workshops has enhanced the student's understanding of the roles of health professionals in the MDT and has provided opportunities to improve their communication and teamwork skills in a university setting.

Medical student attendance at lectures: is there a correlation with performance on assessment?

Sharon Darlington¹, Tammy Smith², Lulia Oancea¹

¹School of Clinical Medicine, Faculty of Medicine, The University of Queensland

²Office of Medical Education, Faculty of Medicine, The University of Queensland

Introduction:

Universities worldwide are increasingly moving away from traditional live lectures as a primary teaching modality, in keeping with advances in both pedagogical understanding and flexible learning technologies. Years 1 and 2 of the University of Queensland Medical Program are structured around compulsory, small-group, case-based learning (CBL) tutorials, supported by non-compulsory lectures with flexible delivery. Students at geographically dispersed teaching sites may choose to engage with lecture material in up to four distinct ways: live attendance, live-streaming, retrospective viewing of recordings, or no engagement with lecture material.

Aims:

To determine if there is a correlation between means of engagement with lecture material and performance on final assessment in clinical science.

Discussion:

A survey was completed by over 400 students at the end of year two of the program. Students self-reported their primary means of engagement with lecture material. Data will be further analysed to determine if there is a correlation between students' preferred means of engagement with lecture material and their overall scores in final clinical science assessment. Further analysis of students' open qualitative comments will be conducted.

Issues/questions for exploration or ideas for discussion:

There is movement away from traditional live lecture delivery in medical education for a number of logistic and pedagogical reasons. However approximately 25% of our students prefer live attendance or live-streaming of lectures and are very actively engaged in this teaching modality. We will seek to explore any correlation between lecture engagement and examination performance, and consider the possible explanations for any correlation found.

Near Peer Assessors: Senior medical students assessing junior peers - a novel approach to a Year 2 Formative OSCE.

Margo Lane¹

¹Griffith University, Southport, Australia

Introduction/background:

In 2018, the duration of the summative Year 2 OSCE at the Griffith University Graduate Entry MD Program was increased. To assist students with this transition, we embedded a compulsory formative OSCE into the assessment program. Additionally, it was decided to invite current Year 3 and 4 MD program students to participate in this formative assessment as assessors.

Aim/objectives:

This pilot project had several important objectives. For the Year 2 MD cohort, this assessment task was designed to provide an opportunity to practise the new, longer station timing under formal examination conditions, and to receive substantial feedback on their performance prior to their summative OSCE. For the senior students, the objectives were to provide an opportunity for medical education skills development as OSCE assessors, and to enhance their understanding of the OSCE processes as preparation for their own summative OSCEs.

Methods:

Focus group methodology will be utilized to evaluate this project. The researcher will conduct the focus groups in early 2019, utilizing a semi-structured interview protocol based on qualitative comments previously collected anonymously from student assessors. The interviews will be recorded, transcribed and thematically analysed.

Results:

Key preliminary findings will be presented at ANZAHPE conference, 2019.

Discussion

Our hypothesis is that senior students acting as assessors will find this a valuable experience in terms of personal OSCE preparation, and will pique interest in continued participation in medical education.

Conclusions:

Near peer assessors are enthusiastic and skilled assessors of near peers with adequate supervision and training in a formative assessment.

Pod 6 13:30

Get your head in the (digital) cloud: Innovating with user experience design methods to develop online social learning environments

Sarah Champion¹ & Libby Newton¹

¹Royal Australasian College of Physicians, Sydney, Australia

A common challenge for health professional educators is applying established educational theory to modern learning technologies to deliver sustainable solutions for contemporary contexts. Given the ubiquity of this endeavour, sharing methodological journeys converting theory to practice is essential in maturing the health professional eLearning field.

In this presentation, we share a case study for effective innovation methodology drawn from our experience at the Royal Australasian College of Physicians (RACP). Since 2014, the RACP has delivered a highly regarded online faculty development program, which was a response acknowledging the limitations of face-to-face programs in addressing the challenge of delivering flexible access to training for increasing volumes of supervisors.

The faculty development program design emerged from the learnings of an extensive ethnographic study, is founded in social and experiential learning theories and was innovated through user experience design principles. We share the key features of these methodologies, how we cohesively applied them to our context, how we meaningfully use them in a monitoring and evaluation framework and the lessons we are learning throughout this journey.

How can we incorporate the voice of the lived experience of mental illness into learning and teaching? A personal reflection on the challenges, triumphs and recommendations of working as a consumer academic

Sally Buchanan-Hagen ¹

¹Deakin University, Geelong, Australia

To provide empathetic and humanistic mental health care, health professionals require an understanding of the experience of mental illness. However, as experiencing mental illness is complex and multi-faceted, gaining an understanding of mental illness is difficult for those without a lived experience. This poses challenges to the development of a comprehensive and authentic mental health curricula. To address this gap, consumer academics (academics who have a lived experience of mental illness) can apply their experience to provide unique perspectives in learning and teaching, resulting in improved student attitudes towards mental illness and ultimately improved health care practices. However, despite the value consumer academics bring to learning and teaching, uptake of consumer academic roles within Australian universities is minimal and the consumer academic role is not without challenges. In this presentation, I will offer my personal perspectives of working as a consumer academic including the challenges encountered and the triumphs experienced. I will extend the discussion of the value of consumer academics beyond health discipline education, highlighting how consumer academics have the potential to transform other areas of learning and teaching whilst posing the question: how can academics incorporate the voice of the lived experience in curriculum design, and learning and teaching?

Male genital examination in the undergraduate medical curricula: Necessary? Achievable? Sustainable?

Harsh Bhoopatkar¹, Andy Wearn¹, Anna Vnuk², Andrew Jayasuria¹

¹University of Auckland, Auckland, New Zealand

²Flinders University, Adelaide, South Australia

Introduction/background:

The teaching and learning of the male genital examination as part of the undergraduate medical curriculum is potentially challenging. One of the challenges is the extent of practice opportunities with real patients in the clinical setting.

Aim/objectives:

To quantify how many male genital examinations have been performed on real patients by medical students at the point of graduation, and to explore the context of performing the examination with patients.

Methods

A self-completed, online, anonymous questionnaire was developed as part of a two-centre study. Data were collected in the period just after graduation from the medical programmes at the Universities of Auckland and Flinders in late 2013.

Results:

The combined response rate was 42.9% (134/312). The median category for the number of male genital examinations performed was 2-3. Sixteen percent of medical students had never performed a male genital examination. Self-reported opportunities for performing the male genital examination were strongly related to the setting (e.g., urology and paediatrics/neonates). The largest self-reported barrier was related to the female gender.

Discussion

Do medical students need to graduate having performed a male genital examinations with patients or is it an unrealistic expectation? How many performances are enough? What changes need to be made to ensure that students have adequate and sustainable learning experiences?

Conclusions:

For some students, their only experience is in simulation. Opportunities to perform the male genital examinations are rare. The content and delivery of medical curricula needs to address these issues in the context of sustainability.

An experiential learning innovation in pre-registration paediatric nursing education.

Christopher Kastelein¹, Tamara Page²

¹Adelaide Health Simulation, University of Adelaide, Adelaide, South Australia

²Adelaide Nursing School, University of Adelaide, Adelaide, South Australia

Introduction/background:

Increasing student numbers and diminishing paediatric clinical placement time require innovative strategies to address the shortfall. This study reports on a structured paediatric interaction and clinical assessment session for undergraduate nursing students.

Aim/objectives:

To enhance preparedness of pre-registration students for paediatric nursing.

Methods

This study trialed a pilot intervention whereby students observed and communicated with young children and caregivers in a natural setting. The interaction was evaluated using a mixed methods approach, via pre and post survey as well as focus groups.

Results:

There was statistically significant improvement in preparedness to care for paediatric patients with four major themes emerging: preparedness, uncertainty, caregiver and child interaction, and usefulness.

Discussion

The pilot proved to be an effective learning opportunity for students. While it did not supplant all the benefits of a clinical placement, it improved the student's perceived preparedness for delivering care to paediatric patients. Key lessons learned from the experience include the need to incorporate a structured debrief to complete the experiential learning cycle; and review the assessment piece connected to the intervention (as students focused on this rather than the experience itself).

Conclusions:

Overall, students found the encounter to be a useful experience, with several key points for improvement identified. Future projects will focus on building a therapeutic relationship with child and caregiver.

Improving the provision of education in paediatric surgery for medical students.

S.I Bowen^{1,2}, K.M Scott¹, J.L Anderson^{1,2}, AJA Holland^{1,2}, SVS Soundappan^{1,2}, H Gunasekera^{1,2}

¹Discipline of Child and Adolescent Health, Faculty of Medicine and Health, University of Sydney, NSW

²The Children's Hospital at Westmead, Westmead, NSW

Background:

With increasing numbers of medical students undertaking clinical placements in Australian hospitals, providing access to subspecialty education, including paediatric surgery, is becoming a challenge. Paediatric surgery is largely practiced in tertiary metropolitan teaching hospitals, not rural and outer metropolitan hospitals, where increasing numbers of students undertake clinical placements. This creates inequity in student access to learning.

Aim:

To improve paediatric surgery education for medical students by creating an online learning module and evaluating its efficacy.

Methods:

To determine student learning needs, two focus groups were held in 2018. The online learning module, created by medical educators and paediatric surgeons, consisted of short recorded pre-lectures, readings, and interactive case-based learning and formative assessment. Following implementation, mixed methods were used to assess effectiveness. Student end-of-term survey responses (5-point Likert scale) and assessment results on paediatric surgical questions in student terms before and after implementation were compared and follow-up focus groups were held. Quantitative data were analysed using descriptive statistics; qualitative data were analysed using inductive thematic analysis.

Findings:

Prior to implementation of the online learning module, focus groups and survey results demonstrated areas of dissatisfaction with paediatric surgical teaching. Focus group data indicated that satisfaction improved greatly after implementation. Preliminary analysis of assessment data demonstrated no significant change in assessment results, with the percentage correct on average changing from 79.4% to 79.5% (*p-value* 0.95). More assessment results will be collected through 2019.

Conclusion:

The online learning module demonstrated improvement in equity of access to, and satisfaction with, learning in paediatric surgery.

What is the signature pedagogy of Nursing?

Peter Lewis¹, Patrick Crookes², Kathryn Sainsbury², Fabienne Else³

¹University of Queensland, Brisbane, Australia

²University of Canberra, Canberra, Australia

³University of Wollongong, Wollongong, Australia

Introduction/background:

Lee Shulman identified 'Signature Pedagogies' (2005) ('SPs') as the fundamental ways that students are educated in their particular professions. Through them, students are taught to think, perform and act with the integrity required of their discipline. This paper examines what signature pedagogies may exist in the nursing discipline – an under-explored area to date. The project concerned will provide greater insight into the area of SPs and how they can be explored in nursing and in other professions.

Aim/objectives:

To discover what (if any) SPs exist in nursing and to consider what these findings indicate for SOTL in the discipline. To test a data collection method allowing us to explore SPs in other disciplines.

Methods:

Focus group interviews with nursing educators across a variety of institutions in Australia and overseas.

Results:

Nursing academics initially find the concept of SPs difficult to understand, once explained however, interviewees often identify practicum as a SP, along with clinical simulation, story-telling and reflective practice. Our method worked.

Discussion:

The concept of SPs has been used as a lens through which nurse educators can consider key elements of their practice, which for many is based on tacit knowledge.

Conclusions:

This study triggered nurse educators to think about curriculum, their own teaching practice and the very important question: 'how well do we use our signature pedagogies?' The presentation provides an opportunity for audience members to reflect, identify and debate the existence and efficacy of SPs in nursing and in their own discipline(s).

The Safety in Practice Programme for Primary Care

Diana Phone¹, Angela Lambie¹, Michael Hammond¹, Stuart Jenkins¹, Tim Wood¹, Harshna Mistry¹, Sreeja Nair¹, Neil Houston¹, Eleri Clissold², Lisa Eskildsen², Jerome Ng², Sue French², Shona Muir³, Tim Denison³

¹Safety in Practice Team, Planning and funding, Auckland and Waitemata District Health Boards, New Zealand

²Institute of Innovation and Improvement, Waitemata District Health Board, New Zealand

³Auckland District Health Board, Auckland, New Zealand

Background:

Primary care practitioners face many challenges to work interprofessionally. Location and competition can cause communication issues inadvertently causing preventable patient harm.

Safety in Practice is an established quality improvement programme for primary care that encourages collaborative learning; focusing on high-risk medicines and high-risk processes such as transfer-of-care.

Objectives:

The overall goal is to reduce preventable patient harm. A key objective is to bring primary care teams together to learn and problem solve in a collaborative way.

Methods:

Quality improvement techniques are used to implement and evaluate best practice processes and develop a robust safety culture. In Auckland 45 pharmacies and 54 general practice teams have opted into the programme and submit data monthly. They are supported by joint quarterly learning sessions and site visits. Integration of programme resources online encourages shared learning between professions. In-house, combined GP and pharmacy team meetings and operational processes helps to identify barriers and enablers together.

Results:

Participating teams show a 40-65% improvement in adherence to best practice confirming they have more reliable processes in place. During learning sessions, teams openly shared challenges alongside successes; interprofessional learning, relationship building, and joint problem solving enable teams to learn together. Participants consider the programme helps initiate, assess, reflect and improve their processes; 82% would recommend the programme to others.

Discussion:

Teams value interprofessional learning and monitoring their own improvements. This presentation will share our experience implementing the programme and bringing professions together.

Conclusions:

This programme provides a true sense of achievement; supporting interprofessional learning, communication, and a culture of safety.

Performing Emotions: using moved readings to develop empathic ways of being

Brid Phillips¹

¹University of Western Australia, Perth, Australia

Introduction/background:

The Renaissance Moved Reading Project was set up to explore the possibilities that active readings of Shakespearean texts provide a different, more emotionally connected experience for humanities students. Research from this project indicates that students developed a greater appreciation of the emotional interactions within a play. By adapting the project for health humanities, students can develop empathic skills through embodied learning. This can offer the health humanities student new ways to experience and explore ideas concerning emotions, human nature, and our relationships to each other.

Aim/objectives:

The aim is to use the knowledge gained within The Renaissance Moved Reading Project to enhance the empathic learning experience for students enrolled in health humanities units by building cognitive empathic skills.

Discussion:

Empathy is promoted by considering the emotional lives of dramatic characters under consideration, by seeing a situation from multivalenced perspectives, and by experiencing the performative nature of emotions. Considering Shakespeare as a tool in this forum is an obvious choice as, through his writing, he is celebrated for his insights into the emotionality of the human mind while drama has the ability to engage both participants and audience in a transformative process that connects the physical with the emotional.

Issues/questions for exploration or ideas for discussion:

This presentation may open a discussion on the benefits of embodied learning and staged readings in health humanities.

Enhancing medical students' experience of communication skills for Problem Based Learning

Victoria J. Gauci-Mansour¹, Iman Hegazi¹

¹Western Sydney University, Sydney, Australia.

Background:

Problem-based learning (PBL) is an instructional design and learning model which is primarily student-led. The PBL process aims to address learning objectives that align with graduate outcomes of the medical program. In the preclinical years, PBL scenarios are primarily designed to provide cues for discussions focussed on the basic sciences. However, as students transition into the clinical years, they need to develop their ability to communicate with patients. Hence, we designed a PBL case with cues aimed at encouraging discussions on patient communication for pre-clinical medical students transitioning into their clinical years.

Aim:

To enhance student discussions on doctor-patient communication.

Methods:

An evaluation questionnaire comprised of close-ended items on a Likert scale and open-ended questions was given to students following the intervention. Qualitative and quantitative analyses were performed using Quirkos and SPSS, respectively.

Results:

Preliminary analyses of the data collected over the last four years about cue design and changes showed that students found the cues to be a positive change to the usual text-based case format and reported that these cues stimulated group discussions on how to communicate with patients.

Discussion:

Overall, students valued the cue design as a means of exploring different communication skills and doctor-patient interactions. It was a good platform for students to integrate their prior knowledge in discussions on patient communication.

Conclusions:

The communication skills focussed cues provided an opportunity for students to interrogate, integrate and shape their own communication skills. Additionally, it provided insight into how we can improve cue design.

Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.

Matthew Lee^{1,2}, Stephanie Chen¹, Teresa Ewart¹, Jacob McNish¹, Robyn Woodward-Kron²

¹Austin Health, Melbourne, Australia

²University of Melbourne, Melbourne, Australia

Introduction/background:

Multidisciplinary training programs have been implemented to improve communication and team dynamics in the operating theatre. Current programs tend to run over half or full days, involve high

fidelity scenarios and use off-site simulation laboratories. These programs can be resource-intensive, with organisational and financial costs impeding their conduct and attendance.

Aim/objectives:

To describe the implementation of a high efficiency, low cost approach to multidisciplinary operating room training. This program uses frequent, short duration, in-situ simulations to promote teamwork training and culture change with negligible clinical service, rostering and financial impact.

Discussion:

The program runs fortnightly for 40 minutes. Scenarios require a coordinated team response such that the solution cannot be achieved by one discipline alone. Fortnightly conduct enables large volumes of staff to participate. Disruptions to clinical services and rostering are obviated by the program's in-situ conduct and short duration, which permit attendance by staff who are rostered to work. Simulation equipment is loaned from our institution's simulation centre at no cost.

Between November 2017 and November 2018, there were 22 sessions and 153 participants. On quality assurance surveys, participants indicated that the program was professionally run, relevant to patient care, and should be recommended to their colleagues. Participants self reported that the program would lead to behaviour change and that it improved their confidence in managing crises. Future directions are to evaluate the program's effectiveness by assessing self-reported behaviour change on survey and interview at 3 months.

Pod 7 15:30

Staff knowledge and adherence to supplemental oxygen guidelines within Acute Aged Care inpatient setting

Abraham Bincy Kottukappallil,¹ Mary Roberts^{2, 3, 4}

¹Department of Aged Care, Westmead Hospital, Westmead, Australia

²Department of Respiratory and Sleep Medicine, Westmead Hospital, Westmead, Australia

³Ludwig Engel Centre for Respiratory Research, The Westmead Institute for Medical Research, Westmead, Australia

⁴Sydney University at Westmead Hospital, Westmead, Australia

Introduction/background:

Supplemental oxygen is a commonly used therapeutic to prevent/treat hypoxaemia. According to Australian Thoracic Society of Australia and New Zealand guidelines, oxygen should be prescribed on a medication chart with a target oxygen saturations.

Aim/objectives:

To assess adherence to supplemental oxygen therapy guidelines in an Acute Aged Care (AAC) inpatient setting.

To assess the knowledge of staff working in an AAC inpatient setting regarding oxygen therapy administration.

Methods

Prospective audits to document adherence to guidelines and administration of questionnaires to assess staff level of knowledge pre and post an educational intervention. The majority of the educational interventions were designed and delivered by the staff themselves.

Results:

Initial audits revealed 0% oxygen prescription and 50% inappropriate oxygen administration. 69 subjects (58% registered nurses, 17% medical officers, 14% allied health staff & 10% enrolled nurses) were enrolled the study. Knowledge regarding oxygen therapy was variable (17–89%). Staff were advised of the results and designed their own interventions to improve compliance and knowledge, including posters, newsletters, reminders, quick-fire in services and traditional in services.

Following the intervention, repeat audits revealed massive improvement in adherence to guidelines with 100% oxygen prescription and 0% inappropriate administration of oxygen. Reassessment of staff knowledge is currently underway.

Discussion:

Involving staff in the 'problem' and getting them to design a 'solution', resulted in *ownership* and the development of successful innovative educational tools. Interestingly, each profession had different preferences regarding teaching and learning.

Conclusions:

Education designed by participants can improve engagement. Following a targeted self-designed educational intervention, adherence to national supplemental oxygen guidelines are improved.

An investigation into the perceived value of a clinical teaching fellow (CTF) program in a quaternary paediatric hospital in Australia.

Carolyn van Heerden¹, Wonie Uahwatanasakul¹, Clare Delany¹, Brett Vaughan¹

¹University of Melbourne, Melbourne, Victoria, Australia

Background:

Bedside teaching performed by experienced clinicians is an expected component of medical student training. As clinicians often have high clinical demands and a lack of formal training in teaching methods, clinical teaching fellowships have been established. In clinical teaching fellowships, clinicians with an interest and expertise in medical education provide medical students with structured standardised teaching. Studies about the impact of clinical teaching fellowships have demonstrated benefits for both CTFs and medical students. However, studies have not evaluated the impact of the fellowships on other groups within the hospital and on education and learning relationships within the institution. In this study, we aimed to address this gap, by gathering data on the perspectives of CTFs, medical students and hospital consultants in a large paediatric hospital in Australia.

Method:

A mixed-method design was employed, utilising a combination of surveys for CTFs, medical students and hospital consultants, and semi-structured telephone interviews for CTFs. Quantitative and qualitative data was obtained.

Results:

The combination of four sources of data (surveys from CTFs, medical students and consultants and interviews with CTFs), enabled a comprehensive understanding of the impact of the CTF program on the institution. There was broad agreement about the positive impact of the program for medical students, CTFs and for medical education within the institution. However, there were also concerns, originating predominantly from the consultant group, that the CTF program reduced their teaching of medical students and that the CTFs were not well integrated into the ward team.

Discussion/Conclusion:

This research adds to the body of literature about the impact of CTF programs. It highlights the importance of considering not only outcomes of teaching and learning but also broader influences on more implicit teaching opportunities and relationships within hospital teams.

Setting up expectations: Meeting the increased support needs of students on Work Integrated Learning

Irmina Nahon¹; Bernie Bissett¹; Jaqi Bousie¹; Jeremy Witchalls¹

¹University of Australia, Canberra, Australia

Introduction/background:

An increased number of students are requiring personalised supported learning plans to help them cope with the demands of university. Whilst these plans can be enacted within the university environment, they often are not transferable to the workplace and work integrated learning. At the University of Canberra, we noticed students with plans were not meeting competency on the mandated clinical placements due to their specific learning needs.

Aim/objectives:

To see if early identification of specific learning needs reduces the rate of not meeting competency while on placement in the later years of uni.

Discussion:

Students are being approached by the Clinical Coordinator in their first or second year of the course after they have registered with Inclusion & Welfare for a 'Reasonable Adjustment Plan'. Discussions with them to identify specific needs and strategies that may help them to better cope with placement in the last 2 years of the course. Encouraging them to think more to the future rather than how to pass the next assessment piece.

Issues/questions for exploration or ideas for discussion:

How do WIL coordinators deal with the increased occurrence of students with MH, stress and anxiety?

Explore the knowledge, attitude and practices of medical students regarding infection prevention and control in clinical settings

Maha Pervaz Iqbal¹, Kerry Uebel¹, Saiful Islam¹, Victoria Jabbour¹, Abrar A. Chughtai¹

¹School of Public Health and Community Medicine, University of New South Wales (UNSW, Sydney), Australia

Introduction/background:

Many studies show that healthcare workers, particularly doctors are not compliant to infection control practices. Medical students are expected to participate in the clinical workplace along with other health care workers and thus also need to comply with the infection control practices. Previous studies exploring medical students' compliance with infection control practices have reported mixed results.

Aim/objectives:

The aim of this research was to explore knowledge, attitude and practices of medical students around standard and transmission-based infection control measures including hand hygiene, personal protective equipment, sharp disposal and protection. Fifty phase 2 (year 3 & 4) and phase 3 (year 5 & 6) medical students completed a questionnaire.

Discussion:

Students recognised the importance of hand hygiene and personal immunization in infection prevention and control. Misconceptions were identified in using appropriate personal protective equipment for the relevant clinical tasks and the specific diseases. Approximately one third of students (15/50, 30%) did not receive training on the use of personal protective equipment, sharps disposal and infection control. Students who did receive training accessed training online or observed practices in the ward. Current training and medical school curricula should therefore be revised to provide appropriate training and supervision.

Issues/questions for exploration or ideas for discussion:

Do medical students in clinical settings have complete and up-to-date knowledge about infection prevention and control?
What are students' attitudes and practice regarding infection prevention and control?
Is there value in developing interventions to promote infection prevention and control practices among medical students?

Modelling Good Behaviour?: Using a Systematic Review to Define Effective Clinical Handovers.

Alexandra Malanina¹, Catherine Haigh¹, Michelle D. Lazarus¹

¹Monash University, Melbourne, Australia

Introduction:

Patient safety is a global public health concern; clinical handover is oft cited as high-risk practice, potentially contributing to patient harm. Despite the extensive handover literature and the significance of handovers to patient care, a concise definition of effective handovers remains elusive.

Aim:

The research aim was to identify what constitutes an effective clinical handover in the Australian healthcare environment.

Methods:

A systematic literature search was conducted using PRISMA guidelines. Data was thematically analysed to identify themes associated with effective handovers. Matrix coding was used to identify relationships within the coded data.

Results:

Of the initial 875 articles, sixty-nine were deemed eligible for inclusion. Three themes were identified as core component of effective clinical handovers: *Communication, Dynamic Process, and Accountability and Responsibility*. Novel to this systematic review was the finding that *Institutional and Cultural Factors* (i.e. *Handover Setting, Social Factors, and Education and Training*) modify these central effective handover themes.

Discussion:

Our results suggest an integrated model for effective clinical handover wherein core themes of effective handovers can be either positively or negatively impacted by the context in which handover occurs.

Conclusions:

Clinical handovers are complex events. Our model provides insights regarding tangible institutional and cultural factors which can be addressed to improve the fundamental purpose of handovers. Because the review was conducted including multiple health professions and clinical settings, the model is widely applicable.

Feeding Difficulties in Children – Evaluation of the Guide for Allied Health Professionals.

Carmel Blayden¹, Kate Holland², Sonia Hughes¹, Jenny Nicol¹

¹Children's Healthcare Network, NSW, Australia ²Sydney Local Health District, NSW, Australia

Introduction/background:

In 2018, an evaluation of *Feeding Difficulties in Children: A Guide for Allied Health Professionals* (2016) was undertaken to determine how the publication has been utilised amongst allied health professionals (AHP) in different settings across NSW.

