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AUSTRALIAN MEDICINES HANDBOOK

ANZAHPE FESTIVAL ABSTRACT BOOK

JULY 2022

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DAY TWO

MONDAY 11 JULY



DAY TWO Monday 11 July 2022

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Case study of an integrated assessment task in the diagnostic radiography curriculum

Dr Yobelli Jimenez¹, A/Professor Warren Reed¹, Ms Amanda Punch¹, Professor Sarah Lewis¹

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Evidence-based practice (EBP) is a core competency for all health professionals. Understanding research skills are key to health professionals adopting EBP, and should be taught and assessed in curricula leading to eligibility to practice. The aim of this project was to design, implement and evaluate an assessment task in the Diagnostic Radiography (DR) curriculum, which aimed to facilitate students' skills to identify and interpret research methods and output. An integrated assessment task was introduced across two units of study, requiring student groups to produce a single literature review that incorporated learning objectives from each distinct unit of study. The assessment task recognised and incorporated themes of student choice, negotiation of group membership, and scholarly writing as inherent components. Student feedback showed that students valued the integration of content knowledge and research principles across two units of study to better reflect their depth and breadth of learning. Students commented on the value of team or group work in developing their communication and collaboration skills, which are essential skills in the DR clinical environment. The literature review task provided a solid platform and scaffold for students to develop scholarly writing, providing students with the opportunity to contribute advanced knowledge to the wider DR community, via submission to professional conference presentations and peer-reviewed journals on current imaging pathways. A literature review assessment task, which was integrated across two previously separate units of study on advanced medical imaging practice and research skills, has provided an innovative approach to assessment of EBP in the DR curricula.

Development and validation of Entrustable Professional Activities for intern pharmacists in Australia

Carmen Abeyaratne¹, Associate Professor Kirstie Galbraith¹

¹Monash University, Parkville, Australia

Introduction: Australian Pharmacy Council (APC) Accreditation Standards for Pharmacy Programs in Australia were updated in 2020; they incorporate standards for Intern Training Programs. Entrustable Professional Activities (EPAs) are now recognised as a workplace-based method of assessment for intern pharmacists to demonstrate specific performance outcomes.

Aim: The purpose of this study was to describe the development and validation of EPAs for a pharmacy Intern Training Program in Australia.

Method: Performance outcomes requiring EPAs as an assessment in the intern year were identified and EPAs developed. The EQual rubric, designed for EPAs in graduate medical education settings, was used to validate the EPAs. Eight subject matter experts (SMEs) were recruited to validate 14 EPAs using prespecified cut offs in the EQual rubric to determine the degree of alignment with established key domains of the EPA construct. Descriptive statistics for the EQual rubric scores were calculated for each of the 14 EPAs overall and for each of the three domains (discrete units of work, entrustable, essential and important tasks of the profession, and curricular role). Any EPA falling below the prespecified cut score required revisions and a second round of validation.

Results: Eight responses were recorded for the first round of validation. Seven EPAs were below the discrete units of work cut off (4.17). Two of these EPAs were also below the EPAs curricular role cut off (4.00). All scores described in the EPAs as entrustable, essential and important tasks of the profession were above the cut off (4.00). Seven SMEs responded to the second round of validation. All seven revised EPAs scored above the EQual rubric's overall cut off of 4.07.

Conclusion: Fourteen EPAs were validated for use with pharmacy interns. To our knowledge this is the first time the EQual rubric has been used in the evaluation and validation of pharmacy EPAs.

How responding to a crisis opened opportunities to rethink assessment.

A/Prof Julie Ash¹, Dr Katrina Morgan¹, Ms Dayle Soong¹, Ms Bronwyn Herde¹, Prof Lucie Walters¹, Ms Megana Kulkarni¹, Prof David Gonzalez-Chica¹

¹Adelaide Rural Clinical School, The University of Adelaide, , Australia

Introduction

In 2020, the COVID-19 pandemic created a crisis for education delivery, specifically clinical and high stakes assessments. Universities across Australia responded uniquely, thus creating multiple possible case studies. The experience of the Adelaide Rural Clinical School (ARCS) is but one example presented to illustrate how forced change can show the way to transform assessment. Rapid forced changes included: moving all assessments to an online format, redesigning clinical assessment for remote performance and information and communication technology (ICT) strategies for maintaining assessment quality and integrity.

Methods

We evaluated the effectiveness and acceptability of new online written and clinical assessment formats by surveys and focus groups involving students and staff. Fears of cancelling the medical school's final 2021 Objective Structured Clinical Examinations (OSCE) prompted analyses using 2019 and 2020 ARCS clinical assessments scores of all activities conducted across the year to predict OSCE performance (predictive validity).

Results

The survey of online written exams and proctoring found these delivery strategies were acceptable to students. Focus group results reinforced this finding. Similarly, online clinical assessments were acceptable, successfully delivered and served their purpose, although limited in the range of skills examinable. Pre-existing ICT affordances and the partnerships between examining clinicians, academics, ICT and administration professionals were essential to the success of the rapid changes. However, sustainability and threats to academic integrity were evident issues to manage. Clinical assessment scores (2019 and 2020) were highly correlated with end of year OSCE performance and showed adequate predictive validity.

Discussion

These results and the school's experience of alternative types of clinical assessments conducted across the year rather than single assessment events has opened the path to more widespread implementation of online and workplace-based assessments in 2021 and 2022. This sets the scene for the introduction of programmatic assessment. Evaluation and practice improvement is ongoing.

Enhancing feedback partnerships to guide learner actions in workplace-based assessments

Assoc Prof Helen Wozniak¹, Dr Rachel Claydon¹, Dr Christy Noble¹, Samuel Monk¹, Dr Megan Steele¹

¹*Academy for Medical Education, The University Of Queensland, Herston, Australia*

Background: Effective feedback is essential for student learning as it maximises the development of evaluative judgement, achievement of clinical capabilities and further development of the student-supervising clinician partnership. Feedback captured during opportunistic observed workplace-based assessments (WBAs) such as mini-CEX and DOPS provides useful insights for students about their development of professional capabilities. What is less well understood is how students, informed by their evaluative judgement, act on this feedback for future WBAs.

Method: Using an electronic WBA platform Year 3 and 4 medical students at The University of Queensland record feedback received from their supervisors as well as the actions they plan to take in response to this feedback. Drawing from frameworks previously described by Hattie (2007) and Derham (2021) the researchers developed a taxonomy to characterise the feedback and action planning comments according to their focus (self/task/process/self-regulatory) and quality (specific/vague/instructional/actionable) to inform the following research questions:

- Does actionable feedback lead to focused action plans?
- Do students who receive actionable feedback have higher engagement with WBAs?
- Does assessor position influence the quality of the feedback?

Results & Discussion: During semester 1 in 2021, 15166 records were collected (3100 mini-CEX and 12066 DOPS) from a total of 893 students, including the position of the supervisor (e.g. intern, consultant, allied health practitioner). Results from the analysis will be presented aiming to provide insights about the nature of feedback received from supervisors observing WBAs including the assessor's role. Using the taxonomic analysis and other WBA data (number and timing of completion) we will also explore relationships between the feedback and learner action planning and their overall engagement in completing WBAs. The discussion of results will unfold to consider how this information could be utilised by students as they develop their partnerships with supervisors in the clinical setting.

Attending to emotions in feedback practices

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Feedback is emotional business. Yet messages around how to attend to emotions during feedback are mixed. Some feedback models encourage an equal balance of positive and negative comments to reduce the likelihood of defensive learner reactions. Others suggest waiting until emotions pass, or even that they should be ignored. Whilst some feedback models encourage involving the learner in feedback attending to emotions as they arise. Clearly the role of emotions in feedback and their influence on learning is contested. In this research, we sought to understand the range of emotion discourses in the feedback literature to open new agendas for practising and researching emotion in feedback.

We conducted a critical literature review of emotion and feedback in the three top journals of the field: Academic Medicine, Medical Education and Advances in Health Sciences Education. Analysis was informed by a Foucauldian critical discourse approach and involved identifying discourses of emotion and interpreting how they shape feedback practices.

Of 32 papers, four overlapping discourses of emotion were identified. Emotion as physiological casts emotion as internal, biological, ever-present, and often problematic. Emotion as skill positions emotion as internal, mainly cognitive, and amenable to regulation. A discourse of emotion as reflexive practice infers a social and interpersonal understanding of emotions, whereas emotion as socio-cultural discourse extends the reflexive practice discourse seeing emotion as circulating within learning environments as a political force. Emotion as physiological was the dominant discourse in health professions education feedback literature.

We suggest that health professions education scholars shift the dialogue in this space away from simplistic understandings of positive emotions as good for feedback and negative emotions as bad for feedback. Rather than problems to ignore or manage, emotions are resources to excavate and use reflexively. For future feedback research, we suggest drawing from reflexive and socio-cultural discourses of emotion.

Faculty Development 1

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The role of regulators and medical regulations in fostering the use of electronic health data to strengthen CPD for medical practitioners: a documentary data analysis and interviews with key informants.

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Background

Currently, several challenges hinder a meaningful and effective use of electronic health data analysis for performance feedback and strengthened CPD for medical practitioners.

Among other factors, medical regulators and policy implementation strategies are believed to influence the uptake of data analysis technologies to strengthen CPD.

Aims

This study aims to compare existing regulatory policies for medical practitioners in 5 selected countries to understand how medical regulators conceptualise and envision the use of electronic health data for performance feedback and strengthened CPD.

Methods

Policies and other documentary data on medical regulations in Australia, Canada, New Zealand, the UK, and the USA were collected and reviewed to examine content and aims. In addition, 18 semi-structured interviews with international key informants from relevant medical regulatory bodies were conducted and are about to be thematically analysed to investigate the context, rationale, and applicability of those regulations.

Results

An initial analysis of the documentary data shows a relatively recent shift in medical regulations and CPD requirements in all the countries under investigation. Depending on the jurisdiction, over the last 10 to 20 years medical regulators have placed more emphasis on those CPD activities that aim at reviewing and measuring clinical performance using patient-related data analysis.

Despite this conceptual shift in regulatory policies, several key informants have stated that, in practice, multiple challenges are still limiting the use of electronic health data analysis for CPD purposes. For instance, it has been reported that the necessary data to complete these activities is not always accessible to the practitioner or, if available, it is manually collected and analysed making the whole process lengthy and burdensome.

Interestingly, the interview data indicates that medical regulators will need to play an advocacy role to address existing issues of data accessibility.

Conclusions

Final considerations will be disseminated at study completion.

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Partnering around the pool: Exploring a group supervision model for clinicians working in aquatic physiotherapy

Ms Krista Verstraelen¹, Dr Melanie Farlie², Dr David Snowdon^{2,3}, Dr Sarah Milne^{1,2,4,5}

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Background: Rotational physiotherapists in large tertiary hospitals may be involved in providing therapy in the aquatic environment. Physiotherapists have varied levels of aquatic experience coming into these rotations. To ensure quality of clinical care within the aquatic environment, group supervision is one strategy used to provide professional support.

Objective: The aim of this project was to explore the experience of group supervision with physiotherapists of varying skill levels who deliver aquatic physiotherapy services.

Methods: Three focus groups utilising a purposive sample of physiotherapists working in inpatient rehabilitation were conducted. An interpretive descriptive methodological approach was used to gain an understanding of the phenomena of clinical supervision. Inductive thematic analysis using a framework approach was used to identify themes related to the research objective.

Results: Sixteen physiotherapists participated in three focus groups. Four themes were identified: specialised area of practice, skill development, group interactivity and structure and processes. Relevant theories identified during data analysis were positioning theory and interactivity theory.

Discussion/Conclusion: Participants reported that group supervision may be the most effective type of clinical supervision for aquatic physiotherapy because it is a specialised area of practice, and emphasised that group supervision was effective at facilitating their skill development in aquatic physiotherapy. Participants also described two factors that influenced the effectiveness of group supervision: group interactivity, and structure and processes. These findings may be transferrable to other clinical areas where one senior clinician provides clinical supervision to groups of clinicians with varied levels of experience.

Using electronic health data to inform Continuing Medical Education (CME) for medical practitioners: a scoping review with a consultation exercise with international experts.

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Background

Electronic health data mining is widely used in healthcare research. To date, this data has been in fact utilised for organisational reporting, to support clinical decision-making, and to assess the performance of medical practitioners to identify areas of quality improvement.

Unfortunately, there is little knowledge on the role of electronic health data analysis in health professions education research, and in particular for the development of CME activities, programs, and plans for medical practitioners.

Aims

This study intends to identify, select, and synthesize available research evidence on the use of electronic health data analysis as a learning needs assessment tool for CME design, development, and implementation.

Methods

The scoping review was conducted using the Arksey and O'Malley Framework. Three bibliographic databases were searched using the PCC Framework recommended by the Joanna Briggs Institute. Initial screening and full-text review were performed employing rigorous eligibility criteria. While collating the results of the search, a consultation exercise with 15 international experts was performed. The interview transcriptions are about to be thematically analysed using the Braun and Clarke's approach.

Results

The database search identified 8410 papers published from January 2010 to March 2021. After initial screening, 41 papers were selected for full-text review and only 6 of them were deemed relevant. One additional article was added during the consultation exercise, for a total of 7 articles included in the scoping review.

The scoping review results clearly show a topic evolution. Among other considerations, the literature moves from conceptual models based on a retrospective approach to data analytics to tool evaluation papers focused on a prospective approach to learning needs identification.

An initial analysis of the interviews has also identified some recurrent themes, such as research and implementation barriers and areas for future investigation.

Conclusions

Final considerations will be made at study completion.

Educators' experiences of online and hybrid teaching during the COVID-19 pandemic: A longitudinal qualitative study

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Introduction/background:

While there is a plethora of research exploring the impact of the COVID-19 pandemic on learning and teaching, less is known about the longer-term impact of this pandemic from the health professions educators' perspectives.

Aim/objectives:

This study explores: (a) the enablers and barriers educators experienced in teaching online and hybrid teaching and (b) what insights their experiences provide to shape future health professions education.

Methods:

Underpinned by social constructionism, a longitudinal qualitative methodology was adopted. Educators of five large health courses at an Australian research-intensive university were interviewed at two time points: (a) beginning of the pandemic when they were transitioning to online education and (b) one year apart when many courses were taught using a hybrid mode. A total of 28 individual interviews were conducted. Data were analysed thematically using team-based framework analysis.

Results:

Educators recognised a range of enablers (e.g. flexibility, interactivity and accessibility) and barriers (e.g. limited social learning and transmissive pedagogy) for both online and hybrid education. Transitioning to both online and hybrid education required educators to learn and perform a range of pedagogical skills within a short timeframe that made their teaching experiences challenging but rewarding.

Discussion:

Our results attest to the critical role of adaptability and the significant challenges experienced by educators due to the need to rapidly adjust to the changes and uncertainty caused by the pandemic. The importance of upskilling educators in developing an online presence is instrumental in supporting their adaptation experiences.

Conclusions:

Navigating the barriers associated with online and hybrid education provided educators with opportunities to learn, reflect and adapt to new teaching approaches that would contribute to the success of future health professions education.

The Social Dilemma: Leveraging social media strategically

Dr Jessica Stokes-parish¹

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Social media is considered essential for dissemination of research in today's academic climate. Research has highlighted the impact of using social media to amplify work, but not without strategy. In this workshop I will introduce the 3 domains of social media use (Consumption, Curation and Creation). From here, we will explore approaches to achieving your goals for social media practice. We will cover different platforms, formats and online safety. This introductory workshop will leave you with awareness of how you can integrate social media in your academic practice.

What to bring: You should bring your laptop and a broad aim for what you want to achieve for your profile (e.g. achieve significant reach with your research). Reflective resources will be provided

Supporting Translation of Research in Rural and Regional settings (STaRR)

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Background

Building research capacity for rural and regional health organisations and practitioners is key to generating and translating knowledge that addresses rural health practice and policy issues. Research capacity building (RCB) encompasses a range of strategies aimed at improving individuals' research knowledge, enabling research activity, and enhancing evidence-based practice.

The STaRR Program is a multifaceted, co-designed, and evidence-informed approach to region-wide RCB that facilitates active, continuous learning. STaRR training targets research mentors, health managers and emerging practitioner-researchers from seven rural and regional health services (supporting 660,000 residents), one primary health network, and two regional universities. This mixed-methods evaluation study explores the outcomes and impacts of STaRR training from various stakeholder perspectives.

Methods

Pre- and post-training surveys were administered to the manager and emerging researcher training groups. The survey tool reflects the Translating Allied Health Knowledge Framework and measures self-reported changes to four knowledge translation (KT) domains: doing KT, accessing social capital for KT, enacting sustainable KT, and inclusive KT. Survey data were analysed descriptively.

Outcomes will be further evaluated via a partnerships survey targeting mentors and emerging researchers; a survey and interviews targeting longer-term outcomes for the three training groups and senior health organisation managers.

Results

Since November 2020, 114 mentors, managers, and emerging researchers have participated in STaRR training. Pre- and post-training surveys demonstrated that managers' (n=18; 12) skills in the "doing", accessing "social capital", enacting "sustainable KT", and "inclusive KT" domains improved by 24%, 26%, 26%, and 27%, respectively. Emerging researchers' (n=32; 24) skills improved in these domains by 28%, 26%, 27%, and 25%, respectively.

Implications

The survey results indicate that STaRR training leads to improved self-rated research and KT skills in the short-term. The next phase of the evaluation will explore longer-term impacts of the training on participants and their organisations, with respect to research and KT activities.

Partnering to find healthcare solutions in times of crisis

Professor Adrienne Torda^{1,2}, Dr Sze-Yuan Ooi^{1,2}, Dr Kristen Overton^{1,2}, Dr Jennifer Yu^{1,2}

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Healthcare education has been significantly impacted by COVID during the past two years, particularly clinical placements. Tertiary institutions have had to balance the need for clinical training, against the risks of student infection or transmission of COVID-19. The impact of COVID-19 on the health workforce has also been significant, resulting in gaps and workforce shortages. Even before this, there was often conflict between service delivery and training¹. These issues have made tertiary institutions and health districts work together in partnership to find ways students can help with workforce delivery.

In addition to 'Assistant in Medicine' roles, medical students have taken up many other roles in healthcare to help the surge workforce. Most recently students at UNSW were deployed into an innovative program designed to delivery community-based healthcare to COVID patients via remote monitoring.

We surveyed students in these roles to assess the competency development, wellbeing and perceived support in these roles. Overwhelmingly they found this experience valuable, felt more confident in many skills, including teamwork and communication. The hardest part of this work was 'dealing with difficult patients' and this was an opportune time for students to develop this skill, in a supported environment. They simultaneously delivered care to thousands of patients with COVID.

It has often been hard to show the value of healthcare students in clinical placements, but the recent crises have given us the opportunity to deploy them rapidly into areas of need and incredible benefit to our healthcare stakeholders and partners. This is one example of a student involvement in new model of care which resulted in mutual educational and workforce delivery benefits.

1. Sholl S, Ajjawi R, Allbutt H, et al. Balancing student/trainee learning with the delivery of patient care in the healthcare workplace: a protocol for realist synthesis. *BMJ Open* 2016;6:e011145. doi:10.1136/bmjopen-2016-011145

Students as stakeholders: how to represent them on project user groups

Dr Megan Phelps¹, Dr Jane Carthey²

¹The University Of Sydney, Camperdown, Australia, ²Queensland University of Technology, Brisbane City, Australia

Background:

Health infrastructure planning and construction is a booming business in Australia and New Zealand. As part of architectural practice in these and many other countries project user groups (PUGs) are created to contribute to the design and planning of healthcare facilities. A wide range of stakeholders are represented. A patient-centred and evidence-based design focus is now usual. Members of PUGs may include clinicians, managers and consumer or community representatives. One of the authors has completed a doctoral research project investigating 'user group' consultation on healthcare projects in Australia and New Zealand. She has published on key aspects and as part of her research, ran a workshop with health service managers and other PUG members at a national ACHSM conference in 2019. Her focus is how the PUG process may be improved for all participants in the PUG process including designers and their healthcare clients.

Health professional program students and other learners are generally represented on PUGs by the education providers or training body representatives. These representatives may or may not attempt to take a learner-centred viewpoint when contributing to the PUG.

Session Aim:

We will share some key aspects of how to contribute to a PUG.

We invite participants to share key design elements that they believe should be included in design briefs when planning from a learner or student's perspective.

Online break out rooms will be used for small group discussion. Information shared and gathered in the groups will be further discussed with all participants during the session.

More than Medication Police: Pharmacists drive novel learning and evaluation around safer prescribing in practice.

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At Waitemata District Health Board, we run a series of Pharmacist-led prescribing workshops for our post-graduate year 1 doctors (PGY1s). Feedback indicates these are the best teachings during the year; however we needed to find a way to measure the impact on practice. Prescribing error metrics are essential, but retrospective, punitive and untimely to facilitate individual learning. We wanted to move away from error based indicators of performance and instead, develop a positive safety culture for feedback and learning.

A novel evaluation tool was developed in partnership between Pharmacy and Medical Education Training Unit clinicians. The focus was to switch away from measuring 'negative' prescribing errors to a more positive 'prescribing performance across a three month attachment.

The tool has been piloted, tested and implemented during the last three years. Pharmacists are coached for this assessment of prescribing practice, based on 'don't tell me what you know, tell me what you do'. Several weeks after each workshop, clinical pharmacists schedule an inter-professional reflective conversation (anonymous) with PGY1 junior doctors. Pharmacists then evaluate crucial learning points based on real life scenarios and feedback loops in real time.

Data is collated to assess the development of cohort competence over the training periods. Results are stratified into the following groups of learning points: Basic, complex and discharge related.

Our results demonstrate the workshops and evaluation tool are working beyond expectations. The doctors actively engage in the process, reflecting on how their practice has changed, keen to accept feedback. The benefits are:

- Development of a positive safety culture where feedback and learning happens in real time
- Inter professional respectful relationships where junior doctors partner with pharmacists, learning from each other's expertise.

This presentation will highlight this effective way to accelerate prescribing performance during this crucial first year of clinical practice.

Insights about how learning opportunities impact students' identity as decision-makers in medicine, pharmacy, and physiotherapy programmes

Dr Megan Anakin¹, Ciara Lee¹

¹*University Of Otago, , New Zealand*

Introduction

Students in health professions programmes are provided learning opportunities to build foundation knowledge, skills, and professional attitudes about their professions. These opportunities impact the formation of student's identities as health professionals. One skill that contributes to professional identity is the ability to make decisions about patient care. Studies that address this topic from a student perspective are underrepresented in literature. Therefore, the aim of this study was to examine how learning opportunities impact the formation of health professions students' identity as decision-makers.

Methods

Sixty undergraduate students participated in one-on-one interviews about decision-making. Participants were sampled from different years of study in pharmacy, physiotherapy and medicine at the University of Otago, New Zealand. Reflexive thematic analysis was used to develop an understanding of the impact students' learning opportunities had on their identity as decision-makers.

Results

First, students appreciated learning opportunities that allowed them to develop insight about the responsibilities, limitations, and scope associated with their professions. Second, student emphasised learning opportunities that enabled them to be positioned as capable contributors to patient care, allowing students to gain insight into themselves as decision-makers. Third, students felt supported when their teachers facilitated learning opportunities that ensured authenticity and safety, encouraged independent thinking, and fostered secure and productive relationships.

Discussion/Conclusion

Our results provide insights into how learning opportunities shape student identities as decision-makers. These insights provide a student perspective about 'being', 'becoming', and 'being supported to become' a healthcare professional. A surprising finding of this study was that similar impacts were identified among students from different professions. This finding could be used to develop interprofessional learning opportunities about decision-making that focus on similarities in addition to exploring and overcoming differences.

Sustaining CLEIMS in the era of constraint – strengthening our mega-sim clinical simulation through hybrid and mixed-reality delivery.

Ms Fiona Miller¹, Ms Jennifer Witney¹, Ms Nicole Evans¹, Dr Marie-Claire O'Shea¹, Mr Nathan Reeves¹, Ms Melanie Roberts¹, Dr Nicola Sheeran¹, Dr Simone Howells¹, Associate Professor Margo Lane², Professor Andrea Bialocerkowski¹, Ms Pit Cheng Chan¹

¹Griffith University, Southport, Australia, ²University of Queensland, St Lucia, Australia

Griffith University Health Group developed CLEIMS [Clinical Learning through Extended Immersion in Multimethod Simulation] more than 10 years ago. CLEIMS, our largest Interprofessional Learning event, is a week-long immersive simulation conducted in our mock hospital. Each year CLEIMS brings eight disciplines - over 1,000 students - together to manage a range of (simulated) patients, through uniprofessional and interprofessional episodes of care.

Early in the pandemic, University-wide restructuring imposed financial constraints, including on simulation budgets. New ways of working, learning and delivery were imperative. Incorporating student and staff feedback, the IPL team determined that CLEIMS was core to our student IPL experience, and with meeting individual Schools' established learning objectives and program accreditation requirements. We were determined to continue providing CLEIMS.

The forced shift to completely virtual education delivery, then unpredictable pivoting between online and on-campus teaching presented a further challenge to sustaining this already complex activity. However, Academic IPL Leads from the Griffith Health Group, supported by our Interprofessional-based Learning Advisory Committee (IPBLAC) took this as an opportunity to re-imagine CLEIMS. A design team with representatives of all Griffith Health disciplines collaborated to create a mixed-reality event that could be deployed in either full virtual, full on-campus, or hybrid mode.

Scenarios were enhanced with sets of short videos, exposing the patient journey from home, through important moments of care, and after discharge. Practising clinicians role-played key interactions with simulated patients, recorded in the Griffith media suite with multi-camera/360o viewpoint.

Discipline leads release different sets of videos asynchronously to enhance student preparedness, relevant clinical learning and interdisciplinary understanding; prior, during and after their synchronous participation in face-to-face simulation during the live elements of the week.

This presentation will share outcomes and evaluation of our redesign, learning opportunities through mixed-reality, simulation in the virtual environment and strength through academic partnerships.

Clinical partners in educating medical students – engaging and developing our clinical teachers.

Professor Adrienne Torda¹

¹*UNSW Sydney, Randwick, Australia*

In the Faculty of Medicine and Health (FMH) at UNSW Sydney, much of the clinical teaching in our medical program is done by ‘conjoint’ staff – clinicians who work in affiliated teaching hospitals, practices and community placements. This ‘affiliated’ teaching workforce play a vital role in the transition of our medical students into competent medical graduates. Although educating and mentoring junior doctors and medical students is, to a large extent, enculturated in the medical profession, clinicians face a number of barriers including time pressures, professional development in teaching skills and engagement with the faculty.

We surveyed over 740 conjoint clinicians about their level of engagement, educational activities, support, barriers and development needs in 2021 using quantitative and qualitative items (Qualtrics XM). The most common educational activities respondents were involved in were clinical supervision, tutorials and assessments. In general, conjoints felt that the relationship with FMH was mutually beneficial. Many stated that they felt ‘underutilised’ and could contribute more, although some said the relationship felt ‘one sided’ and felt disengaged. Another theme that emerged was a desire for ‘recognition’ of their contributions (even via a simple email) Three quarters of respondents were satisfied with faculty communication, although some were extremely dissatisfied. Regular newsletters were the modality of choice. In terms of professional development, although there is a bespoke online development program for conjoints, almost 50% wanted a variety of other formats such as workshops and recorded webinars.

Conjoint teaching staff are a precious resource for most healthcare programs. As such we need to identify issues that may impede their ability, skill and willingness to contribute. This study identified a number, as well as both communication, recognition and development preferences of affiliated staff, that will help us continue to adapt and improve appropriately.



DAY TWO Monday 11 July 2022

Stream 2

Curriculum 1

Curriculum 2

PCW 3

What is Known About How Physiotherapy Students Make Sense of Movement as a Component of the Clinical Reasoning Process? A Scoping Review

Mrs Amanda Maddern¹

¹*Flinders University, , Australia*

Background:

Observing and analysing movement is a core component of the diagnostic process of physiotherapists and yet, little is known about how students understand the role of movement within the clinical reasoning process. In recent years, there has been an increase in research regarding the importance of movement within the reasoning process of physiotherapists. The way in which movement is observed and analysed directly impacts diagnostic and therapeutic decisions.

Purpose:

This purpose of this scoping review is to determine what is known about how students understand movement and the role of movement within the clinical reasoning process.

Methods:

A systematic search of the databases CINAHL, ERIC, GALE, PubMed, MEDLINE and SCOPUS was conducted. Studies were included if they discussed the concept of movement in relation to the clinical reasoning process, how students learn to clinically reason or how physiotherapists incorporate movement into their reasoning processes.

Results:

Ten articles remained after the screening processes and a narrative summary was undertaken to discuss the current state of the literature.

Conclusion:

The findings of this review suggest that there is limited evidence regarding how students understand movement within the clinical reasoning process. Further research on this topic is important for the physiotherapy profession, academics and clinical educators as it might demonstrate a gap in the way that clinical reasoning is currently taught and could create a shift in the way movement is considered as a component of the clinical reasoning process.

Primary school teachers' experiences of collaborating with occupational therapy students in the classroom. A win-win for teachers, students and children.

Associate Professor Monica Moran¹, Ms Prue Matthews¹, Dr Priya Martin²

¹WA Centre for Rural Health, The University of Western Australia, Geraldton, Australia, ²Rural Clinical School, The University of Queensland, Toowoomba, Australia

Background

Successful implementation of whole of class therapeutic programs in primary school settings necessitates bringing together key partners such as therapists, teachers and the community. There is little evaluation in Australia of the impact of allied health students in the implementation of whole of class self-regulation programs in collaboration with classroom staff. Over the past two years occupational therapy students on professional practice placements, worked with teachers and education assistants to embed a self-regulation program in classrooms across a rural primary school.

Aims and objectives of Study

The aim was to evaluate the impact of occupational therapy (OT) student placements in a rural primary school from the perspective of teachers and education assistants.

The objectives were:

- To explore the partnership experiences from the teachers' perspective of working with OT students to implement a program within classroom environments.
- To evaluate from the teachers' perspective the impact of this program within their classrooms.

Methods

Participants were teachers and education assistants who collaborated with OT students in the classrooms between January 2019 and July 2021. All teachers and education assistants involved in this program were invited to participate in the study.

Focus groups (FG) were conducted by two facilitators with qualitative research experience. Participants (n=20) consisted of teachers, general and special needs education assistants. Participants had been in their roles from 14 weeks to 30 years.

Results

Content analysis of FG transcripts resulted in the development of four categories: a win-win for all involved, significance of shared language, a solid start, and sustainability considerations.

Discussion

This presentation will explore key aspects of facilitating student placements in a rural school, how collaboration builds between students and teachers over time, how challenges are navigated and the scaffolding required to support and supervise students to work alongside teachers in a primary school environment.

Enhancing the quality of nursing/midwifery work-integrated learning in Australia- Development of the National Placement Evaluation Centre (N-PEC)

Dr Lynda Hughes¹, Dr Christine Ossenberg, Dr Colleen Ryan, Ms Elise Luders, Dr Robyn Cant, Mr Ruben Hopmans, Professor Karen Strickland, Ms Megan Fitzgerald, Professor Simon Cooper

¹*Griffith University, Nathan, Australia*

Background: Health professional education programs across the world include work-integrated learning (WIL) to enhance practice. In nursing, WIL experiences vary in quality with both positive and less than optimal outcomes.

Aim: This presentation introduces The National Placement Evaluation Centre (N-PEC) that involves Nursing Deans and industry partners working together to enhance the quality of WIL in Australia through: 1. development of feasible, valid and reliable evaluation tools for students and educators; 2. commissioning of the N-PEC; and 3. national benchmarking and quality improvement.

Methods: A multi-method project was conducted. Phase 1 saw the development and psychometric testing of the Placement Evaluation Tool (PET). Development of a website and education management system to house data for national benchmarking was the focus of Phase 2. Phase 3, underway, includes a national trial of the centre.

Results: Validation of PET (students) with 1263 nursing respondents from 3 states showed the tool is statistically valid and reliable and matched three levels within Kirkpatrick's evaluation hierarchy. The N-PEC is now live (<https://npec.org.au/>) and supported by the Australian Nursing and Midwifery Accreditation Council's education subsidiary Health Education Services Australia and Council of Deans Nursing and Midwifery.

Discussion: A nationally consistent approach to evaluation of clinical placement quality is essential to ensure placements are clinically relevant and positively impact on student learning to enhance student practice. Furthermore, improvements in both educational and clinical outcomes through appropriate improvements/modifications to curricula and WIL programs can occur. This project is the first step in quality assurance of WIL in Australian nursing with opportunities to improve WIL across health professions.

Conclusion: This presentation outlines the NPEC and reports on the PET tool and projects, completed and planned. The benefits of education providers and health care organisations working together to bring quality to students' WIL are discussed using nursing as an exemplar.

Clinical placements in private practice; exploring impacts and opportunities for quality and capacity

Dr Roma Forbes¹, Alana Dinsdale¹, Ruth Dunwoodie¹

¹*The University Of Queensland, , Australia*

Allied health graduates are increasingly employed in private practice settings despite limited placement opportunities during training. Despite perceived economic barriers to hosting students in private practice settings, no research to date has investigated the effect of hosting students on service delivery and income during clinical placements. Furthermore, education providers have highlighted that understanding the benefits and barriers of hosting allied health student placements is an important step in supporting initiatives to expand clinical placement capacity within this sector.

This presentation will outline the findings and implications of a series of research studies undertaken at The University of Queensland across several allied health professions that has aimed to investigate the economic impact of hosting students in private practice using a temporal synthetic control study and has explored the benefits and barriers of hosting students within private practice organisations using qualitative methodologies.

This series of research has indicated that hosting pre-registration physiotherapy students within private practice settings is not associated with a reduction in service and economic outcomes and hosting physiotherapy students has a positive economic effect following their initial placement week. The findings of this research have highlighted a range of benefits and challenges of hosting students that are carefully weighed up by practices within allied health professions. The perceived benefits to the practice and staff, as well as the wider professions are weighed up against the required resources of time, physical spaces and opportunities for students to participate in client care.

This research has several important implications for education providers and clinical education hosts within the private practice sector. Consideration of the impact of hosting students on private practice providers, their staff, and clients may provide strategies for future practice-university partnerships, thereby increasing placement capacity in this sector.

“You have to have a level of trust”: Consumer perspectives of health literacy when engaging with healthcare professionals

Helen Wood¹, Mrs Diana Benino¹, Associate Professor Gabrielle Brand^{1,2}, Professor Rhonda Clifford¹, Dr Kenneth Lee¹, Associate Professor Liza Seubert¹

¹The University Of Western Australia, Perth, Australia, ²Monash University, Melbourne, Australia

Extended Abstract - Student Prize Submission

Background: Health literacy – the degree to which people can access, understand, appraise and use health information – is essential for shared decision-making and improved health outcomes. While healthcare professionals (HCPs) are in a key position to prevent, diagnose and manage health conditions, health consumers’ ability to engage with HCPs is influenced by the level of their health literacy capabilities. This research partnered with health consumers to better understand health literacy-related barriers and enablers to engaging with a wide range of HCPs.

Methods: A semi-structured interview guide was developed in collaboration with and piloted using health consumers; the guide incorporated five health literacy domains described by the Health Literacy Questionnaire that related to consumers’ engagement with HCPs. The included domains were: (1) *Feeling understood and supported by healthcare providers*, (2) *Having sufficient information to manage my health*, (5) *Appraisal of health information*, (6) *Ability to actively engage with healthcare providers*, and (9) *Understanding health information well enough to know what to do*. Health consumers were recruited using purposive and snowball sampling. Representatives from groups who are at greater risk of facing health literacy-associated challenges (such as older adults) were encouraged to participate, to ensure adequate representation in the sample. In addition to the semi-structured interview component, aspects of consumers’ health literacy were measured using the domains of the Health Literacy Questionnaire listed previously. Interviews were video- or audio-recorded and transcribed, and themed using the Patient-centred Access to Care framework as an initial template. The framework provides a clear description of the healthcare engagement process, and identifies and describes factors which influence both healthcare accessibility and health consumers’ ability to access healthcare.

Results: Following 30 interviews with a diverse sample of health consumers with very different health literacy capabilities and experiences, we identified strong themes. Notably, the importance of interpersonal skills and consumers’ ability to appraise health information provided the foundation for many interesting new understandings around health literacy from the consumers’ perspective.

The perception that HCPs have clinical skills and knowledge were main drivers of health consumers’ willingness to consult with them. However, once the health consumer moved further along the healthcare engagement process and became actively involved with a HCP there was a strong shift of focus away from clinical skills and knowledge; consumers instead highlighted interpersonal skills as the main source of both barriers and enablers. Interpersonal skills such as displaying empathy and making health consumers feel understood were frequently linked to the trustworthiness of the HCP. By extension, their absence or presence became a reason to either withdraw or maintain engagement, respectively. Well-developed interpersonal skills fostered a long-standing relationship, which facilitated consumers’ trust and motivation to engage.

Health consumers frequently used information gathered elsewhere to influence two critical decisions: whether to consult an HCP, and whether to trust them. If their information-gathering did not support the need for an HCP they were more likely to self-manage or delay healthcare engagement. Similarly, when information provided by an HCP did not match information they had already obtained, consumers were less willing to both continue engagement with the

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HCP and accept the suggested treatment. This suggests that perhaps consumers do not understand or appreciate that HCPs are able to synthesise a range of potential diagnoses and treatment plans, and suggest that which is best suited to the consumer's specific situation. The fact that health consumers did not always trust HCPs as a reliable information source was at odds with their most frequently mentioned rationale for engaging with an HCP; that part of their role was to have the most up-to-date information. However, despite trusting their own sourced information over that supplied by HCPs, almost all consumers in our study self-reported that they could not appraise health information at least some of the time. When describing how they appraised health information, consumers frequently trusted anecdotal evidence and visually engaging material without mentioning crucial information like content or publisher.

Conclusion: Through partnership with health consumers to develop the study design and interviewing health consumers about their experiences, this research provides a deeper understanding of how they engage with HCPs within the extent of their health literacy level. Developed resources which not only build on health professions students' interpersonal skills but their awareness of how health consumers value such skills, could help students learn to build trust and promote consumer engagement. Additionally, there is a clear need to incorporate into health professions education the skills needed to demonstrate health information appraisal strategies to health consumers. This has the potential to improve consumers' health literacy capabilities and, by extension, their engagement with HCPs.

Crafting clinically relevant overseas experiences for allied health students.

Professor Mary Butler¹, Dr Emilie Crossley

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In a pre-COVID global world, international clinical/fieldwork placements, service-learning, or volunteering were posited as avenues for the development of intercultural skills for student health professionals, as well as fostering personal growth, professionalism and transferable skills.

In this research, fifteen occupational therapy students from NZ were interviewed about their experience of clinically relevant overseas experiences that occurred before, during and after formal training. These are generally called gap year, clinical and internship experiences respectively. As expected, all students talked about how they learned about themselves and other cultures, and their need for more preparation and debriefing from the experience.

More specifically, students identified different types of learning that occurred when the experiences were situated before, during or after clinical training. Those who went overseas prior to engaging in their studies tended to emphasise how the experience influenced their career choice, broadened their world view, and increased their confidence and empathy. Students who went overseas during their course of study (as part of a placement) tended to emphasise the new therapeutic techniques that they learned, alongside adaptability and a capacity to overcome challenges. Finally, those students who went overseas immediately after they completed their studies emphasised the comparison between occupational therapy in different countries, learning about teamwork and resilience and an awareness of ethical issues.

Academics are already working to create overseas experiences for a post-COVID world and it will be useful to consider how they can be done intentionally, with a focus on optimal learning. The findings from this study provide signposts to levels of learning that can potentially help with crafting experiences that reflect health professional students' specific needs during the different phases of their studies.

A Mindfulness-Based Cognitive Therapy informed Virtual Psychiatry Trainee Wellbeing Programme: Development and preliminary feedback

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Aim:

To present the development of and preliminary feedback from a virtual psychiatry trainee wellbeing programme informed by Mindfulness-Based Cognitive Therapy.

Method:

A trainee wellbeing programme was developed using Mindfulness-Based Cognitive Therapy elements that were thought to be particularly relevant to stressed psychiatry trainees who were also experiencing social isolation during the COVID-19 pandemic. The programme consisted of two 2-hour sessions delivered virtually on Zoom, followed by an optional booster session two months later. Written feedback from participants will be analysed using a qualitative methodology (thematic analysis). Key themes and reflections on the programme will be presented.

Results:

We are currently finalizing the results, which will be ready for presentation at the conference.

Conclusion:

A brief wellbeing programme informed by Mindfulness-Based Cognitive Therapy, developed for psychiatry trainees, and delivered virtually appears to be a beneficial intervention for trainees experiencing distress and burnout. There may be potential to develop brief interventions like this further for other health professional groups and trainees. More adaptation work needs to be done for cultural needs and a controlled trial would be needed to evaluate potential effectiveness more formally.

An investigation of coping styles and approaches to learning on clinical performance and course completion in physiotherapy students

Ms Sophie Paynter¹, Associate Professor Ross Iles¹, Professor Wayne Hodgson¹, Professor Margaret Hay¹

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The strain of the Covid-19 pandemic on the health professions means that understanding the relationships between coping strategies and approaches to learning on student performance during training and course completion has importance to the sustainability of health care.

This study examined the relationship between approaches to learning (motivation, intention and behaviours while learning) and coping strategies (dealing with stressors) on physiotherapy students' clinical performance and course completion.

The Brief COPE and RASI (Revised Approaches to Studying Inventory) were administered to six cohorts of physiotherapy students (commencing 2012 to 2017; N= 363, 66% response rate). Pearson's correlation and hierarchical multiple regression (HMR) analyses explored the relationships between coping, approaches to learning and performance on course assessments. Mann-Whitney U test explored differences in students who did or did not complete the course.

A strategic learning approach correlated positively with Year 1 and Year 3 OSCEs (Objective Structured Clinical Examinations) and clinical placement scores, whereas lack of purpose: surface learning approach was negatively correlated with these assessments. HMR results confirmed a strategic approach as a predictor of Year 1 OSCE ($\beta = 0.18$, $p < 0.001$) and clinical placement 1 ($\beta = 0.14$, $p < 0.001$), and lack of purpose as a negative predictor ($\beta = -0.19$, $p < 0.001$ and $\beta = -0.13$, $p < 0.001$) of these assessments. Coping strategies of seeking support were positively correlated with clinical placement scores. Those who did not complete the course scored statistically significantly lower on seeking support coping strategies and higher on a lack of purpose approach to learning.

This study confirms the importance of positive coping strategies and purpose (motivation) on physiotherapy students' course performance and completion. It is the first study to investigate these factors in physiotherapy. The findings can inform selection processes for success in the health professions training, particularly in the domains of coping and motivation.

Translation of cultural safety education for nurses and midwives: a realist review

Ms Cath Wilson¹, Doctor Kimberley Crawford, Professor Karen Adams

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Health inequities exist for racial groups as a result of political, societal, historical and economic injustices, such as colonisation and racism. To address this, health professions have applied various education pedagogies to equip learners to contribute better to cultural safety. This realist review sought to provide an overview of cultural safety programs that evaluate transition to practice by investigating how, why and under what circumstances nurses and midwives who participate in education programs, adopt culturally safe practice.

This realist systematic review aligns with the RAMESES publication standards. Nine papers were selected from six databases, from inception to January 2020. Any paper that evaluated nurses and midwives practice change following participation in cultural safety education programs were included. This involved an initial broad search of literature, research team consultation, systematic literature search with refinement of the inclusion criteria. The context, mechanism and outcomes were extracted and analysed from each included paper.

Three program theories resulted. Firstly, system and structural leadership to drive the change process, including adoption of policy and accreditation standards and involvement of the community impacted by health inequity. Second critical pedagogy to reveal institutional and individual racist behaviours and third, nurse and midwife commitment to cultural safety.

Change in practice to achieve cultural safety is complex, requiring a multi-system approach. Cultural safety education programs adopting critical pedagogy is necessary for critical consciousness building by nurses and midwives to have impact. However, this is only one part of this interdependent change process. Involvement of those communities experiencing culturally unsafe practice is also necessary for program effectiveness. Further research is required to examine the effectiveness of coordinated multi-system approaches, alongside, nurse and midwife commitment for cultural safety.

Psychiatric nurses' experiences of workplace violence at St. Giles psychiatric hospital in Fiji

Mrs. Samsun Ayub¹

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Mental health nursing is a unique path chosen by nurses who work in psychiatric wards. Working in any psychiatric setting can be challenging and stressful for the nurse who has to provide nursing care holistically. Registered nurses are expected to show the right attitude, patience, and passion because the majority of patients may be unpredictable and unstable upon admission

Aim of the study: This study aimed to explore registered nurses' experiences of violence in the inpatient psychiatric setting in Fiji. How do workplace violence experiences affect registered nurses working at St. Giles Hospital?

Methodology: A qualitative, phenomenological, and interpretative methodology was used to explore the experiences of registered nurses in the psychiatric hospital. The data was collected through focus group discussions and analyzed through thematic analysis. Ten (10) important themes such as: Positive and negative experiences, types of violence, types of patients admitted into the mental hospital, support, number of years of experiences in the wards. Infrastructure/ resources, Mental Health Decree, Impact on self as a person while working in the psychiatric wards and Staying on in mental Health Nursing. Registered nurses gave a vast number of concerns while working in the psychiatric wards, have inadequate and improper facilities and resources, challenges of caring for the mentally ill, unsafe working environments, with improper training and support from the management as major challenges in working in the wards. Having to deal with the different types of inpatients who act violently, and aggressively all times has greatly affected their personal and emotional wellbeing.

Recommendations: The importance of adequate support in terms of resources, training, proper facilities, manpower, proper meals during extended shifts is evidently the departing message for the hospital management, the health departments and the government of the day.

Exploring a model for stress management and wellbeing promotion in the pre-service and early career period.

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Those working in interpersonal professions face challenges and complex situations daily, often loaded with emotional labour. As a result, interpersonal professionals are at risk of stress-related disorders such as burnout and compassion fatigue. Chronic stress, if left unaddressed, can permeate into all facets of our lives with serious physiological, psychological and emotional consequences. The World Health Organization advocates for Health Promoting Workplaces where organisations work in partnership with employees to promote health and wellbeing at all levels within the organisation. Those entering the profession are a demographic that are consistently identified as at risk of decreased job-satisfaction.

The Doctoral project included a multi-phase, mixed-methods design to promote stress management and wellbeing in the pre-service and early career period. One phase of the project involved exploring the experiences of the participants in a Complementary Intervention for stress management and integrated wellbeing with reference to the Six-Factor Model of Wellbeing and Salutogenic Theory. The participants included early career teachers (N = 24). The primary outcomes related to a decrease in the stress response, application of the stress management techniques and positive implications in personal and professional contexts, for example, working with students and colleagues. Work-related stressors for educators are not dissimilar to those experienced by health care professionals. Job-related stress may influence professional identity, collegial support, mentoring and self-efficacy. Providing secondary (individual) level interventions for stress management and wellbeing may provide individuals with health resources to assist with the management of stress in the early career period. When talented individuals leave the profession due to work-related stress and burnout, we have a loss of human capital, which is a loss for our clients in our care, our colleagues and the profession.

Partnerships for learning and contribution in general practice placements: student perspectives.

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Background: Medical students can make valuable contributions to patient care during clinical placements. While many general practices (GPs) provide student placements and appreciate the learning partnership with the student, some perceive it as burdensome. A deeper understanding of these learning environments may enable GP supervisors to facilitate placements that maximise student learning and contribution.

Aim: This study investigated student perceptions of the value of GP placements for their learning, and their sense of contribution during their placement.