Aim/objectives:

The evaluation aimed to identify the usefulness of the Guide in supporting the assessment and management of children with feeding difficulties. The results will inform future education and support strategies.

Methods

The evaluation targeted AHP employed by NSW Health.

An online questionnaire formed the primary method of data collection. Four semi-structured focus groups were also held to provide complementary qualitative information.

Results:

Clinicians from a range of professions and healthcare settings responded to the online questionnaire (n=100) and participated in focus groups (n=15), reflecting the range of AHP who work with children with feeding difficulties. Qualitative and quantitative data obtained identified a number of key themes.

Discussion

The data collected provided a robust overview of how the Guide has been utilised. The main findings relate to five key themes including: characteristics of respondents and their teams; use of the Guide; knowledge of content; satisfaction with the Guide; and future directions.

Conclusions:

The evaluation indicated that the Guide is viewed as a useful tool by AHP working with children with feeding difficulties. Experienced respondents reported that the Guide provided validation for current practice whereas those with less experience indicated it supported them in their work within this clinically complex realm. Further promotion of the Guide and multi-modal education regarding its use is recommended.

Authentic scaffolded learning enhances comprehensive nursing practice.

Matt Jackson¹, Laura Brooks¹, Rochelle Wynne^{1,2}

¹ School of Nursing and Midwifery, Deakin University, Geelong Victoria, Australia

² Centre for Quality and Patient Safety Research, Deakin University, Geelong Victoria, Australia

Introduction:

Quality simulation initiatives lead to increased knowledge, effective psychomotor skills and improved clinical reasoning. Scaffolding provides an opportunity to build a critical conceptual understanding of comprehensive nursing practice. Our capstone unit was redeveloped to replicate complexity of care during an acute admission, and provide an authentic clinical environment.

Aim:

The aim of enhancement was to develop four dynamic patients for whom students would manage the continuum of care from admission to discharge. Prior to attending on campus class's students accessed videoed scenarios, nurse handovers and patient documentation. Students engaged in tutorials, psychomotor skills simulations and immersive simulation, for each patient.

Discussion:

This approach improved students conceptual understanding of theoretical knowledge, skills and strategies; for communication, collaboration and clinical reasoning. Students agreed that the unit learning experiences (94% agreement) helped them to achieve unit learning outcomes. Qualitative feedback indicated that ongoing development of the nurse-patient relationship across the semester was the most helpful aspect of the unit. Students claimed the unit built confidence, teamwork, engaged in realistic learning relevant to clinical practice, and provided excellent preparation for clinical placement and work as a novice nurse. The new simulation initiatives were highly valued by undergraduate students. The realism of the teaching and learning activities encouraged student engagement.

Ideas for discussion:

The interplay between approaches to scaffolded learning, curriculum requirements and student satisfaction warrants further investigation. This strategy, focused on reducing and refining learning, was achievable and effective within a semester. The capacity to apply scaffolding across a degree is worth pursuing.

A balancing act: GP supervisors' role in workplace-based assessments (WBAs)

Lina Zbaidi^{1,2}, Koshila Kumar¹

¹Flinders University, Adelaide, Australia

²Northern Territory General Practice Education, NT, Australia

Background:

Assessment is a core element of any clinical supervisor's role and a complex undertaking. We know that the quality of the assessment decision making is impacted by a range of individual and interactional factors, the quality of the interactions and the quality of the tools. This study sought to better understand how GP supervisors view and enact their role in WBA.

Methods/Methodology:

This is a qualitative research study. Focus groups were used to understand the experience of seven GP supervisors as assessors of registrars in the workplace. The data was audio-recorded and transcribed. Inductive thematic analysis was used to report the findings.

Findings:

A balancing act: the continual integration of many sources of assessment data:

Supervisors' experience in assessment represented a "balancing act". When making assessment decisions, supervisors are balancing between many interrelated elements such as sources of data, relationships, cultural values, and structural and operational realities. Supervisors had access to valuable and variable sources of data that included formal data and tacit dimension/ gut feeling. As opposed to "snapshot" assessments, the longitudinal relationship allowed for continuous assessment and in variable contexts.

Getting the relationship right: negotiating the different dimensions of the supervisor's role and assessment culture:

There is ongoing concern about the impact of the assessor role on the educational alliance with the registrar. The view that all assessments are high stakes dominates assessment culture.

Operational and structural considerations:

Time constraints and remuneration were reported as barriers to involvement in WBAs. Appropriate funding and systems that facilitate rather than hinder the participation in WBA should be considered.

Conclusion:

The role of the supervisor as an assessor is a complex one, requiring a delicate and careful balance of many interrelated and changing variables. Supervisors report significant barriers to enact this role. GP training providers can play a role in addressing these issues and providing support to supervisors.

Creating supportive learning environments on clinical placement – changing a culture

Emily Ward¹, Margarita Tsiros¹, Sophie Lefmann¹

¹School of Health Sciences, University of South Australia, Adelaide, Australia

Introduction

University students are reporting high levels of distress and for students in health-related fields, one key source of distress is clinical placement. These figures support the increasing number of students with mental health concerns the Paediatric Teaching Team are managing in the UniSA Physiotherapy program. This led to a review of clinical placement culture in the Physiotherapy with Children course.

Objectives

The objectives of this project were to conduct a review of the clinical placement culture at UniSA and to develop and implement strategies in response to review findings.

Discussion

Following the review strategies were developed to ensure students were consistently attending placement in a supportive clinical learning environment which focusses on the clinical educator as a facilitator of learning and not just being considered a gate-keeper to a student's progression in their degree. The strategies implemented were: developing professional development sessions for educators to enhance development of supportive clinic environments, educating students on appropriate expectations and how to approach their placement and feedback, updating induction processes for staff, refining and updating processes around clinical educator feedback. These strategies to foster and maintain consistently supportive environments were implemented across 17 sites including tertiary hospitals, community clinics and preschool/schools with up to 15 different educators.

Ideas for Discussion

The outcomes of implemented strategies can be discussed and enable other educators to consider such strategies in relevant courses or provide feedback on their own experiences. The discussion may also help to reframe the focus for the assessment model for clinical placement.

Completion of Training feedback: what GP registrars perceive as valuable aspects of their training

Kyrillos Guirguis¹

¹Manager, Performance & Quality - MCCC GP Training, Victoria, Australia

Introduction/background:

Feedback received at Completion of Training (CoT) interviews provides Regional Training Organisations (RTOs) with insights into GP registrars' perception of their training program. It addresses both in-practice and out-of-practice educational components of the AGPT program that leads to RACGP/ACRRM Fellowship.

Aim/objectives:

To identify what aspects of GP vocational training registrars valued the most.

Methods

Registrars' feedback at CoT interviews was evaluated to explore common themes. Feedback comments captured on CoT forms were coded, categorised and assigned to main themes that reflected various aspects of the training program.

Results:

More than half of registrars suggested face-to-face "*workshops*" and "*supportive staff and medical educators*" to be strengths of their training program. About 40% valued the "*diversity*" and "*support*" they encountered at their experiential placements. Compared to registrars who trained rurally, registrars who trained in metropolitan settings perceived ECTVs as a valuable strength ($P=0.002$).

Discussion:

Registrars' feedback reflected the importance of the social construct of learning. They valued the interactions they had with supportive RTO staff/MEs, clinical supervisors and peers during both in-practice and out-of-practice educational components of GP training. This perception was shared among registrars who were placed in rural and metropolitan settings. However, rurally trained registrars did not value ECTVs as their metropolitan counterparts. One plausible reason could be the variable quality of clinical teachers and how they conducted ECTVs.

Conclusions:

GP training pivots on the level of support registrars receive. RTOs should continue to optimise the support they offer registrars, and to ensure the uniformity in quality of services offered to all registrars.

Pod 8 15:30

Developing clinicians who model excellence in practice, challenge poor practice and inspire others

Nicole Shaw^{1, 2}, Yvonne Hewitt¹, Carolyn Williams¹,

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

Introduction/ Background:

Evidence suggests that interprofessional education of the health workforce leads to interprofessional practice and practicing in a collaborative, team based manner leads to improved patient centred care. Interprofessional education exploring the concept and practice of clinical excellence was developed in our public health service to promote and enhance interdisciplinary practice.

Objective:

To develop a course for experienced clinicians to explore capabilities that support interdisciplinary clinical excellence.

Method:

The Advancing Interdisciplinary Clinical Excellence (AdvICE) course was developed through a process of interdisciplinary collaboration, and drew on rigorous and simultaneous processes of literature reviews, consultation with stakeholders and experts in the interprofessional education (IPE) field. Course facilitators also role modelled interdisciplinary collaboration during facilitation.

A mixed methodology was utilised to evaluate the objective.

Results:

Fourteen courses have been run, with 213 participants from 14 professions and 22 different teams. Evaluation of the course has revealed favourable shifts in attitudes to interprofessional collaboration and increased confidence to utilise strategies that enhance collaborative practice.

Discussion/ Conclusions:

Course evaluations show evidence that a transition is taking place for participants when it comes to clinical excellence. AdvICE challenges participants to move away from traditional, siloed care towards a collaborative practice approach in order to achieve improved health outcomes. Evidence suggests this will have a positive impact on the quality of care provided to consumers, and increase efficiencies, cost effectiveness and staff satisfaction at work.

Is there a 'best' academic pathway to graduate entry medicine?

Kathryn Aston-Mourney¹ and Janet McLeod¹

¹School of Medicine Deakin University Geelong Australia

Introduction/background:

It is well known that demonstrated academic ability during an undergraduate degree is a good predictor for success in graduate entry medical school. However, there are differing views as to which undergraduate degree(s) provides students with the best chance of success. An increasing number of aspiring doctors are attracted to the biomedical sciences however other academic backgrounds may also provide advantages. In addition, including a diverse student cohort has been considered in some programs to be of great benefit to the cohort as a whole.

Aim/objectives:

The focus of our research was to assess whether prior academic background was associated with any difference in academic performance of Deakin University Bachelor of Medicine Bachelor of Surgery degree students.

Results:

Students with a prior degree in health-related studies (nursing, physiotherapy, pharmacy etc.) exhibited consistently higher academic performance compared with those from a biomedical science or non-science background. This occurred across all aspects of the degree (basic sciences, ethics, clinical skills etc.) and across all four year levels within the program. Students from a biomedical background initially demonstrated the highest academic performance in the basic sciences however throughout the rest of the course, and across all aspects, they showed significantly lower performance than students from a health-related background.

Discussion/Conclusions

An undergraduate pathway in the biomedical sciences does not discriminate the skills that produce the best performance in a medical degree whereas in our case, pathways in the health field do. Medical school selection committees should consider this when determining their entrance criteria.

Factors influencing medical and dental graduates to choose Health Professions Education as a Career Choice: A Qualitative Exploratory Inquiry

Barik Ahmed¹, Rahila Yasmeen¹

¹Riphah International University

Career choice, especially in healthcare, has always captivated the attention of researchers. Doctors and dentists have a wide variety of specialties, which they may opt for post-graduate studies. One such specialty is Health Professions Education (HPE). There have been various notable factors documented that influence the choice of graduates to choose a specialty. Our study aimed to explore the factors that influence Medical and Dental graduates to choose HPE as a full-time career

Summary of work:

A qualitative exploratory methodology was adopted; semi-structured one-on-one interviews were used to collect data. Purposive non-probability sampling was used including graduates that had opted for HPE, followed by five years of experience within the field were included in the sample. The interviews were recorded, transcribed and coded. The emergent themes were identified.

Summary of Results:

Various themes, sub-themes and categories were derived. From the thematic analysis, a total of ten themes were identified. Some of these were common, recurring factors that influenced career choice; others were novel and specific findings. Student assessment was the most important core area that have influenced their career choice. Demographics, Personal motivation and aims, nature of work and Role Models/Mentors documented a significant influence on career choice.

Discussion:

There have been numerous studies that have attempted to understand and consequently predict this very complex process that has multiple inter-related variables which leads to a final specialty selection. Several studies performed on students and graduates documented factors influencing choice of specialty

Conclusion: The Core Areas of HPE course were important factor that had influenced participants as an academicians to choose HPE as a career, due to its relevancy at workplace. An individual's 'personal aim and motivation' were a very important factor as it assisted them to face challenges and stay steadfast.

Take home message:

Participants choose HPE profession because it matched their 'personality' specifically as a full-time

faculty and were passionate about it. 'Role Models/Mentors' were an influence on the specialty choice for all the participants.

Workplace based Faculty development Model: A Systematic Literature Review

Rahila Yasmeen¹

¹Riphah International University

Introduction and background:

In this research project, the influence of 'workplace' as a learning environment for faculty development has analyzed and a new model/approach (combination of formal & informal approaches) of faculty development has created based on systematic literature review. Such approaches to faculty development, model the social & participatory aspects of learning through work and can be balanced with more traditional workshop-based activity i.e. 'workshops' focusing on skill rehearsal, dialogue and feedback (Clare Morris and David Blaney, 2010).

Research Question:

What are the elements of workplace-based faculty development (WBFD) approach that can help medical teacher's learning transfer of skill at workplace.

Research Objectives:

1. To identify the elements of workplace-based faculty development approach that can help the medical teacher's learning transfer of skill at workplace through systematic literature review.
2. To correlate the identified elements of WBFD approach with theoretical foundation of WBFD approach.

Methodology:

Systematic review of literature has done on PRISMA guidelines in duration 2003-2018. A Systematic Review is a review of a clearly formulated question that uses systematic and reproducible methods to identify, select and critically appraise all relevant research, and to collect and analyse data from the studies that are included in the review. Results and conclusion: We formulate a new model of faculty development/ approach, using the theoretical framework of 'theories of social learning' (cognitive apprenticeship model, Dornan T) and workplace-based learning environment after done systematic literature review. Through this model we will create an environment that will help medical teachers/ educators see everyday experiences as 'learning experiences' and encourage to reflect with colleagues/Peers and students on 'learning' that has occurred in classroom setting or at performing various tasks related medical education projects. In fact, it is everyday workplace- where educators conduct their clinical, research and teaching activities, and interact with the peer/colleagues and students and it is the place where learning transfer most often takes place. 'Workplace based learning' often defined as 'learning for work', 'learning at work' and 'learning from work' is fundamental to the development of medical educators for whom 'learning on the job' is often the first entry into teaching and education.

Managing underperforming students: Outcomes of a clinical educator training program

Margo Brewer¹, Kate Duncanson¹, Nigel Gribble¹, Alan Reubenson¹, Jessica Colliver¹, Brooke Sanderson¹

¹Curtin University, Perth, Australia.

Introduction/background:

Students who underperform during clinical training can compromise patient safety and impact on the workload of both clinical supervisors and academic staff. Research is limited on how to best manage these students. However, the concerning trend of supervisors 'failing to fail' some students who perform below the required standard has been noted across multiple disciplines.

Aim/objectives:

This project aimed to test a short training program for clinical educators focused on the management of underperforming students. This program was comprised of a half-day workshop, a structured remediation process, and a supplementary written guide.

Methods:

Questionnaires were utilised to evaluate participants' perceptions of the workshop and the written guide. Interviews were conducted several weeks post-workshop to ascertain participants' knowledge and practice in relation to managing underperforming students.

Results:

A total of 74 staff participated in the program. The workshop and written guide were rated positively by over 94% of participants. Analysis of the 17 staff interviews is currently underway. Preliminary results suggest the remediation process and strategies recommended were of value to the participants, and that international students were considered to be more at risk of underperformance than domestic students.

Discussion/conclusion:

The training program, which incorporated a clear remediation process, was valued by clinical educators and had a positive impact on their confidence to manage underperforming students.

It's tricky! Reflections on developing an inter-professional staff supervision education programme

Rodney Sturt¹, Rebecca Waite¹, Rebecca Brough¹, Danielle Najm¹

¹Alfred Health, Melbourne, Australia

Introduction/background:

Supervision has important educative, supportive and managerial functions. Supervision training is recognised as one of the main enablers of effective supervision practice. An inter-professional approach to supervision training programs that includes nurses and allied health disciplines is uncommon.

Aim/objectives:

To identify and describe the experience of health professionals from three disciplines who led and contributed to the development and of new inter-professional staff supervision education at a tertiary health service, the learnings from which will be utilised for future development of advanced supervision education and other inter-professional education programmes.

Methods:

Health professionals were invited to participate in a written survey designed to elicit their reflections on developing staff supervision education. The survey was structured around Gibbs reflective cycle.

Discussion:

Establishing a shared understanding of theoretical concepts underpinning supervision across professions was described as challenging, and even frustrating. Equally challenging for some respondents was finding agreement on the practice of supervision, and the training content that would respond to diverse professional groups and their workforce structures, clinical practices, and regulatory and accreditation requirements. Despite the challenges, respondents valued the opportunity to collaborate and interact inter-professionally throughout the development and delivery of the programme.

Issues/questions for exploration or ideas for discussion:

Challenges identified are not dissimilar to those amply addressed in studies on the topic of inter-professional education, where a high value is placed on being able to successfully overcome challenges to create effective education models. Diverse clinical groups can find shared meaning when enabled to co-design education programmes.

Connecting clinical educators to the university environment through Associate Fellowship of the Higher Education Academy.

Katrina Anderson¹, Beth Beckman¹

¹Australian National University Medical School. Senior Fellow HEA
Principle Fellow HEA

Introduction/background:

The ANU Educational Fellowship Scheme (EFS) provides an opportunity for all those involved in teaching (and/or supporting learners in other ways), at ANU to be recognised as professionals within an internationally-standardised framework administered by the Higher Education Academy (HEA). The fellowships provide professional recognition of staff who can demonstrate experience in, and knowledge of, teaching and learning; have engaged with relevant professional development; and are committed to acting as a professional.

Aim/objectives:

The Teaching in Medicine pathway to Associate Fellowship of the Higher Education Academy was developed to allow busy clinicians engaged in teaching students within the hospital and community environment to enhance their skills through a structured pathway that leads to meaningful recognition. The course is designed to create conversations among participants to help them explore and reflect on their teaching skills and supervisory experiences. As part of the interactive discussions doctors also discussed professional interactions in the hospital environment and explored ways to enhance or contribute to a supportive non blame culture in which learners and patients feel safe.

Discussion:

Senior doctors engaged in this course and committed up to 12 hours of their time without remuneration. It has been hard to engage this number of doctors previously but the recognition of their teaching commitments by undertaking the AFHEA has been a key factor in engagement. Adapting it to the busy practical environment of clinical supervision and then undertaking assessment orally is certainly more acceptable to doctors than written assessments. Junior doctors and registrars were also highly motivated to undertake the pathway.

Looking at the big picture: developing interdisciplinary professional standards for health profession educators.

Jennifer Davids¹ and Monica Hughes²

¹Western Sydney Local Health District

²The Sydney Children's Hospitals Network & the University of Sydney, Westmead, Australia.

Introduction:

At the Westmead Health Precinct, a need was identified to develop a tool to provide an interdisciplinary guide for educators to assist with: setting expected standards; self-assessment; performance development; establishing guidelines for the professional development; career pathway planning and recruitment and selection.

Presentation aims and objective:

This session will provide an overview of the process of developing the interdisciplinary professional standards for health profession educators (HPEs).

Discussion:

A literature review was conducted and current health educator professional standards were mapped. It was identified that existing professional standards did not reflect an interdisciplinary education model while it is becoming increasingly expected that educators work together across disciplines. The standards were developed and a process of consultation with Westmead precinct education hub committee consisting of representatives from nursing, medicine, allied health and university representatives was undertaken. A series of focus groups with HPEs, workforce and management representatives were then facilitated to review the standards and discuss the content and application. These professional standards set out the capabilities required by HPEs. They describes the knowledge, skills, behaviours, values and attitudes that HPEs working within the health system will demonstrate if they are performing their roles well.

Issues/questions for exploration or ideas for discussion:

Topics for discussion will include: using the professional standards across disciplines to develop the capability of HPEs including professional development pathways and promoting excellence in education.

How can the experiences of stakeholders with doctors inform medical selection and education? An interpretive phenomenological study.

Marise Lombard¹, Gary D. Rogers¹, Arthur Poropat¹, Louise Alldridge²

¹Griffith University, Queensland, Australia ²University of Plymouth, United Kingdom

Introduction/background:

The contribution of stakeholders to inform the selection and education of health professionals has been widely acknowledged yet undervalued. This study used an innovative approach to explore how experiences with doctors can better inform how we select and train them.

Aim/objectives:

To address disparities between medical selectors' and educators' priorities for graduating 'good doctors' and the needs expressed by patients.

Methods:

A qualitative approach, utilising phenomenological hermeneutics to explore participants' 'real life' doctor experiences. A pilot study was conducted with a group of health professional educators that was useful for informing the main study. For the main study 107 participants were purposively recruited for semi-structured individual or group interviews. Participants represented health professional practice (medicine, nursing, midwifery, rural health, First Peoples' health, allied health and alternative health), medical education, academia, health executive management, medical students, patients and community organisations.

Results:

Although participants were asked about experiences that typified 'the good doctor', many spontaneously provided accounts of unprofessional and unsafe practice. The most compelling experiences were captured verbatim as part of the study's analytical commentary. Positively evaluated experiences focused on doctors 'being patient-centred' and 'good communicators', whilst negatively evaluated experiences focused on doctors 'being unprofessional' and 'compromising their own safety as well as that of others'.

Discussion and conclusions:

The study offers a valuable contribution to ongoing attempts to better inform medical student selection and education. It outlines strategies to refine the range and prioritisation of capabilities for enduring and effective medical practice from a more inclusive and unique stakeholder perspective.

Super supervisors: what makes a good research supervisor

Barbara-Ann Adelstein¹, Natacha Carragher¹, Boaz Shulfruf¹

¹UNSW, Sydney, Australia

Introduction/background:

The quality of research supervision is integral to students' learning and satisfaction when undertaking research. Factors that influence this are not well substantiated.

Aim:

To assess factors that predict supervisor recommendations by research students.

Methods:

Data were drawn from 212 students enrolled in the fourth year (in which students undertook a research project under the guidance of a supervisor) of a six-year undergraduate Medicine program at UNSW, Sydney, Australia. A multivariate logistic regression analysis was performed to identify factors associated with whether a student would recommend their supervisor to future students (taken as a proxy for students' satisfaction with their supervision). Factors assessed included frequency and type of meetings (one-on-one/team), statistical/methodological support provided by the supervisor, and number of hours the student spent on the project.

Results:

The majority of students indicated that they would recommend their supervisor (n=122, 57.5%). Fifty-one percent of students met with their supervisor weekly. The more supportive a supervisor was considered to be, the more students would recommend them; however, 23% of students who assessed their supervisor as supportive would not recommend them. Controlling for all predictor variables, students who had weekly one-to-one meetings with their supervisor were more likely to recommend their supervisor to future students, compared to students who had less regular meetings (Wald 25.6 p<0.001).

Discussion:

Good research supervision is complex. While supportive supervisors are valued, other factors play an important part.

Conclusions:

Weekly one-on-one meetings between students and research supervisors was a significant factor for recommending a supervisor.

A case for promoting self-directed learning among GP registrars

Bunmi Malau-Aduli¹, Amy Smith¹, Paula Heggarty¹, Peta-Ann Teague¹

¹James Cook University, Townsville, Australia

Introduction/background:

Self-directed learning (SDL) is a proactive process that fosters transformative life-long learning. The need for medical professionals to be self-directed critical thinkers and to pursue knowledge and skills is a critical aspect in their role for maintaining up-to-date evidence based professional practice.

Aim/objectives:

This paper reports on research that evaluated the self-directed learning readiness of GP registrars in their first year of specialty training.

Methods:

A self-directed learning readiness (SDLR) questionnaire was administered to James Cook University's GP registrars in the first week of their training program to measure their self-direction in learning. Relationship between SDL scores, demographic variables and academic performance were statistically analysed.

Results:

Levels of readiness for SDL varied, with some registrars having very high SDL readiness levels and others showing a strong preference for direct instruction. Significant associations exist between the SDLRS scores and variables such as age, gender, cultural background, educational level and academic performance.

Discussion:

This study indicates that multiple factors influence acquisition of SDL skills. The SDLRS may serve as a useful tool that provides specialty-training institutions with a better understanding of their registrars' learning needs. It could also guide medical educators in developing specific learner-centred strategies to improve the SDL abilities of their registrars.

Conclusions:

Emphasis on SDL could promote acquisition of life-long learning skills and improved academic performance.

Upskilling the primary care workforce in cancer survivorship

Jon Emery^{1,2}, Kyleigh Smith¹, Mari Shibaoka¹, Michelle Barrett¹

¹Victorian Comprehensive Cancer Centre, Victoria, Australia

²The University of Melbourne

Aim

There is a rapidly increasing population of people living with and beyond cancer due to ageing and improvements in detection and treatment. This has impacted on the complexity of the primary care practitioners' role in managing cancer survivorship. The Cancer Survivorship for Primary Care Practitioners program aims to enhance the knowledge and skills in the transition of survivors from oncology treatment into shared care.

Methods

The program was developed to adhere to best practice survivorship care. The program is contextualised in the narrative of a patient story and includes a series of real patient stories, interactive presentations, interviews, readings, online discussions, quizzes and peer reviewed assessments.

An online survey was distributed to all participants before and after their completion of the program measuring the effect of participation in the online and / or workshop on confidence, knowledge and intention to change practice.

Results

The program has delivered to a registration of over 1000 participants from around the globe and a local representation of over 40 attended the workshops

Conclusion

Best practice survivorship care promotes the formation and consolidation of a collaborative, interdisciplinary care team who are sensitive and responsive to each individual and their needs. The program delivers an innovative, interactive, flexible and free professional development opportunity for PCPs in response to the evolving population health landscape.