Methods: We used a qualitative methodology, with a Communities of Practice theoretical lens informing our design and thematic analysis. Our team of medical educators and students gathered in-depth student perspectives on learning and contributions with focus groups of final-year medical students on GP placement at one urban clinical school.

Results: Thirteen students (of a cohort of 48) participated in one of three focus groups. Students reported valuable learning affordances in general practice, and identified contributions to improved workflow, rapport-building, patient education, encouraging clinician reflection, and shared learning between GP and student.

Discussion: Our study gives the student perspective on learning and contribution in GP placements, providing educators and supervisors with an opportunity to reframe the discourse around clinical placements in general practice to highlight the value added by students.

Empowering medical students to make genuine contributions during their clinical placements is a paradigm shift with potential benefits for student learning, general practices, patients and health systems.

Introducing restorative supervision to support pharmacists wellbeing

Karlee Johnston^{1,2}, Jo Cole²

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The significant professional and personal challenges that COVID has placed on healthcare professionals has necessitated workplaces prioritizing the wellbeing of their employees. Pharmacists around Australia have described increased rates of burnout, high workloads and inadequate resources to cope with the increasing demands placed on them during this time. The use of clinical supervision and peer-to-peer support has been shown to improve health professional wellbeing and is a process that can be implemented within existing organizational structures. Clinical supervision is made up of three components, normative (management), formative (learning) and restorative (support). The provision of clinical supervision is usual practice in pharmacy departments, with regard to the normative and formative components however, restorative supervision is less commonly practiced in pharmacy departments. This presentation will describe the process used by one Australian Pharmacy department to implement peer-to-peer restorative supervision, including the challenges and opportunities. Volunteer pharmacy staff (including pharmacists and pharmacy technicians) were provided with specific training from a psychologist accredited in clinical supervision, and were allocated another staff member to supervise. Staff who volunteered to be supervised were also provided with specific training and both supervisors and supervisees were asked to complete a survey about their previous experiences with clinical supervision. The introduction of this structured restorative clinical supervision program has received positive feedback, and the outcomes on the wellbeing of pharmacy staff continues to be evaluated. This presentation will provide information to other departments looking to implement strategies to support the wellbeing of healthcare professionals during these challenging times.



DAY TWO Monday 11 July 2022

Stream 3

PCW 1

PCW 2

Educational Technology 1

I Now Know What It Is Like To Be A First Nation's People: Cultural Immersion Day as a Powerful Pedagogical Tool in Influencing Medical Students' Cultural Competencies

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Introduction

Understanding Aboriginal and Torres Strait Islander history, culture, knowledge systems and determinants of health is prerequisite to preparing medical graduates to provide culturally safe care. One of the core activities within Sydney Medical School's new Indigenous Health curriculum is to provide first year medical students with an immersive exposure to Indigenous history, cultures, art, food, flora and fauna through a Cultural Immersion Day. Introduced in 2020, more than 500 students have participated so far in a multistationed Cultural Immersion Day over the last two years.

Aim

To unpack the perceived impact of a large-scale five-stationed Cultural Immersion Day as an educational tool in improving first year medical students' understanding of Aboriginal and Torres Strait Islander history, culture and knowledge systems.

Methods

Quantitative and qualitative analysis of 249 survey responses around various aspects of the cultural immersion experience.

Results

Overall, a vast majority felt the stations to be highly engaging, eye-opening and helpful in understanding Indigenous values and issues; and reported being confident in working with Aboriginal and Torres Strait Islander populations.

Discussion

Within Australasian context, there is very limited evidence of pedagogical interventions that are not tokenistic and have the potential to positively influence medical students' knowledge and appreciation of Indigenous history, culture and its impact on health outcomes. We found that cultural immersion experiences, when co-designed with Indigenous leaders, are powerful tools in creating a sense of confidence and safety, and in improving preparedness among medical students around dealing with Indigenous healthcare issues.

Conclusions

A multistationed cultural immersion day facilitated by Indigenous peoples is a powerful pedagogical tool for medical programs in fostering an open and genuine sharing and learning of Aboriginal and Torres Strait Islander history and culture, and the impact of colonisation on health outcomes.

What do we know about supports used by culturally and linguistically diverse students and their professional placement educators?

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¹University of Queensland, St Lucia, Brisbane, Australia, ²The University of Adelaide, Adelaide, Australia

Introduction

Research has identified many challenges when culturally and linguistically diverse students (CALD) are on placement but little is known about strategies to support both students and professional placement educators during these complex interactions and partnerships. A scoping review was conducted to identify evidence for, “What types of supports and strategies are used by CALD students and professional placement supervisors that result in successful learning experiences?”

Method

The literature was searched using CINAHL, ERIC, SCOPUS, PubMed, PsychNet, Emerald Insight, IEEE and ABI Inform Global databases (from 1990 to October 2020) and identified papers’ reference lists were also scanned. Quantitative (frequency of methodology types) and qualitative analyses were conducted. A consultation phase was included with focus groups and individual interviews with allied health clinical placement managers and clinical educators (respectively).

Results

A total of 109 papers related to both health and non-health contexts were selected. The majority of papers investigated the perceptions of CALD students and placement educators with some papers focussing on support programs undertaken prior to or during placement. Stakeholders in the consultation phase indicated that their experience largely aligned with the results.

Discussion

The limited research to date focusses on the ‘voice’ of either the student or educator. Research needs to examine what is happening during student and educator interactions as this relationship is crucial but also complex. This has led to a study investigating “How do CALD student clinicians and their clinical educators make sense of their interactions with each other that result in successful learning experiences?”. This presentation will highlight the study methodology and data collection to date. It is anticipated that gaining an understanding from both the students and educators of their interactions with each other will lead to improvements in clinical education practices including the partnership between the educator and CALD student.

Preparing Indigenous Students to Study Medicine: A Pilot Learning Coach Program

Dr Svetlana King¹, Mr Roland Wilson¹

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Across Australia and Aotearoa/New Zealand, Indigenous students comprise a relatively small proportion of the medical student population and workforce. Addressing this inequity constitutes a key priority of the Medical Deans Australia and New Zealand.

To facilitate the recruitment and retention of Indigenous applicants to study postgraduate medicine, Flinders University offers two Indigenous entry pathways – one of which involves a two-week intensive Preparation for Medicine Program (PMP). This program is designed to equip participants with foundational knowledge and skills to facilitate academic success in the MD program by providing experiential learning opportunities.

In 2021, we sought to enhance the learning and professional support provided to Indigenous students enrolled in the PMP by introducing a pilot Learning Coach component. This involved three individualised coaching sessions to support students' evaluation of their personal and academic strengths, areas for development, and define their goals for the PMP and beyond.

This presentation draws upon key lessons learned in partnering with Indigenous students and supporting them in their preparation to study medicine. To achieve this, we outline the key features of the program and the key pedagogical, cultural, social, and academic factors that contributed to the success of the Learning Coach pilot.

Quality improvement work is continuing to ensure that the Indigenous Entry Stream continues to achieve its objective in facilitating the recruitment and retention of Indigenous applicants to study medicine.

By implementing an innovative Learning Coach model to encourage and support Indigenous students to study medicine, we are enhancing the mentoring capacity for Indigenous medical students to improve recruitment and retention, investing in the capacity of our future medical workforce to generate health equity, and reducing barriers to the provision of culturally responsive and appropriate care in the health system.

Addressing Language Difficulties of Nursing Students from Culturally and Linguistically Diverse Backgrounds

Jonathan Marquez¹, Dr Joy Penman²

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The importance of speaking and listening skills in the English language in higher education cannot be overemphasised. Many international students studying in Australia experience setbacks in their university studies due to language difficulties. This study seeks to inform academics about a concrete educational intervention provided to nursing students from culturally and linguistically diverse backgrounds for the purpose of addressing language difficulties and lack of confidence in speaking the English language. Thirty-five (N=35) nursing students from culturally and linguistically diverse backgrounds, undertaking their second semester at a metropolitan university in Victoria, Australia, were introduced to the educational card game developed by the first author. The study analyses their learning experiences after playing the game.

The objectives of the study were: to introduce pragmatic markers; identify components of situational contexts (setting, subject matter, conversation participants); and facilitate effective and confident communication. The card game was designed to explore the use of English pragmatic markers (words or phrases) that are usually spoken either at the beginning or end of a sentence. Pragmatic markers are verbal cues that signal or emphasise the intentions of the speaker. This method involved the language learners in a face-to-face setting to verbally express their interpretation of information presented on the cards.

Following the intervention, a survey was used to determine the impact of the card game on the participants' verbal communication skills. Participants were queried about their experiences with English language speaking, how the game improved their English oral communication skills, and what its impact on them was. The themes that emerged from the data analysis were education content, skills development, and fun and creativity. The findings emphasised also the need to understand the challenges facing these students in relation to marginalisation and discrimination.

A multi-college collaboration: Climate Change and Australia's Healthcare Systems – A review of Literature, Policy and Practice

Professor Lynne Madden¹

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Climate change is an urgent global health challenge. The Royal Australasian College of Physicians commissioned a report on climate risks to Australian healthcare systems to provide recommendations for how the sector can better adapt to and counter these risks and build resilience to climate impacts.

Produced by the Monash Sustainable Development Institute, Climate and Health Alliance, Monash University's School of Public Health and Preventive Medicine, and University of Melbourne's School of Population and Global Health, the research was informed by a multi-college Advisory Committee of expert Fellows from medical colleges representing diverse specialties. Medical colleges have a unique role in shaping issues that affect health and the health system and bringing medical colleges together on such a research project is an Australian first.

The report comprises four discrete research projects: a systematic rapid literature review of how health systems are responding to the threat of climate change; a series of case studies representing a broad array of geographical regions, climate risks and opportunities, groups, and sectors; a policy and institutional analysis of adaptation and mitigation strategies in all jurisdictions; and an economic analysis that models the cost of bushfires over the next 10 years and provides an economic argument for investing in interventions.

The findings show that Australia's health system is not prepared to respond climate change and the varying challenges it presents. Despite emerging leadership, coordinated system-level action is lacking. More research into the effectiveness of health system interventions to address climate change and improved coordination under a national climate change and health strategy is needed to improve the health system's resilience to extreme weather events and climate impacts.

The report unites and mobilises medical colleges to promote evidence-based recommendations for Australian policymakers, health systems, health professionals and the communities they serve.

A Logic Model evaluation of 'Ways of Knowing in Healthcare': A Program designed to cultivate skills in cultural safety and collaborative practice

Ms Joanne Bolton¹, Dr Ngaree Blow¹, Professor Elizabeth Molloy¹

¹University Of Melbourne, , Australia

Background: Over the past three years, a team of First Nations and non-Indigenous health professions educators have worked in partnership to develop and implement an integrated 'Ways of Knowing' curriculum program. Designed as a learning journey of cultural safety and collaborative practice in healthcare, in 2021 it was awarded a Faculty Teaching Excellence award for Program Innovation. The 'Ways of Knowing' program consists of 4 nested activities including an On Country experience, self-guided e-module, interprofessional case study tutorial and a panel webinar. In 2022, students from all 10 entry-to-practice disciplines are engaging in the program (N=1300) along with approximately 50 staff facilitators from diverse cultural and discipline backgrounds.

Current gap: National accreditation bodies are requiring programs to include explicit curriculum on cultural safety practice and collaborative practice, however both these areas have known challenges regarding implementation and sustainability. Furthermore, there is a current gap in the literature regarding curriculum that purposefully unites learning in these areas.

Aim: The aim of this research is to develop and refine a Logic Model (Kellogg Foundation, 2004) to determine the extent to which 'Ways of Knowing' program is working as intended, along with identifying the experiences and impact of the program for staff and students. The research team is comprised of academics who are professionally and culturally diverse, supporting interprofessional education approaches at the 'cultural interface'.

Methods: Guided by a logic model evaluation framework, research will investigate resources/inputs, activities, and outputs, and utilise staff and student questionnaires to trace short and long-term outcomes.

Results and discussion: The evaluation framework will be shared, along with the iterative development process, building off the partnerships developed over the 3 year life of the program. The preliminary findings (short term outcomes) will be presented to enable critical analysis of the data yielded through this logic model design.

Practicing 'Ganma' – Partnership in Indigenous Knowledge Inclusion and Decolonising Curriculum in health education

Dr Courtney Ryder¹, [Nayia Cominos](#)¹

¹Flinders University, Bedford Park, Australia

A key driver to Reconciliation in Australian universities is the formulation of Reconciliation Action Plans (RAP) for a shared future through “partnering with [Indigenous] staff and students, and...communities more broadly, to develop a culture of trust, empowerment and a shared sense of purpose” (Flinders, 2020, p.18). Additionally, Cultural Safety and/or Competence training is now a core accreditation requirement for an increasing number of undergraduate and postgraduate health courses.

For non-Indigenous educators, Indigenising curricula can be a daunting task, as they lack knowledge, confidence, and processes for developing partnerships with Indigenous colleagues to develop meaningful content in their courses and topics. This can be exacerbated by existing barriers to the legitimisation of Indigenous Knowledges and alternative Indigenous pedagogies.

In this presentation, we draw on *Ganma*, a Yolno concept from Arnhem Land, NT to outline how Indigenous and non-Indigenous educators can develop meaningful and respectful collaborations to their and their students' benefit.

Yunggirringa & Garnggulkpuy (2007, p.50), describe *Ganma* as “A river of water from the sea and a river of water from the land mutually engulf each other upon flowing into a common lagoon and becoming one...at the interface of the two currents, foam is created”. *Ganma* is an appropriate metaphor for the coming together of Indigenous and Western Knowledges and methodologies, entwining in an equal partnership, to create new knowledge and deeper understanding (Durie, 2004).

Drawing on case studies from Flinders University topics, we outline and describe the conditions for and processes of *Ganma* and provide examples, and encourage reflection and discussion on knowledge systems and the affordances of their specific context for Indigenous knowledge inclusion and enablers for change. We conclude with discussion on building and embedding sustainable processes for Indigenising curriculum in higher education.

The influence of students' perceived learning autonomy support on approaches to learning

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Students approach learning using three major strategies: surface, such as rote learning; deep, which includes reading widely and making connections to previous knowledge; and achieving, often focussed on competition. The deep learning approach is generally considered to be the optimal approach for medical students due to its focus on connecting different threshold concepts, skills and areas of knowledge. Research has found that students' learning is both influenced by and influences academic motivation. One aspect of academic motivation is students' perceptions of learning autonomy – their feeling that they have choice in when and how they learn. Students' perceptions of autonomy can be supported through teacher interventions – termed autonomy support in the literature. The aim of this study is to explore the relationship between students' perception of autonomy support and their approaches to learning in the context of medical education.

We used quasi experimental methodology and followed a single group repeated measures design to explore the relationship between student perceptions of autonomy support and learning approach in a sample of medical students in their clinical years in a Pathology module. The Pathology module is taught as a stand-alone subject with clear learning outcomes, but also has links to discipline/block modules. The Pathology module has also been developing, over several years, a curriculum that incorporates opportunities for students to experience choice in their learning. This created an ideal testing ground for exploring the relationship between these variables.

As we have just completed data collection, we plan to report on our exploration of the relationship between student perception of autonomy support, intrinsic motivation and learning approach. We will also describe how these factors change over the course of the year for our student cohort. We will discuss implications of this study and how they might be operationalised to support teachers' teaching practices.

Embedding Stigma Reduction into the Medical Curriculum: A Focus Group Study

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¹The University Of Melbourne, , Australia, ²Mental Health Commission of Canada, Ottawa, Canada

Background: The Productivity Commission on Mental Health recommends that stigma and discrimination reduction should be embedded in the medical curriculum. While many interventions to reduce stigma among physicians exist, we lack knowledge in how best to embed stigma reduction strategies into medical education.

Objectives: To explore student perceptions of experiences of stigma and discrimination during their medical education and clinical placements as well as how best to reduce the chances of medical students developing stigmatising attitudes towards people with mental illness.

Methods: We conducted six focus groups among second-, third, and fourth-year post-graduate University of Melbourne medical students (n = 34). Focus groups were conducted online via Zoom in September 2021. Transcripts were analysed using thematic analysis.

Findings: According to the participants, stigma manifests in a range of settings, including the Emergency Department and surgical wards and may present in subtle ways, e.g., handover conversations. Minimal mental health training until third year left many participants feeling unprepared to assess patients with mental illness and was seen as promoting stigmatising attitudes and behaviours. Participants suggested several ways to embed stigma reduction into the curriculum. For example, lectures focusing on patient stories and assessment skills rather than pure pathology, opportunities for debriefing about patients with mental illness, and hands-on experience assessing patients with mental illness from the first year of training.

Conclusions: Several opportunities exist to to equip medical students with the skills to reduce the potential negative attitudes experienced by patients with mental illness.. Ultimately, embedding stigma reduction in the medical curriculum could reduce negative attitudes among medical practitioners, leading to improved patient outcomes.

Self-regulated learning as a threshold concept: A Learning Coach perspective

Associate Professor Anna Vnuk¹, Dr Svetlana King², Dr Maxine Moore², Dr Johanna Jordaan², Dr Kate Starr-Marshall²

¹James Cook University, Cairns, Australia, ²Prideaux Centre, Flinders University, Adelaide, Australia

Introduction/Background:

Self-regulated learning (SRL) is a recognised critical capability for practising doctors to maintain the competency of their skills and apply current knowledge in a time of ever-increasing medical information. SRL is a key element of Programmatic Assessment for Learning (PAL). Learning Coaches (LCs) can support learners to develop SRL by engaging with the learner's reflective writing and supporting their goal setting through regular meetings to discuss the learner's progress.

Method:

This study sought to understand the development of SRL from the perspectives of LCs at Flinders University. Data were collected from focus groups (n=2) and semi-structured interviews (n=8) involving LCs across all four years of the MD program. LCs discussed the enablers and barriers of PAL and SRL, and their perceptions of the students' development as self-regulated learners. Data were then transcribed and analysed using Meyer and Land's (2005) Threshold Concepts Framework.

Results/Discussion:

The results suggest that SRL is a Threshold Concept, with LCs describing "integrative", "irreversible", "transformative" and "troublesome" elements. While there were clear descriptions of a threshold being crossed, there seemed to be greater evidence of SRL requiring an ontological shift or a conceptual change, suggesting that it may be more of a threshold practice than a concept.

Most participants pinpointed the adoption of some degree of clinical responsibility as the trigger that moved learners from learning to pass assessments, to actively taking responsibility for learning by seeking feedback, changing learning strategies, and goal setting of studying in order to be a good doctor. Participants also described how the coaching relationship facilitated this transition.

Conclusion:

Coaching contributes to the developmental process of SRL, supporting doctors-in-training to become competent, safe, self-aware, and reflective practitioners. Recognising SRL as a threshold practice can enable educators and coaches to further enhance the support they provide to learners in their development.

The interplay between grit, resilience and mindset-type (GRaM) in success and wellbeing of health professional students

Ms Marlena Calo¹, Dr Casey Peiris, Dr Belinda Judd

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Health professional training programs are demanding, and students are exposed to many challenges in both the academic and clinical environment where they require grit, resilience and a growth-mindset to succeed. An increasing number of studies are investigating the impact of grit, resilience and/or mindset-type on wellbeing and success in health professional students. However, the majority of research to date focuses on exploring each of these three traits in isolation.

We propose the traits of grit, resilience and mindset-type (which we have collectively called 'GRaM') should be considered together as factors influencing health professional students' academic success, clinical performance and wellbeing. To effectively support students, the interplay between the constructs in GRaM needs to be better understood.

In this presentation, we will discuss key literature related to grit, resilience and mindset-type in health professional student education and explore the overlapping nature and interconnection of these traits. We propose a unique theoretical model explaining how GRaM factors could be conceptualised together and how higher levels of GRaM may buffer student day-to-day stressors, supporting optimal performance and wellbeing.

We will conclude by deliberating practical applications and discuss how collaborative partnerships between students, academic and clinical educators and wider organisations (universities and work integrated learning) will be most beneficial to enhance GRaM to holistically support health professional student success and wellbeing.

How to Teach Medical Students in COVID-19 Lockdown: A Modified Delphi Consensus from Medical Students on 'How They Want to Learn'

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Extended Abstract - Student Prize Submission

Introduction: The COVID-19 pandemic is limiting clinical exposure for medical students, resulting in adapted curricula. We performed a three-stage Delphi consensus study to elicit medical student concerns, preferred online learning resources and styles, preferred online teaching formats by medical schools and ideal online tutorial duration. Three Western Australian medical schools participated with 426 responses across two surveys. Our results show the preferred teaching formats, resources for selfdirected learning, the five most used online education resources, and the ideal online tutorial duration.

Background: Education of medical students has been disrupted during COVID-19 lockdowns, during which hospital and general practice 'face-to-face' teaching stopped and medical schools moved to online learning. With the uncertainty, and ongoing COVID-19 lockdowns in Australia there is a need to assess this paradigm shift and ask how best we can educate our future colleagues with online learning without 'Zoom fatigue'. Traditionally medical student learning is delivered through a combination of in-person lectures and clinical patient exposure, practical hands-on skills training sessions, and small group case-based learning. (3) COVID-19 lockdowns led Medical Schools to rapidly shifted to online lectures and tutorials to facilitate continued medical student learning. The aim of this study was to determine how, and what medical students wanted to be taught in the shift to an online learning delivery of medical education during COVID-19 lockdowns.

Methods: A steering committee of medical students from Australia and New Zealand was formed to design the study and facilitate the study. This included students from the Student Research Initiative Western Australia (STRIVE WA) and Australasian Students' Surgical Association (ASSA). The committee used modified RAND methodology with two-stage Delphi consensus process following an initial literature review of the topic. The results of the literature review informed the steering committee to design an initial questionnaire to survey medical students about online learning.

Data were then collated and returned with a second survey to assess medical student preferences. 3 For the literature review, studies were screened systematically according to predetermined exclusion criteria and included if they included medical students and compared traditional face-to-teaching to online learning. Data were collected through two surveys which were distributed online to medical students through; the medical schools' online learning management system, the STRIVE WA membership email database, and social media. Survey One was conducted between March 30th and April 1st, 2020, and Survey Two was conducted between May 4 and July 6, 2020.

Participation was encouraged by promotional material, newsletters, and online video clips. Participants were limited to one response per survey, and all questions were mandatory. Ethics approval was granted by the Human Research Ethics Office at Curtin University, Perth, Australia (HRE2020-0290).

Results: Database search returned 726 titles for screening of which 642 were excluded. Full text review of 84 articles excluded 51. In total, 33 articles were included in the final review. Most studies found that most medical students preferred traditional face-to-face learning over distance learning and did not think distance learning could replace traditional learning. Some indicated that medical students preferred a combination of distance learning and traditional face-to-face learning post- COVID-19 lockdown. Only two studies found that medical students preferred distance learning or wanted to maintain distance learning post- COVID-19 lockdown.

Survey One had 216 responses and Survey Two had 210. Medical students were most concerned about missing out on development of clinical examination skills. Preferred teaching formats were clinician-led (134, 62.0%) and interactive (124, 57.4%) with clinician-led patient interaction (152, 71.7%) for online skills sessions. Simplified text summaries were preferred for self-directed learning (123, 59.1%) with questions incorporating immediate feedback (151, 71.9%) The five most used online education resources were UpToDate, YouTube, Osmosis, AMBOSS, and eTG. Median preferred tutorial duration was 60 minutes (Range 30 – 149 minutes, IQR 30 minutes).

Discussion: Medical education has undergone significant disruption due to COVID-19 lockdowns with an increase in online teaching. Online medical education has many reported benefits including more flexibility, freedom, and reduction in time and cost. Technological problems were some of the major issues found with distance learning as well as challenges faced with medical student-teacher interactions. A non-ideal study environment at home, lack of motivation, difficulty concentrating, or loss of social interaction, were other important drawback to distance learning. This study found medical students were most concerned with the development of clinical examination skills, procedural skills, clinical reasoning skills, application of knowledge, and exposure to the role of an intern. This is in line with previously reported studies.

Conclusions: Most medical students do not believe that online learning could replace traditional face-to-face learning in the delivery of medical education, but there needs to be ongoing effort to improve medical student learning during COVID-19 lockdowns. Medical students have many sources for online learning; optimal online teaching for medical students should focus on clinician-led interactive skills sessions with patients. For self-directed study medical students value simplified text summaries and multiple-choice questions with immediate feedback.

Let's get serious, playing games in Simulation to prepare postgraduate students for Internship

Dr April Seow Woo¹, Dr Leonie Griffiths¹, Dr Vinita Rane¹, Dr Nancy Sadka¹

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Introduction:

Gamification is an educational strategy employed to increase learner engagement and motivation while promoting collaborative skills and improving retention. It has been used as an instructional method incorporating recursive objective-based gameplay in emergency medicine simulation curriculum. In this study, participants engaged in simulated clinical scenarios under timed conditions which increased in the level of difficulty that could be repeated until a satisfactory outcome was achieved.

Aim:

To investigate if gamification enhanced participants' confidence and readiness to manage the deteriorating patient in simulation

Methods:

A two-phase study was undertaken in 2021 involving final year medical students. Participants undertook self-appraisal of their clinical skills, communication and professionalism following each clinical scenario (n=45). A focus group was conducted at the conclusion of the program to explore their experience of Gamification as an educational strategy (n=11). Quantitative data was analysed using descriptive statistics while thematic analysis was applied to the qualitative data.

Results:

Participants reported improved confidence in skills, noting that some participants already rated their confidence levels high, prior to undertaking the simulation. Benefits of Gamification simulation included authenticity, real world learning, transfer of skills, teamwork and safety. Gamification stimulated participants to be more proactive in a team and practice skills relevant to clinical practice. Improvements suggested included removing some of the safety net to give participants more autonomy and experience of adverse outcomes in their clinical decision making.

Discussion:

Utilising Gamification in clinical simulation was an enjoyable experience for participants. Maintaining a balance of gaming elements and realism is important for authentic learning and transfer of skills. These findings may be useful in developing new gamification curriculum that can support team work and clinical decision making in other clinical contexts

Branching out: technology-enhanced clinical reasoning.

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Clinical reasoning is a complex cognitive process that requires students to integrate knowledge and evaluate evidence to produce meaningful interpretations of clinical situations.

Developing these skills in health care students in a meaningful and authentic way is difficult due to constraints in exposure to real-life patients incorporating diverse demographics and conditions. Previously in exercise rehabilitation units in the osteopathy program, students have engaged with short (paper-based) cases that allow them to develop a management plan for a particular theoretical case. This process does not allow learners to receive feedback or reflect on decision-based outcomes. These case studies do not replicate an authentic clinical situation where a rehabilitation program is developed over time and is individualised to the patient and their circumstances.

Advancing the integration of technology into pedagogy has allowed for the use of virtual patients in various contexts, including branching scenarios.

Branching scenarios allow decision-making skills to be developed while reinforcing essential theoretical knowledge in the context of authentic clinical scenarios that encourage patient-centered care. In a branching scenario, the learner is presented with a virtual patient scenario and must make a clinical decision based on the information presented. Students are provided with a consequence to this decision and an eventual outcome based on the series of choices they make.

While completing branching scenarios, feedback is provided concurrently with links to the underlying theory or research. Branching scenarios offer a valuable opportunity for self and formative assessment and the opportunity to reflect and learn from their errors without risk to others. Previously learned concepts are reviewed, and evidence-based decision-making is encouraged.

This presentation will discuss the development of branching scenarios in partnership with the Connected Learning team and the impact of the technology enhanced learning activities on student self-efficacy in clinical decision-making.

Utilisation of academic electronic medical records in pre-registration nurse education in Australia and New Zealand

Kalpana Raghunathan¹, Professor Lisa McKenna, Dr Monica Peddle

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Introduction: Nurses are major users of electronic medical records in the clinical setting. Proficiency in digital skills to utilise these essential health informatics tools safely and efficiently is critical within educational preparation of future nursing graduates since electronic medical records are a core component of the emerging digital health landscape. Use of simulation or academic electronic medical records is internationally recognised as a means for preparing health professional students for digital health environments. However, little is known about their use within pre-registration nursing curricula and impact on clinical practice outcomes.

Aim: This study sought to explore how academic electronic medical records are currently used in pre-registration nurse education in Australia and New Zealand to prepare students for the clinical environment.

Methods: The study applied a quantitative descriptive research design with an online survey of pre-registration nursing programs.

Results: Representatives from 37 institutions completed the survey, only 37.8% reported using an academic electronic medical record in their program, and such implementation was relatively recent. They were mainly used in skills and simulation laboratory settings to teach essential nursing practice skills and core clinical topics, with a variety of approaches to curriculum integration.

Discussion: Even though there is accelerated adoption of digital health technologies in the clinical environment, use of academic electronic medical records as a preparatory tool was not extensive among pre-registration nursing programs. Gaps were identified in relation to academic-healthcare partnerships, most efficacious use of these simulation learning tools, and lack of data about student preparedness for digital practice.

Conclusion: Despite increasing digitisation of healthcare and requirement for technology ready graduates, academic electronic medical records are currently underused in pre-registration curricula.

A review of informatics competency measurement instruments for nursing students

Kalpana Raghunathan¹, Professor Lisa McKenna, Dr Monica Peddle

¹*La Trobe University, , Australia*

Introduction: Increasingly, smart and connected digital technologies have become common across the healthcare system and health professionals are required to routinely use these innovative technologies assisting care. As the pace of digitisation matures, health services will expect digitally work-ready graduates. Informatics capabilities are essential practice attributes to competently use the emerging technologies of care within the clinical setting. Therefore, measurement of these competencies is important as students transition from education to practice.

Aim: This structured review aimed to investigate, what valid and reliable instruments are available to measure informatics and technology competency in nursing students.

Methods: A rapid review was conducted following Cochrane and World Health Organization guidelines to examine validity and reliability measurements of existing instruments used to self-assess nursing informatics competencies. MEDLINE, CINAHL, EMBASE and PubMed databases were searched to identify empirical studies reporting psychometric assessment of instruments with the primary aim of measuring informatics competencies. Predetermined criteria based on COnsensus-based Standards for the selection of health Measurement Instruments taxonomy (COSMIN) was applied to evaluate methodological quality appraisal of studies included.

Results: Six studies from four countries revealed five instruments. Data extraction and critical appraisal involved study characteristics, constructs measured, population, instrument type and psychometric properties of interest. Some similarities and differences with instrumentation were noted. Content validity and reliability, the two important measurement properties, were underreported. Gaps in key measurement properties were identified.

Discussion and conclusion: Although overall results for instrument validity and reliability were sufficient, the quality of evidence was insufficient. Practicality, feasibility, and instrument suitability for different settings should also be considered for instrument selection. Based on its strength and evidence available, we identified a suitable instrument to measure contemporary informatics competencies among nursing students. However, a larger investigation comparing more informatics competency assessment instruments is necessary for an exhaustive analysis.

UCANHACK: Exploring a digital solution for interprofessional learning engagement and collaboration with and for students

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UCanHack was developed to provide an Inter Professional Education (IPE) opportunity for healthcare students and Information Technology (IT) students to promote collaborative learning opportunities through inquiry by breaking down disciplinary barriers, developing points of views, learning about others, and focusing on a practical problem. The aim of UCanHack was to provide participants with an IPE experience and to inspire IPE innovation across health education. Multidisciplinary teams including students from medicine, physiotherapy, occupational therapy, Information technology, software design and business were formed and worked together to create a solution to the identified problem of promoting and recording interprofessional education in healthcare students in the ACT. Teams were challenged with the task of creating an innovative and technological solution and each team was required to pitch their idea at the end of the day.

Method

A pre and post event survey was conducted. This survey included both the Assessment of Interprofessional Team Collaboration Scale, the Social Entrepreneurship Orientation Scale and an evaluation of the event.

Results

Data collection is complete and preliminary analysis shows positive results in terms of team building and entrepreneurship. Mentors and judges positively evaluated the event and the Hackathon produced 3 high quality proposals/ pitches in relation to how promotion and recording of interprofessional education in healthcare students in the ACT.

Conclusion

The hackathon itself proved to be a successful in creating innovation in relation to interprofessional learning and collaboration. Building teams with very different skills sets also allowed students to develop and build communication and problem-solving skills not dissimilar to those required in person centred care. The combination of IT and health students in this event promoted the co creation of a digital solution that was fit for purpose.



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Stream 4

PeArLS 1

PeArLS 2

PeArLS 3

PeArLS 4

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Enhancing ANZAHPE Professional Development

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¹University of Otago, , ²University of Adelaide, , , ³Deakin University, , , ⁴ANZAHPE, ,

Professional development aims to improve the scholarship and skills of the health professional educator. ANZAHPE launched a professional development (PD) portfolio just prior to the COVID pandemic. As a result of the pandemic, the PD working party quickly pivoted to an ONLINE delivery format. Attendee evaluation reveals the current format of PD ONLINE has been well received. The current provision includes formal key note speakers, PeArLS type sessions and Master classes. Within sessions, various tools have been used, for example, break out groups, polls, padlet etc. However, other opportunities and tools may exist to support and develop health profession educators.

This interactive session aims to encourage discussion about creative ways ANZAHPE may be able to facilitate the Professional Development of its members. The discussion will consider broader provision (macro level), for example the concept of face-face HUB sessions, micro-credentialling, utilisation of a session to generate an ANZAHPE position paper etc but also how a session may be constructed (micro level), for example, duration of sessions, formats adopted, tools used etc. This is a PeArLS for all members to help inform future developments of the Associations Professional Development Portfolio. The recorded session will be used to inform ANZAHPE PD, and will be of interest to attendees responsible for delivering professional development within their own health education programs.

How much data is enough? Challenges of programmatic assessment design

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One factor traditionally used to determine the quantity of assessment is psychometric parameters. In a conventional “assessment as measurement” model, statistics such as reliability are used to confirm whether there are sufficient measures to provide confidence in progression decisions. However, the dominance of the psychometric era appears to be passing, and now, the key priorities in designing assessments are authenticity and educational impact. With the concurrent move to more frequent low and medium stakes assessments, traditional reliability measures are less helpful.

This complexity is inherent in the more contemporary view of assessment as a system (Norcini et al, 2018). In this view assessment is considered as a learning design challenge requiring a global, holistic and integrated, as opposed to reductionist (Schuwirth & van der Vleuten, 2020) approach. Workplace-based assessments are clearly authentic and early research is showing promising results in terms of educational impact, but questions remain around how many data points are required to make good longitudinal judgements for progression decisions. At this early stage, there are no equivalents to the reliability measures previously used to guide us.

This PeARL will invite participants to share the programmatic assessment formats in use in their context, and the decision-making strategies they are using to determine duration and volume of these assessments as part of their overall assessment design. The facilitated group discussion will focus on key areas:

1. Authentic assessment formats currently in use and the value they add to a system of assessment
2. Assessment design frequency and duration - how do we know when the balance is right?
3. Is the concept of reproducibility of assessment result still relevant when we are measuring evidence of learning, improvement and competency over time?
4. How can we ensure the quality of educational impact and progress decision making in this context?

Ethical vs strategic partnerships: Where to draw the line?

Associate Professor Brahmaputra Marjadi¹, Dr Sowbhagya Micheal¹

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We do not always have free choices in building partnerships for teaching & learning, research, and service. Examples include (but not limited to): when student placement opportunities are decimated by COVID-19 restrictions; when a partnership is politically strategic; when we are requested to support the university's greater agenda; or when an organisation makes an offer we just cannot refuse. Inevitably we have to accept our partner organisations' nature, philosophy, and preferences when they are not fully aligned with ours, but where do we draw the line? How do we make ethical decisions in partnerships when juggling equally pressing agendas? When aged care placements are hardly available, can we afford to turn down a placement opportunity at a nursing home which does not admit same-sex couples? Should we refuse a generous medical education PhD funding offer from a company whose international partnership portfolio, among hundreds, include an overseas tobacco company? Would we lend our support to a desperately needed health screening service for homeless people which is run by an organisation with a diametrically opposing view to us in regard to the 2021 Australian Religious Discrimination Bill? This PeArLs will discuss possible solutions to the challenges in making ethical decisions in partnerships, focusing on where and how to draw the line while maintaining our social accountability and without jeopardising anybody's works.

Partnerships for Longitudinal Integrated Clinical Learning in Nursing

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¹*Southern Cross University, , Australia*

Southern Cross University is redesigning our Bachelor of Nursing. This presentation focuses on how we will create symbiotic partnerships to transform the student Theoretical and Work Integrated Learning experience our clinical placements. .

The SCU Bachelor of Nursing is delivered in state-of-the-art facilities, including simulated and real healthcare settings. Students will develop and apply knowledge and evidence-based clinical reasoning skills to nursing practice, provide therapeutic patient care, coordinate and lead nursing care to individuals and groups, and work independently as well as collaborate in multidisciplinary teams for effective, person-centred outcomes. The new SCU Bachelor of Nursing will be delivered in 6-week intensive blocks with 840 hours of placement, providing more focused and interactive learning experiences. The pedagogy of this program will connect real world applications through active and guided learning. Longitudinal real case studies weaving through the program will deepen students learning and preparation for clinical experience and practice.

Strong partnerships will strengthen the student experience through providing innovative learning experiences and building connection and belonging with the profession and broader healthcare team. Partnership with industry is key to building a high-quality program and providing access to invaluable real-world experience. How can we collaborate with industry partners to continue to develop and innovate new models of Work Integrated Learning experiences and keep up to date with contemporary issues in nursing? To build these relationships and increase the sense of connection for students in Work Integrated Learning, teaching staff will be encouraged to work both on campus and as clinical supervisors on placement. To further prepare students to become members of the healthcare team SCU students will develop and learn within inter-professional partnerships within the Faculty of Health. Students will learn alongside the interdisciplinary team from their first year in their program and culminating in inter-professional simulation and preparation for practice.

How can we better engage GPs with dementia education ?

Dr Marita Long¹, Dr Hilton Koppe¹, Dr Steph Daly¹

¹*Dementia Training Australia, Bundoora, Australia*

Dementia is the second leading cause of death overall and the greatest cause of morbidity for people over the age of 65 in Australia. GPs play a central role in diagnosing and managing dementia but little is known about their knowledge of, attitudes towards, and confidence in diagnosing and managing dementia. The recent Royal Commission into Aged Care Quality and Safety highlighted the need for GP education to enable them to better care for people living with dementia.

DTA designed a workshop that was evaluated using pre-post intervention study. The study aimed to ascertain baseline dementia knowledge, confidence and attitudes and then measuring the impact of the workshop using the Dementia Knowledge Assessment Scale (DKAS) and the General Practitioners Attitudes and Confidence Scale for Dementia (GPACS-D)^{1,2}.

For the GP participants the study demonstrated a statistically significant increase in knowledge and confidence and an improvement in attitudes to caring for people with dementia (1,2). Our reach amongst GPs remains relatively limited despite diversifying our delivery of educational material by using on line webinars, a podcast, bite sized workshops and the development of a GP educational resource page. Our question to participants of this PeArLS is – how can we better expand our uptake of dementia education amongst GPs to assist them to a) make a timelier diagnosis of dementia and b) better support people living with dementia.

1. Tierney L, Mason R, Doherty K, Winbolt M, Long M and Robinson A. Workshops on diagnosis and management of dementia for general practitioners: a pre–post intervention study of dementia knowledge. *BMJ Open* 2019;9: e027804. doi:10.1136/bmjopen-2018-0278

2. Mason R, Doherty K, Eccleston C, Winbolt M, Long M and Robinson A.

Effect of a dementia education intervention on the confidence and attitudes of general practitioners in Australia: a pretest post-test study. *BMJ Open* 2020;10: e033218. doi:10.1136/bmjopen-2019-033218

MELANZ (mental health) A new partnership of Mental Health Education Leads in Australia and New Zealand – How can we improve psychiatry education in medical schools?

Dr Megan Kalucy, Dr Allen Lee, A/Prof Scott Clarke

The need for health professionals to have competence and confidence in the assessment and treatment of mental health disorders has never been more apparent. Psychiatry is a core discipline in all medicine curricula in Australia and New Zealand (ANZ) but arguably receives less emphasis and teaching hours than other core disciplines despite the well documented high global burden of mental health disorders. Whichever professional pathway our medical students choose, they will need sound mental health knowledge and skills. Furthermore, the experience of medical students in psychiatry is critical in encouraging students to consider a career in the mental health workforce. With the increased focus on educational scholarship in medicine, there is new enthusiasm for improving psychiatry education in medical schools and beyond.

In 2021, Leads in Undergraduate Psychiatry Education at the University of Melbourne and UNSW developed the idea of a collaborative association of Leads of Psychiatry Education across medical schools within Australia and New Zealand. With enthusiasm from psychiatry leads across the two countries, MELANZ (Mental health) was born. A survey of new members highlighted a number of key issues for medical school psychiatry education including curriculum development, digital approaches to learning, improving assessment, development and training in teaching and learning methodologies, supporting students with lived experience of mental health issues, teaching in the pandemic, inter-disciplinary and interprofessional learning.

Participants expressed enthusiasm for networking, collaborative curriculum and content development, piloting of new ideas in teaching and learning and engaging in collaborative research in mental health education.

MELANZ (MH) will meet quarterly with a face to face meeting to be held at the RANZCP annual congress. This PeARL session we will open discussion on the key issue for MELANZ - How can we improve psychiatry education in medical schools?



DAY TWO Monday 11 July 2022

Stream 5

Symposia 1

Symposia 2

Workshop 1

Deconstructing successful mentoring relationships: A staff development workshop for mentors

Associate Professor Subha Ramani¹, Associate Professor Joanna Bishop², Professor Richard Hays³, Professor Kirsty Forrest², Professor Vishna Devi Nadarajah⁴, Professor Ardi Findyartini⁵, Dr Elizabeth Kachur⁶, Professor Teri Lee Turner⁷, Professor Alice Fornari⁸, Professor Gary Rogers⁹, Dr Helena Filipe¹⁰

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Many successful professionals can point to inspiring mentors who guided and influenced them along various stages of their career. Whereas traditional mentoring models emphasise dyadic long-term relationships between junior mentees and senior mentors, newer models are more flexible and include single focussed interactions, short-term relationships, peer and group mentoring, and mentor networks that offer varying perspectives on a single challenge or goal. Regardless of format, mentoring relationships should provide a safe and supportive environment for mentees to reflect on their strengths and limitations and formulate professional development plans, facilitated by mentors. However, mentors rarely receive training on the mentoring process, they are often ill equipped to face challenges when taking on major mentoring responsibilities.

Using brief didactics, brainstorming, facilitated large group discussions, personal reflections, small group exercises and rotating stations, this interactive workshop will discuss core mentoring skills and theoretical underpinnings, mentoring challenges, etiquette and ethics of mentoring relationships. The opportunities to interact will take advantage of the experiences of senior faculty in the group and the diverse perspectives of an international audience.

Learning outcomes:

Participants will be able to:

1. Reflect on various aspects of mentoring using the framework of personal, interpersonal and institutional perspectives
2. Identify their own personal motivations to serve as a mentor
3. Acquire new understanding and skills in relation to mentoring and relationship building

Symposia 2

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Supporting students' professional skills development as health professional educators

Renée E Stalmeijer³, **Dr Melanie Fentoullis**, Professor Annette Burgess², Dr Melanie Fentoullis¹, Dr Megan Kalucy¹
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Background

Health professional students and junior health-care professionals contribute significantly to the teaching 'workforce'. On graduation, health professionals are expected to supervise, teach, facilitate, assess and provide feedback to their colleagues, not only within their own discipline or profession, but across disciplines within health (Burgess & McGregor, 2018). Yet, despite being increasingly listed internationally as graduate attributes, teacher training programs are rarely embedded within university healthcare curricula. Facilitating the professional development of our students as educators should therefore be a strategic priority.

Concepts

- Training health professional students to develop essential professional skills as educators within their discipline
- Providing opportunities for health professional students to apply their skills / teaching practice as educators
- Providing opportunities for health professional students to evaluate and gather evidence of their impact as educators

Structure of workshop

During this interactive workshop, we will share the structure of our teacher training programs for health professional students.

Working in small groups, participants will share and consider program design and delivery for their own setting.

During the workshop we will explore:

1. factors motivating health professional students to engage as teachers in peer-assisted learning
2. benefits for health professional students engaging as teachers in peer-assisted learning (e.g. graduate capabilities / role of health professionals as educators)
3. benefits for programs in engaging students as teachers/ educators
4. student selection into these roles and professional development (training, support, supervision and feedback)
5. existing and potential peer-assisted learning activities within programs, including opportunities for interdisciplinary peer-assisted learning
6. opportunities for students to evaluate their teaching practice and gather evidence of achievement for their Education Portfolio

Intended outcomes

Identify, compare, develop and evaluate existing and potential educational opportunities and learning activities to support and foster the teaching skills of our graduates through both discipline specific and interdisciplinary peer-assisted learning.

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Workshop 1

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Paint me your pain: Using arts and humanities as a window into the human experience in teaching clinical communication skills.

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Introduction

Historically, humanities have been incorporated into medical school curricula in response to a disproportionate emphasis on technical over relational competence and experiential approaches have been embedded to promote empathy and foster personal resilience and self-care in our “physicians in training”. It is a reality that the arts and humanities are increasingly marginalised in K-12 education and hence largely offered as electives in medical curricula for fear of disengagement and a preference for science-based curricula by both staff and students.

We integrated humanities into a pre-medicine course to support students to explore their subjective way of knowing and facilitate development of their personal ability to engage in the stories of others, and their own and inform their communication skills in medicine or paramedicine. Students’ reflective journals, group discussion and feedback showed that introducing humanities activities addressed learning in all three domains (knowledge, actions and feelings) and fostered reflexive group conversations that led to broader considerations of medical practice such as professionalism, resilience and self-care.

Workshop Structure

‘Why’ - We plan to set the scene by briefly sharing the background that led us to include humanities as an integral part of the contemplative pedagogy model that is the basis of our teaching of communication skills in our pre-medicine, paramedicine and medical programs and use this as a springboard for initial discussion.

“How”- We will then showcase how we implemented the humanities and visual thinking strategies into an undergraduate ‘Human skills for medicine’ course, with examples and student feedback.

“Try” - We will follow with an opportunity for delegates to have a firsthand experience with the humanities activities, followed by a modelling of the reflexive discussion.

“Personalise’ - We will conclude with an exploration of the potential opportunities, utility and considerations for delegates to embed the humanities into their medical education courses.



DAY TWO Monday 11 July 2022

Stream 6

Poster Discussion Group 1: Assessment

Poster Discussion Group 2: Assessment

Poster Discussion Group 3: IPE

Poster Discussion Group 4: IPE

Poster Discussion Group 5: Curriculum

Poster Discussion Group 6: Curriculum

Poster Discussion Group 1: Assessment

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Student Reported Readiness to Undertake the United States Medical Licensing Examination (USMLE) Step 1 is Supported Through Formative Assessment

Dr Christian Gray¹

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Introduction: USMLE Step exams were established to provide a uniform evaluation system for registration in the United States. In partnership with the University of Queensland, MD students from the Ochsner Health System (New Orleans, LA) complete their first two years (phase 1) in Australia, before finishing phase 2 in the USA. UQ Ochsner MD students must attempt Step 1 prior to starting phase 2. A dedicated USMLE preparation course was established to support student's preparation for Step 1.

Aim: To evaluate student's perception of readiness in relation to assessed readiness for the Step 1 exam.

Methods: National Board of Medical Examiners (NBME) exams were used to identify readiness to take Step 1. Students completed a reflective survey following mid-semester formative exam (MSE) and prior to end of semester summative exam (ESE).

Results / Discussion: Formative feedback from the MSE allowed students to more accurately assess their readiness to take STEP 1, which significantly correlated with ESE results. Student predictions of their readiness prior to the ESE did not significantly correlate with ESE results. The number of Step 1 style practice questions completed prior to the MSE significantly correlated with ESE scores. Student reports of practice questions answered correctly had a greater correlation with ESE performance, over quantity of practice questions answered. Although students significantly increased the number of practice questions answered prior to the ESE, this did not correlate with ESE performance.