Wednesday 3 July 2019

POD 9 10:30

Introduction of interactive case-based discipline-specific tutorials augment learning for final year medical students

Niamh M Keane¹, Jane Courtney^{1,2}

¹University of Notre Dame Australia, Fremantle, Western Australia, ²Hollywood Private Hospital, Perth, Western Australia.

Introduction/background:

Medical students rotate through clinical specialties in the final two years of their MD course returning to campus for lectures one half-day weekly. In recent years student lecture attendance has declined and student feedback suggests lecture content is not contemporaneous with discipline-specific content required on rotation. To address decreased student engagement; case-based discipline-specific tutorials and 2017-recorded lectures were introduced in 2018.

Aim/objectives:

This study aimed to evaluate the discipline-specific tutorials to determine if they promoted student engagement and enhanced student learning on clinical rotations.

Methods

A twenty-three item survey was administered to final year medical students (n=109). Responses were collated using Survey Monkey. Quantitative and qualitative data were analysed using excel and conventional content analysis, respectively.

Results:

62/109 students completed the survey (57% response rate). 96% (53/55) of students watched the 2017-recorded lectures. The majority of students 61% (33/54) watched lectures during discipline-specific rotations. 88% (50/57) of students attended all tutorials. 95% (42/44) of students agreed that tutorials were useful to their learning as they; covered important topics; were interactive; consolidated their learning from rotation; enabled students to meet with discipline leaders and present clinical cases. Students agreed the most important feature of the tutorials was that they provided an opportunity to consolidate learning from rotation (93% 53/57).

Discussion

Student attendance at tutorials and engagement with recorded lectures approached 88% suggesting enhanced engagement. In addition student comments' suggested discipline-specific tutorials consolidated their learning during rotation.

Conclusions:

Discipline-specific tutorials and recorded lectures promoted student engagement and consolidated learning during clinical rotations.

Beyond Milestones for Allied Health Professionals

Jenny Nicol¹, Carmel Blayden¹, Sonia Hughes¹

¹Children's Healthcare Network, NSW, Australia

Introduction/background:

Beyond Milestones (BM) is a free online resource originally developed to instruct paediatric trainees in

a systematic approach to critical and quality observation of normal child development. While the effectiveness of BM with medical clinicians has been demonstrated, no evidence was identified regarding the effectiveness of equivalent resources with allied health professionals (AHP).

Aim/objectives:

Piloting the BM resource aimed to evaluate its usefulness and effectiveness to develop the knowledge of normal child development and skills in observational assessment with AHP.

Methods:

The study used a crossover repeated measures design to determine the effect of BM on the knowledge and skills of participating AHP. Quantitative and qualitative data aligned with the primary outcome measures for the study related to knowledge and usefulness.

Results:

A total of 30 participants representing six allied health professions completed all components of the study. Results indicated no significant outcomes from the quantitative measures of knowledge, while the qualitative measures of usefulness were predominantly positive. Numerous recommendations for improvement of the modules were provided.

Discussion:

The quantitative study results indicated that BM did not significantly contribute to the development of knowledge of normal child development and skills in observational assessment for AHP. Despite this, study participants perceived BM to be an online resource that provided an effective learning opportunity.

Conclusions:

The recommendations regarding modification of the BM resource require consideration and evaluation prior to broader application with AHP. Modifications should build on the aspects of the resource identified as being most valuable. Further evaluation is warranted to determine the impact of any modifications.

How are dietitians and student dietitians learning about environmental sustainability: A scoping review

Joanna McCormack¹, Lynda Ross¹, Christy Noble^{1,2,3}, Denise Cruickshank^{1, 2},
Andrea Bialocerkowski¹

¹Griffith University, Gold Coast, Australia

²Queensland Health, Brisbane, Australia

³University of Queensland, Brisbane, Australia

Introduction:

The Intergovernmental Panel on Climate Change stated that urgent and unprecedented changes are needed to prevent the devastating effects of climate change. In Australia, healthcare contributes 7% of Australia's total carbon emissions, with 44% attributed to hospitals. Dietitians can make important contributions to reducing carbon emissions, yet it is unclear how to best develop this capability.

Aim:

This scoping review explores how dietitians and students are learning about environmental sustainability.

Methods:

Eight databases were searched using a systematic search strategy. After duplicates were removed, the remaining papers were screened against *a priori* selection criteria. Data were extracted from the included papers, including demographics, duration of intervention, pedagogical underpinnings, mode of delivery, measurement tools and career stage. Mixed methods were used to synthesize the data.

Results:

Nine papers met the selection criteria, and most (n=7) focused on dietetic students. Students mainly learned about environmental sustainability through curriculum-based learning in core courses (n=6) although experiential learning in an elective course was also reported. Four of these papers recommended scaffolding of sustainability content across the curriculum. Two papers focused on practice-based learning strategies for practicing dietitians.

Discussion:

Despite recommendations to develop dietitians who are competent in sustainable nutrition, there is a paucity of evidence to inform the development of environmental sustainability learning programs. No literature describes education interventions for practicing dietitians.

Conclusions:

To develop dietitians' capabilities in environmental sustainability, there is an urgent need for further educational research to inform curriculum development of undergraduate programs and continuing professional development of practicing dietitians.

An audit of the use of simulation in Australian and New Zealand physiotherapy curricula.

Tayne Ryall¹, Elisabeth Preston¹, Bernie Bissett¹, Niru Mahendran¹

¹University of Canberra, Bruce, Australia

Introduction/background:

Simulation has been used in healthcare education for decades, particularly in medicine and nursing. It is an efficient form of education for communication-based skills through to high-risk, low-frequency technical skills. It is unclear whether simulation is being used in physiotherapy curricula.

Aim/objectives:

The aims were to establish whether simulation is being used in physiotherapy university curricula; what forms are being used for training and assessment; the evidence academics are using to inform use of simulation, and any enablers or barriers for simulation use.

Methods:

A descriptive design involving an electronic survey was used. Thirteen closed and open-ended questions were included. Participants were academics from universities across Australia and New Zealand offering physiotherapy degrees (n = 22). Distribution and data analysis were undertaken in Qualtrics.

Results:

Fourteen responses were received. All respondents used simulation. Role play, standardised patients and low/medium fidelity simulation were the most common. 93% of respondents reported there was evidence for using simulation in classroom-training. 58% of respondents indicated there was evidence for simulation-based assessments. Enablers to simulation included: university support, increased safety for patients, students' enjoyment. Barriers included: cost, time, lack of resources, and reliance on key staff.

Discussion:

Academics were positive about simulation, but further research is required to justify the time, and resources that simulation requires.

Conclusions:

Simulation is being used in physiotherapy student education. It is unclear which form of simulation is best, and it potentially varies depending on what skill is being taught or assessed.

The Healer's Art: awakening the heart in medicine for both students and mentors.

Katrina Anderson¹, Jennifer Thomson¹, Emily Haesler¹

¹Australian National University Medical School. Canberra ACT

Introduction/background:

The Healer's Art (HA) is an elective medical school course for first and second year students developed by Dr Rachel Naomi Remen and run in over 80 medical schools in the US. The course is now in its 10th year at Australian National University Medical School.

Aim/objectives:

The Healer's Art takes a relationship-centred educational approach and aims to strengthen the humanistic elements of physician-hood. We assessed the impact and experience of this course since its implementation in 2010.

Methods:

Medical practitioner facilitators and medical students completed course evaluation forms that incorporated Likert scores and open-ended questions relating to the impact, relevance and the experience of undertaking the course.

Results:

Medical practitioner facilitators and medical students evaluated the HA in a positive light and identified the relevance of the course to their journey in the field of medicine.

Discussion:

A key aspect of the course is that it engages clinical faculty in a voluntary capacity to be part of the program alongside students as peers and mentors in a mutual learning model. In supporting learners in recognising the meaning of their work, the Healer's Art also seeks to teach and reaffirm self-nurturing skills and techniques to allow students to remain committed to their highest values.

Conclusion:

Students find the course connects them to the meaning of a vocation in medicine. Faculty staff report that the course motivates and rejuvenates them as teachers.

Aged care student learning experiences-the skies the limit

Lynn Haugh¹, Frances Barraclough¹

¹University centre for Rural Health, University of Sydney, Australia

Introduction/background:

The aged care system in Australia is undergoing significant reform creating new opportunities and challenges for health providers. Speech pathology students placed in aged care facilities play a vital role in delivering interventions that are person centred and improve residents' quality of life.

Aims/objectives:

To describe and illustrate an innovative model of student supervision established at the university centre for rural health (UCRH) located on the Northern Rivers of New South Wales (NSW). We will achieve this by using an interactive poster that highlights how speech pathology students are pioneering person centred care in residential aged care facilities

Discussion:

Speech pathology students from a range of universities are placed in pairs in residential aged care facilities continuously throughout the year.

Students are asked to identify a gap in service and to develop a quality improvement initiative. Some of the projects relate to service improvement, resource development and or staff education.

Examples of student initiatives include educating staff and volunteers on food preparation and practices for residents with dysphagia, implementing strategies to improve communication for residents with dementia and implementing life stories to increase social participation.

The model of supervision provided encourages peer learning, independence, problem solving, innovation and critical thinking.

Ideas for discussion:

Positive and negative implications for students and providers will be outlined.

Physiotherapy students portraying simulated patient roles: an observational study of portrayal accuracy and quality

Shane Pritchard¹, Jenny Keating¹, Debra Nestel¹, Felicity Blackstock²

¹Monash University, Melbourne, Australia

²Western Sydney University, Sydney, Australia

Introduction/background:

Simulation-based education (SBE) has many benefits to learners, but costs limit embedding SBE in curricula. Peer simulation, where students are trained to simulate patient roles with each other, might save costs and maintain educational benefits of SBE. It is not known whether students portray authentic and realistic simulated patient (SP) roles in peer simulation.

Aim/objectives:

To investigate whether completing training designed to improve SP role portrayal was associated with changes to physiotherapy students' abilities to portray simulated patient roles.

Methods:

Second year physiotherapy students (n=23) at Western Sydney University consented to participate. Students completed Peer Patient (www.peerpatient.com.au), a blended learning program designed to develop student capabilities to portray SP roles. Students were video-recorded portraying patient roles in practical exams pre- and post-program. Two blinded independent assessors rated the overall quality of portrayals using a purpose-developed scale, adapted from the Nijmegen Evaluation of the Simulated Patient (NESP) and Maastricht Assessment of Simulated Patients (MaSP) (5 items for role accuracy, 5 items for portrayal realism). Ethics approval was obtained.

Results:

Correlation coefficients between assessors spanned 0.60-0.80 for analyses of interest, which justified using average ratings between assessors for analysis. Statistically significant higher scores existed post-program for overall portrayal quality scores (p=0.013), accuracy (p=0.016) and realism (p=0.016) in two-tailed t-tests.

Discussion:

Education for SP role portrayal appears to be associated with improvements with portrayal quality and realism. Validation in a randomised study is needed for confidence.

Conclusions:

Given that physiotherapy students portray realistic patient roles, peer simulation has potential to be a lower-cost and effective approach to SBE.

From simulated patients to simulated participants: How we plan to expand our participant pool to meet the changing requirements of medical teaching and learning

Lyndall Thorn¹, Alastair Walters¹, Michelle Barrett¹, and Janelle Hamilton¹

¹Australian National University, Canberra Australia

Introduction/background:

ANU Medical School has been using simulated and volunteer patients since its inception in 2004. Currently there is a “line of demarcation” between the two patient pools – Simulated patients are not used in the teaching of Physical Examination and Volunteer patients do not take on a role.

Initially this caused few problems, however as teaching and assessment simulations become increasingly complex this divide has highlighted the need for a hybrid of the two patient roles, and for expanding the role to beyond that of just a patient (family member, other health professional, other support staff).

Other significant limitations of the patient groups is that of demographics. With the Simulated Patient group there was limited diversity in terms of age, gender and ethnicity. And due to their availability the vast majority of volunteer patients are 65 or older, as they tend to be retirees.

Aim/objectives:

To expand the roles of the simulated patient to that of a simulated participant, to allow for more freedom in how they participate in both teaching and assessment activities

Methods:

The first step has been to address the diversity limitations of the current group of simulated patients but recruiting new members. The number of applicant resulted in the development of a novel “audition” selection process for employment.

New appointments have been made to the role of a simulated participant. Ongoing consultation with the existing group of simulated patients will expand the numbers of simulated participants

Conclusions:

The high response rate to the recruitment process demonstrated that there is a desire in the community to participate in this type of work

Integration of intra-professional education into a Diploma and Bachelor of Nursing course to address role confusion on graduation

Gabrielle Koutoukidis¹, Wendy Hartney¹, Carol Bosmans¹, Kirsty Murtagh¹, Susan Lanyon¹, Debra Kiegaldie¹

¹Holmesglen Institute, Victoria Australia

Introduction/background:

Representatives from a major Private hospital, and teachers/lecturers from one multi-sectoral tertiary institute worked together on a project to integrate intra-professional education across the Diploma of Nursing course and the Bachelor of Nursing course, utilising an intra-professional curriculum framework. This was to address issues from the health care industry stating that registered and enrolled nurses are uncertain of each other’s scope of practice.

Aim/objectives:

To explore the effectiveness of using an intra-professional curriculum framework across the Diploma of Nursing and Bachelor of Nursing at one multi-sectoral tertiary institution, and whether this leads to a better understanding between enrolled and undergraduate nursing students on graduation of their own and each other's roles and responsibilities; scope of practice; delegation, supervisory requirements and accountability.

Discussion:

How to integrate intra-professional education into the Diploma of Nursing and Bachelor Nursing at one multi-sectoral institute, including the challenges, benefits and factors critical to the success of implementing this model. It is thought that integrating intra-professional education across both nursing courses could produce work ready graduates who can work within teams and have an understanding of the levels, roles and responsibilities within the workplace.

Issues/questions for exploration or ideas for discussion:

What are the challenges, benefits and factors critical to the success of integrating intra-professional education into a curriculum?

Pilot Study of a Unique Holistic Online Foundational Knowledge Course for Students Transitioning into a Postgraduate Medical Program

R Howard¹

¹University of Sydney Medical School, Faculty of Medicine and Health, Sydney, Australia¹

The University of Sydney MD program is a postgraduate professional degree where students come from a diverse academic and cultural backgrounds of which 30% are non-science (NSB), 8% are international students, and 15% who do not have English as their first language. Amongst the diversities there is common level of motivation to achieve their goal of becoming a clinician although many students struggle with the breadth of material as evidenced by the assessment outcomes. Currently, students with NSB have no clear expectations of what is assumed foundational knowledge nor access to any material that could assist them to come to a comparable level of foundational knowledge as those who have a biomedical undergraduate degree and thus have a dual source of disadvantage. In keeping with the MD program philosophies of prepared for entry and personalised pathways, and maintaining a non-discriminatory entry criterion, I have researched and developed a unique online foundational knowledge course to address cohort diversity and provide clear assumed knowledge in core disciplines of molecular and cellular biology, physiology and anatomy which is currently being piloted. First year NSB student perspectives, experiences, and how material was assimilated determined prior to development showed that 90% did not feel prepared to transition into the MD program and contributed to disengagement during their first year. This led to addition of a holistic induction course using transition pedagogy and STAR project principles on metacognitive, teamwork and self-care skills. Currently the diagnostic, prognostic and supportive nature of the courses is being researched.

Mixed views on evidence-based practice in paramedicine students

Susan Howitt¹, Adele Holloway², Anne-Marie Williams², Denise Higgins¹, Anna Wilson³

¹Australian National University, Canberra, Australia

²University of Tasmania, Hobart, Australia

³University of Stirling, Stirling, United Kingdom

Introduction:

Paramedicine is a relatively new academic discipline but includes similar expectations for training in evidence-based practice as other health professional degrees. Evidence-based practice is complex to teach because it spans both academic and practical skills, in addition to professional judgement.

Aim:

We aimed to investigate how paramedicine students learn about evidence-based practice and their views of its relevance to their future profession.

Methods:

Students undertaking a unit on evidence-based practice in an undergraduate paramedicine degree responded to reflective prompt questions about their learning. Qualitative analysis of their responses, using a phenomenographic approach explored the variation in student conceptions of evidence-based practice and its relevance to paramedic practice.

Results:

Students exhibited views ranging from little or no understanding of research to a sophisticated understanding of the role of evidence-based practice in paramedicine. While most students developed some skills in literature analysis and critical appraisal, less than half thought that evidence-based practice was relevant to paramedic practice. Student responses indicate that effective learning and changes in attitude depend on students' ability to recognize and value social learning opportunities and to make links to their placement experience.

Discussion:

The finding that most students learn relevant skills but are more resistant to changes in attitude to evidence-based practice is similar to findings for other health professional students. Our results suggest social constructivist approaches and drawing explicit links between clinical placement and evidence-based practice will be more effective. Strategies that develop students' metacognitive abilities are likely to improve their ability to make such connections.

POD 10 10:30

The impact of introducing a fee for student placement cancellations at ACT Health

Linda Grose¹, Sian Finch¹

¹ACT Health Directorate Clinical Placement Office, Canberra, Australia

Introduction/background:

In 2018, The ACT Health Directorate Clinical Placement Office introduced a cancellation fee for education providers aimed at reducing the amount of placements organised and then cancelled before commencement. The fee of \$60 plus GST is charged to the education provider when placements are cancelled up to and including the first day of placement. Revenue generation was not the intended purpose for the introduction of the fee.

Aim/objectives:

To evaluate the impact of the introduction of a cancellation fee on the placement cancellation rate.

Discussion:

The ACT Health Directorate Clinical Placement Office processes approximately 5500 student placements each year. Placement cancellations significantly impact the workload of the Clinical Placement Office and reduce placement availability across ACT Health. By analysing the total placements processed and those cancelled by education providers in 2017 and 2018, the cancellation rate for each year may be calculated. In 2017, the cancellation rate was 10.5% across the Allied Health, Nursing and Midwifery disciplines. Since the introduction of the cancellation fee, the cancellation rate thus far for 2018 is 5.2% across these disciplines.

Issues/questions for exploration or ideas for discussion:

To what extent has the introduction of a cancellation fee impacted clinical placement attendance across each discipline?

An exploration of the cancellation trends between local and interstate education providers.

The impact of introducing a fee for student placement cancellations at ACT Health

Linda Grose¹, Sian Finch¹

¹ACT Health Directorate Clinical Placement Office, Canberra, Australia

Introduction/background:

In 2018, The ACT Health Directorate Clinical Placement Office introduced a cancellation fee for education providers aimed at reducing the amount of placements organised and then cancelled before commencement. The fee of \$60 plus GST is charged to the education provider when placements are cancelled up to and including the first day of placement. Revenue generation was not the intended purpose for the introduction of the fee.

Aim/objectives:

To evaluate the impact of the introduction of a cancellation fee on the placement cancellation rate.

Discussion:

The ACT Health Directorate Clinical Placement Office processes approximately 5500 student placements each year. Placement cancellations significantly impact the workload of the Clinical Placement Office and reduce placement availability across ACT Health. By analysing the total placements processed and those cancelled by education providers in 2017 and 2018, the cancellation rate for each year may be calculated. In 2017, the cancellation rate was 10.5% across the Allied Health, Nursing and Midwifery disciplines. Since the introduction of the cancellation fee, the cancellation rate thus far for 2018 is 5.2% across these disciplines.

Issues/questions for exploration or ideas for discussion:

To what extent has the introduction of a cancellation fee impacted clinical placement attendance across each discipline?

An exploration of the cancellation trends between local and interstate education providers.

Medical ethics education in Australian and New Zealand medical schools, thinking big.

Adrienne Torda¹, Jack Mangos¹

¹University of New South Wales Sydney, Australia

Introduction/background:

Teaching medical ethics (ME) is a core component of all medical curricula in Australia and New Zealand (ANZ). Interestingly, there is no consensus in the literature about the main goal, best methods of teaching or assessing ME. In 2001, a core curriculum for teaching ME in ANZ was published by the ATEAM built upon 3 elements – knowledge, skills and attitudes.

Aim/objectives:

To investigate how medical ethics (ME) is being taught within medical faculties across Australia and New Zealand (ANZ), and how this has followed on from a proposed core curriculum.

Methods

We conducted a mixed methods study using an online questionnaire. This included both binary and open-ended questions to both categorise and explore similarities and differences in ME curricula in medical programs across ANZ.

Results

Convenors from 15 universities responded (65%). The main commonality that emerged was that ME curricula were integrated both laterally (with other course content) and longitudinally (across campus to workplace). The goals, format, educators, and assessments of the ME curricula were highly variable.

Discussion

The great variability of ME curriculum design and format may reflect context specific restrictions. It may also reflect the lack of data in relation to 'best practice' in teaching ME.

Conclusions:

Since the publication of a core curriculum for ME, most medical programs have undergone major overhauls. Although the core goals of including knowledge, skills, and attitudinal development in ME curricula are still present, there is no uniformity in terms of competency set, format or assessment across medical programs in ANZ.

Australian and New Zealand medical students' opinions on professional behaviours

P McGurgan¹; K Calvert; K Narula; A Celenza¹; C Jorm²

¹School of Medicine, UWA, Perth Australia; ²University of Sydney, School of Medicine, Australia

Objectives:

To develop an in-depth and comprehensive understanding of Australian and New Zealand medical students' professionalism by seeking their opinions on a range of professionalism scenarios, exploring the influence of various contexts in their decision making, and determining how many students reported encountering professionally challenging situations.

Design, setting and participants:

A confidential, on-line survey for medical students was developed and distributed to Australian and New Zealand medical schools in 2016. All medical schools participated, resulting in 3,171 medical students completing all or part of the survey (16% of total population).

In addition to submitting de-identified demographic information, student participants provided their opinions on the acceptability of a range of medical student behaviours, and documented whether they had encountered similar scenarios.

Main outcome measures:

Medical student's acceptability rating and number of students who document encountering a range of professionalism scenarios; effects of context on decision making.

Results:

Medical students reported encountering many of the professionally challenging scenarios. In general, students' opinions on professionalism issues were not influenced by the seniority, gender or the health profession involved in the scenario. Significant numbers of medical students consider it acceptable to breach patient confidentiality, misuse social media, take illicit drugs, or to fail to report other health professionals making medication errors or potentially racist comments

Conclusions:

Medical students encounter a wide range of professionalism challenges during their course. The range of opinions on the acceptability of some behaviours highlights the importance of addressing these issues in medical education.

Demographic effects on medical students' opinions on professional behaviours

P McGurgan¹; K Calvert; K Narula; A Celenza¹; E Nathan; C Jorm²

¹School of Medicine, UWA, Perth, Australia

²University of Sydney, School of Medicine, Australia

Objectives:

Using the Professionalism opinions of Medical Students (PoMS) survey data, this study aimed to determine the association between medical students' demographic factors and their opinions on a range of professionalism scenarios.

Design, setting and participants:

The PoMS medical student survey was a confidential, on-line survey for Australian and NZ medical students performed in 2016. All medical schools participated, resulting in 2,602 Australian and 569 NZ medical students completing all or part of the survey (15.2 and 21.1% of the total medical student population respectively).

Student participants submitted de-identified demographic information and provided their opinions on the acceptability of a range of medical student behaviours.

Main outcome measures:

Medical students' acceptability rating for a range of professionalism scenarios; effects of participant's demographics on decision making.

Results:

Demographic factors appear to have a significant effect on medical students' professionalism opinions - particularly male gender and being a student in the latter stages of the course. Both of these demographic factors were associated with less discerning attitudes on appropriate professional behaviours. Type of entry to medical school (under versus post-graduate) had little effect on respondents' professional opinions.

Conclusions:

Medical students' professional opinions appear to be influenced by both intrinsic and extrinsic demographic factors. The study's findings that male and more senior students are significantly more likely to express concerning opinions on professional behavior warrants consideration on how medical educators view and teach professionalism in medical education.

A successful vaccination program to prevent transmissible infectious diseases among Thai medical students.

Punjapong Chamchuen¹, Thana Khawcharoenporn¹

¹Faculty of Medicine, Thammasat University, Pathumthani, Thailand, 12120

Introduction:

Vaccination is important to prevent medical students from transmissible infections acquiring during clinical clerkship. Thammasat University Medical School (TUMS) has initiated a comprehensive vaccination program for medical students. However, the performance of this program has not been evaluated.

Objectives:

To evaluate the performance of the TUMS vaccination program for TUMS.

Methods:

A retrospective review of TUMS students' records was performed. All students were offered Tdap and MMR and were screened for immunity against varicella zoster virus (VZV) and hepatitis B virus (HBV). Those without immunity against VZV and HBV were offered vaccination against both pathogens.

Results:

849 medical students participated in the program during the 4-year period. The rates of Tdap and MMR vaccine acceptance, and baseline immunity against VZV and HBV are 97.5%, 57.7% and 3.6, respectively. After the vaccination program, the rates of having immunity against VZV increased from baseline of 57.7% to 99.7% ($P < 0.001$). One booster dose of HBV vaccine increased the rate of HBV immunity to 54.5% ($P < 0.001$). Among the 284 students who required a 3-shot series of HBV vaccination, 282 (99.3%) completed the series.

Discussion and Conclusions:

Our vaccination program provided the high rates of immunity against tetanus, diphtheria, pertussis, measles, mumps, rubella and VZV. The program also improved immunity against HBV, however, better strategies to differentiate the required dose of HBV vaccine (i.e. one booster dose vs. a complete 3-shot series) are needed to ensure protection against HBV among the students.

Medical Ethics Education: a discourse driven approach

David Hunter¹

¹School of Medicine, Flinders University, Australia

This paper describes and assesses the approach to teaching medical ethics taken in the clinical years at Flinders University. We have adopted a just in time teaching approach, based around cases generated by our students. These cases are discussed on site using a community of enquiry pedagogical approach. This enables us to focus on locally relevant issues and concerns, whilst still addressing universal challenges our students encounter.