Conclusion: Student's own subjective measures of readiness may not be reliable predictors of performance. Accurate assessment of a student's readiness to sit Step 1 is vital to ensure they pass this crucial exam. Early, consistent, and correct completion of Step 1 style questions are important for success in Step 1.

On your marks! Evaluating the reliability of the revised online-Multiple-Mini-Interview for ACSEP registrar selection

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Introduction

Evaluating selection methods informs best practice in specialist medical selection. Applicants undertake a Multiple-Mini-Interview (MMI) as part of the selection process at ACSEP. The marks achieved in the MMI contribute 70% of the score used to rank the candidates, thus candidates must achieve high marks to be successful. The MMI reliability was evaluated in 2020 demonstrating that improvements were required to increase reliability. We report on the reliability of the revised online-MMI process for 2021 intake.

Methods

A prospective observational design was used. Candidates participated in an eight-station online-MMI in September 2020. Each station had one interviewer as 2019 data indicated two interviewers did not add to the reliability of marking. Station questions were reviewed and approved by content experts. Stations aligned with CANMEDs domains and expected knowledge was assessed at CANMEDs entry to specialty level. Interviewers participated in a Zoom online training session for their station, with current trainee volunteers. The training replicated the online process used for the MMI. Generalisability analysis evaluated reliability. The internal consistency of each stations marking was investigated using Cronbach's alpha.

Results

The online-MMI process ran as scheduled without issues using Zoom video conferencing. Generalisability analysis indicated an acceptable reliability coefficient of $\alpha=0.8$ of scores for eight stations, with seven of the stations reporting Cronbach's α between 0.8-0.95. Further analysis of the individual station reliability revealed stations 2, 3 and 4 had question items with reliability below the acceptable level.

Discussion And Conclusion

The amendments to the MMI process have resulted in acceptable reliability for the revised online-MMI. Marks achieved in this assessment likely reflect the abilities across a variety of medical practice domains, and may be utilised for high stakes selection decisions.

The Development of a Musculoskeletal (MSK) OSCE app

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Smartphones have become an essential tool for medical students and junior doctors. We use smartphones in our personal and professional lives to support communication, work, and self-directed learning. Research has shown that graduate doctors often report feeling unprepared performing musculoskeletal (MSK) examinations. The development of a mobile MSK app would provide users with learning opportunities when they are studying in their own time and also in the hospital wards when they may want a quick reminder on an MSK topic before seeing a patient (also known as “just-in-time learning”).

The focus of this project is to produce a wireframe model for an MSK app. A wireframe model is a pre-production mockup of the app, and its purpose is to demonstrate intended functions, features and content. Creating a wireframe model is crucial, as this is when the majority of design decisions are made.

To design the wireframe model, we first reviewed MSK apps that were currently available on the Apple iOS store and Google Play store. Then, with the ‘team’ (composed of medical experts and medical students), we brainstormed ideas on what features and content we would add to our wireframe model. ‘Figma’ (a wireframe designing software) was then used to build our first wireframe model draft.

Junior doctors and medical students were invited to participate in a series of interviews where they tested and reviewed the wireframe model. There were three iterations of the wireframe model and two rounds of feedback with the same participants. The feedback received was used to help guide improvements made to the wireframe model.

Some challenges encountered in the development process included making the wireframe model intuitive to use and choosing what features to include. It was found that user feedback was a crucial part of overcoming these challenges.

Mixed reactions in student evaluation of programmatic assessment

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Background

Programmatic Assessment (PA) is a system of assessment that is being implemented to varying degrees by medical schools throughout Australasia and internationally. Literature on PA is largely theoretical with few evaluations of implementation with a large cohort.

The Sydney Medical Program implemented a new curriculum in 2020 that includes a PA system of assessment. Its first two years have coincided with the COVID-19 pandemic with severe impact on students' clinical exposure and non-clinical learning. Most teaching has been provided remotely for a significant proportion of the last two years. Modifications to teaching of clinical skills and undertaking of clinical skills assessments was required in the volatile environment of the pandemic. Content based examinations were largely undertaken and invigilated remotely.

Method

End of Year cohort surveys results prior to and after the introduction of PA have been used to conduct this evaluation. Two cohort years before and after the introduction of PA were examined for Year 1 and one year before and after for Year 2.

Results

Student satisfaction levels for both years varied, with some aspects of PA being rated more positively, for example opportunities for further assessment. The evaluation showed no change in student attitudes such as how challenging the assessments were, supporting more frequent assessments. Very few aspects of the evaluation showed an increase in negative attitudes.

Conclusions

Students positively evaluated the more frequent and more authentic assessments introduced in our new MD2020 program as part of a programmatic assessment approach. Student feedback provides guidelines for refining our future implementation of PA, augmenting staff reviews. Some results reflect the cultural change that takes time to achieve with PA, for example replacing the OSCE with a Multi Modal Clinical Assessment.

Discussion points

What aspects of PA have other schools implemented? What kind of evaluation data can they share?

Poster Discussion Group 2: Assessment

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Designing feedback tools to enhance medical students' engagement: the risk of over-design

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Background

Recent student evaluations suggested that medical students were dissatisfied with feedback processes. This is not a unique problem. Indeed, the medical and higher education literature is littered with concerns that students are dissatisfied with feedback. To overcome this conundrum, evidence suggests designing learning opportunities that enable students to drive the feedback process. With this in mind, we hypothesised that medical students' engagement with feedback could be enhanced by implementing learning tools to facilitate student-led feedback seeking.

Methods

In this design-based research study, informed by evidence, we developed and implemented new feedback engagement tools for students undertaking Year 4 Medicine Specialities and Obstetrics and Gynaecology courses. To evaluate outcomes, we surveyed students twice, before and after using the feedback engagement tools, using a measure of feedback literacy. Feedback outcomes are being evaluated through context analysis of student responses and educators' reflections.

Results

58 students completed the initial feedback literacy survey at the start of Semester 1 and 25 students completed the second survey at the end of each block. Initial analysis suggests that students appreciate the value of seeking feedback and many indicated that the feedback tools enhanced self-reflection and focused their learning. However, several important barriers to effective feedback engagement were identified. These included: the challenge of using paper-based tools in clinical settings; feedback opportunities being dependent on favourable feedback conditions (e.g. supportive clinicians); the tools hampering feedback processes and these conditions are highly variable.

Conclusions

The study findings suggest that our feedback tools somewhat enhanced student-led feedback seeking. However, the feedback landscape for students is diverse and complex. Meaningful improvements in outcomes will likely require multiple stakeholder collaboration (including students) in the design and implementation of feedback strategies.

A clinician-researcher's guide to interpretative phenomenology

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Background: Qualitative research, particularly phenomenology can often be daunting for the clinician-researcher despite its value to understanding health problems. For the clinician who relies on guidelines for evidence-based practice, the lack of prescribed approaches and complex terminology within phenomenology can be confusing. To increase the interest in and uptake of the phenomenological research approach by the clinician-researcher, we offer one step-by-step approach for those new to phenomenological research. Following a recent longitudinal study undertaken by the authors to observe student affective learning development following simulation-based learning activities, we describe an approach that employs a double hermeneutic interpretative phenomenological approach to analyze participant interview transcripts across three time-points. This study offers clinician-researchers a series of eight considerations, drawn from the phenomenological literature and based on our experience of conducting a longitudinal qualitative study; 1) Where does IPA fit in healthcare education research? The contrasting dimensions, 2) What hat do I wear? Phenomenological positionality, 3) Where to start? Understanding the theory, 4) Interviewing Participants – Easy or challenging?, 5) What is happening here? Data synthesis, 6) How to progress from analysis to themes?, 7) How to ensure my results are valid? Maintaining rigor, and 8) Staying true to the phenomenon. Presented in an easy-to-apply format, the authors use the longitudinal study to instil greater confidence in the clinician-researcher attempting phenomenological research to better understand the complex health problems they face in practice.

One way or another we can select you. A case study of a hybrid MMI model for undergraduate medicine programs in COVID-19

Dr Jo Bishop¹, Dr Jess Stokes-Parish¹, Dr Jaclyn Szkwara¹, Lesley Delaney¹, Julia Byrne, Prof Kirsty Forrest¹

¹*Bond University, , Australia*

Selection for a place within the Bond Medical Program is through a transparent sequential process based on a combination of measures. Once a candidate meets the academic achievement (ATAR 96+), they are invited to take psychometric testing online which consists of an emotional intelligence test and a personality test. The results of the psychometric testing are utilised to provide a ranking of the candidates to determine the candidates' eligibility to for an interview.

Historically, candidates visited Bond University on the Gold Coast for face-to-face interviews where their general suitability to medicine and preparedness to undertake a highly demanding course was evaluated in a structured multi mini-interview (MMI).

In 2021, the Bond University Medical Program Admissions Committee made the decision to hold interviews in a hybrid format to adapt to the challenges presented for eligible candidates due to COVID-19 restrictions. All eligible candidates (300) were invited to attend the multi mini-interview in person, due to border restrictions, 100 candidates were interviewed online via Zoom.

This presentation will showcase the logistics involved in delivering a hybrid model and the data from both modalities, highlighting no difference in performance between candidates.

We will also share the feedback from candidates and interviewers as part of the quality assurance process and question the audience as to the need to hold face-to-face interviews as part of medical school selection.

Poster Discussion Group 3: IPE

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STUDY OF INTERPROFESSIONAL EDUCATION IN MNUMS, MONGOLIA

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Background: Interprofessional collaboration competencies because they have been found to be matched with improvement of health outcomes and quality of patient care including reduction of mortality rate in inpatient settings, job satisfaction, maintaining patient safety and lower health care cost. **Methods:** Content validity was examined by nine health experts and reliability was assessed with Cronbach's coefficient alpha. A the case control group design study was conducted with 60 undergraduate students in MNUMS, using a stratified random sampling method. All the undergraduate students of medical doctor students, nursing students and midwifery students were included. **Results:** Cronbach's alpha of the 89 items was 0.951, revealing a high rate of internal consistency. Compared the importance of learning in interprofessional control, case groups. Defined team members are Learning with other students helps me become a more effective member of a healthcare team 4.5 (0.004***), patients ultimately benefit if interprofessional healthcare students learn together to solve patient problems 4.6 (0.02***), shared learning with other healthcare students increases my ability to understand clinical problems 4.6 (0.01*), Interprofessional healthcare team training exercises help me appreciate other professionals 4.5(0.01**), It is important to ask patients and their families for feedback regarding patient care 3.2 (0.01**), Leaders should create informal opportunities for team members to share information 4.5 (0.04***), mutual support 4.5(0.001***). Paired samples test was t(-4.964), p<.000. **Conclusion:** Learning in multiprofessionals groups increased student's teamworks skills for interprofessional learning in an IPE program using TBL.

Key words: Interprofessional education, teamwork, leadership, competencies

Intraprofessional Learning: A unique experience for Diploma and Bachelor of Nursing Students

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Intraprofessional Learning (IPL) involves students from different disciplines within the same profession learning about, from and with each other. Challenges exist as to how best to design, implement, and evaluate IPL to large cohorts of students using evidence-based methods and simulation-based education.

In an Australian first, Holmesglen Institute nursing students from both Diploma and Bachelor courses undertook a unique educational workshop and virtual reality experience, giving them a taste of how effective intraprofessional collaboration and communication can improve patient outcomes and advance professional relationships. This unique pilot program established strong partnerships between educational researchers, academics, nursing students, simulated participants, and external stakeholders.

A comprehensive IPL program was designed and implemented focusing on the use of simulation in the context of 450 pre-registration Diploma and Bachelor of Nursing courses. A well-established 4P model IPL curriculum framework was enacted, focusing on the four stages of presage, planning, process, and product.

Students participated in half day workshops using several interactive small group methodologies such as discussions, brainstorm activities and paired exercises. A major component was an immersive virtual reality program designed and created by Holmesglen Institute, exploring the topic of delirium in the older person.

Another unique aspect of the workshops was the formation of student buddies between the two courses, creating an opportunity for the two disciplines to experience working and communicating together in a team, prior to clinical placement and graduation.

Students reported experiencing high levels of collaboration and an increased awareness of each other's scope of practice, building on their professional competencies while being part of an intraprofessional team. The workshops success was summed up one of the nursing students acknowledging, "If you're working with people you can trust, this impacts diagnosis, care and expected outcomes, we're all in this together".

Using a simulated electronic medical record (EMR) to teach pharmacy and medical students collaborative practice

Mr Steven Walker¹, Ms Nikki Cresswell^{1,2}, Associate Professor Claire Harrison¹, Associate Professor Fiona Kent¹

¹Monash University, , Australia, ²Alfred Health, , Australia

Introduction:

Communication between the health professions in clinical practice has recently shifted from paper to electronic medical records (EMR). There is a need for universities to prepare health graduates for responsible digital communication.

Aim:

To describe the implementation and evaluation of an interprofessional education (IPE) activity that utilised a simulated EMR to teach collaborative practice.

Methods:

An interprofessional team co-designed and co-facilitated an online IPE activity for third year pharmacy students and fifth year medical students utilising a simulated EMR (EHRGo™). Students completed a series of profession specific tasks relating to a simulated patient that had been admitted to the emergency department, then came together in interprofessional groups of ten to establish a collaborative medication charting plan.

Immediately after the workshop, students were invited to complete a voluntary anonymous online evaluation. Five-point Likert scales were used to rate the relevance to practice, achievement of learning outcomes, organisation and overall quality of the activity. Students were also asked to contribute qualitative feedback in a Keep, Stop, Start format.

Results:

In 2021, a total of 640 students participated in the online IPE workshop of which 60% (386/640) were medical students.

Of the participants, 28% (180/640) completed the survey and 53% (96/180) of respondents were medical students. A majority of survey respondents agreed or strongly agreed that the IPE activity was relevant to practice (94%; 170/180), achieved the learning outcomes (84%; 151/180), was well organised (74%; 133/180), and was of high quality (79%; 143/180). The positive feedback focused on appreciating the opportunity to discuss with colleagues the rationale for admission medications. Negative comments included the need for further clarity within some of the pre-task profession specific activities.

Conclusions:

Interprofessional communication commonly occurs via digital methods. A simulated EMR provides a useful platform for teaching and learning collaborative practice for undergraduate health professional students.

Poster Discussion Group 4: IPE

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Embodiment and interdependence, designing effective interprofessional education - a realist review

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Extended Abstract - Student Prize Submission

Introduction

Communication errors have been associated with most adverse events in hospital. Improving communication both between health care workers (HCW), and between HCW and patients, has been identified by the World Health Organisation as a key way to reduce errors. Health professionals need to be able to communicate and work effectively in teams to reduce errors. To help achieve this, students need to develop the necessary knowledge, practice the related skills, and develop the necessary attitudes to work effectively. Accordingly, health professional accrediting bodies now require interprofessional education (IPE) be incorporated into undergraduate health professional education.

While implementing IPE may seem intuitively appealing, organizing and delivering IPE for large cohorts involving multiple professions needs considerable time to plan and prepare, and can be costly. IPE requires students to interact with other professions, resulting in complex social situations. Without IPE, novice HCW understanding of other professions' roles may be limited due to highly specialised and rigid profession-centric curricula and lack of cross-profession interaction. Despite growing adoption of IPE in health professional education, it remains unclear how IPE works to achieve the desired learning outcomes. Various frameworks and learning outcomes have been developed to guide educators responsible for the design of IPE, but designing and implementing suitable programs remains challenging. Understanding the links between educational theory, possible elements of IPE interventions and learner outcomes is required to optimise IPE design. It is challenging to design effective interventions if educators do not understand how multi-faceted IPE interventions work. The educational design parameters of *effective and efficient* IPE programs, to prepare them to work in health care teams, remain enigmatic.

This research is philosophically grounded in realism. Realism is concerned with uncovering the key mechanisms that support, form and create a difference or, in some cases, do not. This approach focuses particularly on understanding causation, including how mechanisms are formed in various social contexts, which in turn produce outcomes. Essentially it aims to uncover, *what works, for whom, in what circumstances and why?*

Method

Four electronic databases were searched to locate empiric studies describing compulsory IPE for medical, nursing and other health profession university students. A realist review was employed to explore the interaction between context, mechanism and outcomes. Initial program theories were drawn from formal learning theories. As a team, we explicitly extracted context, mechanisms and outcomes in order to gain an understanding of relationship between these elements.

Results

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Twelve research reports met inclusion criteria. Analyses identified five causal mechanisms contributed to an increase in communication and teamwork skills, an improved understanding of professional roles and of providing patient-centred care, including:

- 1 the process of embodiment or feeling what it is like to work in their own profession (while in a team),
- 2 the need to collaborate
- 3 feeling that their participation is needed
- 4 interdependence of participants.
- 5 trained facilitators to guide reflection, empowering students' consolidation of knowledge and skills in providing patient-centred care.

Discussion

The concepts Allport's contact hypothesis and Bandura's social cognitive theory closely aligned with our findings. Contact hypothesis theory considers issues of prejudice, stereotyping and discrimination which can interrelate with interprofessional learning that takes place between undergraduate students from different professions.

Results of the realist review provided insights for enhancing learning design by incorporating IPE scenarios with specific features. Some of these include; ensuring cases are clinically challenging and pertinent to all professions involved, incorporating a strategy or system for learners to practice communication, and including a case where the skills and knowledge of both professions are required to solve the problems. Additionally, the learning delivery of IPE interventions could be enhanced by students interacting in a learning environment where their psychological safety is attended to and they feel safe to collaborate and practice skills. These are a few examples of the learning design and delivery understandings that will be shared.

Conclusion

The findings of this realist review are likely to help education program designers understand what works, for whom and in what context with respect to interprofessional interventions. Applying this knowledge to optimise existing – or design new programs could optimise their effectiveness and subsequent outcomes. Ultimately enhanced programs could promote interprofessional collaboration and teamwork, reduce health-care error and improve patient outcomes.

Interprofessional education using in-situ simulated Advanced Life Support in General Practice to improve teamwork

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Introduction: In situ simulation in the hospital setting has shown promise as a framework for teaching the principles of interprofessional practice (IPP). An observational study of an in situ interprofessional education (IPE) session was conducted in a rural general practice to determine whether existing evidence was transferable to this setting.

Methods: All staff of a rural general practice were invited to participate in a pre-designed IPE session. The session focused on a in situ Advanced Life Support simulation IPE activity. Following the activity, a debriefing was performed by co-facilitators using SIM TRACT™.

Results: The findings demonstrated a self-reported and observed improvement in communications skills, teamwork and recognition of leadership roles within the staff. All participants indicated that their level of confidence in approaching acute emergencies improved after the activity.

Conclusion: The findings of this study indicate that in situ IPE activities would be of benefit to improve teamwork and communication skills in general practice. Further research should be conducted to determine whether this study's findings are transferable to all general practice settings.

No Vaccine for Me! Managing Refusal and Misinformation in an OSCE Station

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Clinicians are often confronted with patient refusals of preventive and therapeutic interventions. Over the last year, Covid vaccination has become a hot-button issue in healthcare. Objections are frequently based on misinformation, and clinicians are in a difficult position to balance rapport building with patient education. Such encounters can also trigger strong emotions in healthcare providers who often must sacrifice their own health and family life to fulfill their professional patient care obligations. To teach about these complex issues in the context of patient care we developed an OSCE station which was administered to 90 Internal Medicine residents at a community hospital in Brooklyn, New York.

The “Asthma Check-Up” scenario was part of a required 4-station formative OSCE. Learners interacted with a Simulated Patient (SP) for 10 minutes. Subsequently they reflected on their performance and received feedback from the SP as well as an observing faculty member. In a post-OSCE group debriefing residents could also learn from peers and additional faculty.

The vaccine-related station featured a 26-year-old woman who came in for a routine check-up on her chronic asthma condition. The residents’ task focused on counseling her about getting a COVID vaccine. The SP’s counter arguments were based on common misinformation (e.g., the vaccine causes genetic problems that could jeopardize her pregnancy plans). In terms of the Prochaska and DiClemente’s Stages of Change Model the SP presented as someone in the “Precontemplation” phase.

The Post-OSCE Program Evaluation was completed with a response rate of 83%. The majority of learners (84%) indicated that the station difficulty was “just right.” 81% rated the educational value for residents as “High.” Chi-Square analysis showed that neither of these ratings differed significantly based on training level or prior exposure to a similar case. Performance data and SP debriefings illuminated best practices in managing such challenging encounters.

Poster Discussion Group 5: Curriculum

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Prepared for practice? A cross sectional study of intern preparedness.

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Purpose: Medical education and training during internship helps interns cultivate clinical skills required for future practice. Learning outcomes set by the Medical Board of Australia for surgical terms include ability to perform a range of procedural and clinical skills. The purpose of this study was to assess intern confidence performing various clinical and procedural skills at the end of internship.

Method: Interns (n=26) were asked to complete a 12 item questionnaire across hospitals in Queensland. The questionnaire aimed to assess intern confidence level performing a range of procedural skills as well as clinical skills such as interpreting investigations.

Results: At the end of internship, 81% of interns surveyed felt confident completing male urethral catheters whilst only 73% felt confident doing a female urethral catheter. Only 39% of interns felt confident performing a nasogastric tube. Whilst all interns surveyed felt confident in their ability to perform intravenous catheters, only 42% were confident doing an arterial blood gas. 77% of interns felt confident doing simple suturing and 92% felt able to perform sterile hand wash, glove and gown after completing a term in a surgical unit. Looking at clinical skills, 85% felt confident interpreting chest xrays and 54% for abdominal xrays. 89% of interns surveyed felt confident prescribing fluids and 81% for prescribing analgesia.

Conclusions: Our survey shows that there are gaps in confidence and ability performing certain key skills by the end of internship. Such surveys are helpful in providing insight into areas of training which may require further supervision and teaching. Understanding needs of junior medical staff can help hospitals enhance their education programs to improve intern knowledge and skills.

Medical Students Ready to Adopt Precision Medicine but Lack Knowledge: Findings of a Cross-sectional Survey

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Background

Precision medicine reflects a new era in personalised medicine that has the potential to revolutionise healthcare. Accordingly, there is a need to create a workforce of doctors with the knowledge, skills, and attitudes capable of utilising it to its full potential. Whilst institutions around Australia are beginning to embrace precision medicine, its inclusion in medical course curricula is unclear. This study aimed to explore the knowledge and views regarding precision medicine in a cohort of Australian medical students.

Methods

A cross-sectional survey was administered to medical students in years 3, 4 and 6 at the University of Adelaide. The survey comprised of a Likert-scale based questionnaire assessing student self-perceived knowledge of and ability to apply precision medicine concepts as well as willingness to embrace the field.

Results

The survey was completed by 116 students (53% females; 29% year 3; 41% year 4 and 30% year 6). Only 16% of students felt comfortable with their knowledge of basic genomic testing concepts and terminology, with 6% of students comfortable recommending genomic testing options and explaining genomic test results to patients. Discomfort with knowledge levels was reflected across various fields of precision medicine, with 66% of students not comfortable in their knowledge of pharmacogenomics and gene editing technologies. Despite limited current knowledge, 73% of students indicated they would be willing to use a patient's genetic information to guide their decisions in clinical practice. Almost three-quarters of students indicated they would be willing to adopt precision medicine even if more senior physicians around them were not doing so.

Conclusion

Despite resounding discomfort with knowledge of numerous precision medicine concepts, medical students are willing to embrace precision medicine. However, it appears that greater support and incorporation of such topics into medical school curricula is warranted.

Impact of COVID-19 on medical student research projects - rapid rescoping and adaptation.

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Background: Since March 2020 the COVID-19 pandemic and related government and institution-imposed restrictions have severely affected research and education. University of Sydney Doctor of Medicine (MD) Program students undertake a research project over 2.5 years. Projects are supervised by academic staff from various host institutions, and overseen by the MD Project team. COVID-19 erupted when students were at different phases of the research process and affected Years 2 and 3. The MD Project team oversaw the rapid rescope of projects whilst maintaining learning objectives. This study reviews the impact of COVID-19 on medical student research projects and describes the measures taken to rescope and support projects.

Methods: Projects affected by COVID-19 were identified and rescoping plans developed. Rescoping options were designed to be feasible and meet learning objectives. The effect of COVID-19 on each project was assessed at the conclusion of the project and the rate of COVID-related project delay, rescope and new projects required was evaluated.

Results: In 2020, 509 students and 230 supervisors were involved in MD Projects. In 2020 20.8% of Year 3 projects were significantly affected and required rescoping, increasing to 34.5% in 2021. Many projects were delayed (6.6%) and numerous students had partly completed projects, thus rescoping considered work done to date. Major project rescoping options included: downsizing to a pilot study (25%), analysing an existing database (17.9%), writing a study protocol (28.6%) or converting to a literature review (21.4%). In some cases, new supervisors were appointed and assessment deadlines renegotiated. Communications and support for students and project supervisors was a primary consideration in rescoping projects.

Conclusions: The COVID-19 pandemic presents significant challenges for medical education and research. Student research projects can be successfully rescoped to meet learning objectives. Flexibility and appropriate contingency plans, supported by academic and professional staff are needed to achieve this.

Poster Discussion Group 6: Curriculum

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Students as partners in nurturing nursing students' success

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Background: Remediation involves identifying students at risk of failure and implementing student-centred strategies to support learning. Formalised, remediation learning activities co-created with students embedded in curricula can promote student success for both students undertaking the remediation and students participating in the co-creation.

Aim: This research aimed to foster a partnership between undergraduate nursing students and academics to co-create remediation learning activities that support student success in a second-year BN course.

Methods: Students deemed to be 'at-risk' of failure and those who were high-achieving (determined by an a priori framework) were invited to participate via an online survey and focus group (respectively) to identify remediation learning activities to support student success. In partnership with students, a nominal group technique was utilised to rank a list of remediation learning activities based on perceived importance to learning. From the top five items, high-achieving students selected learning activities to co-create with academics.

Results: Eight students 'at-risk' and five high-achieving students identified activities to enhance learning related to five categories: clinical mandatory requirements (n=3); laboratory engagement (n=7); clinical assessment (n=9); work-integrated learning (n=14); and theoretical assessment (n=18). Learning activities were ranked by students based on perceived importance to supporting success. From the top five activities in each group, the high-achieving students identified learning activities (n=4) they wished to co-create with academics.

Discussion: Literature surrounding students as partners advocates for collaboration and power-sharing amongst academics and students. This project enabled collaboration between academics and both at-risk and high-achieving students. Students were empowered to direct each stage in creation of remediation learning activities, ensuring development of meaningful student-focused learning activities.

Conclusion: By mobilising the unique perspective and valuable contributions of students, more meaningful and student-centred learning activities can be created. This research contributes to emerging literature on students as partners in academia.

Normalising 'dialogic' feedback through capitalising on synergies across social learning theory and normalisation process theory: Lessons from a quasi-experimental study in clinical practice

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Background: Health care is often delivered in teams comprised of a transient workforce expected to keep abreast of contemporary knowledge. Maintaining quality nursing practice relies on such teams to continually share information and provide constructive feedback. This is best achieved through embedding situated learning in clinical contexts.

Aim: This paper reports on the implementation of the REMARK program (nuRse fEedback iMplementAtion framewoRK), based on normalisation process theory (NPT) and draws on an understanding of social learning theory to inform and enhance adoption of dialogic feedback encounters in clinical contexts.

Methods: Quasi-experimental, non-equivalent group design. Participant level of adoption of intervention based on constructs of NPT and evaluated using the validated NoMAD instrument.

Results: Participants included undergraduate nursing students (n=85), buddy nurses (n=94), clinical facilitators (n=16) during clinical placements. Data were measured at an ordinal level (1=strongly disagree; 5=strongly agree) with results presented as mean ranks (statistical significance at $p < 0.05$). Data reveals striking differences in response patterns of buddy nurses for each NPT construct to that of CFs and students. The mean rank for buddy nurses ranged from 69-95; CFs 83-128; and students 84-105.

Discussion: Evidence of adoption of the REMARK program was greatest in CFs followed by students. Buddy nurses demonstrated the lowest level of adoption. Realisation of a 'federated model' demonstrates the confluence between the core tenets of social learning theory and the generative mechanisms of NPT.

Conclusions: While participation in dialogic feedback behaviours appear reasonable the findings indicate that social learning behaviours are an interplay of factors dependant on perceived role/scope, resources, and organizational structures. The federated model is important because while NPT concentrates on an individual's/team's action(s) when implementing a new/modified practice, socio-constructivist learning theory extends the understanding of the effect of social relationships on guiding learning activities incorporated in an intervention.

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“Expensive and stressful and brutal” – Intensive Care Medicine trainees’ lived experience of multiple attempts at a high-stakes Fellowship exam

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Background

The final exam for the Fellowship diploma with the College of Intensive Care Medicine of ANZ (CICM) consists of written and oral sections, the latter with viva voce and clinical components, and is a major hurdle on the pathway to specialist. Five attempts maximum are allowed and the overall pass rate is 35-65%.

Purpose

This study forms part of a research project identifying behaviours enabling previously unsuccessful CICM exam candidates to pass and, at the same time, exploring trainees' lived experience of the exam process. Improved insights into trainees' journey through the exam and how they make meaning of their experience will identify aspects of the assessment process that need review, assist trainees and their supervisors in exam preparation, and guide resilience training.

Methods

This is a qualitative study using grounded theory methodology. Participants were recruited by open invitation sent to all CICM Fellows and trainees and gave informed consent. Participants took part in a semi-structured, one-on-one Zoom interview. The interviews were recorded, de-identified, transcribed into text and coded. Data also included memos. Data collection and analysis happened contemporaneously to identify new areas to be explored.

Findings

Eleven interviews were conducted during 2021. The exam process was described as stressful with failure having a negative impact on job prospects, family life, professional relationships, and mental and physical well-being. Aspects of the process needing remediation include clarity around the standard for a pass, trainee access to exam-orientated learning, and feedback. The benefit of the exam as assessment for learning was appreciated.

Conclusion

Exam failure has a lasting impact on trainees even after completion of training and transition to a successful consultant role. This is mitigated by recognising how exam preparation has helped their performance in the workplace, and using their experience to mentor and support other trainees.

Evaluating and Comparing Multidisciplinary Practical Exam During the COVID-19 Pandemic Students' perception and cohort performance

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Background:

Gross specimen recognition and interpretation are regarded as fundamental skills required not only for pre-clinical Pathology and Anatomy study but also for advanced training in surgery. Ongoing COVID-19 forced the practical exams to change from in-person exams (3D) using macroscopic pathological pots and cadaveric specimens to image-based exam (2D) using an electronic platform. In this study academics and students worked in partnership to evaluate and compare students' performance, experience and the impact between the online and in-person practical exam.

Results:

Year 2 student performances in 3D and 2D practical exams were evaluated and compared. The reliability score (KR-20) was 0.74 for both exams and the average cohort performance was 72% (3D) vs 67% (2D). Difficulty index and Point-Biserial correlation for each discipline showed no statistical significance. However, students' feedback indicated that 2D exams were significantly challenging for anatomy due to the lack of 3D visualisation, orientation and peripheral association. Further analysis demonstrated that while this change had very little impact ($\leq 4\%$ difference) on the performance of students in higher grade (≥ 5) it profoundly affected students in grade 3 or below ($> 11\%$ difference). Performance of the same cohort in Year 3 surgery assessment showed 6.5% of students scored 60 or below compared to less than 3.5% of the cohort prior to COVID, with the lowest score being 25% compared to 46%.

Discussions:

Findings from this partnership project highlight the need to understand and assess the exact impact of the change, imposed by COVID, on individual students as well as on the entire cohort. When introducing assessment or curriculum change it is important to consider students who are most likely to be affected.

Issues for exploration:

Whether the practical knowledge, particularly in anatomy acquired in pre-clinical phase during COVID-19, poses an increased risk of underperformance in surgery training during clinical phase.

The impact of no longer including the MMI in the selection process for medicine

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Background

Prior to COVID, the admissions process for the Sydney MD program included a Grade Point Average (GPA), an admissions test and a Multi-Mini Interview (MMI). The current accepted admission tests are Graduate Medical Schools Admissions Test, GAMSAT or the Medical College Admission test MCAT (international only).

Due to COVID-19 in 2020, the timing, format, and delivery of GAMSAT changed. Physical distancing requirements and the unknown factors of how many staff and/or applicants might be affected and travel restrictions, made in-person MMI's logistically difficult, despite our video-conferencing experience (Tiller et.al, 2013).

Method

A preliminary statistical model was developed using data from 2018-2020 entry with GPA and the three separate sections of GAMSAT to predict the admissions ranking had an MMI been used in combination with a total average GAMSAT score as usual. Logistic regression was used for three separate models developed with a 60% training sample, and a 40% testing sample for local, rural and international applicants.

Results

GAMSAT Section I Reasoning in the Humanities and Social Sciences, Section II Written communication and Section III Reasoning in the Biological and Physical Sciences were significant predictors. In the model for local applicants non-rural, the accuracy of prediction for the testing sample was 96% for offers, 72% for non-offers and overall accuracy of 91%. Few significant differences were found in the demographic composition or academic performance of the 2020 and 2021 cohort.

Conclusions

This research provides evidence on the usefulness of the three sections of the GAMSAT and questions the need for time intensive and expensive interviews.

Discussion points

How do other medical schools use the three sections of the GAMSAT in their selection processes? Is it time for partnerships to develop a Situational Judgement Test in Australia for graduate entry medicine similar to that currently used for undergraduate entry?

Collaboration as a mechanism for surviving, and thriving in the face of disruption

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COVID-19 disrupted many of the historical ways of operating in higher education. One such disruption for many of the academics working in the health professions was the transition to online assessment instruments (for example, replacing invigilated examinations) and doing so against a difficult and time pressured environment. For the Medical Sciences team at CQUniversity taking a collaborative and whole-of-discipline approach, instead of an individual academic working on an individual unit, was key to achieving this transition.

To better understand the approach taken and how the collaboration created value for the academics and the resulting assessment instruments, an evaluation of the approach was undertaken. The evaluation was approved by the CQUniversity Australia Human Research Ethics Committee (approval no. 22855) and used the Social Learning Theory Value Creation Framework. 20 document artefacts (equating to 152 pages of data) were analysed using Saldāna's (2016) approach to qualitative data analysis. Three themes emerged from the data analysis which include: (1) organising and organisation; (2) joint mission; and (3) learning lessons-lessons learnt.

Individually, each theme revealed insights into one aspect of the collaboration. For example, the efforts of the team were underpinned by a structural framework that supported activity, a joint mission emerged, which served to drive efforts and that through the collaborative approach taken a range of lessons were learnt and these fed back into the collaboration and served as the basis for changing and refining the assessments. Reading across the three themes it was clear that effective collaboration is powerful in many ways: (1) in enhancing the quality of online assessment instruments and doing so during a significant disruptive event; (2) the enduring legacy of this approach continues to be felt by the team; and (3) it has fundamentally changed the team's way of operating.

Evaluating clinical reasoning in health professional students in clinical and simulation settings

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Introduction: Clinical reasoning (CR) is an intricate skill that is vital for autonomous, safe practice in dynamic and complex clinical environments. To develop evidence about the effectiveness of the development of CR, and understand if a teaching strategy is effective, we require a method to assess learner's development of CR. The scarcity of reliable and valid evaluation tools targeting health professional students' CR learning outcomes is a barrier to advancing this topic. This study specifically examined the quality of the tools adopted in clinical and simulation settings to measure CR.

Method: The literature was systematically explored, and studies were included if they reported the development and/or testing of a tool to measure CR. The tools were appraised for quality on the strength of evidence for aspects of reliability, validity, as well as useability, comprehensiveness and usefulness.

Results: Four key tools were identified for inclusion; Lasater Clinical Judgement Rubric- LCJR, Script Concordance Test- SCT, Carter Assessment of Critical Thinking in Midwifery, and Clinical Reasoning Problems Test. The LCJR was the most robustly evaluated tool with a breadth of reliability and validity investigations. Other tools were more limited in their evidence and application.

Discussion and Conclusion:

Although the LCJR had evidence to support clinical judgement as a developmental process, it was designed to evaluate a single episode of patient care, predominantly in nursing. There was also limited breadth in the subcomponents of the LCJR tool. The SCT had scant testing beyond local content validation. Being paper-based, the SCT focussed on cognitive aspects of CR to the detriment of aspects such as behavioural and affective reasoning. Overall, further CR research and quality tool development and testing is needed to better consider applications across disciplines, capturing active 'in-situ' reasoning, more broadly encompass cognitive, behavioural and affective components, and evaluate the developmental pathway of CR.

Critical thinking development in undergraduate midwifery students: an Australasian validation study

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Introduction/background:

Midwives need well developed cognitive skills to apply critical thinking in decision making using intellectual independence. Limited attention is given to strategies that facilitate and measure cognitive skill development in practice.

The Carter Assessment of Critical Thinking in Midwifery (CACTiM) has been previously developed to assess the application of student's critical thinking in midwifery practice as identified through self-assessment and by their preceptor/mentor. Whilst initial psychometric testing of the CACTiM tools was very positive, the sample was from a single program at one university. This study focused on using the tools with a larger more diverse sample across four universities in Australia.

Aim:

The aims of this research were to:

1. Validate the two CACTiM tools across different curricula and in varied practice settings.
2. Enhance the precision of the tools through a Rasch-based psychometric evaluation.

Methods:

A convenience, cross-sectional, matched cohort design was used. A unique feature of this study is the partnership across four universities which offer a Bachelor of Midwifery with diversity in length and format. Survey data was collected from students and their preceptor/mentor across the sites. Rasch analysis was used to facilitate validation of scores and construct incremental levels to introduce standards that represent sequential levels of critical thinking.

Results:

Data analysis is in progress. The proposed multi-site validation of the CACTiM tools will ascertain expected levels and standards of critical thinking, establish differences in critical thinking in a variety of settings and cultures, and enable benchmarking across different sites.

Discussion:

Establishing sequential levels of critical thinking in midwifery and measuring the difference between levels, the study results will inform quality and safety in midwifery practice.

Conclusions:

These tools will afford educators a pedagogically sound framework for midwifery education, which could easily be adapted for use in other disciplines.

Faculty Development 2

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What kind of evaluation do you need?: A collaborative approach to creating an evaluation plan in the face of multiple interests.

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An effective evaluation plan can only be developed after a clear set of questions have been articulated. The challenge of formulating 'researchable' questions may be compounded when there are stakeholders from several organisations with differing agendas, interests, and disciplinary backgrounds. This presentation outlines a process to integrate the perspectives of multiple stakeholders in planning the evaluation of a package of professional development for clinical supervisors, which was conceived in response to the Victorian Department of Health's 'Boosting our healthcare workforce' program.

The professional development package was conceptualised by the Clinical Education and Workforce Planning Committee at the Melbourne Academic Centre for Health, a partnership venture with 19 full partners that includes St. Vincent's Hospital Melbourne and the University of Melbourne: respectively the program and evaluation site and the professional development provider. The complete professional development package is three-tiered, comprising of: 1) an online foundational course offered by the Melbourne Medical School; 2) facilitated small groups of clinical supervisors working together in Professional Learning Communities, with facilitators from St Vincent's and the University of Melbourne; and 3) the University of Melbourne's Graduate Certificate in Clinical Education. The evaluation context reflects the aforementioned multiple players from different institutions with divergent interests.

From the outset, the evaluation took a utilization-focused perspective (Patton, 2008), initially aiming to uncover the kind of evaluation needed by the intended users of the evaluation findings. The presentation will describe the process of generating an initial pool of potential evaluation questions that were of interest to the respective stakeholders and institutions and how these questions were reviewed by the stakeholder parties for utility, importance, interest, and attainability. The iterative process of engagement, guided by the utilisation evaluation framing, and operationalised through a survey of 'what's most important to you?' may guide other research teams representing multiple stakeholders.

Home visits': A new possibility for GP-supervisor professional development by taking it to teaching practices

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Clinical supervisors engage in ongoing professional development to continuously improve as educators. Yet, in the general practice context, questions have been raised about the effectiveness of the dominant mode of professional development – 'short programs' – typically delivered in face-to-face workshops. Concerns include the perennial 'transfer of training' problem, inappropriate content, little impact on 'hard-to-crack' issues, and attendance difficulties for employees in small practices.

As a potential resolution of these weaknesses, we designed a professional development intervention that is delivered in teaching practices. This medical educator-facilitated intervention is based on a generic quality improvement cycle, where the quality improvement actions to be taken are designed in response to a 'problem' identified by the primary supervisor, supervisory team, or practice. Underpinned by 'collaborative inquiry' a medical educator guides participants through the quality improvement cycle and supports participants to inquire productively into their practices.

Framed as a feasibility study and employing teacher (action) research methodology, we trialled the intervention in four training practices, guided by the overarching question: Can this intervention work?

We were able to recruit participants without difficulty, indicating that there is a 'market' for this form of professional development. Participants were enthusiastic about the nature of the intervention, labelling it convenient, practical, and applicable. They were similarly positive about what they were asked to do, indicating that the procedures were acceptable and imbued with a high level of accountability. There was strong evidence that participants changed their practices but generating objective outcome measures proved to be challenging. The facilitating medical educators needed to be both proficient and agile in order to effectively engage in different contexts and with diverse problems.

The findings indicate that the intervention is acceptable to the target audience and promising in terms of impact, warranting a larger study, which should include a cost-benefit analysis.

Informal faculty development in health professions education: leveraging social affordances for learning

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Introduction: Faculty development (FD) supports health professions educators to advance their educational expertise. Whilst formal FD strategies (e.g., seminars, courses, workshops) have received much attention, little is known about how FD occurs informally. We undertook a study to identify how health professions educators in the university setting engage in informal FD.

Methods: This exploratory qualitative study was conducted in one Australian university. Interviews and focus groups were used to collect data from academic staff involved in direct teaching and assessment (n=10); teaching team and program leaders (n=8); and senior leaders (n=2). We analysed data thematically and used situated cognition theory to frame the findings.

Results: Health professions educators developed their educational expertise through three everyday activities including: (1) utilising educational evidence in the context of their learning and teaching practices; (2) evaluating their learning and teaching; and (3) sharing their educational practices with each other. Engagement in these activities was shaped by individuals' motivation and proactivity (effectivities) and organisational culture and structures (constraints). Critically, all three activities were characterised by a distinct social element. For example, educators: obtained advice from colleagues or experts on how to use educational evidence in their practice; sourced feedback from others; and developed trusting and collegial partnerships in which they shared and critiqued teaching practices.

Discussion: Informal faculty development in health professions education occurs via a range of mechanisms which are fundamentally social in nature. This paper concludes with a number of recommendations to assist individuals and institutions to recognise, value and leverage the social affordances for faculty develop and continuous learning in health professions education.

Drawing on Experience: Using Rich Pictures to explore Health Professions Education Leadership.

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Extended Abstract - Student Prize Submission

Background

Health professions education (HPE) leadership is advocated as necessary to promote success at the individual, team, and institutional level. Whilst many leadership models exist, they are based mainly on Western perspectives. Simultaneously, however, it is suggested that leadership is influenced by the culture and context in which it is practiced. Furthermore, faculty development seeking to enhance leadership capabilities often lacks clear foundations in theoretical frameworks. Moreover, most studies exploring HPE leader identity in order to develop substantive theory have relied on interviews only. In the Pacific, HPE is emerging and HPE leaders require support and development that is theoretically based in this culture and context. Therefore, this research aimed to address this deficit by developing theory using Rich Pictures and interviews to investigate HPE leadership in the Pacific context to guide faculty development and add a fresh perspective to the international literature.

Methods

This research used an interpretivist methodology. Seven HPE leaders were recruited through purposeful sampling following ethics approval. The Rich Picture method was piloted and instructions developed. Rich Pictures are recommended to investigate a phenomenon's social, emotional, and cultural aspects as they cause a 'disruption in thinking' and allow tacit perspectives to be explored. Accordingly, participants were requested to draw a picture on 'Being an HPE leader', which was followed by a Zoom interview to expand on the participants perspectives about their picture and being an HPE leader. Each interview was transcribed verbatim and analysed using Miles and Huberman's approach. The codes and themes generated were further conceptualised into three types of leaders. Composite narratives were written for each leadership type identified and were checked for accuracy by the participants.

Results

Three leadership types were identified based on the Rich Picture and interview interpretation. Metaphors were assigned to each leadership type, namely, the 'Bridge', 'Coconut Tree' and 'Drua Canoe' of HPE leadership. All participant leaders have the common aim of developing competent and compassionate graduates, however, their other aims, strategies, and attributes differ.

The 'Bridge' aims to develop competent and compassionate graduates who will improve healthcare at the patient and community level. The 'Bridge' achieves this by assisting students cross from the novice to the competent field by sharing knowledge and skills, scaffolding learning, and role modelling good practice. These leaders are passionate and motivated with a strong sense of responsibility. The 'Coconut Tree' leader recognises their multiple roles of being an HPE leader and 2 aims to develop the curriculum along with their faculty, enabling them to educate graduates focused on improving patient outcomes. These leaders achieve this through cultivating relationships and collaborations, nurturing peers' educational skills, and actively searching for solutions to challenges. They are sturdy, committed, and always seeking to improve themselves whilst being adaptable; bending with the winds of change. The 'Drua Canoe' leader aims to steer the institution towards the common vision through succession planning, accreditation, and seeking external assistance. They are innovative, fair, and committed to the cause whilst keeping steady in the storm.

Discussion

Rich Pictures afforded the participants time and space to reflect on 'Being an HPE Leader'. The Rich Pictures and subsequent interviews revealed tacit reflections that the participants stated they would not have disclosed in an interview alone. Furthermore, the metaphors of the 'Bridge', 'Coconut Tree' and 'Drua Canoe' are culturally significant in the Pacific by, respectively, enabling people to travel to new places, providing nutrition and shelter, and allowing navigation to distant horizons. Thus, the interpretation of the data was aligned with the participants' perspectives about HPE leadership in the Pacific context, allowing HPE leadership to be viewed through a different lens.

Leadership in HPE is often viewed as a single phenomenon, but this study suggests that in the Pacific culture and context, there may be several types of leadership depending on the aims, strategies, and attributes of different HPE leaders. However, as this research was set in the Pacific the 'Bridge, Coconut Tree and Drua Canoe' may not be applicable to other HPE leadership contexts. Nevertheless, some aspects may resonate and Rich Pictures with interviews could be considered to expand current understandings of HPE leadership in other cultural contexts.

Conclusion

The main take-home messages from this research are that first, Rich Pictures constitutes an effective method to explore perspectives on complex phenomena such as HPE leadership. Rich Pictures allow participants to disrupt their thinking and reveal tacit thoughts and therefore should be considered for use in research and educational contexts. Second, the three types of leader identified in this research provide a theoretical framework to guide culturally relevant faculty development in Pacific HPE leadership and to assist faculty find fulfilling positions based on their aims, strategies and attributes. Finally, the Bridge, Coconut Tree and Drua Canoe provide a different perspective in the HPE leadership arena and may enable others to view leadership through a different lens in their own cultural context.

Developing scholarly networks with a clinical focus

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Introduction:

The career path to become a HPE has been described as 'serendipitous'. The idea of this occurring with a degree of chance; without a clearly defined path and dedicated pursuit, conflicts with the sustained commitment, and defined pathway to become a health professional. For clinicians, this disparity may be felt even more acutely. Clinicians' roles are commonly understood in society, built through experiences and interactions. These defined roles are often linked to, and acknowledged, with status and credibility.

For clinicians wanting to forge a career in HPE, a career path that requires a degree of serendipity can seem out of reach, at the same time, clinicians in HPE often struggle with the emerging identification as educator. Contrasting clinical roles, the role of a clinical educator is often nebulous, career pathway and progression is unpredictable and recognition of the career choice, unlike clinical roles, is not inherently linked to status both from society and within the profession.