Evaluating Nursing Continuing Professional Development Programs – A Integrative Literature Review

Rebecca Brough¹

¹The Alfred Hospital, Alfred Health, Melbourne, Australia

Introduction/background:

Continuing professional development (CPD) is fundamental and compulsory in annual nursing registration. CPD aims to ensure competence in practice, subsequently assuring safety in healthcare provision. Typically, CPD program evaluation emphasises outputs over impact, focusing particularly on participant satisfaction. Effective evaluation demonstrates how CPD programs positively influence staff and patients.

Aim/objectives:

To undertake a literature review investigating 'How the nursing education department of an acute hospital can most effectively evaluate continuing professional development programs'.

Methods:

An integrative review of peer-reviewed articles investigating the application of evaluation methodologies to CPD education within CINAHL, Medline and ERIC databases. A limited number of nursing specific search results for CPD evaluation necessitated searching across several other intersecting and relevant disciplines. Sixteen studies were selected and inductive coding of these generated three themes for discussion.

Results:

The three sub-themes for CPD evaluation methodology were: current state of practice; practicalities in evaluation; future opportunities.

Discussion:

Discussion of themes was grounded in the current experience of Alfred Health's Nursing Education department. Challenges evaluating program impact are linked to patient outcomes, focus on competence and insights at participant level only. Cost, time and evaluation tool availability present practical considerations. Opportunities for future improvements include testing, evaluating intention and evaluating against needs.

Conclusions:

This evidence provides insights influencing CPD evaluation processes for nursing at Alfred Health. Demonstrating the impact of programs on practice and validating education offered is considered essential. Findings of this review contribute to broadening the understanding of health education communities with similar interests in evaluating CPD.

Professionalism – emerging themes from final year optometry portfolios

Anthea Cochrane¹, Kwang Cham¹, Christine Nguyen¹

¹Department of Optometry and Vision Sciences, The University of Melbourne, Australia

Introduction/background:

The University of Melbourne Doctor of Optometry program measures final year performance by portfolio submission. A sub-objective of the portfolio is professionalism. Students use patient interactions throughout their final year as experiences that help them understand and write about professionalism to show their emerging understanding in this important area of practice.

Aim/objectives:

To assess whether consistent professionalism themes emerge from portfolio submissions by final year Optometry students. If consistent themes emerge these should help inform teaching of professionalism at earlier year levels in the Optometry course and potentially in other allied health courses. Portfolios for 60 students over several years were reviewed and analysed for emerging themes.

Discussion:

Key themes commonly raised were around patient and practitioner autonomy. Difficulty with honestly delivering bad news emerged as being an area where many students struggled. Empathy and compassion for patients and the concept of self-care were often raised in student portfolios.

Conclusions:

By reviewing final year student portfolios we believe we have been able to identify gaps and difficulties that students encounter in their final year of optometry and common issues and observations that they make about professionalism and professional practice. This identification of themes can be used to improve how we teach professionalism to our students in the future.

Increasing Dietetic student readiness for placement

Margaret Nicholson¹, Peter Talbot², Ashwini Chand², Amanda Carter², Rula Milad², Jennifer McQueen², Merryl Ireland¹

¹The University of Sydney, Discipline Nutrition & Dietetics, School of Life and Environmental Sciences at the Charles Perkins Centre, Sydney, Australia

²Westmead Hospital, Department Nutrition & Dietetics, Sydney, Australia

Introduction:

Feedback from first year Master of Nutrition & Dietetics (MND) students at The University of Sydney indicated they believed they would be better prepared for their 20-week clinical placement in second year by engaging in more hospital-based activities in first year.

Aims:

The aims of introducing this experiential activity were to build students' self-efficacy for patient communication and skills in Subjective Global Assessment (SGA).

Methods:

First year students were allocated to one of two hospitals over three consecutive years to participate in a Malnutrition Point Prevalence Nutrition Survey of all inpatients. Students assessed risk of malnutrition using a short screening tool and then for patients identified at-risk of malnutrition conducted SGA. Pre and post surveys were completed to assess confidence in undertaking activities using a 10-point scale. Qualitative feedback was collected using open-ended questions and analysed by themes.

Results:

A total of 119 students completed both surveys. Self-efficacy in patient communication increased from a mean of 4.2 (SD 1.9) to 7.6 (SD 1.1), and in performing SGA increased from 5.0 (SD 2.0) to 7.2 (SD 1.4). Qualitative feedback was mostly positive but some students were challenged by very unwell, CALD, confused, or hearing-impaired patients.

Conclusions:

The intended aims of the experiential learning were met with improved self-efficacy for communication and conduct of SGA with students reporting they were better prepared for placement. The tasks were mutually beneficial with the hospitals obtaining evidence for the NSQHS Comprehensive Care Standard 5. The activity will become a routine learning experience.

SKILLED: A pathway for PhD scientists into clinical trials

Chris Packer¹, Debbie McAteer¹, Eman Nafea^{1,2} Marian Lieschke² and Michelle Barrett¹.

¹Victorian Comprehensive Cancer Centre, Melbourne, Australia

²Parkville Cancer Clinical Trials Unit, Melbourne Australia

Introduction/background:

Finding a pathway into the clinical trials workforce for PhD scientists isn't straightforward. Their lack of role-specific training is one of the main barriers to obtaining even entry level roles in clinical trial units, despite the specialised research skills they can offer. Ironically, the shortage of highly skilled clinical trials professionals, is a limiting factor in the expansion of cancer clinical trial activity in Victoria.

Aim/objectives:

The aim of the SKILLED internship program is to provide PhD scientists with a bridging opportunity to enter the clinical trials workforce. This comprehensive 40-week program aims to accelerate their readiness to function as clinical trial coordinators and in so doing, build the capacity of the Victorian clinical trials workforce.

Discussion:

The SKILLED program employs numerous training modalities to ensure interns reach an internationally benchmarked level of competence. Interns will participate in group workshops and undertake online learning to build their knowledge of study management, laboratory operations, and clinical trial regulation.

Interns will be placed with Victorian clinical trial units and receive supervised, on-the-job training. Using their high-level research skills, interns will also complete a quality improvement project, identifying ways for their clinical trial site to improve their processes and efficiency.

It's envisaged that this model could be packaged, shared and applied to other specialist craft areas to enable capacity building and retention in the workforce.

Issues/questions for exploration or ideas for discussion:

Academic and industry partnerships

POD 11 10:30

An integrated Medical Program

Sabina Cerimagic¹ and Priya Khanna¹

¹Sydney Medical School, University of Sydney

Introduction/background:

The strategic purpose of the proposed changes to the Sydney MD 2020 Medical Program is to re-align it with current and evidence-based pedagogic philosophies and consensus statements on medical student and graduating doctor knowledge, skills and professional behaviours from national and international bodies. The changes proposed build on the strengths of the current program, maintaining the best aspects and enhancing teaching and learning opportunities in line with best current educational practice.

Aim/objectives:

Medicine as a profession requires application of knowledge, skills and professional behaviours in an integrated fashion, not as discrete capabilities that are independent of each other. This reflects the expectations of employers and how medicine is practised in the health system both in Australia and internationally. We are proposing a new academic model, which fits in with a professional degree such as the MD.

Discussion:

This MD model allows us to teach and assess in a holistic manner, with a longitudinal "whole of practice" approach rather than one that leads to students compartmentalising their knowledge in more artificial traditional University smaller units of study.

Issues/questions for exploration or ideas for discussion:

Are 48CP UoS a good way, to integrate discrete capabilities throughout the new MD? For the proposed Medical Program changes, is programmatic assessment the best way forward? Why do not more Australian Medical Schools offer embedded courses?

Introducing planetary health and sustainable health care into the medical curriculum: Making a start at Bond University, Gold Coast, Australia

M McLean¹

¹Health Sciences and Medicine, Bond University, Gold Coast, Australia

Background:

In 2009, a *Lancet* article warned that climate change could potentially wipe out the health gains of the past 50 years. In 2016, the Medical Deans of Australia and New Zealand tasked a Working Group on Climate Change and Health to recommend amendments to the AMC's Graduate Outcomes. These were submitted in September 2018.

Aims:

This submission describes the introduction of a Planetary Health and Sustainable Health care assignment into Year 2 with three LOs: Interaction between the environment and human health, environmental and health care sustainability, duty of the doctor to promote health and well-being through environmental sustainability. In self-selected teams, students identified a 'problem' using the 2030 SDGs, submitting a proposal using a rubric based on Glassick's scholarship framework - clear goals, adequate preparation, etc. After receiving feedback, teams produced a 'product' and a Reflective Critique.

Discussion:

'Products' were of a high calibre and included videos, Voice-over PowerPoints, policy documents, position statements, cost analyses, online modules, pamphlets and the prototype of an app. Intended audiences included government ministers, Donald Trump, hospital CEOs, etc. Submissions were reviewed by a team of academics. Seven 'products' were showcased at a mini-conference, at which students voted for the "Peoples' Choice". Through their assignment as well as having access to colleagues' resources, the intended outcomes appear to have been met. Minor changes only required for the second iteration of the assignment.

Issues/questions for exploration or ideas for discussion:

How is your medical program exposing students to climate change?

Developing a communication curriculum for health service volunteers

Alison Beal¹, Meg Chiswell²

¹Cancer Council Victoria, Melbourne, Australia ²Cancer Council Victoria, Melbourne, Australia

Introduction/background:

Volunteers within health services require effective communication skills to provide peer support to people affected by cancer. Peer support offers emotional support and provision of health information through sharing of personal experiences. Cancer Council Victoria's Cancer Information Resource Volunteer Education (CIRVE) was developed to train volunteers in effective communication skills. Inconsistencies in CIRVE delivery were noticed by facilitators due to minimal curriculum documentation. This project describes a review of CIRVE curriculum through practical application of curriculum development principles to create a consistent and effective offering for volunteer training.

Aim/objectives:

By applying educational frameworks, this project aimed to develop a constructively aligned communication skills curriculum for volunteers. CIRVE content, teaching and learning activities were aligned to intended learning outcomes. Core content was identified and mapped using the UK consensus statement on communication curricula in undergraduate medical education as a framework.

Discussion:

Evidence suggests learning effective communication skills requires defined skills, observation of learners, provision of descriptive feedback and opportunities to implement feedback. Curriculum mapping demonstrated the experiential and learner centred nature of CIRVE and its alignment with best practice guidelines for effective communication skills training. Areas of weaker alignment with intended learning outcomes were identified and will be strengthened via ongoing review and improvement. By developing an evidence-based, learner centred and experiential communication curriculum, Cancer Council Victoria offers an effective and consistent communication skills training course for volunteers.

Developing a communication curriculum for health service volunteers

Alison Beal¹, Meg Chiswell²

¹Cancer Council Victoria, Melbourne, Australia ²Cancer Council Victoria, Melbourne, Australia

Introduction/background:

Volunteers within health services require effective communication skills to provide peer support to people affected by cancer. Peer support offers emotional support and provision of health information through sharing of personal experiences. Cancer Council Victoria's Cancer Information Resource Volunteer Education (CIRVE) was developed to train volunteers in effective communication skills. Inconsistencies in CIRVE delivery were noticed by facilitators due to minimal curriculum documentation. This project describes a review of CIRVE curriculum through practical application of curriculum development principles to create a consistent and effective offering for volunteer training.

Aim/objectives:

By applying educational frameworks, this project aimed to develop a constructively aligned communication skills curriculum for volunteers. CIRVE content, teaching and learning activities were aligned to intended learning outcomes. Core content was identified and mapped using the UK consensus statement on communication curricula in undergraduate medical education as a framework.

Discussion:

Evidence suggests learning effective communication skills requires defined skills, observation of learners, provision of descriptive feedback and opportunities to implement feedback. Curriculum mapping demonstrated the experiential and learner centred nature of CIRVE and its alignment with best practice guidelines for effective communication skills training. Areas of weaker alignment with intended learning outcomes were identified and will be strengthened via ongoing review and improvement. By developing an evidence-based, learner centred and experiential communication curriculum, Cancer Council Victoria offers an effective and consistent communication skills training course for volunteers.

Developing a case-based learning capstone subject for undergraduate health science students

Jessica Nealon¹, Sanaz Khanlari¹

¹University of Wollongong, Wollongong, Australia

Introduction/background:

Undergraduate health science students face many challenges during university. There is limited integration of content across science disciplines and often there is the absence of real-world clinical applications of scientific knowledge in a non-clinical degree; resulting in dissatisfaction and a lack of engagement.

Aim/objectives:

Integrated Science in Medicine (iSIM) is a new 300-level Capstone subject which aims to address these challenges experienced by students enrolled in the Bachelor of Pre-Medicine, Science and Health at the University of Wollongong. This 12-credit point, annual subject introduces students to real-world, interdisciplinary clinical applications of knowledge covered in their degree.

Discussion:

iSIM utilises case-based learning to provide the foundation and stimulus for their learning over one fortnight. Students work in small groups to apply their knowledge, problem-solve and critically analyse content. iSIM presents 10 cases over a year, with each case introducing a different clinical problem.

Assessment items were also based in clinical problems, and included i) creating a digital media presentation exploring the aetiology and pathophysiology underlying their assigned clinical problem, ii) discussing the quality of evidence available to support a relevant treatment regime to manage the

disease, and iii) facilitating a class discussion on a range of ethical considerations related to their clinical problem, to foster reflective practice and enquiry-based learning.

Feedback from students indicated that the cases were an enjoyable and engaging way to apply their scientific knowledge, despite having no previous clinical experience. The interactive group work occurred in a relaxed, supportive and fun environment which encouraged the consolidation of information.

The innovation process for transition to a Medical Doctorate in Australia

Colleen Cheek¹, Richard Hays², Janie Smith³

¹University of Tasmania, Tasmania, Australia

²James Cook University, Mt Isa, Australia, Bond University, Gold Coast, Australia

Introduction/background:

Most Australian medical schools have transitioned to a Masters Degree, the Medical Doctorate (MD), for primary medical training. The extent of change undertaken to transition to an Masters Degree may range from relatively minor to substantial changes, usually focusing on research experience to the higher-level learning outcomes required in an Australian Qualifications Framework Masters Level 9e degree.

Aim/objectives:

A model of innovation is presented which illuminates the underlying conditions and change mechanisms utilised to achieve transition to an MD program using two different models within the same health economy.

Discussion:

Both smaller and larger scale change require a sufficiently mature curriculum to be considered a change able to be assessed within scheduled accreditation cycles. Similar approvals processes are required to meet organisational and regulatory conditions. A small-scale change was successfully implemented facilitated by flexible university processes and information systems. A more extensive and innovative change process featured adaptive leadership style and fit-for-purpose working groups adopted at each stage of the process. Novel ideas implemented included a range of options to enable each student to complete a project, a project 'roadshow' to showcase options, a purpose-built electronic project portfolio, and a student conference. This required considerable investment of resources and relied on partnership with local clinicians and health services for both research opportunities and supervision.

Issues/questions for exploration or ideas for discussion:

- Could this innovation process be applied to other curriculum challenges?
- How should research partnerships with local health services be constructed to ensure mutual benefit?
- What is the return on investment for more extensive change?

Do changes in course structure and delivery methods improve the educational environment for students?

Brett Vaughan¹, Tracy Denning², Kylie Fitzgerald³

¹University of Melbourne, Melbourne, Australia

²RMIT University, Melbourne, Australia

³Victoria University, Melbourne, Australia

Introduction/background:

Development of engaging, positive learning environments is imperative in health professional education. This can be achieved through well planned curriculum, flexible learning options, engaging learning activities and a strong focus on preparing the students for their chosen vocation. Positive learning environments have been shown to benefit student outcomes and therefore are worth consideration and evaluation in health professional programs.

Aim/objectives:

Evaluate changes in the educational environment through the implementation of the pre-clinical years of an integrated osteopathy curriculum.
Contrast the educational environment scores/ratings between cohorts undertaking a traditional and integrated osteopathy curriculum

Methods:

Students in both the traditional and new osteopathy Bachelor degree at Victoria University completed the Dundee Ready Education Environment Measure before, during, and at the conclusion of their program.

Results:

Final data is currently being analysed. Initial data suggest improvement in the educational environment, and more positive ratings than previous cohorts.

Discussion:

Measuring the educational environment forms part of an ongoing evaluation strategy. Changes made to the course structure and delivery have resulted in initial positive changes compared to previous cohorts. Ongoing course evaluations using validated measures can be challenging in environments with limited resources. This work goes beyond the individual subject level to evaluate aspects of the effectiveness of an integrated curriculum.

Conclusions:

Changes made to the structure and delivery of an osteopathy course resulted in improvements in the educational environment. Further work is required to ascertain if these improvements are retained through the later years of the program, particularly in the clinical learning environment.

Embedding climate change in health curricula: how do we do it?

Anne Roiko¹, Sue Cooke¹, Zoe Murray¹ and Gary D. Rogers¹

¹Griffith University, School of Medicine, Gold Coast, Queensland, Australia

Introduction:

Katherine Barraclough's 2018 ANZAHPE keynote address called for the recognition of environmental change and sustainability as core components of health professional education to ensure that our graduates are equipped to respond to what will undoubtedly be the greatest global health challenge during their professional lives. The next critical step is to determine how this can be achieved in the context of curricular inertia and minimal recognition of the area in accreditation standards for the health professions in Australia.

At Griffith University, we have developed and continually refined a course titled 'Climate Change and Public Health' for nearly a decade, but our efforts to mainstream this content across health programs have largely failed. Numerous factors influence the inclusion or not and the depth of critical analysis of climate change and health topics undertaken across health curricula. We need to understand these factors and to forge a consensus on what core learning outcomes health professionals need to meet in the area in order to be equipped for practice into the future.

Purpose:

To consider how the barriers to 'mainstreaming' education about climate change into health programs may be overcome and strategise on how these educational outcomes may be achieved.

Questions for exploration:

What is the level of consensus that climate change needs to be embedded in health curricula and to what extent?

What are the core learning outcomes?

What are the barriers?

What strategies have been found useful to navigate those barriers?

Could this be an opportunity for strengthening interprofessional learning?

Clinical communication for the 21st century: A faculty approach for curriculum renewal and improved graduate outcomes

Robyn Woodward-Kron¹, Charlotte Denniston¹, Caitlin Barr¹, Rebecca Wong¹

¹University of Melbourne, Australia

Background:

Clinical communication teaching is established in medicine but less so in other disciplines, including audiology and dentistry. While aspects of clinician-patient communication differ across health professions, there are generic skills that can be taught faculty wide. Further, to prepare students for contemporary healthcare, communication teaching should include communication technologies as well as participatory healthcare. Current curricula rarely include these aspects or interprofessional communication.

Aim:

To report on a faculty wide initiative to establish a clinical communication Community of Practice for contemporary healthcare.

Methods:

The initiative involves scoping faculty existing clinical communication teaching and learning and assessment activities at the University of Melbourne in the first instance in dentistry and audiology. using a template developed for the Melbourne MD. Small discipline based working groups were established for priority setting. Professional development workshops are planned informed by recent PhD studies with observational data from student placements.

Results

The work is ongoing, yet the results from the working group in medicine suggest that the Community of Practice can be sustainable with regular updates, cross faculty engagement, and input from international experts.

Discussion:

The expected impact is both for participating clinical educators and academics in terms of increased awareness, knowledge and improvement in teaching clinical communication. We welcome opportunities to develop the Community of Practice within the ANZAHPE community.

Conclusion:

The activities outlined in this proposal should also contribute to improved clinical communication of the health professions' students in the faculty, which can contribute to the quality of patient care.

Using student feedback to tailor an introductory Pathology course for Exercise Physiology students

Cristan Herbert¹, Martin Weber¹, Carolyn R. Broderick¹, Jeanette M. Thom¹

¹School of Medical Sciences, UNSW Australia, Sydney, Australia

Introduction/background:

Processes in Disease is an introductory Pathology course offered to students in year 2 of Medical Science and Exercise Physiology (EP) programs at UNSW Sydney. Traditionally, the course was delivered to both cohorts together with common lectures, online modules and tutorial classes. While highly rated by Medical Science students, the course often received critical feedback from EP students. End-of course evaluations and student representatives indicated that EP students did not feel part of a learning community and that they wanted to learn Pathology by studying examples clearly relevant to their discipline.

Aim/objectives:

We aimed to improve overall satisfaction of EP students by providing a more personalised learning environment and by introducing topics that were perceived to be more relevant to Exercise Physiology.

Methods:

The course offered to Exercise Physiology students was significantly revised. New online modules on sports-related injuries and rheumatoid arthritis were developed as examples of acute and chronic inflammation respectively. Separate tutorial classes and assessment tasks were created for EP students and the structure of the course Moodle page was optimised to enhance clarity.

Results:

Following the revisions, 100% of respondents agreed they were "satisfied with the quality of the course" (compared to 66.7% in 2017), and 100% of respondents indicated that they "felt part of a learning community". In written feedback, students commented that they "appreciated that [the academics] tailored the course to Exercise Physiology".

Conclusions:

By revising a course in response to student feedback we have achieved a significant improvement in overall student satisfaction.

A focus on the clinical governance of student placements established as student led services

Cate Fitzgerald¹

¹Metro South Health, Hospital and Health Service, Princess Alexandra Hospital, Woolloongabba, QLD, 4102

Introduction/background:

Innovation in clinical placement models has led to the growth of student resourced or student led service placements within health services. These placements have assisted services to provide health care to consumers whilst supporting the learning of students and the meeting of placement demand from the university sector. Safety of consumers, students and staff underpins attention to the clinical governance of this placement model. A clinical governance framework was developed in a statewide allied health clinical education program to address key concerns of managers and educators and includes quality learning tools and risk mitigation strategies.

Aim/objectives:

This presentation reports on the development of a clinical governance framework for safe student contribution to health care and provides suggested strategies and tools for ongoing monitoring of student contribution to consumer care.

Discussion:

Governing the safe health care contribution of novice learners is essential. Communication of a framework for attention to the clinical governance of student placements has led to increased management approval of student led placement models, increased educator and student attention to the quality of learning on placement, as well as enhancing the timeliness of responses to key safety concerns when issues arise on placements.

Issues/questions for exploration or ideas for discussion:

What strategies or resources enhance the clinical governance of placements especially those developed for a student led placement model.
How can attention to clinical governance support placement growth and clinical educator capability for quality student learning in health care environments.

The war on dental health care in Taiwan

Shui-Shang Hsueh¹, Chin-Hung Kuo²; Hui-Fang Tsai³

¹Kaohsiung Chang Gung Memorial Hospital, Kaohsiung City, Taiwan;

²Ciaotou District Prosecutors Office, Kaohsiung City, Taiwan;

³Department of Law, National Chung Hsing University, Taichung City, Taiwan

Objectives

The case of medical fraud was scarce and rare before national health insurance was implemented. However, the number of cases and offenders in dental care fraud has been on the increase with a drop from 2013 to 2014. Taiwan's National Health Insurance Act was enacted in 1994. The focus here is why does dental health care fraud increase significantly under the National Health Insurance in Taiwan?

Design

A systematic review of dental fraud cases in Taiwan from 2006 to 2014 from the Prosecutors Office database was searched using keywords such as “dentist”, “health care fraud”, and “forgery”. All information was confirmed by checking the outcomes with the Law Library of Judicial Yuan.

Results

Non-rendered service is the most common type of dental fraud with approximately more than 90 percent in Taiwan. It is found that prosecutors and the law frequently and straightforwardly forgive dentists who violate health care fraud as they are well educated and wealthy, even if there is evidence of fraud. The financial gains from fraud far exceed the forfeit for each case of fraud. In Taiwan, overall dentists performing fraud seemed to be encouraged.

Conclusion

In conclusion, dental health care fraud is a serious occupational crime in Taiwan. Unfortunately, the participants do not only lack ability to recognize fraud but overlooked the offenders due to their education and wealth. To prevent health care fraud, it is essential to educate the prosecutors and the court to have the knowledge to identify white-collar crime.

POD 12 13:00

Capitalising on the development of reflection in speech pathology students through facilitation

Michael Dunne^{1,2}, Gillian Nisbet¹, Lindy McAllister¹, Merrolee Penman¹

¹The University of Sydney, Sydney, Australia

²Health Education and Training Institute (HETI), Sydney, Australia

In a perfect world tertiary speech pathology students would be able to capitalise on their experiences through critical reflection to create novel understandings from their experiences. We do not live a perfect world, but with appropriate guidance and support, students' capacity to capitalise on their thinking is boundless. Current evidence demonstrates that speech pathology students can develop and show critical reflection over time. However, their engagement in reflection as a lifelong learning strategy remains sub-optimal. Educators' play an integral role in facilitating this development and engagement. This is a challenging role due to conflicting evidence, with some literature describing a linear development journey and some recognising each student-learning journey as unique.

Method

A single case with embedded units design study was used to determine and explore the nature of six speech pathology students' reflection development. Spanning ten weeks and two clinical placements, students received a combination of face to face and email facilitation to support their reflection development journey.

Results

This study identified four novel trajectories characterised as: steady growth from introspection to reflection then to critical reflection; no clear change in depth over time; a gradual decline in reflection depth; and steady growth in depth, then stop. Enhanced understanding of student reflection trajectories will allow educators to consider blue sky approaches to influencing student journeys.

Problem based learning and the development of collaborative practice skills in student physiotherapists

Simone D O'Shea¹, Isabel Paton¹, Kerstin McPherson¹, Kay Skinner¹, Jon Garner¹

¹Physiotherapy Program, School of Community Health, Charles Sturt University

Introduction:

The Physiotherapy practice thresholds for Australia and New Zealand identify being a collaborative practitioner as a key role, because collaborative health care practice has been linked with improved healthcare safety, efficiency and quality, as well as improved client and staff satisfaction.

Problem based learning is a student-centred pedagogical approach, where groups of students address an ill-structured problem. The key goals of problem based learning are to develop adaptable knowledge, problem solving skills, and collaborative practice.