Connection and relationships between clinical educators facilitate shared experiences; they can hold feelings and realities experienced but not articulated or understood in isolation. Scholarly networks counteract the insular position of a clinical educator, they are critical for sustainability in challenging environments, by supporting professional standing, articulating career pathways, and advancing the pursuit of education for health professionals.

Purpose:

This PeARL session will attempt to unpack clinicians falling into HPE, and the implications of this narrative, then explore how scholarly networks may support the challenges clinical educators face.

Questions for exploration or ideas for discussion:

How can we establish and foster our own scholarly network?

What interactions and interplay are possible between individuals' local networks and larger networks such as ANZAPHE?

Do some professions do it better than others, if so, why? What do interdisciplinary networks offer?

Recognised, confident and inspired – factors influencing the sustainability of the IPE workforce

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The initial development and delivery of interprofessional education (IPE) learning activities often rely on small groups of educators from various health and social care professions who value interprofessional collaborative practice (IPCP). These initial contributions are often voluntary and rewarded by working alongside educators from other professions and observing students learn with, from and about each other. But as time goes on, retaining and further developing the IPE facilitator workforce is challenging.

This research explores the experiences of IPE facilitators who are involved in developing and facilitating IPE learning activities as part of a New Zealand university-based IPE programme.

Twenty nine IPE facilitators from a range of professions and experience participated in an online survey (29% response rate). Closed questions about demographics and participation in IPE teaching were collated and Template Analysis was used to explore the open-ended responses.

Three themes were identified that influenced these IPE facilitators' experiences of IPE: being recognised, feeling confident, and being inspired. These themes were mediated by forces at macro (governance), meso (management), and micro (individual) levels. An additional integrative theme highlighted the role of individual tipping points which had the potential to influence, and in some cases derail, the facilitators' continued involvement in IPE.

IPE facilitators are strongly motivated to take part in IPE because they believe in the value of IPCP. To ensure a stable IPE facilitator workforce facilitators need formal recognition of their skills and involvement in IPE facilitation, and to feel confident and well supported in their role. Factors that might derail their ongoing involvement need to be actively managed by those in senior level positions (macro-governance and meso-management), to ensure IPE facilitators continue to support the development and delivery of IPE learning activities.

The experiences, learning impact and acceptability of wholly online interprofessional educator facilitator training.

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Background:

Interprofessional Education (IPE) is of growing importance in entry-to-practice health profession training and in accreditation of programs. Well trained IPE facilitators are a crucial part of effective IPE.

Current gap:

IPE facilitator training has traditionally been delivered face to face however the COVID-19 pandemic saw many learning and teaching activities move online. Currently there are no published studies exploring wholly online IPE facilitator training.

Aim:

In 2020/21, the Faculty of Medicine, Dentistry & Health Sciences at the University of Melbourne (Australia) partnered with the Centre for the Advancement of Interprofessional Education (UK) to deliver and research a wholly online IPE facilitator training model. The two research questions were:

- 1) What are the experiences and learning impact of participants engaging in wholly online IPE facilitator training?
- 2) Is a wholly online IPE facilitator training an acceptable model?

Methods:

A series of asynchronous pre-workshop online tasks and two synchronous online workshops were delivered and evaluated between September 2020 and April 2021. Qualitative and quantitative data was collected using anonymous surveys at 4 time points (before, after workshop 1 and 2- and 6-months following training). Inductive thematic analysis was employed for the qualitative data which is presented in this abstract

Results:

Forty-four staff and 4 students from across 12 disciplines participated in the training, 55% of who agreed to take part in this research.

Key themes emerged related to building a community of practice, facilitating networking, raising self-awareness, facilitation skills development and deploying the expertise of the group members.

Eighty-two and 86% of participants reported acceptable level of satisfaction or above for workshops 1 and 2 respectively with promotion of more active learning being a key theme.

Discussion:

Wholly online may be an acceptable model for IPE facilitator training however active learning needs to be prioritised in the online environment.

Interprofessional student-led clinic: patient motivation to participate

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Background

In 2018 we introduced a student-led clinic at a teaching hospital, co-created by students, clinicians and 'patients as partners'. While the views of students have been reported in literature, patients' views are less well represented. By developing an understanding of patients' motivation and commitment to participation in student-led clinics, we may be able to promote an interest in teaching health professional students among community members, and retain current patient participants. Using the conceptual lens of Self Determination Theory (SDT), we sought to consider the patients' motivation and perspective of participating in an interdisciplinary student-led clinic for people living with Parkinson's Disease.

Methods

Each student-led clinical was 4-hours in duration, occurring five times throughout 2018. Four volunteer 'patients as partners' and eight senior health professional students from various disciplines (pharmacy, nursing, medicine, physiotherapy, occupational therapy, speech pathology) participated in each clinic. In unidisciplinary teams, students rotated through four stations, spending 30 minutes with each 'patient', followed by an interdisciplinary meeting led by a clinician. Focus group data were collected from patients at the end of clinics. Framework analysis was used to code and categorise the data into themes using SDT as a conceptual framework.

Results

Eleven patients participated in the focus groups. Patients felt able to shape their own experience in the clinic. They indicated participation helped them in development of their own knowledge about living with Parkinson's disease, as well as a desire to seek further advice from health professionals. A sense of belonging was fostered where patients worked alongside students to learn from each other.

Conclusion

Patients contributed to the clinics of their own volition, and were motivated by their desire to help students in their learning, a sense of achievement in doing so, a desire to improve their own knowledge and health, and the sense of community.

Partnering in research design: a collaborative approach to exploring interprofessional communication in rehabilitation

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¹*University of Melbourne, Melbourne, Australia*

Introduction:

Stakeholder partnerships can increase the relevance and quality of health professions education research, accelerating implementation of knowledge to inform educational interventions and policies to improve patient care. In the rehabilitation field, researchers have called for greater involvement of stakeholders in project development.

Research design is rarely detailed in the literature, however outlining stakeholder involvement during development may enhance research design, reporting and potentially, translation.

Objectives:

This presentation outlines how our research team engaged healthcare professional stakeholders during the development of an observational practice-based study, the aim of which is to examine interprofessional communication in an inpatient rehabilitation team.

Methods:

This qualitative design involves observations and interviews with a rehabilitation team. Interview data obtained from rehabilitation healthcare professionals in an earlier research phase oriented the focus of observations. Ongoing engagement with stakeholders was supported by a scholarship of practice; a collaborative model in which theory, research and practice are interwoven. This approach provided principles and strategies for the involvement of stakeholders, including inviting a key member of the rehabilitation team into the research team to ensure design was ethical and feasible. Data collection approaches were discussed iteratively with stakeholders to establish how to maximise data quality while adhering to COVID-19 restrictions.

Results:

Partnering with healthcare professionals was integral to this project design; helping us tackle design challenges and enriching our understanding of the research context. In terms of methodological alignment, we were also attuned to the importance of employing a collaborative, interprofessional approach when investigating how an interprofessional team communicates.

Identifying strategies to develop meaningful stakeholder partnerships is an important consideration in health professions education research. This will help us better understand and develop rewarding partnerships between researchers and stakeholders and to assess their impact on dimensions such as study recruitment, research quality, and translation of research findings into practice.

Interprofessional education for Speaking Up: Learning to be a bit less “goldfishy”

Dr Nigel Gribble¹, **Dr Claire Morrisby**¹

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This pilot cross-institutional simulation skills workshop aimed to build healthcare students confidence in 'speaking up' and expressing their ideas to other practising healthcare professionals, i.e. experienced medical practitioners and family members of patients during work and fieldwork placements. Patient safety is negatively impacted by inhibited communication between healthcare professionals. The speaking up workshop included a skills-based training session followed by two simulation experience sessions using live actors and video-based simulation. This project aimed to evaluate: the experience of allied health students working in teams during simulation activities, the development of 'speaking-up' skills and confidence, and the feasibility of using video-based or live actor-based simulations across multiple universities in Western Australia.

A randomised cross over-controlled trial design was used to evaluate the project; each participant completing the skills workshop and either live or video-based simulation scenarios, followed by an additional half-day approximately two months later to complete the opposite scenario. Repeated measures were collected pre and post each session: General self-efficacy questionnaire, Interpersonal Communication Skills Inventory, and Interprofessional Socialization and Valuing Scale (ISVS). Participants completed action plans following each scenario identifying how they would implement the skills learnt which have been analysed with content analysis. Semi-structured interviews were completed following both simulation scenarios.

Early results indicate that participants experienced positive changes in all measures. Participants reported that they had successfully implemented the skills developed in the workshop in fieldwork and in other settings such as group work during university studies. The video and actor-based simulation scenarios were both effective, however, participants rated actor-based simulations as higher-fidelity and provided greater feedback. Balancing this, the video-based scenarios required limited staffing to implement and did not present ongoing costs. The IPE speaking up workshop effectively developed students skills and confidence to speak up, a critical factor in preparing health graduates for the workforce.

Different Voices: A digital, case-based approach to interprofessional health education.

Breanna Wright¹, Amy Lawton¹

¹*Victoria University, Melbourne, Australia*

In healthcare education, interprofessional education (IPE) can improve interdisciplinary collaboration, professional communication, and teamwork and decreases negative preconceptions of healthcare groups.

However, given the challenges of timetabling, cost, and the logistics of large student cohorts, there is no consensus on how IPE should be embedded in pedagogy. This is reflected within several health discipline courses at VU where an IP approach is discussed, but students are not specifically exposed until after graduation.

The Covid19 pandemic and the university-wide curriculum change to VU's 'Block Model' delivery provided an opportunity to pivot and utilise the diverse skills of staff in the College of Health and Biomedicine during unit design and development.

To solve this issue, a problem-based learning approach (PBL) was taken and a structured, multifaceted, digital case study was developed by staff in the osteopathy faculty and modified by academic staff in the psychology, exercise science, and dietetics faculties. The case study includes implications for the patient that require addressing by a number of health professionals.

Students worked through the structured case study collaboratively using research, problem-solving, and a discussion of prioritised patient care and management in an online, real-time class, whilst being supported by a staff facilitator.

Following the case study, students accessed a recorded clinical reasoning discussion between the relevant registered health professionals. This discussion includes how these practitioners would individually manage the patient within their scope of practice and how they would manage the patient as a member of an IP healthcare team. The health professionals also comment on how referral between practitioners would be prioritised.

This presentation will discuss the development process of this content and highlight the depth of skill and willingness of staff in multiple disciplines to build collaborative, engaging digital material for students that reflects best practice healthcare and health education.



DAY THREE: Wednesday 13 July 2022

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Student experience of a spiral curriculum in the early years of medical training

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Introduction:

Students that understand the framework they are learning under have a more positive experience of navigating a curriculum. The Otago MB ChB uses a 'spiral curriculum' (SC) framework, where content is revisited with increasing difficulty and integration, with course progression.

Aim/objectives:

To elucidate Otago preclinical medical students' understanding and experience of a SC, to inform effective curriculum delivery.

Methods:

Second (Y2) and third (Y3) year medical students completed an online survey on awareness, experience, and perceptions of a SC. Questions included whether the SC was a good framework for their learning, how well it prepared them for assessments and future study, whether they experienced the curriculum as a 'spiral', and the impact of absences on learning. Question format included Likert-type and visual analogue scale responses.

Results:

In total 171 [29.6%] students completed the survey (n=75 Y2), n=96 Y3); 60% (n=103) knew the curriculum was delivered as a spiral; 95% (n=162) agreed it was a good model for their learning. Approximately half (45%(Y2), 56%(Y3)) agreed the SC prepared them for assessments and future study. Respondents aware of the SC framework were 1.9 times more likely to indicate SC delivery adequately prepared them for end of year (EoY) assessments. Of students who experienced a 4-6 day absence (n=40), 43% reported difficulty learning new content that built on missed content .

Conclusion:

A SC is generally accepted as a good framework by Otago preclinical medical students, though approximately half do not believe it prepares them well for assessments or further study. Notably, students with an awareness of the curriculum delivery mode were twice as likely to feel adequately prepared for EoY assessments, emphasising the importance of articulating the extant learning framework for student experience. Whether absences have a greater impact in a SC than other frameworks requires further investigation.

“How do we know and what do we do?”: Medical students learning to do research in the interpretive paradigm

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Learning to do research is becoming a common curriculum requirement of medical education. While research in the empirico-analytical paradigm (often referred to as quantitative research) tends to dominate in medical education, there is increasing interest in students learning to research in the interpretive paradigm (often referred to as qualitative research). To research in the interpretive paradigm, students often need to move beyond their socialised reliance on objective ways of knowing and analysis of measurements so that they can engage with the notions of multiple constructed realities and interpretation of subjective understandings. Such a move can be unsettling, intriguing, frustrating and rewarding. The aim of this presentation is to explore and unbundle some of these complexities of students learning to do research in the interpretive paradigm and share our experiences and insights.

The context of our exploration is a two-year research project, as a curriculum requirement of the MD Joint Medical Program (University of Newcastle and University of New England). The perspectives of the medical students and their research supervisors will be presented. Both projects focused on person-centred aspects of healthcare; one exploring end-of-life conversations in the emergency department through a literature interpretation, and the other using semi-structured interviews to explore the experiences of caregivers navigating palliative care. The research was conducted through the University of Newcastle Department of Rural Health in Tamworth. This presentation, developed collaboratively by the seven medical students and their two research supervisors involved in the research projects, is based on our iterative reflections and ongoing conversations.

Insights shared include the value of creativity for the research process, including photo-elicitation, reflective walks and on-line collaborative tools, and the importance of collaborative momentum, flexibility, goodwill and reflexivity. The theoretical notion of relational humanism is highlighted for addressing the question “How do we know and what do we do?”.

‘Health Professional Education’ as a two-year medical student elective: perspectives of curriculum designers and participants

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As discerning adult learners, medical students benefit from some autonomy. Accommodating this, the new MD curriculum of the Joint Medical Program (University of Newcastle and University of New England) developed student Pathways, an elective course spanning the final two years of the degree. Students choose courses allowing an in-depth exploration of various topics including: Laboratory Medicine; Rural Health; Indigenous Health; Global Health; and Health Professional Education (HPE). This presentation will explore the HPE elective from the perspective of curriculum designers and student participants.

The Medical Board of Australia states that one component of a Good Medical Practice is teaching.

Understandably, much of a primary medical degree focuses on knowledge acquisition and application, with very few courses focussing on the skills required to be a competent teacher. The HPE pathway does just that. Beginning with a six-week block in 4th Year HPE focuses on educational knowledge and skills, including: Feedback; Teaching and Lesson Planning; Assessment Creation; and Medical Education Research. The second six weeks takes place in 5th (final) year, where students design and undertake projects centred on a particular aspect of medical education. The MD has just graduated its first cohort, with students in the HPE pathway producing a variety of projects, three of which will be reviewed in this presentation.

These student projects explored: the efficacy of a near-peer model to improve confidence in diagnostic skills; the engagement of peers in student-directed seminars; and the development of a resource for student-led teaching of clinical reasoning and exploration of cognitive bias.

The projects informed some enlightened reflections by students, adding valuable feedback for our HPE course as learners became discerning consumers of teaching, while developing their skills as teachers. Our experience encourages an ongoing explicit focus on future doctors' development to enable them to become effective, reflective educators and clinicians.

Melbourne MD Redesign Project 2022 - Where we are at and where we are going next

Associate Professor Lisa Cheshire¹, Associate Professor Lisa Cheshire¹, Professor Steve Trumble¹, [Steve Trumble](#)

¹The University Of Melbourne, Parkville, Australia

Overview

In 2019-21, UoM MD-redesign team reviewed and updated the Doctor of Medicine program. We reported on the progress of this project at ANZAHPE 2020. We are delighted to provide an update on the launch of the MD-Redesign curriculum for our year 1 cohort in 2022.

Our innovations delivered include:

1. No pre-requisite subjects – our intake was able to apply from any undergraduate pathway, with 10% of cohort from Commerce, Music, Arts and Engineering.
2. Programmatic assessment approaches that include a shift from graded subjects to pass/fail to reduce focus on high grades
3. Discovery electives: Streamlining our core medical subjects via efficiencies in delivery created space for our new elective program called Discovery. Students chose from 7 Discovery topics in 2022, with new topics being added each year. Each topic was designed by clinician-specialists. Our Discovery topics offered in 2022 were Rural health; Teaching and Learning in Medicine; Human health in the space environment; Foundations in Translational Medicine; Sexual Health; Death and Dying-lifting the lid and Discover Cancer. Students also had the opportunity to study a range of approved faculty subjects called Faculty Selectives.
4. Course Advisor Program - All students undertook preparatory learning activities before attending 45-minute meeting with a course advisor (MD staff) to facilitate elective selections aligning with their background, experience, or aspirations.
5. Dedicated rural pathway- 30 students have commenced for the first time at our new rural campus in Shepparton, Victoria.
6. Articulated PhD and MPH pathways are also offered. Initial data indicated 22% of students might be interested in MD-Master of Public Health, while 25% indicated in interested in a PD-PhD pathway.
7. Time flexible pathway -We are also gauging interest in proposed time flexible pathway. While this remains aspirational, we aim to provide flexible learning options for our students in future.

Applying self-regulation theory to ward-based learning during early clinical years

Dr Jennifer Shone¹, Ms Naomi Staples¹, Dr James Collett¹, Dr Matti Gild¹, A/Prof Jonathan Hong¹, Dr Fawzia Huq¹, Dr Priya Khanna¹, **A/Prof Karen Scott¹**

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Background:

Traditionally in early, clinical years of medical programs, ward-based learning (WBL) is structured; students are primarily observers and undertake pre-defined tasks. In 2021 Sydney Medical Program introduced two second year WBL terms that were self-directed and immersive, yet guided and scaffolded. A clinical supervisor was assigned to student pairs to help them learn and develop confidence in hospitals. Students undertook tasks, developed based on self-regulation theory, to enhance skills and agency in seeking learning. We explored students' WBL experience, focussing on regulation of thoughts, actions and environment, self-reflection and self-evaluation to achieve personal goals.

Methods:

This study was conducted through a predominantly qualitative approach. In April 2021, after the first WBL term, we conducted five student focus groups and a survey with qualitative and quantitative items. Qualitative data were analysed using framework analysis, based on self-regulation theory. The researchers individually analysed one focus group transcript using line-by-line coding, then compared analyses to construct a coding framework. Remaining transcripts/survey comments were analysed in pairs (involving individual analysis then comparison with partners) before framework modification following group consensus.

Results:

Students varied in their WBL experience and the extent to which they took a self-regulated approach: those exhibiting more developed self-regulation identified more learning opportunities, even when barriers were present (e.g., uncommitted supervisors or peers). Some prepared themselves for the first WBL term; all did so for the second. Students developed strategies for maximising learning and varied in self-motivation and adaptation during hospital-based learning. Students' self-reflection, self-evaluation and self-confidence differed, impacting learning and professional identity.

Conclusions:

Self-regulated learning plays a key role in early WBL. Students demonstrating a higher degree of self-regulation gain more through WBL, even in the face of challenges. Preparatory workshops in self-regulation could help students develop capabilities and agency, and through this their learning, in all clinical years.

Curriculum 4

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Engagement Benefits and Barriers: Clinicians' perceptions of factors that impact industry engagement with health sciences professional preparation programs.

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Effective partnerships between universities and industry facilitates health science students' learning and work readiness. Engagement with universities also offers professional development opportunities for clinicians. Yet despite potential mutual benefits, developing sustainable engagement remains challenging. Insight into factors influencing clinicians' motivation to engage in curriculum design, development and delivery may inform effective collaboration with positive outcomes for universities and industry partners.

This study focused on engagement between Western Sydney University (WSU) and Nepean Blue Mountains Local Health District (NBMLHD) speech pathologists. The aim was to identify factors clinicians perceived as enablers or barriers to engagement with the B. Speech Pathology program. All speech pathologists employed within NBMLHD were invited to participate in an anonymous, online survey that explored perceptions of engagement factors. Twenty participants (over 60% of eligible employees) completed the survey. Participants' reported diverse levels of professional experience, caseloads and employment settings. Overall, seven participants (35% of respondents) expressed interest in immediate engagement and 10 participants (50% of respondents) indicated interest in future curriculum engagement. Participants rated the importance of engagement factors on a 5 point Likert Scale (Strongly Agree- Strongly Disagree). Opportunities for 'personal development' and contributions to 'future workforce' received highest mean ratings for perceived individual benefits of engagement. 'Sharing knowledge' was rated most important team benefit and 'staff satisfaction' received highest mean rating as employer benefit. Participants further identified engagement as important for building connections between the university and LHD in education and research, inspiring students to work in health care and, enhancing workplace diversity. Engagement barriers were perceived 'time commitment' and concerns around 'adequate staffing'. Participants perceived sustainable engagement was underpinned by two-way knowledge and information sharing, clearly communicated expectations and a balance of mutual benefits. Implementing strategies to ensure perceived benefits outweigh time and resource commitments will facilitate future, innovative university and industry engagement.

Partnering to Re-imagine a State-wide ICU Transition to Speciality Practice Program

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Intensive Care nurses provide person centred care for those with a variety of critical health problems, and which requires the nurse to develop and maintain broad clinical knowledge and practice capability. To facilitate proficiency in Intensive Care nursing, a Transition to Specialty Practice program was originally developed and implemented in NSW Health in 2014. The program, sponsored by the Nursing and Midwifery Office, NSW Ministry of Health and developed in consultation with members of the NSW Health Intensive Care nursing workforce, aimed to provide a standardised yet flexible education program to support nurses transitioning into the dynamic and potentially high-pressure critical care environment.

In 2021, a project commenced to re-imagine the Transition to Speciality Practice Intensive Care program. A co-design process and partnership between Local Health Districts/Intensive Care clinicians, the Clinical Nurse Consultant group, the Agency for Clinical Innovation – Intensive Care Network, consumers and the Health Education and Training Institute was implemented to support curriculum design and content development for the re-imagined program. This partnership has enabled expertise from clinical practice, and educational curriculum design/development to be brought together to re-imagine a blended learning program that incorporates digital, face-to-face and work integrated learning methodologies.

The design/development approach for this program focuses on partnering clinical subject matter experts with experts from the educational design/development field to plan, structure and write evidence-based content that aligns the online program elements with face-to-face workshops and work integrated learning activities. Scenarios coupled with patients' experience of Intensive Care feature as a fundamental aspect of the co-design process contextualising theory to clinical practice.

The program, which is in the development phase, aims to merge current evidence-based practice, authentic scenarios supported by clinician perspectives and patient lived experience with education design to produce a contemporary re-imagined program that supports current and future participant and service needs.

An exploration of first-year nursing students' perceptions of their preparedness for their first clinical placement

Mrs Philippa Marriott¹, Doctor Kate Reid¹, Professor Jennifer Weller-Newton²

¹University of Melbourne, Parkville, Australia, ²University of Canberra, Bruce, Australia

Commencing first-year clinical placement for nursing students is a challenging period involving translation of theoretical knowledge and development of an identity within the healthcare setting. It can often be a time of emotional vulnerability and a pivotal moment for ambivalent nursing students deciding whether to continue their professional training. This project sought to explore first-year nursing students' feelings and perceptions of their preparedness for their first clinical placement and to examine how initial perceptions remain consistent or change during the experience. The study was completed at the University of Melbourne, where nursing students complete an entry to practice Master of Nursing Science course to become a registered nurse. A qualitative descriptive pre-post study design was used to undertake six focus groups before the clinical placement, then ten individual interviews during the first clinical placement with sixteen first-year nursing students. Thematic data analysis revealed three major themes in their experience. Theme one, adjusting and managing a raft of feelings, theme two, sinking or swimming and the third theme described navigating placement relationships and partnerships. This was a two-way process between the university and healthcare providers. The research also identified gaps in the current curriculum in preparation for the first clinical placement, e.g., poor preparation for caring for the dying patient. The nursing students highlighted areas where extra support would benefit future students, which can enable strategies to further support nursing students commencing their first clinical placement. Through researching the narrative of nursing students embarking on their first clinical placement, and building upon current literature, this study provides tertiary education organisations and healthcare partners the support students require for their first clinical placement.