Aim:

To explore the role of problem based learning in the development of collaborative practice skills in student physiotherapists

Discussion:

Collaborative practice requires shared goals, shared decision making and interdependency. Numerous skills and qualities are required, individually and collectively, for collaboration to occur. Collaborative practice approaches are heavily influenced by the context, purpose and length of the collaboration, and as such need to be adaptable in nature. Therefore, the challenge for health educators is how to explicitly teach, develop and assess the competency of such a diverse and nuanced set of skills and qualities.

Group approaches, such as problem based learning, are commonly used as a mechanism for developing collaborative practice skills. However, we argue that without careful planning of the skills to be developed, the strategies and resources required, and the mechanisms for evaluating student performance, there is a risk that as educators we assume that purely grouping students together enhances collaborative practice skills.

Questions for exploration:

Does problem based learning really develop collaborative practice skills?

Clinical Skills Refresher program: Proactive support for medical students returning after interruption of studies

Ashlee Forster¹

¹School of Clinical Medicine, The University of Queensland, Brisbane, Australia

Introduction:

Clinical examination and procedural skills require continuous, repetitive practice to establish and maintain competency. Medical students who experience an interruption of studies for any reason - including course failure, intercalated research higher degree programs or personal circumstances - are at risk of deteriorating clinical skills upon re-entry to studies. A Clinical Skills Refresher Program has been developed to support these students.

Aim/objectives:

To provide structured, intensive clinical examination and procedural skills practice to refresh skills and increase student confidence upon return to studies. To identify, through tutor and student feedback, specific areas of need and to adapt the refresher program to best support these needs.

Discussion:

Medical students may interrupt studies for various reasons. Often this group is prone to continued academic challenges from academic failure, research higher degree workload, displacement from peers, or mental or physical health concerns. There has been an identified deficit in the identification and support for successful re-integration of these students. The Clinical Skills Refresher Program has been a joint initiative between the medical student support team, research higher degree facilitators and the Clinical Practice course team.

Issues/questions for exploration or ideas for discussion:

- 1) Feedback from tutors and students on the first iteration of the Clinical Refresher Program.
- 2) What are the merits and the feasibility of extending the program to other students in need?
- 3) What other needs does this cohort have upon re-integration, and how can we work with our partners in the Faculty and University to best support these students?

Improved Technical Performance and Critical Thinking of undergraduate dental students when utilising Simulation-Based Practical Educational Intervention

Ahmed Al-Humairi¹, Erica Yates¹

¹School of Dentistry and Health Science, Charles Sturt University, Orange, NSW, Australia

Introduction / background:

Since the formal training of dental health professionals began, the application of conventional simulation-based education has been the gold standard in clinical hand skills training. In the last twenty years the incorporation of haptic technology has both augmented and revolutionised clinical psychomotor development by offering alternative approaches in developing critical thinking through new pedagogical strategies. Moreover, assessment of the capacity for critical thinking in relation to acquisition of clinical skills for dental students is still elusive. Therefore, as technology progressed in other professional training, its adoption into dentistry offers not only hand skills training, but also an integration and assessment of development of critical thinking skills in dentistry.

Aim:

To quantify the effect of an innovative strategy to assess critical thinking applied in restorative dentistry in the transition from simulation to clinical practice training for dental professionals.

Discussion:

Students undertook an outlined list of essential elements in critical thinking for several aspects in restorative dentistry through simulation platform. The quantified assessment of clinical thinking was developed over several steps, where the starting piece of the puzzle was identifying the clinical problem, then passing through an objective measured stage, then application of practical skills and theoretical knowledge and finally competency evaluation in the form of reflective learning skills. All these steps form an interacting performance task where the new strategy of a simulated case forms the vehicle for the critical thinking. Measurement was possible due to the repeated set of performance tasks. There is potential of adopting this strategy within the five clinical years in order to manage more subjective dimensions.

Introducing large-scale activities into a Collaborative Care Curriculum

Fiona Kent¹, Lorraine Walker¹, Tina Brock² Jennifer Lindley¹

¹FMNHS, Monash University, Australia ²FPPS, Monash University, Australia

Background:

After developing a Collaborative Care Curriculum Framework with learning outcomes at the novice, intermediate, and entry to practice levels, Monash University introduced two new large-scale interprofessional initiatives at the intermediate level for year two medicine, nursing and pharmacy students across three campuses and two countries. The Biggs 3P framework (presage, process, product) was used to implement and evaluate the preparatory work, large and small group instruction, and reflection.

Aim/objectives:

Our goal was that after completion of activities, the medicine, nursing, and pharmacy students in Australia and Malaysia would be able to meet seven key learning objectives aligned with the Comprehensive Care Curriculum Framework. We also wanted to demonstrate that interprofessional learning at scale is feasible, worthwhile, and valued by students and staff.

Discussion:

A total of 800 students and 52 staff from medicine, nursing and pharmacy completed the two interprofessional activities. Student and staff perceptions were universally positive (via survey and focus groups). Key results via SPICE-R2 survey included a perceived increase in knowledge and changes in attitudes. The activities were complex but overall deemed feasible. Challenges included prior IPE experience, culture, disparate views, existing activities, influence, and timetables. Key ameliorating factors were educational need, starting with the shared framework, curricular alignment, topic, multiple meetings, collaborative leadership, marketing, and evaluation.

Issues/questions for exploration or ideas for discussion:

Curriculum development across professional groups depends on collaborative active leaders with the ability to harness the curriculum and staff input required for implementation.
Timetable limitations: optional versus required participation

Team-based learning - the missing puzzle piece?

Kimberly Mathieu Coulton¹ Karen Lansdown¹

¹The University of Sydney, Sydney, Australia

To prepare the future health workforce with the knowledge and skills to provide comprehensive care for patients, health profession courses must teach students how to work effectively in a multidisciplinary healthcare context. Accrediting bodies are adopting standards to ensure profession programs adequately prepare students for this team approach to healthcare. However, demanding curricula and overloaded timetables create substantial barriers to the integration of sustainable multidisciplinary learning activities. Moreover, students of the digital age, accustomed to instant gratification, often lack face to face communication skills. It is our responsibility as educators to employ active learning activities that require students to effectively interact with one another and work collaboratively to solve real world problems.

Using the Constructivist learning theory, the authors have integrated a series of Team-based Learning activities into a First year undergraduate dental curriculum to serve as a scaffold for more advanced interdisciplinary team activities in their 2nd and 3rd years of study. The learning activities were designed to improve communication, leadership, planning and management skills, encourage teamwork to solve problems and increase the students' responsibility for their own learning.

A total of five different learning activities were incorporated in the curriculum including 'The Great BOH (Bachelor of Oral Health) Race', the 'Biscuit' exercise, a 'Scavenger Hunt', 'Periodontal Jeopardy' and an 'Professional identity activity.' Questionnaires were completed by the students following the 3rd and 5th learning activity and preliminary results indicate high rates of accountability amongst students and a preference for Team-based learning activities over traditional lecture delivery.

How learners learn: a new microanalytic assessment method to map decision-making

Phillippa Smith¹, Gerry Corrigan²

¹ANU Medical School, Canberra, Australia ²ANU Medical School, Canberra, Australia

Introduction/background:

Microanalytic techniques have shown considerable potential as avenues for understanding what it is that learners do. If a microanalytic approach is to be tested for utility, a suitable learning environment is required.

Aim/objectives:

We sought to determine if a new microanalytic approach is suitable for investigating the learning decisions made by students during PBL and what this form of microanalysis reveals.

Methods:

Stimulated recall interviews were used to question 17 first year graduate-entry medical students regarding the conscious decisions behind their actions during one PBL case. Responses were categorized and used to construct process maps to illustrate the students' decision-making. These maps and the decisions within them were analyzed focusing on how learners learn.

Results:

Stimulated recall interviewing (SRI) was conducted, during which students could articulate the conscious decisions they made during PBL. The data collected were used to construct 191 process maps and 802 categorized decisions for analysis. Process maps combine the decisions students made with the reasons they made them and provide a means of illustrating how an individual's decisions relate to each other.

Discussion:

Medical students make conscious decisions about their learning. Process maps enable both qualitative and quantitative analysis of the learning process of students. Students' decisions became increasingly self-centered as the case progressed while maintaining an awareness of group dynamics.

Conclusions:

The microanalytic approach employed in this study is a suitable tool for understanding the nature of learning in this and other environments.

Imagining the scholarly playground: An examination of the health professions education literature

Svetlana M. King¹, Raechel A. Damarell¹ & Ruth M. Sladek¹

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

Introduction:

Health professions education (HPE) involves diverse disciplines (e.g., health, education, psychology) and clinical backgrounds (e.g., nursing, dentistry, medicine). So, how can we define HPE? Is it a 'profession', or simply an umbrella term?

Imagine the HPE literature as a scholarly playground; a site of play, socialisation and learning, but potentially a site of segregation and exclusion. Are nurses exploring educational issues with doctors? Are vets and dentists collaborating to solve problems?

Aim/objectives:

This research sought to understand knowledge sharing and boundaries in the HPE literature.

Methods:

This mixed methods case study was informed by two theoretical propositions from the sociology of professions literature: professions are characterised by their own body of knowledge; and professions align and distance themselves from other professions. We identified 49 HPE-focussed journals (2006-2015) and used content analysis to examine each journal's scope notes. From this, we identified 11 professional groups, forming the basis of our citation analysis.

Results:

Professional and organisational boundaries were identified. Knowledge sharing was also evident, demonstrated by shared domains of interest (e.g., curriculum). Citation analysis is underway and will be presented.

Discussion:

Results suggest that HPE can be considered a profession, as demonstrated by the identification of 49 relevant journals, and shared domains of interest. Yet while knowledge is shared, boundaries are also evident.

Conclusions:

Understanding where knowledge is shared and bounded within the scholarly HPE playground can assist authors to increase publication success by determining where their papers are best placed, and how to frame their narratives to traverse boundaries.

POD 13 13:00

What are the understandings of interprofessional practice (IPP) by key stakeholders in the acute care sector?

Frank Donnelly¹, Sue Gordon², Karen White³, Sharon Lawn², Adrian Schoo², Jo Thomas¹

¹University of Adelaide,

²Flinders University, Australia,

³CNMER Flinders Medical Centre

Introduction/background:

There is increasing emphasis on providing evidence that interprofessional practice (IPP) in health settings optimises outcomes for patients. There has however been little research of the understanding of IPP by managers, hospital educators and people involved in recruiting clinical staff.

Aim/objectives:

The purpose of this research was to examine what managers, human resource staff and hospital educators understand of IPP.

Methods:

An online survey, based on a framework of capabilities for interprofessional practice within four domains (client focus, client benefit, awareness of own and other professions roles, and utilisation of collaborative skills), was completed by participants (n=32) and followed by a focus group of industry staff.

Results:

Preliminary analysis identifies that while managers are keen to recruit clinicians with awareness and aptitude for IPP, no respondent observed consistent application of IPP in the day to day work of clinicians.

Discussion:

A clear alignment between education and industry expectations of IPP skills and knowledge will inform curriculum designers and enhance student development as a health professional. The outcomes of this research highlight the differences that exist between expectations and assumptions of IPP skills and knowledge of staff working in the acute setting. Understanding this will be valuable to inform curriculum and course design and the development of IPP skills and knowledge in the tertiary sector.

Conclusions:

Developing a closer appreciation of the expectations of industry and the capacity of higher education institutions to deliver IPP will be critical to the ongoing development of a skilled and efficient interprofessional workforce.

Development of a simulation based activity to teach the Mental State Examination to pre-registration nursing students

Christopher Kastelein¹, Patricia Mead², David Foley²

¹Adelaide Health Simulation, University of Adelaide, Adelaide, South Australia

²Adelaide Nursing School, University of Adelaide, Adelaide, South Australia

Introduction/background:

Pre-registration nursing students learning the Mental State Examination (MSE) find it easy to learn the 8 components of the tool and the definition of various terms to describe assessment findings. However, the non-technical skills of conducting the MSE in a therapeutic conversational style are difficult to learn from a didactic lecture or online module. A literature search revealed some alternative methods that were either similarly disengaging or costly.

Aim/objectives:

We developed a simulation-based session to engage students in learning the MSE, including the techniques of conducting a therapeutic, conversational style interview.

Discussion:

Groups of up to 10 students sat behind one-way glass looking in to a simulated hospital room where a simulated patient exhibited symptoms of depression and anxiety because of post-operative complications during a prolonged hospital stay. Two students volunteered to enter the clinical space and conduct a MSE. One of the students had an earpiece through which they received prompts from the rest of the student group who were observing.

Issues/questions for exploration or ideas for discussion:

This modality allowed us to involve many students, at low cost, in an immersive and engaging simulation based learning experience. Thorough, structured debriefing was essential to consolidate and contextualise student learning from the simulation. This required time and expert simulation educators to facilitate the debriefing sessions.

After the simulation, we conducted a modified Satisfaction with Simulation Experience Scale, which indicated students found the intervention engaging and helpful for their learning. Additional work to determine the best methods to evaluate student's non-technical skills is underway.

Minds matter: Enriching student learning by using an interactive virtual learning environment to diagnose cognitive neuropsychological disorders

Karen Murphy¹

¹School of Applied Psychology, Gold Coast campus, Griffith University, Gold Coast, Australia

Introduction/background:

The course Cognitive Neuropsychology covers understanding patients with deficits in everyday behaviours (e.g., problems with face recognition). Cognitive Neuropsychologists seek to explain the patterns of impaired and intact cognitive skills in brain injured patients and link these patterns of damage to specific cognitive models. Therefore, practitioners must understand models of cognitive function, the mental processes operating within the model sub-stages and the relevant tests. The patient's diagnosis requires the integration of this information and students find this way of thinking extremely challenging.

Aim/objectives:

Online interactive versions of the cognitive models, tests and patient cases were developed to assist students diagnose patients from a Cognitive Neuropsychological perspective. This project examined student's perceptions of these resources for their learning.

Methods:

After using the online interactive resources within the course, students completed a survey assessing the utility of these resources for their learning. The 10-item survey asked students to rate the effectiveness of the resources on a 5-point Likert scale (1 Strongly Disagree to 5 Strongly Agree). Students also provided qualitative comments on the benefits and limitations of these resources.

Results:

Students indicated that the resources assisted their understanding of the models, tasks, and patient diagnosis, and that they were also effective learning and study tools (all 10-items rated 3.78/5 or better). Students' qualitative comments were largely positive.

Discussion:

Student feedback indicated that these resources were a valuable learning tool for the course Cognitive Neuropsychology.

Conclusions:

The use of bespoke online interactive resources can benefit student learning.

Challenges and Successes in Facilitating Student Engagement in Industry-initiated "Innovation" Projects.

Michele Verdonck¹, Fiona Bogossian^{1,2,3}, Marion Gray¹, Carla van Heerden¹

¹University of the Sunshine Coast, Sippy Downs, Australia; ²The University of Queensland, St Lucia, Australia; ³Monash University, Melbourne, Australia.

Introduction/background:

Engaging students in workplace research is increasingly valued as a capstone experience in undergraduate health education. These opportunities provide students with active experiential learning, which develops their problem-solving skills, enhances communication and research skills, and potentially equips them to make disciplinary knowledge contributions. In an advanced, active research course, final year occupational therapy students participate in an innovation group project; uniquely based on an area of need rather than a traditional project request.

Aim/objectives:

This presentation will examine the reality of facilitating student engagement in industry-initiated projects with the aim of assisting others to navigate these challenges and support student success.

Discussion:

Through engaging in workplace research projects students animate concepts of evidence-based practice. This in turn benefits their professional development and can also provide tangible and intangible benefits to the workplace in which the project or research is being conducted. However, the challenges managing these valuable learning experiences are not always apparent, easily or quickly resolved and may require creative workarounds.

Issues/questions for exploration or ideas for discussion:

Managing legal aspects of projects in the undergraduate student context – Intellectual property, MOUs, fieldwork agreements, branding of marketing and collateral
Fitting industry-initiated projects into research frameworks
Challenges in the early project establishment phase
Stakeholder/ preservation/ maintenance
Aligning stakeholder expectations with academic requirements
Building skills and confidence to translate theory to practice
Access to clients, data and other ethical issues
Limitations of time and funding
Leaving a legacy and professional contribution
Successes and Unexpected learning

Improving the Educational Resources for Limited Licence X-ray Operators in Two Australian States

Tony Smith¹, Katie Bauer², Kellie Grant²

¹University of Newcastle Department of Rural Health, New South Wales, Taree, Australia;

²Cunningham Centre, Darling Downs Health, Toowoomba, Queensland

Introduction/background:

In rural and remote Australia non-radiographer X-ray operators (XOs), with no formal radiography qualification, can be licenced to perform a limited range of plain radiography examinations where and when no radiographer is available. Although licence conditions vary from State-to-State, the licencing of XOs provides patients with access to medical imaging services that would otherwise be unavailable without costly travel over long distances. The benefit is better service access but it is essential that the education training of XOs be of a high standard.

Aim/objectives:

University of Newcastle Department of Rural Health (UONDRH) in New South Wales (NSW) and the Cunningham Centre in Queensland (Qld) have created XO training using a shared online platform. The aim was to provide non-radiographer health professionals with basic knowledge and skills to

perform radiography of the fingers, thumb, hand, wrist, forearm, elbow, humerus, shoulder (NSW only), toes, foot, ankle, lower leg, knee, femur, pelvis (NSW only) and chest.

Discussion:

This interstate partnership has succeeded in spite of the challenges, which have included: different licensing conditions in the two jurisdictions; different target course participants, with differing clinical knowledge; and, differences in examination types included on the licences. The spirit of cooperation has overcome local legislative and professional practice barriers and now both State education providers have access to high quality educational resources.

Issues/questions for exploration or ideas for discussion:

This success raises questions, such as: What are the barriers to this education resource being used nationally? And, what other education could be similarly structured?

Real or not real – the impact of physical fidelity on learning anatomy in an interactive labelling task

Nicolette S. Birbara¹, Nalini Pather¹

¹School of Medical Sciences, UNSW Sydney, Australia

Introduction/background:

Technological advancements have made it possible to create realistic virtual representations of the real world. It is, however, unclear in medical education whether high physical fidelity is required in virtual learning resources (VLRs).

Aim/objectives:

This study aimed to compare high fidelity (HF) and low fidelity (LF) VLRs for learning anatomy.

Methods:

HF and LF interactive labelling VLRs were developed for liver anatomy. Participants from cohorts with and without prior anatomy knowledge were recruited to compare the VLRs. Labelling task score and completion time were recorded, knowledge acquisition was measured through pre and post-tests and participants' perceptions were surveyed.

Results:

A total of 333 participants took part in this study. There was no significant difference in knowledge acquisition between the VLRs overall ($p = 0.767$). Task score was significantly higher overall ($p = 0.017$) and completion time was shorter within both cohorts for the LF VLR, the latter being significant for the cohort without prior anatomy knowledge ($p = 0.001$). The percentage of new knowledge retained was higher overall for the HF VLR ($p = 0.214$). The LF VLR scored more highly in the perceptions survey regarding understanding, revision, aesthetics and quality, with the first being significant for the cohort without prior anatomy knowledge ($p = 0.027$).

Discussion:

Level of prior knowledge may be an important factor when considering the physical fidelity of anatomy VLRs.

Conclusions:

This study suggests that high physical fidelity is not necessarily required for anatomy VLRs, although may potentially be valuable for retaining new knowledge.

tagging themes and transcripts: a mechanism to aid video use by educators across course domains.

Heidi Waldron¹

¹The University of Notre Dame Australia, School of Medicine Fremantle, Western Australia.

Background:

Short clinical communication videos were created with grant funding from The Mary Philippa Brazill Foundation and School of Medicine Fremantle (2017). Multiple educators from the medical, physiotherapy and nursing/midwifery courses provided filmed commentary about challenging issues.

Implementation research found that medical students' valued the exposure to perspectives of clinical educators from other health professions. These gains can potentially be amplified across health professions courses through specific techniques to promote bespoke modification and sharing.

Aim:

Metadata tagging of themes and dialogue transcripts is proposed to enable and encourage fit-for-purpose reuse of video segments to address specific learning needs across these courses.

Discussion:

One challenge with reusable digital objects is that educators want control over blended learning content so that it aligns with their teaching goals. Tagging video fragments enables educators to piece together relevant video segments to illustrate teaching concepts they wish to explain. Educators who have contributed to video production are more likely to incorporate such videos into their own teaching.

Issues for exploration:

Themes and learning principles can be labelled using keywords and concept descriptions. Further specificity can be achieved through generation of a searchable video transcript, allowing educators to seek quotes by searching via a colleague's name, role or conceptual keywords.

Curriculum mapping can act as a tracking system that notes where and when within a course each video segment is used, and also provide an opportunity for educators to note how the video was effectively used in their teaching episode.

Student curation of learning activities and resources (SCOLAR)

Hedva Chiu¹, Cynthia Turner¹, Louise Green¹, Alison Green¹, Michaela Kelly¹, Nancy Sturman¹

¹University of Queensland, Faculty of Medicine, Queensland, Australia

Introduction:

Learning about medicine can be an overwhelming task. Various resources are available to assist medical students in their study. Many students supplement or even displace the curriculum intended by teaching staff with extra-curricular study activities, resulting in a "student-curated curriculum". Poor curation of their learning resources and activities places students at high risk of poor student experience, academic under-performance, and damaged employment prospects.

Aim:

We are partnering with students to identify how we can work together to understand the student-curated curriculum, the factors that influence student study choices (including peer coaching and advice), and the impact the choices have on student outcomes.

Methods:

A student summer project was dedicated to developing this study. Focus group discussions are proceeding to explore the use of a novel smart-phone app to track the time spent on various types of resources and activities, and student satisfaction with these decisions. Unlike retrospective diaries and surveys, we anticipate that this app will track real-time activity in a stream-lined and efficient way.

Discussion:

The student-curated curriculum is a novel lens for understanding how students learn. Teaching staff may capitalize on it to provide personalised learning and risk-management support to students, and to

substantially modify their own medical programme curricula. This presentation will report on preliminary findings and reflections from the project.

Questions for exploration:

How would you integrate the student-curated curriculum into your formal teaching environment?

Does the student-curated curriculum differ between domestic and international students?

How will real-time monitoring of study choices benefit student participants?

POD 14 15:00

Exploring the Potential Impact of Practice Effects on an Online Situational Judgement Test (CASPer®)

Kelly Dore¹, Christopher Zou², Patrick Antonacci², Harold I. Reiter¹

¹McMaster University, Hamilton, Canada ²Altus Assessments, Toronto, Canada

Introduction/background:

Most standardized tests offer applicants the opportunity to retake the test if they did not perform as well as they would have liked. However, retest or practice effects may compromise the validity of the test if it introduces construct irrelevant variables. In this presentation, we examined practice effects for one test that is being quickly adopted across medical programs around the world (CASPer) and outline several features of the test that make it resilient to practice effects.

Aim/objectives:

What is the potential impact of practice effects on CASPer scores?

Methods:

First, we examined if students retaking CASPer in a subsequent application cycle improved their scores on their second try (n=2,110). Second, we examined if students improved their scores when retaking CASPer in another region during the same application cycle (n=2,432). Lastly, we examined whether student performance may improve as they progress through the test and are exposed to more content (n=70,702).

Results:

There was a mean increase in score of 0.5 points out of 9 points among students who retook the test in a subsequent application cycle. There was an increase of .32 points among students who retook the test in the same application cycle in another region. Looking within the test, there was no increase nor decrease in scores as students progressed through the test.

Discussion:

Across three independent analyses, we found very small evidence of practice effects for CASPer.

Conclusions:

The results of this study suggest that students gain little to no benefit from seeing content prior to taking the CASPer test.

How to evaluate competences of new graduate nurses? A systematic review of the literature

Martin Charette^{1,2}, Lisa McKenna¹, Laurence Ha², Marie-France Deschênes²

¹La Trobe University, Melbourne, Australia; ²Center for innovation in nursing education, University of Montreal, Montreal, Canada

Introduction:

As more studies focus on graduate nurse programs and transition of new graduate nurses, there is a need to use validated tools to evaluate competences. There has been no recent systematic review to offer an overview of these tools that already exist.

Objectives:

The objective of this oral presentation is to discuss the results of a systematic review that synthesized the literature on evaluation of new graduate nurses' competences in clinical settings and assessed the properties of the instruments used.

Methods:

This systematic review was done according to PRISMA guidelines. The literature search was done on 2018-11-20 in CINAHL, MEDLINE, EMBase, PsychInfo and Web of science. Included papers needed to report empirical results (published 2010-2018), and could be qualitative, quantitative or mixed-methods. Two independent reviewers performed all steps of this review: title/abstract screening, full text screening, data extraction. Any disagreement was resolved by discussion and when necessary, involved a third reviewer. Data extraction used a standardised spreadsheet to capture data, including reported psychometric properties of the instrument. The Mixed Methods Appraisal Tools (MMAT; 2018) was used for the appraisal of methodological quality of studies. The measurement properties of instruments were appraised using a modified procedure from the COSMIN initiative.

Results:

At the time of submitting the abstract, results of the systematic review were not yet known.

Conclusions:

Results of this systematic review will provide researchers with a set of available instruments and methods that can be used when doing a research project on competences of new graduate nurses.

Assessment of medical students' competencies in pain medicine – a focused review

Elspeth Shipton¹, Carole Steketee¹, Frank Bate¹, Eric Visser¹

¹University of Notre Dame Australia, Fremantle, Australia

Introduction:

Medical students need to be equipped with pain medicine competencies in order to meet the global health burden of pain.

Aim:

The aim of this review was to identify and summarise the literature regarding methods for assessing pain medicine competencies in medical students

Methods

Predefined data bases were searched from 1997 to 2016 for studies primarily focusing on assessment of pain medicine competencies in medical students.

Results:

A total of 41 studies described 53 assessment instruments used to examine pain medicine competencies of 7599 medical students. More than half of the studies (56%) assessed medical students who were exposed to a specific pain medicine module. Most studies based assessment content on the literature (34%) or in consultation with faculty experts (29%) rather than on defined learning objectives or competencies. Most studies (80%) assessed the learning domains "knows" and "knows how" using written assignments, and via the development of management plans. Eight studies focused on "shows how" examining integration of learning skills with a standardised patient (SP) or simulated experience.

Discussion

Most assessments were performed for low-stakes summative purposes and did not reflect contemporary theories of assessment. A Pain Medicine Assessment Framework was subsequently developed to encourage systematic planning of pain medicine assessment at medical schools internationally and to promote continuous multidimensional assessments in a variety of clinical contexts based on well-defined pain medicine competencies.

Conclusion:

There is a critical need for more robust assessment tools that effectively measure the abilities of medical students to integrate pain-related competencies into clinical practice.

The long case: back from the brink

Corinne Tey^{1,2}, Neville Chiavaroli¹, Anna Ryan¹

¹Department of Medical Education, University of Melbourne, Melbourne, Australia ²St Vincent's Hospital Melbourne, Melbourne, Australia

Introduction/background:

Selection of clinical assessment tools must take a number of factors into consideration. The long case has been subject to harsh critique, particularly in relation to reliability and case specificity. However, little is known about its educational impact, a crucial element in determining the utility of an assessment tool.

Aim/objectives:

To explore the impact of the long case on student learning, from the perspectives of students and examiners.

Methods:

Focus group interviews of medical students and semi-structured interviews of long case examiners were conducted at various clinical school locations. Thematic analysis was used to interpret the data.

Results:

Despite the emotional and time investment demanded by the long case, there was general consensus that it has a significant educational impact. Students and examiners consider that it develops fundamental clinical skills, is a powerful driver for student-patient interactions, and that its scoring is a strong motivator for students. The long case was seen as valuable, highly authentic, and the only assessment to promote a holistic approach to patients.

Discussion:

Further research is needed to determine how an instrument with such rich educational potential can be optimised for the advancement of student learning.

Conclusions:

This was the first in-depth qualitative study of the traditional long case's substantial educational impact, emphasising its important place within a program of clinical assessment.

What are the barriers and facilitators for writing quality assessment items? A scoping review

Sowmiya Karthikeyan¹, Elizabeth O'Connor¹, Wendy Hu¹

¹Western Sydney University, Campbelltown, Australia

Background:

An enduring challenge for medical schools is mobilising item writers to produce a sufficient quantity of quality assessment items to meet program requirements. Widely accepted guides for the process of item writing have been developed, and many quality assurance analyses conducted, including comparisons between question formats, psychometric analyses, and frequency and impact of item flaws. There appears less on the causes of the ongoing difficulties for medical school programs.

Aim:

To systematically review the research evidence on the barriers and facilitators to writing quality items for medical school assessments.

Methods:

Following PRISMA guidelines, we searched three databases (ERIC, Medline, Scopus) and Google Scholar for relevant primary research. Inclusion criteria were studies that were peer-reviewed, primary research with empirical findings, and centred on written assessment specifically for medical schools.

Results:

Of 1997 papers found, 13 articles met the inclusion criteria. These included studies which provided direct evidence, and those with implied evidence of barriers and facilitators. Faculty development and quality assurance procedures were facilitators of good quality item writing, while barriers included motivation, time constraints and scheduling for both individuals and institutions. Factors such as engagement of individual item writers were less well addressed.

Discussion:

Most studies did not directly address our research question and were not theoretically informed. There was a notable gap in primary qualitative research targeting the issue.

Conclusions:

Our review has highlighted a research gap on a significant challenge in medical education. Theoretically informed research exploring engagement could inform targeted interventions for improving item quality.

Blue sky innovation but stormy weather planning: five lessons learned making changes to high-stakes examinations.

Curtis Lee¹; Tim Wilkinson^{1,2}, Mike Tweed^{1,2}, Libby Newton¹

¹Royal Australasian College of Physicians, Sydney, Australia ²University of Otago, Wellington, New Zealand

The Royal Australasian College of Physicians embarked on a project to change the scoring methods for its high stakes barrier clinical examinations. We share the process around these changes and the lessons learned.

Changes stand to substantively impact a range of invested stakeholders, such as candidates, examiners and host institutions. We aimed to improve the validity of examination outcomes through more holistic assessment of performance and improve the clarity and transparency of the assessment process.

Our journey has emphasised the importance of innovating for blue skies (what is the optimal future state?) but planning for stormy weather (what difficulties could we encounter moving towards the future state and how can these be addressed?). In the spirit of broadening discourse on the 'how' of educational development, we share lessons learned from this experience which others may find useful when contemporising assessment:

1. What is good weather?: define and agree the purpose of the assessment
2. Forecast change: modelling robustly from past events and predicting future outcomes.
3. All weather allies: managing the vital role of critical friends and champions.
4. Let it weather, but not warp: striking a balance between responsive stakeholder consultation and staying on course.

5. Become a weather watcher: learn from past “storms” and keep an eye on the skies to inform continuous quality improvements.

Skyrockets and bombs: a compensatory performance grid as an alternative approach to weighted cumulative scoring for assessment of clinical skills

Curtis Lee¹; Tim Wilkinson^{1,2}, Mike Tweed^{1,2}, Libby Newton¹

¹Royal Australasian College of Physicians, Sydney, Australia ²University of Otago, Wellington, New Zealand

Background:

Examination item scoring methods and overall outcome determinations are not simple systems. In an era where assessment designs are beholden to historical legacies yet have an imperative to deliver reliable, valid and transparent results, designing item scoring and examination outcome systems becomes an exceedingly challenging task.

In response to this challenge the Royal Australasian College of Physicians has undertaken a comprehensive review of the scoring system for its high-stakes barrier clinical examination.

Method:

The traditional weighted cumulative score approach to determining examination outcomes was deemed outdated (i.e. ‘adding it up’). Drawing from assessment experiences internationally, a new banded approach to determining examination outcomes was developed, referred to as a Score Combination Grid. This risk matrix-style grid moves away from weighting item scores to instead allow a compensatory approach to combining item scores. This removes the skew applied through item weighting and aims to redress the confounding impact of false-negative low performance (bombing out) and false-positive high performance (sky rockets).

The Score Combination Grid was validated by modelling on past results, trialling on new results and running parallel systems for a complete examination.

Results:

Simulation of the Score Combination Grid using historical data suggested a high level of agreement of pass rate compared to the traditional model (89%, K 0.7), with a small pass rate change (1.6%) using the new approach. Expert group outcome validation strongly indicated that if the outcomes differed, the new approach would more likely be valid. The College will be adopting the new approach from 2019.

A randomised controlled trial of open- and closed-resources in a medical student examination

Mike Tweed¹, Jen Desrosiers¹, Tim Wilkinson¹

¹University of Otago

Introduction/background:

Assessment of healthcare professional students should reflect practice expected after graduation. For qualified healthcare professionals, current practice encourages use of a wide range of resources, looking up information when needed, which is preferable to guessing. So why do we restrict availability of resources to students?

Aim/objectives:

What is the effect of open resource examination on student scores and time taken?

Methods:

Two question pools (A and B) of 40 questions each were created. Students sat two 40 question exams, made up of each pool in randomised order. Conditions for each exam were randomised to open access followed by closed access, or closed followed by open. The closed instructions were standard. The open instructions allowed any resource to be used, but no communication with others, including students.

Results:

Ninety seven 5th year medical students sat the exams. There was no difference in score related to first or second exam (22.1 vs 22.8), or open or closed instructions (22.9 vs 22.0). There was a difference in score between pools A and B (24.1 vs 20.8, $p < 0.001$). The time to complete the exam was longer for the first sitting compared to the second (57.5 vs 52.7 minutes, $p < 0.001$); and for open vs closed instructions (57.8 vs 52.4 minutes, $p < 0.001$).

Discussion:

Students took longer to respond to these questions when resources were available but there was no change in their scores.

Conclusions:

Implementation of open resource assessments is feasible and more authentic but may not require substantial changes in standard setting.

Implementation of progressive competency based assessment of clinical skills in an MD program: Evaluation of impact on student learning.

Margo Lane¹, James Senior¹, Armin Ariana¹

¹Griffith University, Southport, Australia

Introduction/background:

At Griffith University Graduate Entry MD program, students commence clinical skills workshops across the domains of professional communication and counselling skills, procedural and physical examination skills from the beginning of Year 1 with extensive use of simulation. Students' competency across these domains was previously assessed by one summative end of year OSCE. Multisource feedback from academic staff, students and clinical teachers, identified several challenges, including insufficient supervised practise of physical examination and procedural skills, lack of confidence utilizing these skills in the clinical environment, lack of formative assessment and high student anxiety regarding end of year summative assessment.

Aim/objectives:

This presentation will detail the implementation and evaluation of a program of progressive competency-based assessment of physical examination and procedural skills into Year 1 MD in 2018.

Methods:

The evaluation methodology included pre- and post-surveys related to the gastrointestinal physical examination module as well as focus groups. Separate focus groups were facilitated for medical students and facilitators by two researchers at the end of the 2018 academic year, utilizing a semi-structured interview process. The focus groups were recorded, transcribed and thematically analysed.

Results:

Preliminary key findings will be presented at the ANZAHPE conference in July 2019.

Discussion:

Our hypothesis is that the embedding of multiple low stakes clinical skills assessments across the academic year with increased supervised practise and formative assessment will positively impact on student learning and acquisition of relevant skills.

Conclusions:

Implementation of progressive competency-based assessment of clinical skills is both feasible and acceptable to students and staff.

Using videos to teach Mini CEX assessment of nursing and midwifery students

Amanda Wilson¹, Kichu Nair¹, Lyn Ebert¹

¹ University of Newcastle, Newcastle, Australia

Introduction/background:

Nursing and midwifery students need to be clinically confident and competent. Evidence shows that adults learn best with immediate constructive feedback and effective authentic assessment supports and extend their capability. Workplace based assessment tools, such as the Mini CEX are fast, effective and reliable with immediate feedback.

Aim/objectives:

We aim to create a series of videos to train both nursing and midwifery educators and students in the use of the MiniCEX. We will assess the acceptability and useability of the videos in different settings including assessor training and student laboratory and tutorial sessions.

Discussion:

We adapted the MiniCEX incorporating nursing and midwifery standards of practice. Videos were of students interacting with patients/mothers, reporting their findings to an assessor and receiving supportive, high quality feedback.

Educators need to provide consistent and high level feedback easily and students constantly ask for more clinically relevant assessments that are "fit for purpose".

This tool is highly portable and can be used a variety of spaces and media - classroom, bedsides, virtual spaces and online. This project provides a tool for nursing and midwifery students along with high quality training videos which can be used for assessor training and for students in the classroom and at the bedside.

Formative self-assessment integrating structural knowledge to clinical presentation in pre-clinical medicine

Elizabeth O'Connor¹

¹Western Sydney University, Sydney, Australia

Introduction:

The understanding of structural medicine is foundational to learning of normal and abnormal function in the clinical setting. The ability for students to integrate their structural and functional learning and to undertake ongoing self-assessment plays an important part in their learning.

Aim:

To provide a method of self-assessment integrating structure and function to clinical presentations

Methods:

PBL in-class group and individual activities were provided to self-assess individual ability and draw on group knowledge in the breadth and depth of learning. On-line formative activities tested long-term knowledge retention. Students and tutors were surveyed at the end of the teaching period. Final anatomy marks were cross-checked against on-line attempts.

Results:

Students responded positively to in-class assessments with a near 50:50 split of preference for individual or group activities. Students requested more activities and commented on the increased ability to understand knowledge. Students that attempted on-line activities were statistically more likely to achieve a pass mark or higher than a fail in anatomy assessment.

Discussion:

We have provided an important method of self-assessment in a key area of pre-clinical medicine. Students were able to better understand their own structural knowledge and the context of this within the wider group ability. Group assessment has the additional benefit of encouraging group discussion, critical to the PBL environment.

Conclusion:

Ongoing self-assessment within the PBL context has highlighted the benefit of structural knowledge to the understanding of clinical presentations. This has enhanced the student learning journey and encouraged integration of structure with function in clinical presentation.

POD 15 15:30

Undergraduate Nursing Students' Perceptions of Affect, Confidence and Preparedness for Clinical Placement

Susan Irvine¹, Yangama Jokwiro², Carmel McLeod³, Dr Kelly Gong³, Beverley Copnell³

¹First Year College, Victoria University

²Rural Nursing and Midwifery Shepparton, La Trobe University

³Nursing and Midwifery, Northern Clinical School, La Trobe University

Introduction/background:

The final year of the undergraduate nursing degree, including the final clinical placement, is a high stake milestone and known to be a stressful time for students. Little is known about the association between affective behaviours, additional learning opportunities and preparedness for clinical placement.

Aim/objectives:

To explore final year undergraduate nursing students' perceptions of confidence, affective behaviours and preparedness for clinical placement.

Methods:

Using a mixed method design, data from 75 surveys were analysed using independent sample t-tests to compare age, additional clinical experience and program entry with levels of confidence, affective behaviours, and preparedness for clinical placement. Interviews were conducted with seven students and analysed using NVivo 8.

Results:

There were significant differences in scores related to age, with older students having significantly higher scores for confidence ($p=0.001$) and affective behaviours ($p=0.017$) than students in the younger age group. Students in the accelerated program had significantly higher scores than students in the traditional program for confidence ($p=0.001$), affective behaviours ($p=0.020$) and preparedness for clinical placement ($p=0.004$). Those students who attended the 2-day revision session had significantly higher scores for confidence ($p=0.001$), affective behaviours ($p=0.001$), and

preparedness for clinical placement ($p=0.044$).

Discussion:

The results indicated that additional educational experiences enabled students to feel better prepared for placement. Age and additional educational experiences had a positive impact on confidence, while negatively influencing affect.

Conclusions:

The qualitative and qualitative results will be presented from an educational psychology perspective and implications for the pedagogy discussed.

Undergraduate Nursing Students' Perceptions of Affect, Confidence and Preparedness for Clinical Placement

Susan Irvine¹, Yangama Jokwiro², Carmel McLeod³, Dr Kelly Gong³, Beverley Copnell³

¹First Year College, Victoria University

²Rural Nursing and Midwifery Shepparton, La Trobe University

³Nursing and Midwifery, Northern Clinical School, La Trobe University

Introduction/background:

The final year of the undergraduate nursing degree, including the final clinical placement, is a high stake milestone and known to be a stressful time for students. Little is known about the association between affective behaviours, additional learning opportunities and preparedness for clinical placement.

Aim/objectives:

To explore final year undergraduate nursing students' perceptions of confidence, affective behaviours and preparedness for clinical placement.

Methods:

Using a mixed method design, data from 75 surveys were analysed using independent sample t-tests to compare age, additional clinical experience and program entry with levels of confidence, affective behaviours, and preparedness for clinical placement. Interviews were conducted with seven students and analysed using NVivo 8.

Results:

There were significant differences in scores related to age, with older students having significantly higher scores for confidence ($p= 0.001$) and affective behaviours ($p=0.017$) than students in the younger age group. Students in the accelerated program had significantly higher scores than students in the traditional program for confidence ($p= 0.001$), affective behaviours ($p= 0.020$) and preparedness for clinical placement ($p=0.004$). Those students who attended the 2-day revision session had significantly higher scores for confidence ($p= 0.001$), affective behaviours ($p=0.001$), and preparedness for clinical placement ($p=0.044$).

Discussion:

The results indicated that additional educational experiences enabled students to feel better prepared for placement. Age and additional educational experiences had a positive impact on confidence, while negatively influencing affect.

Conclusions:

The qualitative and qualitative results will be presented from an educational psychology perspective and implications for the pedagogy discussed.

Transition, Threshold Concepts and Troublesome Knowledge in Medical Education: Hurdles in Becoming an Intern Doctor

Alexandra Gray¹, Krinal Mori²

¹University of Melbourne, Melbourne, Australia, ²Department of General Surgery, Northern Health, Melbourne, Australia

Background:

Transitioning from a medical student to an intern doctor is a stressful experience and one for which many graduates feel unprepared. Factors that contribute to a stressful internship include long hours, sleep deprivation, increased responsibility, and inadequate support.

Aim/objectives:

The focus of this study is to explore the factors that affect the transition from medical student to intern doctor at the Northern Hospital in Melbourne.

Methods

This is a qualitative study that involved recruiting 23 interns at the Northern Hospital during 2017 and 2018 who had been University of Melbourne Northern Clinical School students. Participants then completed an online questionnaire eliciting: i) demographic information, ii) experience of the transition to internship, iii) preparedness for internship, iv) opinion of the University of Melbourne's Transition To Practice (TTP) subject.

Results:

The study participants reported that the most challenging components of internship were time management, prioritisation, increased responsibility and burnout. TTP was highly valued by medical students for preparing them for internship. The intern shadowing component was considered to be the most useful part of TTP.

Conclusions:

There are many factors that contribute to the experience of transitioning to internship. To further decrease the stress of transitioning consideration must be given to increasing the amount of time medical students spend shadowing interns before internship.

Exploring the possibilities: introducing Tasmanian interns to rural general practice.

Penny Allen¹, Lynn Hemmings¹, Lizzi Shires¹, Jessie Andrewartha¹, Ben Dodds¹

¹Clinical School, University of Tasmania, Burnie, Australia¹

Introduction/background:

Tasmania piloted its rural General Practice intern programme in 2018. The Rural Junior Doctor Training Innovation Program allowed PGY1 doctors from Tasmania to experience three-month rotations in King Island, Flinders Island, Queenstown, St Helens or Huonville.

Aim/objectives:

We aimed to discover the expectations and experiences of interns and GP supervisors. We identified the issues and challenges involved in training interns in rural and remote general practice settings. We aimed to resolve issues and implement solutions to enable the program to improve and be adapted for future interns and GP supervisors.

Methods:

GP supervisors, directors of clinical training, and interns who had completed a general practice term were invited to participate in a telephone interview comprising of set questions, and opportunity to discuss other issues as needed. This data underwent thematic analysis using qualitative methods based on Braun and Clarke's framework.

Results:

We identified that Junior Doctors enjoyed acquiring new skills outside the hospital, belonging to a rural community, working in a multi-disciplinary environment and having longitudinal patient

relationships. The program had an overall positive effect on future rural career aspirations. Challenges included accommodation, peer isolation, confidentiality, medical student experience and staff's knowledge of intern roles and abilities.

Discussion:

Intern's scope of work exceeded most expectations and included general practice, rural inpatient care, nursing home care and emergency presentations. We have identified challenges that were not previously considered as barriers.

Conclusions:

This program has come with challenges and rewarding experiences. The evaluation identified solutions to ensure its ongoing success.

Translating Evidence into Practice: a model of knowledge translation for community pharmacists in Australia

Hanan Khalil¹

Monash University, Monash Rural Health, Victoria.

Background:

To facilitate the use of evidence in practice, clinical information support and evidence retrieval systems have been developed. Access at the point of care to clinically relevant, regularly updated, pre-appraised summaries of the evidence is an essential component to assist health practitioners to practice evidence-based health care. Currently no such system exists, which presents clinically relevant, evidence-based information with a specific focus on pharmacological management of chronic diseases for pharmacists.

Aim:

To develop clinical information and resources which would support and assist pharmacists in delivering evidence-based practice to patients with chronic diseases at the point of care.

Method:

A monthly column entitled "Evidence summaries" was developed detailing the pharmacological management of various chronic conditions and published in the Australian Pharmacist Professional Magazine. The Evidence summaries were based on the latest results from relevant Cochrane systematic reviews. The summaries also included recommendations for research and practice to identify gaps in the evidence and current recommended practice.

Results:

The summaries column has been running since 2011 until now and have been accessed by more than 5000 pharmacists nationwide. The summaries have also been rated as the third most highly accessed column by pharmacists reading the magazine. To date More than 70 evidence summaries were published.

Conclusion:

To our knowledge, this is the first tool available consisting of a specialist body of evidence-based practice in the area of chronic diseases for pharmacists. The column aims to improve patient management through the provision of an easy to access collection of pre-appraised and summarized evidence.

A Workforce in Development: Postgraduate Alcohol and Drug Teaching in Health Sciences.

Samantha White^{1,2}, Marcus Henning¹, Peter Huggard²

¹The Centre for Medical and Health Sciences Education, University of Auckland, Auckland, New Zealand

²School of Population Health, University of Auckland, Auckland, New Zealand.

Introduction/background:

In New Zealand alcohol and other drug (AOD) practice exists as a sub-specialty of mental health clinical practice. It has fought to establish itself as a specialist profession for the last two decades and overall this has been widely achieved with a professionalised and registered workforce. However, little scholarship exists about how we impart the knowledge and know-how to 'become' an AOD practitioner.

Aim/objectives:

The University of Auckland provides postgraduate clinical AOD training to the New Zealand health workforce. Practitioners enrol to develop competency when working with alcohol and drug affected clients and to gain an understanding of, and proficiency in, assessment and treatment intervention praxis. Understanding the impacts of this training on the development of the AOD workforce in New Zealand is the aim of this study.

Methods

The method is qualitative, following a constructivist grounded theory approach. Graduates, their employers, teaching staff and members of the relevant accreditation body ($N = 30$) were interviewed face to face.

Results:

Preliminary results will be presented.

Discussion

Using Constructivist Grounded Theory as a meta-theory participant's perspectives will inform an explanatory model. Specifically, their perception of the impacts of the training on AOD practice and professional development. Data generated will also inform a signature pedagogy for AOD practitioner training to describe the way we teach and communicate to this professional group.

Conclusions:

Preliminary conclusions will be discussed.

Describing the work requirements of entry-level dietitians

Anna Bird¹, Andrea Begley¹, Mary Hannan-Jones², Carolyn Keogh², Danielle Gallegos², Ann Firth¹, Claire Palermo³.

¹Curtin University, Perth, Australia, ²Queensland University of Technology, Queensland University of Technology, ³Monash University, Victoria, Australia

Introduction/background:

Graduate dietitians are employed in diverse work settings, demanding universities to prepare students to perform a variety of work tasks during their degree. Job Description Forms (JDFs) describe the work required of dietitians in these diverse settings.

Aim/objectives:

The research aimed to describe the work of entry-level dietitians to inform Entrustable Professional Activities (EPAs) for dietitians; measurable practice tasks linked to competencies. These aim to provide students, supervisors and academics with shared mental models to assess entry-level competence.

Methods:

JDFs advertised in Australia between November 2017 and October 2018 were compiled using employment search engines, university and new graduate contacts. A content analysis of entry-level JDFs ($n=98$) was completed, considering the description of the position, frequencies of common work tasks and a qualitative analysis of task summaries. Tasks listed in more than 30% of JDFs were classified as common.

Results:

Analysis classified 22 common work tasks (>30% JDFs). Frequencies for common work tasks ranged from 31% (provides multidisciplinary care) to 78% (provides/coordinates effective dietetic services). A list of 46 infrequently and/or innovative work tasks was generated.

Discussion:

This content analysis highlights common tasks required for a variety of settings and describes the diverse potential roles of a new graduate. These tasks have been used to inform EPAs for educating dietitians.

Conclusions:

Describing the work tasks of an entry-level dietitian provides insight for graduates and supervisors to assess entry-level competence. This process describes the range of roles performed by dietitians, including innovative tasks of an evolving work field.

What are New Zealand and Swedish dental hygienists' perceptions of their work and job satisfaction?

Hanna Olson¹, Alison Meldrum¹, Lee Smith²

¹Department of Oral Sciences, Faculty of Dentistry, University of Otago, New Zealand

²Sir John Walsh Research Institute, University of Otago, New Zealand

Introduction/background:

There are international studies reporting on the work tasks and work satisfaction of healthcare professionals. Nevertheless, there is still a small number of publications focusing on dental hygienists (DHs) views of their work and profession. Much of this literature is quantitative in nature and consequently, fails to provide in-depth accounts of DHs perceptions of their work and work satisfaction.

Aim/objectives:

The aim of this qualitative study was to document a sample of New Zealand (NZ) and Swedish DH's conceptualisations of their work, their job satisfaction, and factors that would increase their enjoyment at work.

Methods

DHs from NZ and Sweden completed a survey focusing on their work practices and job satisfaction. This presentation reports 61 participants' responses to an open-ended survey question asking participants to record anything that they deemed to be of interest about their chosen career. The responses were analysed using an inductive approach.

Results:

Four themes emerged in the participants' responses: (i) work dis/satisfaction, (ii) professional relationships, (iii) continuing professional development (CPD) and (iv) work-related interests (including academic, clinical and holistic notions of health). Feeling appreciated and respected by colleagues was important for the participants' work satisfaction.

Discussion

Many participants were interested in CPD and further postgraduate study, but reported that numerous barriers existed that limited their participation in further professional knowledge development.

Conclusions:

In order to enhance their work satisfaction, DHs of both countries need to feel valued and have opportunities to participate in on-going education and CPD activities.

Growing our own: an innovative graduate nurse program model supporting learners and a health service workforce strategy

Michelle Rutherford¹, Emma Davis¹, Mariann Shul¹, Heather Buttigieg¹, Kath Riddell¹

¹Eastern Health, Victoria, Australia.

Introduction/background:

Predicted health care professional workforce shortages are well documented in the literature and this is particularly the case for the nursing profession in Australia and globally. Health services are increasingly recognising the need to 'grow our future workforce' through innovative strategies to support higher numbers of graduate nurses into the profession. However, it is vital to have a balance in ensuring safe patient care with appropriate skill mix.

Aim/objectives:

The aim of this discussion is to outline one of several strategies to address the workforce shortage in nursing, at a health service in Victoria utilising the support of the Learning and Teaching Directorate and a new Graduate Nurse Pool Program.

Discussion:

In 2018, the Learning and Teaching Directorate increased recruitment to the Graduate Nurse Program by 20%. These graduate nurses were allocated to 'pool', a flexible model where graduates work across multiple wards of similar patient demographic rather than being allocated to one ward per rotation. This strategy was coupled with clinical support nurses to support the novice learners across multiple wards.

The strategy has been reviewed internally with surveys and focus group discussions with graduates and health service Managers.

Lessons learnt from the initial pilot will be discussed including the need to support these flexible graduates with a 'sense of belongingness' to the health service despite being allocated across multiple wards. The new strategy for 2019 will be outlined which addresses the challenges and successes from the pilot.

An Internship fit for 21st practice

Sarah Vaughan¹, Theanne Walters¹ and Kirsty White¹

¹Australian Medical Council, Canberra, Australia

Introduction/background:

Australia introduced national standards for education and training for the Internship. The Australian Medical Council wrote and implemented the National Framework for Medical Internship, which provides national guidance and standards on: outcomes for internship, assessment and remediation, intern programs and terms and quality assurance of intern training

In 2018 the AMC has begun a review of the National Framework and is analysing the effect of its national guidance and identifying areas where the guidance can be improved. The AMC is also framing the review in the context of a strategic objective to ensure that education and training meets community health needs.

Aim/objectives:

To inform key stakeholders about: the AMC review, key issues within the intern year and approaches to address challenges through national guidance. Also to encourage thinking about an internship fit for 21st practice, including whether models for education and training meet community needs.

Methods:

The AMC is conducting a two-staged review. Stage 1 comprises evaluation through consultation, focus groups, workshops, evaluation and review of national and international policy. The results will define the scope of the AMC's proposals for change. Stage 2 will include detailed review and consultation.

Results:

Preliminary results highlight a number of significant improvements to the consistency and quality of the intern year. However, internship is changing with health care delivery, population health, the regulatory environment and advances in technology. Overall, the clinical experience in internship has reduced and the quality of learning and assessment remains varied. The internship model is also not reflective of modern medical practice.

Discussion and conclusion:

The AMC will present the approaches planned to improve the quality, relevance and consistency of Internship. Many of the issues faced in the intern year have system level origins. This is important because system issues influence the ability to implement national level guidance. In its review the AMC will consider system level issues including improving cultures of education in training environments and ensuring that medical education and training meets community health needs.

Contents

Tuesday 2 July 1A Seminar	22
Student fitness to practise – a suite of supports	22
1B Rural and Remote Teaching	23
Indigenous Medical Education: Curriculum Reform for the 21st c.....	23
Blue sky over the Kimberley: Three essentials for small site success.....	23
CT learning via high-fidelity simulation with peer and traditional facilitation for undergraduate Radiography students	24
Transitioning a safe medicines management course online: Challenges of remote setting.....	25
Health students’ experiences of clinical placements in urban Indigenous contexts: Developing a culturally responsive workforce in Aboriginal and Torres Strait Islander Health	25
First Peoples health interprofessional and simulation-based learning	26
1C PeArts – 1 Assessment	27
Is Workplace Based Assessment possible within the Mentor/Trainee relationship?	27
Failing to fail student clinical performances: How bad is too bad and what can we do about it? ...	27
1D Transition to Practice	28
Seamless transition from GP vocational training to Fellowship	28
Medical interns in the Emergency Department: children or adults?	29
Enhancing medical student transition to clinical practice by introducing a management of clinical aggression (MOCA) simulation in a Pre-Internship Program (PIP).	29
Enhancing undergraduate international nursing students’ preparation for clinical placement	30
Looking beyond students’ struggles during the transition to clinical training: a scoping review.....	31
1E Assessment	31
What do industry and academic clinical assessors say about ‘failure to fail’ in students’ clinical practice?.....	31
Construct validity of Script Concordance Test (SCT) in assessing clinical reasoning – progression from novice to general practitioner.....	32
The Role of the Long Case in Modern Medical Education: The Sydney Medical Program Experience	33
Poor performance in mock AKT/KFP exams may predict failure in real RACGP exams	33
1F Workshop Mentoring	34
It isn’t about knowledge – it is about relationship! Developing the teaching and mentoring skills of the health professional educator through experiential and reflective activities.	34
1G Workshop Student Placements.....	35
Evolving models of allied health student placements: implications for supervision	35
1H Workshop Simulation.....	35

Building sustainable simulation programs – a rural and remote perspective.....	35
2A Seminar	36
Dangerous ideas in medical education.....	36
2B TED.....	37
Glimpse of future: innovative pathology teaching in a rural medical school - one man army!	37
Deadly Health Jobs – inspiring the next generation of Indigenous health professionals.....	38
X-ray image interpretation education for rural multidisciplinary health professional generalists: Is there a need?	38
The self beyond itself.....	39
The Nursing and Allied Health Graduate Outcomes Tracking Study: Methodology for Large-scale Data Linkage.....	39
Simulation as an instrument for interprofessional learning: interpreting	40
Data-Driven Approaches to Student Development and Wellbeing.....	40
2C PeArts - 2.....	41
Academic Misconduct: Managing the Mutations.....	41
Are we doing enough to help students manage their stress?	42
2D Transition to Practice	42
Swipe right: a novel approach to junior doctor orientation at Auckland District Health Board (ADHB).....	42
Utilising a new graduate transition to practice framework within public sector health services. ...	43
Supporting the Transition to Practice of New Graduates undertaking a Graduate Program	44
Exploring influences on student transition to clinical training using audiodiaries	44
“Trying to work with what you can” – New graduate physiotherapists’ experiences working with culturally and linguistically diverse communities	45
2E Assessment	46
Writing assessment items – why is it so difficult?	46
Physiotherapy musculoskeletal assessment outcomes are associated with clinical skills during work-integrated learning placements: a model for layering of teaching.	46
An assessment tool to judge exercise physiology student performance in a clinical placement setting	47
Developing a validity argument for a simulation-based assessment framework in medicine dispensing activities	48
Student-generated multiple choice questions: do they make the grade?	48
Re-imagining student assessment tool development for allied health placement readiness.....	49
2F Workshop	50
Scenario Planning for Disruption & Health Workforce Education.....	50

2G Workshop	51
System thinking in action in the context of clinical education and health workforce development	51
2H Workshop	51
Creating OSCE stations that focus on professionalism	51
3A Teaching and Learning	52
The Influence of an authentic learning environment on educating for patient-centred collaborative practice	52
Is there a need for mandatory pharmacy teaching for international medical graduates in Australia?	53
Ambiguity: What’s Your Tolerance?	53
A preliminary analysis of an interactive case study for health care education	54
Active learning in Pathology: A comparison between case illustrative learning and didactic lecture to a large group of second year medical students.....	55
Facilitating learner’s evaluative judgement development	55
The application of critical thinking to midwifery practice	56
3B Simulation, Technology	57
Multi-platform technology to track patient encounters: a learning tool for GP registrars.....	57
SIM-S interprofessional placement program for allied health students. Does support equal success?	57
“It’s the ultimate observer role because you’re feeling and seeing what’s happening to you”: a qualitative study of physiotherapy students’ experiences of peer simulation	58
Does the addition of MASK-ED simulation to usual teaching improve clinical performance of physiotherapy students? A randomised trial protocol.....	59
Strengthening Consumer Voice: Using stories to educate and shift mental health stigma	59
Simulation training in Interprofessional Family Conferencing (IFC): Translating Knowledge to Practice	60
3C Professional Development	61
Online continuing education for health professionals to improve the management of chronic fatigue syndrome: outcomes of a randomised controlled trial.....	61
Developing an education program within workplace settings: opportunities from mapping past communities of practice	62
Turning clinical staff into facilitators: how the introduction of an electronic medical record (EMR) necessitated a novel inter-professional train the trainer program	62
Supervision training interventions in healthcare: a realist synthesis	63
Exploring the impacts of continuing professional development programs in the health professions: A scoping review	63
How might we measure the importance of continuing professional development?.....	64

Validation of the MUSIC Scale of academic motivation in New Zealand: Some adjustment required	65
3D	66
The arts and health: Can verbatim theatre stimulate culture change in healthcare settings?	66
Improving health professional education and workforce development through better connected policy	66
Winning the War for Talent. The Role of Clinical and Professional Education in Attracting and Retaining Talent	67
Medical educators: Where do they come from? Barriers and enablers to becoming a medical educator	68
Practical Support Midwife program for the Bachelor of Midwifery students at University of Canberra: the gold standard for growing midwives	68
Global Innovation in the Healthcare Industry.....	69
The medical and health humanities as a means to develop skills and tools for delivering humane healthcare	70
3E Professional Development	70
Social accountability as a lens for health professional education of the future: the case of pharmacy	70
The Shaping of Moral Development in Medical Students	71
Career-Defining Moments and Junior Doctors’ Emerging Professional Identity.....	71
Diverse understandings of professionalism in dietetics: lifting the clouds	72
Students’ experiences of workplace dignity during work-integrated learning: A qualitative study exploring student and workplace supervisors’ perspectives.....	73
Constructing professional identity: the international medical learner experience.....	74
3F Assessment	74
Developing a tool for peer assessment of blood withdrawal and Intra venous drug administration	74
How integrated are the Vertically Integrated Assessments (VIA) in medical education?.....	75
Measuring and assessing health professional preceptor competencies: A rapid review	76
Beyond Competencies- Consensus on Entrustable Professional Activities and Milestones for Dietetics Education	76
Simulation-based clinical assessment: is it a reliable and consistent method for determining competency of overseas trained physiotherapists?	77
Assessment on the run: acceptability and feasibility of medical student work-based assessment in general practice placements.....	78
OSCE stations that address racism and other biases – comparison of two formats	79
3G Clinical Education.....	79

Evaluating the impact of supervision training for health and human services workers in Victoria: translating education into practice?	80
Allied health students value-add to inpatient hospital services: findings from a multi-site study. .	80
Allied health pre-entry student clinical placement capacity: can it be sustained?	81
Clinician Peer Exchange Groups (C-PEGS): Augmenting medical students’ learning on clinical placement.	82
Paramedics’ attitudes towards and experiences of clinical supervision and mentorship.....	83
Use of the Clinical Supervision Self-Assessment Tool (CSSAT) to explore paramedics’ clinical supervision skills and support needs	83
Fuelling engines and releasing the brakes: Building staff capacity to thrive in the delivery of health professional education	84
3H Well-Being	85
Supervised exercise programs to enhance the health and well-being of medical students: a cross-faculty student service program	85
When the wheels fall off: Medical Students experiences of interrupted academic progression	85
Sleep quality, frequency of breakfast consumption, and academic performance in medical students	86
Physiotherapy students’ pre-clinical stress prior to an outpatient placement - triggers and remedies.	87
Exploring medical student experiences of wellbeing and medical program impacts on wellbeing: A qualitative study	87
Employing the Humanities and Social Sciences to re-engage and sustain medical students	88
Micro-credentials: is it feasible to use them in public health education?.....	89
3I ANZAHPE Fellowship Scheme	89
Why should I apply for Associate Fellowship or Fellowship of ANZAHPE and how do I do it?	89
Wednesday 3 July	90
Plenary 2	90
*Thrown in the Deep End: From clinician to educator	90
4A Symposium	91
Blue sky thinking in health professions education: what does complexity science offer?.....	91
4B TED, Lightning Talks.....	91
ePortfolio beyond the showcase: Facilitating reflexive nursing practice through a learning experience framework.	91
Standardizing clinical placement expectations, resources and outcomes for Undergraduate Nursing Students and Clinical Facilitators.....	92
Training to care or to clear beds?	93

Let's get emotional – How mindful affective reflection prepares health students in facing grief and loss.	93
Semiotics a crash course!.....	94
The hidden Jedi: A critical inquiry into Fellow's as Jedi's members of an order who protect good forces and harness power of the profession.	94
This is a GEM!.....	95
EBM training programs: what if we could measure patient outcomes?	96
We need to talk about engagement	96
Could AGPT selection MMIs offer an early indicator of clinical reasoning difficulties?	97
My first “intellectual streaking” experience: trepidation, vulnerability and emergence.....	98
Identification of barriers to student engagement with paediatric patients: an exploration of student perspectives.....	98
Cross campus physiotherapy education – increasing access to physiotherapy training in regional NSW	99
4C PeArts – 3 Evidence Based Curriculum	99
Attaining and sustaining an evidence base to health practice: Informing curricula	99
The lecture is dead, long live the lecture!	100
4D PeArts – 4 Social.....	101
Lower SES students- how can we change the deficit rhetoric? Exploring the ‘could if we would approach’ instead of the ‘we would if we could” approach.....	101
Old Tricks for New Dogs: Attracting Students To Work in Aged Care.	101
4E PeArts – 5 IPL.....	102
Interprofessional handovers – how to assess and give feedback?.....	102
Establishing a Faculty wide strategy for assessment of Interprofessional learning	103
4F Admissions, Evaluations	103
Applying to study undergraduate medicine - a student perspective on selection cost and value.	103
Future directions in selection: pilot outcomes of a video-based online SJT in Australian medical student selection	104
Outcomes of a National Medical Leadership Curricula Assessment and Evaluation Survey.....	105
Health Informatics in the medical curriculum – students’ perspectives	105
Measuring students' academic motivation: What are the best method/s?.....	106
An exploration of the use of contribution analysis to evaluate health sciences and health professional courses	106
4G Workshop.....	107
*Experiential learning explored	107
4H Workshop Faculty Development.....	108

Faculty Development for Organisational Change.....	108
5A Teaching and Learning.....	108
Crash courses: Teaching trauma in the 21 st century.....	108
Team-based learning replaces problem based learning in a large medical school	109
Does thunder clap if no one is there to hear it? A quality and content analysis of non-assessable written trainee reflections	110
Supporting clinician teachers of medical students – viewpoints of effective practices.	110
Arguing with yourself: inner speech as a critical thinking tool for transformative conceptual learning.	111
Students portraying the role of patients: a systematic review of peer simulation in entry-level health professional education	112
5B Assessment.....	112
Expert judgment versus checklist assessment – do the outcomes differ?.....	112
Evaluating the performance and stability of assessment items over time.....	113
Establishing the Feasibility & Preliminary Efficacy of Peer Generated MCQs as An Active Learning Strategy	114
Personalizing OSCE stations to standardize learning impact.....	114
Discriminative Capacity of a Rubric Assessment of Ethical Reasoning and Clinical Reasoning in Case-based Learning Tutorials	115
Improvement in communication skills demonstrated at OSCE assessment: cohort comparison study after a teaching innovation.....	116
5C IPL	116
The Australian Therapy Outcome Measure for Indigenous Children (ATOMIC): An Interprofessional Goal Measurement Tool	116
Applying a contextual model of curriculum change to analyse interprofessional learning initiatives	117
Creating, leading and sustaining a team of facilitators in online interprofessional education	118
Interprofessional Education: experiences from a cross-campus final year allied health module.	119
Clinical reasoning for inter-professional pregnancy care – everyone on the same page!	119
Improbable ideas that actually work: forming inter-institutional partnerships to offer pre-registration health sciences interprofessional education	120
5D Curriculum Development	121
Curriculum Renewal Through Design Thinking.....	121
Beyond a tweak! Curriculum design to refresh a profession.....	121
Yesterday medical students trained in hospitals. Tomorrow medical students will train in the Community. Now is the time to redesign our medical curriculum.....	122

Personalising pedagogy in undergraduate public health education: operationalising ‘Big Picture Learning’ design at the University of Newcastle.	122
Development of an international graduate curriculum for clinical reasoning using a modified Delphi process.....	123
Educational delivery methods and the course experience in an integrated osteopathy curriculum.	124
5E Clinical Education	125
Strategies for enriching learning through practice: clinicians’ perspectives.....	125
“...a complete character assassination”: Supervisors’ dignity experiences during work-integrated learning	125
Medical student participation in general practice registrar workshops pilot	126
Near peer mentoring on allied health placements: a systematic review	127
Emergency Medicine Education and Training Goes Bush -	128
Postgraduate, interprofessional, simulation-based education: removing time and place barriers by embedding training during clinical care.....	128
5F Technology.....	129
Capitalising on content, digitising delivery: can face-to-face faculty development be effectively converted to online environments?	129
How is the sense-making of simulated-patients-in-training in response to impactful learning experiences influenced by their professional backgrounds?	130
TAG Team Patient Safety Simulation: Student satisfaction	130
Meaningful and engaging teaching strategies in nursing and allied health – A comparison of disciplines.....	131
Preparing the robotic nursing and midwifery workforce of the future – what will the curriculum look like?	132
From Skippy to Goldilocks: Video Feedback in Medical Education - Performance and Perceptions	132
5G Workshop.....	133
*Designing for Interactive Learning: Using the Affordances of Technology	133
5H workshop Supervision.....	133
Tools to measure the supervisory relationship in general practice	133
6A Seminar Assessment	134
The conundrum of assessment – using life-long learning to equip health professionals of the future	134
6B TED, Lightning – Clinical Education.....	135
Student-created Videos: Marking Less and Learning More.....	135
Near Peer Teaching in Paramedicine Education.....	135

Move over Gen Y, it's time for Gen Z!	136
Designing an ePortfolio-based assessment strategy to support longitudinal development of clinical competence in a large medical program	136
Economics 101: how to ask an economic research question	137
Climate change: What are you talking about?.....	138
Let's play a game: the use of an innovative computer-based simulation game to build knowledge and confidence in the supply of 'Pharmacist Only Medicines'	138
Developing students' skills and experience in writing for publication	139
What is taught to Graduate Entry Physiotherapists in Australia about Women's Health Physiotherapy?	139
Rural interprofessional education: a gamut of perspectives.....	140
THE PEDAGOGY OF DISCOMFORT: Dimensions of resistance to teaching about Indigenous health, poverty and stigmatized groups	141
AGAINST SEXUAL HARASSMENT AND BULLYING: A realistic path towards more civil medical education	141
6C Teaching and Learning.....	142
Development of expertise in physical examination as viewed through Gibson's theory of perceptual learning.....	142
Implementing an entrustment decision making framework into undergraduate medicine dispensing activities	143
Intellectual Streaking/Candour: Revealing more for the sake of learning and safety.....	144
Does increasing the experiential component improve the efficacy of the 'This is Public Health' photo essay task? A non-randomised trial.	144
Medical Students' Study Patterns.....	145
6D PeArIs – 6 Learning.....	146
What can student pre-dispositions for self-regulated learning (SRL) tell us about how they might interact with the clinical learning context?	146
A new approach to learning how to learn? Making better decisions, more often.	146
6E PeArIs – 7 Learning	147
Sustaining undergraduate inter-professional practice	147
Challenging the status quo! How do we continue to engage new graduate health professionals in Inter-professional Learning?	148
6F Technology.....	148
Developing a method of measuring the usefulness of Clinical Skills Apps for just-in-time learning	148
Video-enhanced professional learning for clinical teachers: How do video-clubs support GP-supervisors' teaching practice?.....	149

The Health Collaboration Challenge: a large-scale video based interprofessional assessment.....	149
Orientation strategies that prepare postgraduate students for online study.....	150
Adaptive Tutorials versus Web-Based Resources in Radiology: A Mixed Methods Study of Efficacy and Engagement in Senior Medical Students	151
Development of Socio-Clinical Medical Resources for Pre-Clinical Learning- MEDHAX: By Students for Students	152
Towards patient-centred communication: an observational study of supervised audiology student-patient hearing assessments	153
6G Workshop.....	153
Team-based learning (TBL): an active introduction to the key steps.	153
6H Workshop Feedback.....	154
Facilitating feedback and feedforward in adult learners.....	154
Thursday 4 July	155
Plenary 3	155
*The changing face of simulation	155
7A Seminar Indigenous Education	155
Growing authentic work integrated learning experiences with Aboriginal and Torres Strait Islander people: Wins, Worries and Wonderings.....	155
7B PeArIs – 8 Capacity	156
Student placement workload; is it Blue Sky thinking to be able to quantify expected clinical capacity?	156
Gameification: How do we measure the magic?.....	157
7C PeArIs – 9 Games and Google	158
*Innovative strategies for avoiding staff and student burnout.....	158
7D PeArIs – 10 IPL, Leadership	158
Do we mean what we say and say what we mean?: Exploring implications of terminology associated with interprofessional education and learning.....	158
Let’s develop a nationally accepted medical leadership framework	159
7E Seminar Refugee Patients.....	159
CULTURALLY RESPONSIVE CLINICAL PRACTICE FOR MIGRANT AND REFUGEE PATIENTS: Applying the competency standards framework to health worker education	159
7F IPL.....	160
A Qualitative Study Exploring Healthcare Facilitators’ Perceptions in Delivering Interprofessional Activities.....	160
Moving interprofessional education out of the classroom and into the real world: Capitalising on shared clinical placement environments.....	161

Five to five: five weeks of interprofessional immersion - what impact five years on?	161
Absence/presence in student understandings of interprofessional healthcare teams: a graphic elicitation study.....	162
Transforming medicines administration for people with Parkinson’s: An interprofessional collaboration.....	162
Putting the spotlight on clinical reasoning: Implications for facilitating interprofessional education	163
7G Workshop IPL	164
An interprofessional Clinical Teacher Training (CTT) program for students and junior health professionals.....	164
7H Workshop Concept Based Learning.....	165
Concept-based learning: Design, development and application for student learning moments. .	165
8A IPL	165
Interprofessional education in health professional accreditation and regulation in Australia: just how serious are we about learning together to work together?	165
Interprofessional faculty development: a blended learning program.....	166
Constructing professional and interprofessional identities through workplace interactions.....	167
Perspectives of generic skills among students of health professions and sciences	167
Prepared to Care – ethnographic film of interprofessional simulation education in New Zealand	168
Embedding interprofessional learning: The collaborative vision and actions in a School of Clinical Sciences.....	169
8B.....	169
Making thinking visible: complexity, flexibility and self-confidence with clinical reasoning	169
Cost – The Four-Letter Word of Health Professions Education.....	170
Medical Deans of Australia and New Zealand (MDANZ) Climate Change and Health Working Group–draft learning objectives and accreditation standards for Australasian medical schools..	171
Doing the numbers: Using longitudinal insights and workforce predictions to model future workforce needs for General Practice	172
8C Feedback	172
“Something to work on as you go”? Feedback conversations following work-based assessment in general practice	172
Determining the value of feedback: for whom and how.....	173
Beyond consultation- Co-design to develop an educational resource supporting better health messages.....	174
Engaging healthcare professionals in health literacy for refugee and migrant communities: An implementation research project in Hobart, Tasmania.....	174

Student and tutor evaluations of the integration of medical ethics in case-based learning discussions	175
8D Research, Technology	176
Exploring the impact of small grant funding in assisting the early career progression of cancer researchers.....	176
Translational research in health professions education: a systematic scoping review.....	177
Making a castle-in-the-air a reality: moving from a non-publishing culture to become an organisation that shares its learnings	177
Watch and Learn: Using Videos to Enhance Medical Student Development of Clinical Skills	178
To blend or not to blend: Is this the right question?	178
8E Clinical Education	179
A Meta-Analysis for Comparing Effective Teaching in Clinical Education	179
Exploring student fitness to practise (FTP) issue identification and management with allied health clinical educators in a tertiary health service	180
Viewing student learning experiences as promoting/inhibiting participation in using, and co-constructing, clinical reasoning skills	180
Support in a challenging experiential learning environment	181
Tools to measure the supervisory relationship in general practice	182
Engaging with evidence-based practice in the osteopathy clinical learning environment: a mixed methods pilot study	183
8F Teaching and Learning	183
A new formative tool to encourage a deep approach to self-directed learning for Problem Based Learning	183
Teacher response after an adverse incident involving teaching	184
Building digital literacy of medical students by embedding teaching cases in an electronic medical record.....	185
Online learning activities to augment teaching of clinical skills to medical students in pre-clinical years of the MD Program.....	185
Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.	186
Simulated acute care wards: Do they help prepare medical students for future hospital practice?	186
8G Workshop IPL	187
*Artificial Intelligence (AI) in education.....	187
8H Workshop Communication.....	188
It's not just – failure to communicate: Assisting Overseas Trained Doctors to navigate Australian General Practice.....	188

POD 1 10:00 –	209
An Overview of the first year Undergraduate Medical Students Feedback on the Point of Care Ultrasound Curriculum.....	209
How do undergraduate health professional students use feedback to develop their evaluative judgement for clinical practice?.....	209
Using Entrustable Professional Activities (EPAs) to shape a new Pharmacy curriculum.....	210
‘Useful’ and ‘useless’: written feedback and the miniCEX.....	211
The Concept of Feedback Orientation in Health Professions Education	212
The Validation of the Feedback Orientation Scale in Medical Education.....	212
Surveying the digital literacy landscape through the student lens	213
Clinicians’ epistemic beliefs about assessment: Basis for a paradigm shift	213
Learning anatomy: Do threshold assessments improve student performance?.....	214
Perceptions of assessment feedback in high-performing and underperforming preclinical medical students	215
Is an image worth a thousand words in the medical program exams?	215
Does student performance on short answer questions vary from that on single best answer questions?	216
Pod 2 10:30.....	217
Building a community of learning in general practice.	217
Student perceptions of clinical placement; an Australian evaluation	217
Improving Clinical Pharmacology learning: Pharmacist-led teaching of first year clinical students	218
Medical student clinical placements in General Practice as sites of learning and contribution	219
Constructive alignment with peer role play to improve learning on a hospital ward (Aged Care)	219
Clinical Supervision in a changing environment	220
Leading in Learning: growing the capability of the health service employee to support students through interprofessional supervisor training.....	221
Learning Circles: augmenting the placement experience.....	221
Preparation for Placement: Development of an Online Module for Health Students	222
Pod 3 10:30.....	223
Translating a learning and teaching vision to reality: a new era in health service interprofessional governance.....	223
Beyond inter-professional insight: The value in taking a grassroots approach.....	223
Enhancing the capacity for interprofessional collaboration in a university student-led, multi- professional health clinic	224

Interprofessional education in Advanced Life Support simulation: Assessing team functioning, communication and perceptions of nursing and medical students	225
Which learning activities enhance physiotherapy practice? A systematic review and meta-analysis.	225
A novel research program for undergraduate health professionals: ‘Undergraduate Paramedic Student Research Engagement Academy’ (UPSTREAM)	226
Strategically identifying allied health research assets in a start-up context: A rapid review	227
Can allied health clinicians see more patients during student placements? A systematic review with meta-analysis	227
Does the context of an examination influence student performance in anatomy and pathology disciplines for clinical science courses in a medical program?	228
Pod 4 13:30.....	229
An exploration of allied health (AH) students’ perceived stress, resilience and wellbeing during work integrated learning (WIL) placements in healthcare settings.....	229
Mental Health First Aid for allied health clinical educators.....	229
‘You’re not necessarily trying to provide comfort, but that’s often what they want ...’ the nuance of touch for the new and naive.....	231
Taking the Pulse- students journey of health and wellbeing for success in an undergraduate training	231
Supporting students to support peers: a qualitative interview study	232
Wellbeing@Work Study.....	233
Self-care among trainee clinical psychologists: Definition, practices and perceived barriers	234
Understanding the motivations and barriers for International Medical Graduates practising in remote and rural regions	234
Pod 5 13:30.....	235
‘Groupwork was fun!’ – using object-based and inter-disciplinary peer-assisted learning to promote Ethics and Professionalism in Optometry.....	235
Embedding a palliative care simulation into an interprofessional curriculum.....	236
Blue sky thinking – turning the world of Inter-professional assessment upside down – capitalising on the positives.....	236
Blue sky thinking meets grounded reality: Reflections on a naïve intersectoral, interprofessional education pilot.	237
Using technology to incorporate emotion into the teaching of Clinical Ethics – Classie teaching.	238
An interprofessional student orientation: Enhancing learning and practice	238
Developing an integrated, interprofessional education framework to optimise practice capability – moving on from the stop, drop, roll (it out), and leave	239

Use of space and place for interprofessional learning in a purpose built health-care clinic: One year on!	240
Beyond monodisciplinary practice in the health professions- creating opportunities for interprofessional learning for Nursing and Nutrition and Dietetics students	240
Medical student attendance at lectures: is there a correlation with performance on assessment?	241
Near Peer Assessors: Senior medical students assessing junior peers - a novel approach to a Year 2 Formative OSCE.....	242
Pod 6 13:30.....	242
Get your head in the (digital) cloud: Innovating with user experience design methods to develop online social learning environments.....	242
How can we incorporate the voice of the lived experience of mental illness into learning and teaching? A personal reflection on the challenges, triumphs and recommendations of working as a consumer academic	243
Male genital examination in the undergraduate medical curricula: Necessary? Achievable? Sustainable?	243
An experiential learning innovation in pre-registration paediatric nursing education.	244
Improving the provision of education in paediatric surgery for medical students.	245
What is the signature pedagogy of Nursing?.....	246
The Safety in Practice Programme for Primary Care	246
Performing Emotions: using moved readings to develop empathic ways of being	247
Enhancing medical students' experience of communication skills for Problem Based Learning... ..	248
Implementing a high efficiency, low cost approach to multidisciplinary operating room simulation.	248
Pod 7 15:30.....	249
Staff knowledge and adherence to supplemental oxygen guidelines within Acute Aged Care inpatient setting.....	249
An investigation into the perceived value of a clinical teaching fellow (CTF) program in a quaternary paediatric hospital in Australia.	250
Setting up expectations: Meeting the increased support needs of students on Work Integrated Learning	250
Explore the knowledge, attitude and practices of medical students regarding infection prevention and control in clinical settings	251
Modelling Good Behaviour?: Using a Systematic Review to Define Effective Clinical Handovers.	252
Feeding Difficulties in Children – Evaluation of the Guide for Allied Health Professionals.....	252
Authentic scaffolded learning enhances comprehensive nursing practice	253

A balancing act: GP supervisors’ role in workplace-based assessments (WBAs)	254
Creating supportive learning environments on clinical placement – changing a culture	254
Completion of Training feedback: what GP registrars perceive as valuable aspects of their training	255
Pod 8 15:30.....	256
Developing clinicians who model excellence in practice, challenge poor practice and inspire others	256
Is there a ‘best’ academic pathway to graduate entry medicine?	256
Factors influencing medical and dental graduates to choose Health Professions Education as a Career Choice: A Qualitative Exploratory Inquiry	257
Workplace based Faculty development Model: A Systematic Literature Review	258
Managing underperforming students: Outcomes of a clinical educator training program	258
It’s tricky! Reflections on developing an inter-professional staff supervision education programme	259
Connecting clinical educators to the university environment through Associate Fellowship of the Higher Education Academy.....	260
Looking at the big picture: developing interdisciplinary professional standards for health profession educators.	260
How can the experiences of stakeholders with doctors inform medical selection and education? An interpretive phenomenological study.	261
Super supervisors: what makes a good research supervisor.....	262
A case for promoting self-directed learning among GP registrars	262
Upskilling the primary care workforce in cancer survivorship	263
Wednesday 3 July 2019 POD 9 10:30	264
Introduction of interactive case-based discipline-specific tutorials augment learning for final year medical students.....	264
Beyond Milestones for Allied Health Professionals.....	264
How are dietitians and student dietitians learning about environmental sustainability: A scoping review.....	265
An audit of the use of simulation in Australian and New Zealand physiotherapy curricula.	266
The Healer’s Art: awakening the heart in medicine for both students and mentors.....	267
Aged care student learning experiences-the skies the limit.....	267
Physiotherapy students portraying simulated patient roles: an observational study of portrayal accuracy and quality	268
From simulated patients to simulated participants: How we plan to expand our participant pool to meet the changing requirements of medical teaching and learning.....	269

Integration of intra-professional education into a Diploma and Bachelor of Nursing course to address role confusion on graduation	269
Pilot Study of a Unique Holistic Online Foundational Knowledge Course for Students Transitioning into a Postgraduate Medical Program	270
Mixed views on evidence-based practice in paramedicine students	270
POD 10 10:30	271
The impact of introducing a fee for student placement cancellations at ACT Health.....	272
Medical ethics education in Australian and New Zealand medical schools, thinking big.	272
Australian and New Zealand medical students’ opinions on professional behaviours	273
Demographic effects on medical students’ opinions on professional behaviours.....	274
A successful vaccination program to prevent transmissible infectious diseases among Thai medical students.....	274
Medical Ethics Education: a discourse driven approach	275
Evaluating Nursing Continuing Professional Development Programs – A Integrative Literature Review.....	275
Professionalism – emerging themes from final year optometry portfolios	276
Increasing Dietetic student readiness for placement	276
SKILLED: A pathway for PhD scientists into clinical trials	277
POD 11 10:30	278
An integrated Medical Program.....	278
Introducing planetary health and sustainable health care into the medical curriculum: Making a start at Bond University, Gold Coast, Australia	278
Developing a communication curriculum for health service volunteers.....	279
Developing a case-based learning capstone subject for undergraduate health science students	280
The innovation process for transition to a Medical Doctorate in Australia	281
Do changes in course structure and delivery methods improve the educational environment for students?.....	281
Embedding climate change in health curricula: how do we do it?.....	282
Clinical communication for the 21st century: A faculty approach for curriculum renewal and improved graduate outcomes	283
Using student feedback to tailor an introductory Pathology course for Exercise Physiology students	284
A focus on the clinical governance of student placements established as student led services ...	284
The war on dental health care in Taiwan.....	285
POD 12 13:00	285

Capitalising on the development of reflection in speech pathology students through facilitation	285
Problem based learning and the development of collaborative practice skills in student physiotherapists.....	286
Clinical Skills Refresher program: Proactive support for medical students returning after interruption of studies	287
Improved Technical Performance and Critical Thinking of undergraduate dental students when utilising Simulation-Based Practical Educational Intervention	287
Introducing large-scale activities into a Collaborative Care Curriculum.....	288
Team-based learning - the missing puzzle piece?	288
How learners learn: a new microanalytic assessment method to map decision-making	289
Imagining the scholarly playground: An examination of the health professions education literature	290
POD 13 13:00	290
What are the understandings of interprofessional practice (IPP) by key stakeholders in the acute care sector?.....	290
Development of a simulation based activity to teach the Mental State Examination to pre-registration nursing students.....	291
Minds matter: Enriching student learning by using an interactive virtual learning environment to diagnose cognitive neuropsychological disorders	292
Challenges and Successes in Facilitating Student Engagement in Industry-initiated “Innovation” Projects.	292
Improving the Educational Resources for Limited Licence X-ray Operators in Two Australian States	293
Real or not real – the impact of physical fidelity on learning anatomy in an interactive labelling task.....	294
# tagging themes and transcripts: a mechanism to aid video use by educators across course domains.....	294
Student curation of learning activities and resources (SCOLAR)	295
POD 14 15:00	296
Exploring the Potential Impact of Practice Effects on an Online Situational Judgement Test (CASPer®)	296
How to evaluate competences of new graduate nurses? A systematic review of the literature ..	296
Assessment of medical students’ competencies in pain medicine – a focused review	297
The long case: back from the brink.....	298
What are the barriers and facilitators for writing quality assessment items? A scoping review ...	298

Blue sky innovation but stormy weather planning: five lessons learned making changes to high-stakes examinations.....	299
Skyrockets and bombs: a compensatory performance grid as an alternative approach to weighted cumulative scoring for assessment of clinical skills	300
A randomised controlled trial of open- and closed-resources in a medical student examination	300
Implementation of progressive competency based assessment of clinical skills in an MD program: Evaluation of impact on student learning.....	301
Using videos to teach Mini CEX assessment of nursing and midwifery students.....	302
Formative self-assessment integrating structural knowledge to clinical presentation in pre-clinical medicine.....	302
POD 15 15:30.....	303
Undergraduate Nursing Students’ Perceptions of Affect, Confidence and Preparedness for Clinical Placement	304
Transition, Threshold Concepts and Troublesome Knowledge in Medical Education: Hurdles in Becoming an Intern Doctor.....	304
Exploring the possibilities: introducing Tasmanian interns to rural general practice.	305
Translating Evidence into Practice: a model of knowledge translation for community pharmacists in Australia	306
A Workforce in Development: Postgraduate Alcohol and Drug Teaching in Health Sciences.	306
Describing the work requirements of entry-level dietitians.....	307
What are New Zealand and Swedish dental hygienists’ perceptions of their work and job satisfaction?	308
Growing our own: an innovative graduate nurse program model supporting learners and a health service workforce strategy.....	309
An Internship fit for 21 st practice	309
Monday 1 July 2019 Workshops	331
Workshop 1: Writing for Publication.....	331
Workshop 3: Assessment	331
‘OSCE Station 201’- Developing, Reviewing and Implementing OSCE stations on ethical, professional, public and cultural health competencies – Advanced level.....	332
Assessment of Remediation Workshop: Who needs it? How do I engage a learner with underperformance.....	333
Workshop 4: Interactive Learning	333
Incorporating interactive learning into large group teaching.....	333
Medical students, simulation and experiential learning at St Elsewhere's	334
Workshop 5	335
Peer supported faculty development in the workplace to improve clinical supervisors’ practice	335

The Educator as Coach – kicking goals for supervisors and trainees.....	335
Mental Health First Aid for academics.....	336
Workshop 6	337
ANZAHPE 2019 Reviewing Manuscripts for Publication Workshop	337
Workshop 7	337
*Using visual art in medical education:an introduction to the National Gallery of Australia/ANU Medical School Artmed program.....	337

Monday 1 July 2019 Workshops

Workshop 1: Writing for Publication

Introduction

This workshop is part of the regular programme at ANZAHPE conferences. The Association is keen to assist its members in developing academic writing skills. In particular it seeks to encourage and upskill early career academics.

Aims

- Assist participants in getting their message across in publications, by working on small samples of text
- Provide feedback and advice on an issue related to a particular paper
- Learn about the reviewing and publishing process, using FoHPE as a case example

Activities

The workshop will be focused on the needs of the participants. The participants will be required to bring along a piece of their own writing to the workshop; typically a title and an abstract for work that they hope to publish. A mixture of short presentations and small group work will be used.

Facilitators:

The Editor and members of the Editorial Board of Focus on Health Professional Education (FoHPE)

Intended participants:

This workshop is intended for novice writers/researchers. This includes those who are currently writing for publication for the first time as well as those who have already had some work published.

Workshop 3: Assessment

‘OSCE Station 101’ - Developing, Reviewing and Implementing OSCE stations – Introductory level

Karen D’Souza¹, Clare Heal², Bunmi Malau-Aduli², Richard Turner³, Lizzi Shires³, Shannon Saad⁴, Helen Rienits⁵, Tony Celenza⁶

¹Deakin University, Geelong, Australia

²James Cook University, Townsville, Australia

³University of Tasmania, Hobart, Australia

⁴Notre Dame University, Sydney, Australia

⁵University of Wollongong, Wollongong, Australia

⁶University of Western Australia, Perth, Western Australia

Introduction/background:

The Objective Structured Clinical Examination (OSCE) literature provides rich information on the historical context, benefits and analysis of OSCEs but there is a paucity of practical resources for the development of quality OSCE stations which are valid and reliable. The Australian Collaboration for Clinical Assessment in Medicine (ACCLAiM) is a national collaboration of medical schools providing benchmarking and quality assurance in OSCEs. This collaboration has extensive experience in designing, delivering and analysing OSCEs.

Purpose and outcomes:

This introductory workshop is designed for any health professional discipline using OSCEs, to share the presenters’ wealth of experience in OSCE station development. Participants will develop stations across several competencies including clinical interviewing, physical examination, procedural skills, clinical reasoning and management.

Issues for exploration or questions for discussion:

Issues to be explored include: blueprinting and sampling of clinical competence; recruiting and training station writers; predicting markers of success and failure of an OSCE station – writing authentic scenarios and scripts, mark sheet development; testing stations prior to use; marking and standard setting.

Outline of workshop activities

The participants may submit stations or competencies for development prior to the workshop; and be streamed into small groups working on similar clinical competencies. Groups will discuss, develop and refine their station with input from the expert presenters. Participants will report back on their progress and challenges.

Presenters will share OSCE station case studies with accompanying psychometric data to demonstrate both strengths and pitfalls in station development to educate participants in station development best practice.

‘OSCE Station 201’- Developing, Reviewing and Implementing OSCE stations on ethical, professional, public and cultural health competencies – Advanced level

Karen D’Souza¹, Clare Heal², Bunmi Malau-Aduli², Richard Turner³, Lizzi Shires³, Shannon Saad⁴, Helen Rienits⁵, Tony Celenza⁶

¹Deakin University, Geelong, Australia

²James Cook University, Townsville, Australia

³University of Tasmania, Hobart, Australia

⁴Notre Dame University, Sydney, Australia

⁵University of Wollongong, Wollongong, Australia

⁶University of Western Australia, Perth, Western Australia

Introduction/background:

The Objective Structured Clinical Examination (OSCE) literature provides rich information on the historical context, benefits and analysis of OSCEs but there is a paucity of practical resources for the development of quality OSCE stations which are valid and reliable. The Australian Collaboration for Clinical Assessment in Medicine (ACCLAIM) is a national collaboration of medical schools providing benchmarking and quality assurance in OSCEs. This collaboration has extensive experience in designing, delivering and analysing OSCEs.

Purpose and outcomes:

This advanced workshop is designed for any health professional discipline using OSCEs, to share the presenters’ wealth of experience in OSCE station development, review and implementation with participants. Participants will develop stations including ethics, professionalism, clinical reasoning, public and cultural health.

Issues for exploration or questions for discussion:

Issues to be explored include: blueprinting content, sourcing and training station writers/standardised patients/examiners for these advanced competencies; writing authentic scenarios and scripts; reviewing and testing stations prior to usage; how good station design contributes to student learning and reinforcement of ethical, professional and culturally safe practices.

Outline of workshop activities:

The participants may submit stations or competencies for development prior to the workshop; and be streamed into small groups working on similar clinical competencies to discuss, develop and refine their station – with input from the expert presenters. Participants will report back on their progress and challenges.

The presenters will present case studies with psychometric data to inform station writing, to educate participants in station development best practice.

Assessment of Remediation Workshop: Who needs it? How do I engage a learner with underperformance. What's the deficit?

Dr Anita Phillips, FRACGP, MBBS (Hons), GradCME, Cert FP&SH Deputy Director of Clinical Studies, School of Medicine, Faculty of Health, Deakin University

This 90min workshop has the learning outcomes:

Overview of Deakin University's Academic Support Program for medical students with underperformance issues. Develop processes for identification of health care professional students with underperformance. Understand effective communication skills for conducting educational interviews and developing the mentor relationship. Develop framework and questions for conducting and educational interview for students with underperformance issues.

Workshop 4: Interactive Learning

Equipping learners for proactive interprofessional problem-solving

Workshop Facilitators: Dr Graeme Horton¹, Dr Conor Gilligan¹, Dr Amanda Wilson²,

¹ School of Medicine and Public Health, University of Newcastle ² School of Nursing and Midwifery, University of Newcastle, Australia

Just as healthcare professionals often avoid adequately addressing workplace conflict and incivility, so can interprofessional educators. With the laudable aim of building bridges and finding commonalities, educators often avoid dealing with these important but at times uncomfortable learning issues. Educators need to recognise that we each come into every encounter carrying our own 'bundle', just like our patients or clients. We need to examine what we carry with us, either consciously or not, and make active assessment of what is helpful and what must be carefully monitored.

Purpose and outcomes of workshop:

To share strategies for facilitating learning on how to address workplace conflict.

To enable participants to explore their own critical reflection and ways in which this can promote facilitation of interprofessional education.

Outline of workshop activities

- Videos of clinical scenarios developed by our multi-professional team for interprofessional learning will be presented.
- Participants will reflect and discuss their responses to the scenarios.
- Participants will practice unpacking and repacking their own 'bundles' and consider how to model this for learners.
- Participants will develop plans for future personal reflection and other ways of promoting authenticity in teaching interpersonal and teamwork skills.

Incorporating interactive learning into large group teaching

Lauren Sanders^{1,2}, Justin Tse^{1,2} Jayne Lysk¹

¹University of Melbourne, Melbourne, Australia, ²St Vincent's Hospital, Melbourne, Australia

Introduction/background:

Promoting and facilitating interactive learning in large group teaching settings, such as lectures, can be challenging. However, there are a number of different, low-cost activities that can be introduced into the lecture setting to enhance active participation and learning.

Purpose and outcomes:

This workshop will present examples and practical tips for introducing interactive activities into large group settings. Participants will be provided with ideas, resources and skills to adapt to their own educational environments.

Issues for exploration or questions for discussion:

We will explore barriers and enablers to promoting learner engagement and interaction in large groups, with time to discuss challenges and successes from participants' individual experiences. Workshop attendees will be given the opportunity to work through a number of activities, based on strategies that have been successful in the presenters' institutions.

Outline of workshop activities

A brief overview of the pedagogy and educational theory underpinning the use of interactivity and games in learning will be provided. The majority of the workshop will be dedicated to hands-on activities including: using Lego for feedback, effective teamwork activity, dermatome bingo, celebrity heads of differential diagnoses, a new spin on communication role plays and more. This workshop is suitable for clinical educators across all disciplines.

Medical students, simulation and experiential learning at St Elsewhere's

Sandra Petty¹ & Jayne Lysk¹

¹University of Melbourne, Australia

Background:

Understanding the experience of being a patient is an essential part of becoming a medical practitioner. In order to ensure first year medical students are thinking about this experience from day of their course they participate in an experiential learning activity simulated hospital environment known as The Ormond Hospital Experience. In the simulation actors work with the specifically written scenarios playing the parts of clinicians, some patients, and hospital staff in a replication of a hospital environment.

Purpose and outcomes:

This workshop briefly overviews the value of applying experiential learning in a hospital simulation for medical students to promote an understanding of the concepts of compassion and empathy in patient care. The objective of this workshop is to develop scenario writing skills for a simulated hospital environment that features potential adverse issues in the delivery of healthcare and the clinical environment

Issues for exploration or questions for discussion:

The benefits and barriers of simulations to develop empathy and compassion in health profession students.

Outline of workshop activities

This interactive workshop will include: an introduction applying experimental learning theory to writing scenarios for simulated environment; small group discussions; and a small group scenario writing activity.

Workshop 5

Peer supported faculty development in the workplace to improve clinical supervisors' practice

Helen Wozniak¹, Narelle Campbell²

¹University of Queensland, Brisbane, Australia

²Flinders University, Darwin, Australia

Background:

Clinical supervisors typically learn to teach on the job so opportunities to refine their skills through workplace feedback are limited. Adopting a workplace-based structured peer support process contextualised to the needs of the supervisor offers an innovative solution to improving clinical teaching. It fills the gap between theory and practice, can promote enhancements in the quality of education, and enrich the supervisory culture regardless of the nature of the workplace.

Purpose, outcomes and issues for exploration:

This workshop will engage participants in the peer support process and how it can strengthen the quality of their workplace learning culture.

As a result of attending this workshop, participants will:

- Recognise how peer support strategies are an effective professional development strategy
- Understand how evidence informs each component in the peer support process and contributes to a successful outcome
- Engage with the peer support framework in a simulated supervisory scenario
- Reflect on the peer support process and its application to their workplace context.

Outline of workshop activities:

This workshop will introduce participants to an evidence-based collaborative interprofessional peer support process involving self-reflection and peer observation. Using interactive discussion and video resources, participants will experience a simulation activity to engage with the peer support framework. It will conclude with participants reflecting on the benefits and barriers of implementing the peer support process in their workplace. Participants will be provided with access to the peer review educational resource.

The Educator as Coach – kicking goals for supervisors and trainees

Heather Grusauskas¹ and Patrick Kinsella²

Origin: Eastern Victoria General Practice Training, Victoria, Australia

Introduction/background:

Coaching is more frequently associated with professional sport or executive training. As a training provider we are interested in the role that coaching plays in supervision.

Purpose and outcomes:

As a consequence, we developed a workshop for our supervisors to provide them with the relevant educational theory, a framework that could be utilised with their

registrars and additionally the opportunity to discuss and get feedback from their peers.

Issues for exploration or questions for discussion:

- What is coaching?
- What coaching models are available?
- What is the role of direct observation in coaching?
- What is the relationship between educational theory and coaching?
- Coaching case studies
- Coaching in diverse contexts

Outline of workshop activities

This workshop includes a pre-reading activity around coaching models. The workshop will involve case based discussions and role plays. These will be in the form of both small and large group work. The aim of the workshop is to upskill participants on educational coaching models and to provide a toolbox which they can utilise in their own learning environments.

This workshop is for anyone interested in coaching for performance.

Length of workshop is 90 mins

Mental Health First Aid for academics

Geoffrey Ahern^{1,2}, Kristin Lo³, Melanie Farlie^{3,4}

¹Deakin University, Burwood

²Eastern Health/Victorian Police Mental Health and Police (MHaP) Response

³Monash University, Frankston

⁴Monash Health, Clayton

Introduction/background:

Students experience fitness to practise issues which comprises freedom from impairment (mental/physical health), professionalism, clinical competency, communication and recognition of limits. Clinical educators don't feel confident supporting students with mental health issues. Mental Health First Aid (MHFA) has been found to increase participant confidence to provide help, knowledge and decrease stigma and social distance from a person with a mental health condition. This year we conducted a 2-day multidisciplinary MHFA course for clinical educators. This was very well received. The results included significant increases in confidence ($t(34.4) = 5.868, p < 0.0001$) and knowledge ($t(24.8) = 3.94, p = 0.0006$). There were significant decreases in social distance from a person with a mental health issue according to two vignettes John ($t(40.8) = 2.592, p = 0.013$) and Paula ($t(32.8) = 4.015, p = 0.0003$). While some of the content is from an accredited MHFA course, there will be no accreditation provided after completing the course as it for one day only instead of two days.

Purpose and outcomes:

The purpose is to equip participants with skills to support students with the most common mental health issues seen in tertiary education. We wish to increase participant confidence in supporting students with mental health issues.

Issues for exploration or questions for discussion:

We wish to explore strategies to help educators recognise particular mental health disorders in both students and colleagues eg: anxiety, depression and suicidal thoughts and referring them on to

appropriate services.

Outline of workshop activities

The workshop will include case studies that can be worked through in groups and discussed with the larger group.

Workshop 6

ANZAHPE 2019 Reviewing Manuscripts for Publication Workshop

Introduction:

This workshop is part of the regular programme at ANZAHPE conferences. The Association is keen to develop the skills of reviewers for their journal, Focus on Health Professional Education (FoHPE), and other health professional education journals. This workshop is targeted at participants who either wish to become reviewers or who have already provided some reviews and would like some additional guidance for that role.

Aims:

Equipping and encouraging novice academics to engage with the task of reviewing manuscripts for publication.

Intended outcomes:

1. Develop and improve reviewing skills
2. Gain an understanding of the publication process from submission to publication, with a particular emphasis on the role of the peer review.

Preparation:

Participants will be required to do some preparatory work prior to attending. A manuscript/sample of academic writing will be provided for participants to read and critically reflect upon.

Activities:

Through group discussion, the participants and facilitators will share their experiences of reviewing and draw out some general principles.

The supplied sample manuscript/writing will be examined critically by participants, working in sub-groups facilitated by members of the Editorial Board. A summary of key issues will be presented in whole group discussion.

FoHPE's reviewing process will be used as an exemplar. A copy of the FoHPE reviewer guidelines will be provided.

Facilitators:

The Editor and members of the Editorial Board of Focus on Health Professional Education (FoHPE)

Intended participants:

This workshop is intended for novice reviewers. This would include those who have never reviewed and those who have limited experience with reviewing for publication.

Workshop 7

***Using visual art in medical education:an introduction to the National Gallery of Australia/ANU Medical School Artmed program**

This workshop introduces participants to the collaborative Artmed program, which has been running for ten years at the ANU medical school as a compulsory component of the professionalism and leadership stream, with added enrichment opportunities across the course. This workshop will take participants through the principles of the program, and demonstrate how it is used through an interactive experience at the National Gallery guided by experienced art and medicine educators.