Many hands make light work: Implementing a partnership-based approach to course redesign.

Ms. Beth Pierce¹, Ms. Creina Mitchell²

¹Griffith University, Nathan, Australia, ²Griffith University, Gold Coast, Australia

Introduction/background:

To provide safe quality care, Registered Nurses must communicate effectively with patients, families, groups and other health professionals (Hannawa et al., 2018). A first-year undergraduate communications course at a Queensland university aimed to develop nursing students' capabilities to confidently and effectively engage with patients, groups and interprofessional team members. Prior to 2020, students identified course issues that negatively impacted learning. Subsequently, the course was redesigned for 2020 using a partnership-based curriculum development approach.

Aim/objectives:

To enhance student learning and course satisfaction by implementing a partnership-based curriculum development approach during course redesign.

Methods:

Nursing curriculum consultants partnered with education design specialists, course academics, clinical nurses, digital health experts, interprofessional collaboration experts, video production specialists and patient actors to enhance online content and create a suite of authentic communication-related videos. Online content design was underpinned by constructive alignment, active learning, interprofessional collaboration and professional nursing and digital health frameworks. Digital tools such as Answer Gardens, Padlets, drag-and-drops were integrated to enhance student engagement. Videos featured a clinical nurse interacting with 'patients' in authentic clinical settings and presented significant, yet often forgotten, nurse-interactions, such as 'greetings', 'small talk' and 'communicating a plan'.

Results:

The partnership approach to course redesign integrated perspectives of multiple experts from various disciplines, enabling academics, designers, and specialists to efficiently work to their strengths. Nursing curriculum consultants ensured scaffolding of core program concepts (e.g. digital health) and improved focus on interprofessional communication. Following the inaugural offering of the redesigned course in 2020 (when learning transitioned off-campus due to COVID-19), students indicated the 'online module content was superior' than other courses offered in the same trimester. Student survey findings indicated high student satisfaction with the redesigned course (> 4.2/5), in particular the online learning content (4.5/5).

Conclusion:

Partnership-based course redesign can efficiently and effectively enhance student learning and satisfaction.

Curriculum 5

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Procedural skills competencies for medical students

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Background

It is well recognised that medical students need to acquire certain procedural skills during their medical training, however, agreement on the level and acquisition of competency to be achieved in these skills is under debate. The purpose of this study was to identify core procedural skills competencies for Australian medical students and to establish the importance of the maintenance of such skills.

Summary of Work

A three-round, online Delphi method was held with thirty-six multidisciplinary experts involved with medical students undertaking procedural skills. This was used to identify consensus on competencies of procedural skills for graduating medical students in Australia. In Round 2, experts re-appraised the importance of 85 skills and rated the importance of maintenance of competency (i.e., Not at all important to Extremely important).

Summary of Results

Consensus, defined as >80% agreement, was established with 46 procedural skills across ten categories. The procedural skills that established consensus with the highest level of agreement included cardiopulmonary resuscitation, airway management, asepsis and surgical scrub, gown and gloving. This was undertaken in a Covid environment!

Discussion and Conclusion

The findings from the Delphi study provided critical information about procedural skills for the Clinical Practice domain of Australian medical curricula. The inclusion of experts from medical faculty and clinicians provided opportunities to capture a range of experience independent of medical speciality.

Take Home Messages

Medical training paradigm has shifted from the long-established, apprentice-type practice model with patients in primary care to become relevant and student focused with an emphasis on active learning and assessment of clinical competence. However, in evolving medical education systems, graduates who learn and value the importance of clinical skills should improve patient safety and medical care. Evidence-based procedural skills maintenance will help ensure that graduates are working as safe, functional practitioners at the start of their careers

The impact of delivering introductory physiotherapy clinical placements in rural settings on the uptake of long term rural immersion experiences.

Dr Catherine Johnston¹, Dr Luke Wakely²

¹The University Of Newcastle, Callaghan, Australia, ²The University of Newcastle Department of Rural Health, Tamworth, Australia

Background: Physiotherapy student clinical placements are increasingly occurring in rural settings, however there remains a need to promote long-term rural experiences as these are more closely associated with intention to work rurally on graduation. Physiotherapy staff of the University of Newcastle Department of Rural Health (UONDRH), in partnership with the physiotherapy clinical placement academics of the metropolitan UON campus, have recently focussed on more effectively promoting the uptake of long-term rural immersion experiences (LTRI) in the UONDRH. One promotion strategy has been to expose early-year students to the UONDRH as a 'taster' for LTRI experiences. Second year UON physiotherapy students undertake an introductory placement including one week of simulated learning followed by a two-week traditional healthcare placement. Recently, efforts have been directed towards increasing the capacity of rural sites to deliver these placements. The aim of this project was to investigate the delivery of short-term introductory physiotherapy clinical placements in rural settings and to describe the impact of these placements on the uptake of LTRI opportunities.

Method: The study was a retrospective cohort design with data included from UON entry-level physiotherapy students. Numbers of students undertaking introductory placements and final-year rural immersion experiences in the UONDRH were compared before (2012), and after (2019), the implementation of introductory placements incorporating simulation.

Results: Introductory placements were successfully implemented in UONDRH settings and continue to date. The proportion of students undertaking introductory, UONDRH supported, placements has increased from 19% (17/88) in 2012 to 67% (57/84) in 2019. Between 2012 and 2019 the number of students completing full-year rural immersion experiences in the UONDRH increased from one to 22.

Conclusion: Delivering introductory physiotherapy placements in rural settings was feasible and these early rural clinical placements may increase students' uptake of LTRI experiences which, in turn could positively influence rural practice intentions.

Threading Health Humanities into the Tapestry of Health Professions Education: A Curriculum and Evaluation Framework

Professor Sandra Carr¹, Karen Scott, Claire Hooker, Mary Ani-Amponash, Pamela Brett-Maclean, Steve Reid, Daniel Vuillerman, Anna Harris, Nahal Mavaddat, Farah Noya

¹*The University Of Western Australia, Perth, Australia*

Health Humanities in the context of educating health professions is increasingly seen as a vehicle to provide a balance between the dichotomous teaching of the sciences, with the critical, reflexive and communication skills health professionals need. How to describe learning processes and understand learning outcomes achieved from the introduction of the humanities into health curricula requires investigation. Collaborative, multi-centred research approaches are essential to substantiate the rationale for including the Humanities as core material in health professions curricula.

Informed by a scoping review of the related literature, the recently formed Worldwide University Network: Health Humanities International Research Collaboration (HHIRC) sought to answer - What are the documented learning outcomes of Health Humanities curricula? What is the focus of Health Humanities learning? How are Health Humanities curricula being evaluated?

Answers to these questions informed the development of a Curriculum and Evaluation framework. The focus of Health Humanities learning in pre-registration health professions programs is around six areas (for knowledge, to master skills of observation and reflection, for interactions, for behaviour formation and transformation, for wellbeing and self-care and for critical evaluation and evidence synthesis) and seek to achieve eleven Health Humanities Graduate Capabilities that have not previously been described. They are to Observe Astutely; Self- Reflect; Appreciate ambiguity; be a Collaborative Critic; Practise Evidence Synthesis; Engage in Dialogue; Interpret Perspectives; Value the Narrative; Value Person Centred Care, Appreciate Innovation and Act Relationally.

This presentation shines a light on the learning processes, educational strategies and common core learning outcomes, being included as health humanities curricula within medical, nursing and allied health programs. This Curriculum and Evaluation Framework aims to support educators in the field of Health Humanities and enable shared conversations around the success and influence of Health Humanities across international contexts.

After bad news; A palliative care communication simulation.

Ms Samantha Hingley¹, Dr Katrina Rechoche¹, Dr Kaori Shimoinaba¹, Ms Janet Wettenhall¹

¹*Monash University, Clayton, Australia*

Undergraduate nursing education combines academic, including extensive use of simulation, and clinical practice to prepare the student for entry into the nursing profession. Whilst there is a wealth of research supporting simulation use in acute care and deteriorating patient conditions, there are less studies with a palliative care or end of life care (EoLC) focus. Even fewer studies have a communication emphasis when combined with palliative care simulation.

Aim

This research aims to explore the impact of using a simulated patient in a palliative care communication simulation, on undergraduate nursing and midwifery students.

Method

The simulation was undertaken in 2021 in a major Australian university. All second or third year nursing or nursing and midwifery students were required to complete a core unit on pain, oncology, palliative and EoLC . Participants were recruited from two different campuses of the university to accommodate differences in demographic profiles. A mixed methods approach was used. Quantitative data included participants' demographic information, and also used the Frommelt Attitudes Towards Care Of the Dying (FATCOD), a 5 point Likert scale, to assess the attitudes of the participants both pre and post the palliative communication simulation. Qualitative data was also collected in both pre and post surveys to capture participant comfort and confidence with communication in a simulated palliative setting.

Limitations

There was a difference in the number of pre-simulation survey responses versus post simulation surveys received. This restricted the number of responses that could be included in the analysis. Recruited students had two valuable, but different active experiences as some directly interacted with the simulated patient while others observed.

As the goal of nursing care education is to prepare students for future practice, it is anticipated this research will further enhance preparation of undergraduate nursing students in supporting challenging communication.

Student Engagement in a unique Online Foundational Knowledge course for Students Transitioning into a Postgraduate Medical Program and Assessment Outcomes

Dr Rosa Howard¹, Mr Tyler Clark¹

¹The University Of Sydney, , Australia

Background

The University of Sydney MD program is a postgraduate degree which has 20% of students are from non-science backgrounds (NSB). To support NSB students transition into the MD program and to provide a resource across year 1 for all students, an online course (OFC) with modules in assumed knowledge disciplines of molecular and cellular biology, physiology, and anatomy. We evaluated OFC student engagement and their basic and clinical science assessment outcomes.

Method

Engagement with OFC modules for 319 students were coded on a 4-point ordinal scale: None, Some (<50%), Most (>50%) and All. Engagement data were correlated with 11 individual assessment tasks given throughout the academic year, as well average scores across four assessment types (written exams, anatomy tests, clinical assessments, and reflection tasks). Analysis of Variance (ANOVA) tests were conducted for each OFC module across average assessment type scores to identify differences between groups.

Results

Engagement with the OFC showed a significant positive correlation across a range of Individual assessments as well as average scores across assessment types for the Biology module (written exams and anatomy tests) and the Physiology module (written exams and clinical assessments). There was strong evidence of significant difference in scores between those who engaged with all OFC Biology module lessons compared with those who did not for the written assessments ($F=5.95$, $df=3$, $p<0.001$) and anatomy tests ($F=3.72$, $df=3$, $p=0.012$).

Conclusions

Full engagement with the molecular and cellular biology and physiology OFC courses correlated significantly with improved assessment outcomes in year 1 written and clinical exams. A longitudinal study evaluating engagement, the diagnostic and prognostic value of the OFC via assessment results and comparing NSB students with science background students is being conducted. NSB student outcomes compared to the same student group prior the introduction of the transition OFC course is being analysed.



DAY THREE: Wednesday 13 July 2022

Stream 3

Educational Technology 2

PCW 4

PCW 5

How effective was the 'switching to digital platform' against the disruption posed by COVID-19 pandemic in postgraduate public health education?

Professor Dragan Ilic¹, Shanika Palawatha¹, Dr Md Nazmul Karim¹

¹Monash University, Melbourne, Australia

Introduction

As the COVID-19 pandemic sparked sudden and widespread changes to the education system, digital platforms were rapidly developed, refined and mobilized to facilitate remote learning.

Objective

This study aims to evaluate the impact of transition to online remote teaching and learning in terms of student performance and retention rates.

Methods

We analysed 3525 units-enrolment data of 522 students, enrolled in a postgraduate public health degree during 2019 and 2020, Monash University. Grades and discontinuation rates were compared at unit and student level across years 2019 and 2020, and across subgroups of residency status, gender, and student's enrolment type (on-campus or off-campus). Percentage change in rates are generated across subgroup categories.

Results

Percent reduction of unit discontinuation rate from 2019 to 2020 were seen in on-campus (18.9%), off-campus (8.8%), domestic (3.28%) and female (1.2%) students. In-contrast percent increase is seen in male (5.4%) and in international (10.7) students. Overall risk of discontinuation was not significantly higher in 2020 (Adjusted-OR-1.14; 95%CI:0.99-1.36), however, after stratification, discontinuation appeared significant in off-campus students (Adjusted-OR-1.23; 95%CI:1.04-1.45) but not in on-campus students (Adjusted-OR-1.42; 95%CI:0.97-2.09). Compared to 2019, in 2020 total marks are higher in both on-campus by 7.63% ($p < 0.01$) and off campus 2.84% ($p < 0.01$).

Discussion

Overall discontinuation rate remained unchanged in the pandemic year, suggesting minimal impact to transition to an online remote model. Stratified analysis highlighted that the transition to online remote learning could reduce discontinuation more in on-campus students (who were benefitted more by this change to online platform), compared to off-campus students. Along with the increase in grades, the transition to online remote learning did not negatively impact student retention or performance.

Conclusions

Further research is necessary to fully explain the mechanisms behind the trends observed.

Partnering to change old paradigms and improve efficiencies by transitioning to paperless forms.

Kathy Ingham¹, Angela Lawrence¹

¹Hunter New England Local Health District, Waratah, Australia

JMOs embark on their internship and resident medical officer years with the expectation of remaining focussed on developing knowledge and skills at the coalface as doctors. However, they're also expected to reflect on their own performance by completing NSW Health's mid and end of term assessment forms. This can often seem like a laborious task from identifying the correct paperwork, completing it accurately, making arrangements to meet with the supervisor and finally meeting with the DPET for final signoff. It's not always smooth sailing. Often forms are inadvertently misplaced, forgotten when meeting with supervisor or lost and the process may need to start again. JMOs can move to the next rotation without receiving proper feedback and remediation. It's the JMO Managers' responsibility to chase incomplete forms with a view to meeting accreditation requirements, collating accurate evidence of successful term completion ultimately ensuring JMOs are eligible for general registration. The numbers are 250 JMOs x 2 forms x 5 terms x 2 years = 5000 pieces of paper. This had to stop and is no longer the case!

By partnering with Jamweb, Hunter New England Health implemented the HPrime innovative, secure, electronic platform completely transforming old paradigms. JMO Managers now distribute the mid and end of term forms electronically. Workflow built into HPrime progresses forms from JMO Manager to JMO, to Supervisor, back to the JMO for review and inevitably to the DPET for sign off. JMO Managers review monthly system generated reports to identify how forms are progressing, monitoring of non-compliance with the ability to generate system reminders when required. Our partners have made it doable on mobile devices. But wait there's more . . . education calendar, storage of resources including education recordings, transcripts of education attended, visibility of rotations and much more. Why wait? Begin partnering now!

Aggression and violence de-escalation training using virtual reality technology for front line emergency department workers in Western Australia.

Mr Joshua Johnson¹, Dr Brennen Mills¹, Dr Luke Hopper¹, Ms Sara Hansen¹, Dr Luke Brook¹, Ms Jess Watson¹

¹*Edith Cowan University, Perth, Australia*

Background

Aggression and violence towards front line healthcare workers represents a rapidly increasing strain on Western Australian (WA) hospitals, with assaults on nurses rising 38% between 2017–2018. Provision of face-to-face education and training for hospital staff in early identification of aggressive patients, appropriate response plans, and avoidance or de-escalation is problematic due to limited resources, staff time, and lack of consistency.

Aims

This project aims to design and evaluate a novel method of training for early aggression identification and de-escalation techniques for Emergency Department (ED) front line healthcare workers utilising immersive virtual reality (IVR) technology.

Methods

This project will be completed in three phases. Phase One: Qualitative interviews and focus groups to ascertain front line ED healthcare workers, Work Health Safety, and Hospital Aggression and Violence Working groups perspectives of appropriate learning objectives, settings, scenarios, game mechanics and perceived barriers to implementation of the education application. Phase Two: Via an iterative review process, working with game developers from the Edith Cowan University Simulation and Immersive Digital Technology Group, the education resource will be storyboarded and built. Phase three: A pilot evaluation will be undertaken through exposing 50–60 front line healthcare workers from Perth metropolitan EDs. Data will be collected through self-reported questionnaires, analysis of decisions made and their timing, and a 3-month follow-up online survey.

Expectations

Previous studies conducted comparing the effectiveness of IVR training to live simulation training have found IVR to provide a comparable training experience with the benefit of ensuring standardisation of scenarios, lower long-term resource investment and higher flexibility in training delivery, while maintaining the ability to edit or design new scenarios as needed. This project provides informative data surrounding the perceived value and efficacy of an IVR violence and aggression de-escalation training platform for WA ED staff.

Partnering with students to prepare for work integrated learning (WIL): Reimagining how we teach practical skills via synchronous telelearning

Mrs Ellie Cutmore¹, Ms Tracey Simes¹, Dr Danielle Le Lagadec², Mrs Tracey Bell¹, Dr Sue Hunt⁴, Associate Professor Julie Bradshaw³, Dr Lisa Wirihana³

¹Central Queensland University, Brisbane, Australia, ²Central Queensland University, Bundaberg, Australia, ³Central Queensland University, Rockhampton, Australia, ⁴Central Queensland University, Melbourne, Australia

Synchronised telelearning has the potential to alter how practical skills are taught in the future. The teaching of practical skills within the tertiary sector has been significantly impacted by the COVID-19 pandemic. Educators were unable to teach face-to-face and needed to find an innovative solution to meet accreditation requirements, industry expectations and safely prepare students for work integrated learning (WIL). This presentation reports on undergraduate nursing students and their clinical supervisors' perceptions of student preparedness for WIL following synchronised telelearning of practical skills.

Undergraduate nursing students (n=180) from 2020 and 2021 cohorts at a regional Australian university completed an anonymous mixed-method online survey to describe their perceptions of preparedness for WIL. Clinical supervisors (n=22) assessing these students during WIL completed a different anonymous online survey related to their perceptions of student preparedness for WIL.

Emerging themes from student data included learning benefits, comfort, convenience, decreased costs, feedback, feeling rushed and technical challenges. Although students described advantages and disadvantages of synchronous telelearning, 77% of students reported feeling prepared for WIL. These findings were mirrored by 87% of clinical supervisors who also stated that students were adequately prepared for WIL. Data from clinical supervisors highlighted two themes: students themselves felt unprepared for WIL, and students were better prepared than clinical supervisors expected. Surprisingly, some stated that students appeared better prepared than previous cohorts who had learned practical skills face-to-face.

Findings from this study highlight that synchronous telelearning is a viable modality for learning hands-on practical skills. This research can be used to inform the future delivery of synchronised telelearning in professions that require hands-on practical skills.

Teaching & learning partnerships: From policy to practice

Dr Sowbhagya Micheal¹, Professor Alphaia Possamai-Inesedy², Professor Susan Page³, Professor Aunty Kerrie Doyle¹, Associate Professor Brahm Marjadi¹

¹*School Of Medicine, Western Sydney University, Campbelltown, Australia*, ²*Office of the Vice-Chancellor and President, Western Sydney University, Parramatta, Australia*, ³*Deputy Vice Chancellor's Unit, Indigenous Leadership, Western Sydney University, Parramatta, Australia*

Western Sydney University is proudly committed to strong partnerships with local communities for co-creating, co-delivering, co-assessing and co-evaluating teaching and learning programs. The symposium will demonstrate how the University's overarching strategy to community partnerships in teaching and learning are translated into practice at the School of Medicine. The University's Indigenous leadership and engagement strategy will be highlighted. Aligning with the University's social accountability mandate, the School of Medicine (SoM) maintains its partnerships with local communities in Greater Western Sydney and Indigenous communities and Aboriginal Medical Services across New South Wales. Experiences of partnerships in Medicine in Context, the SoM's flagship community-engaged teaching and learning program and the SoM's Indigenous Health program will be highlighted. Challenges faced and lessons learned in synchronising school-level practical actions with university-level strategic policies will be shared and discussed.

Promoting University-Community -Student Partnerships: Strategies, Framework and Future Plans

Dr Sowbhagya Micheal¹, Dr Brahm Marjadi¹

¹*School Of Medicine, Western Sydney University, Campbelltown, Australia*

There is increasing evidence on the positive outcomes of engaging students and community partners in medical education. Medical School-Community-Students partnerships are critical to medical schools' commitment to social accountability. While literature has illustrated successful medical courses that engage community and student partners, less is known about the practical steps through which these engagements are established. Best practice frameworks to initiate, maintain and expand partnerships are also less discussed. This workshop will illustrate Western Sydney University School of Medicine's top tips on establishing a robust and enduring partnership with students and community partners in medical education since 2005. The tips are based on experiences from four main stakeholders, namely academics, professional staff, students and community partners, as part of the School's successful 'Four of Fours' Partnership Framework. While context is paramount for partnerships, the workshop tips to engage communities and students are formulated to be transferable to different medical education settings, countries, education systems, and the broader context of health professional education. Using a combination of interactive presentations and small group discussions, the workshop will provide opportunities for participants to self-assess and reflect on their partnership experiences; learn different practice tips to initiate, maintain and expand partnerships; and develop an action plan to promote Medical School-Community-Students partnerships at their respective institutions.

Doing South: new opportunities for community-based strategies in healthcare practice and education in Australia and New Zealand, the Latin-American case as an example.

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¹University Of Canberra, Canberra, Australia, ²Charles Sturt University, Port Macquarie, Australia

Introduction: Recent developments in healthcare education and practice emphasise the need for collaborative, interprofessional and situated strategies. Some healthcare students and professionals might not be aware of their collective clients' needs as rooted in complex socio-historical, political, and economic dynamics. Emancipatory practice can be seen as a response to deal with this issue, as it addresses critical aspects of justice and community participation. In this sense, a global north-south dialogue can promote more situated practices. That is possible through collaboration with collective clients which requires an understanding of the situated nature of their needs, and our roles as citizens and healthcare students and professionals. The authors have common experiences as graduate students in Sweden, academics in Australia and over a decade of professional practice in emancipatory community-based activities in Latin-America. In this session, we will share examples from Latin-American experiences and provide an opportunity to reflect on the opportunities for emancipatory practice in Australia and New Zealand.

Purposes:

- To introduce emancipatory practice and discuss it in the provision of healthcare services
- To introduce Latin-American experiences with collective clients
- To discuss emancipatory practice and community-based practices in Australia and New Zealand.

Planned activities:

- Overview: Introduction to collective clients and emancipatory practice as understood in Latin-America, and the key contextual features underlying community-based practices in Latin-America.
- Reflective activity: Situating the potential of working with collective clients using emancipatory practices in Australia and New Zealand.
- Discussion: opportunities and challenges for emancipatory practice in Australia and New Zealand.

Expected outcomes:

- Participants will identify ways in which they could incorporate the notion of emancipatory practice in their teaching activities with healthcare students.
- Participants will identify opportunities in their local contexts of practice that might hinder or facilitate the implementation of emancipatory practice in Australia and New Zealand.

Carrying the Load; Experiences and Perceptions of General Paediatrics Registrars following implementation of a new roster.

Dr Sarah Trinder^{1,2}, Dr Sandra Carr², Dr Sarah Cherian^{1,2}, Dr Elysia Manley¹

¹Perth Children's Hospital, Subiaco, Australia, ²University of Western Australia, Nedlands, Australia

Background

Rostering patterns of junior doctors has been influenced by mandated safe working hours. In 2019, the Department of General Paediatrics (DGP) at Perth Children's Hospital (PCH) restructured the registrar rostering system with increased staff in order to improve the registrar experience.

Aim

To describe and compare the educational experience of registrars with differing rosters completing a rotation in DGP at PCH over a five-year period. To outline the barriers and enablers to education in the after hours setting and to assess the rotations from the perspective of consultants.

Methods

A descriptive mixed methods study design was used. Quantitative data, collected using End-Of-Term Evaluation (EOTE) questionnaires and Consultant surveys, were analysed. Qualitative data were collected using focus groups, document review and unstructured answers to EOTE and analysed.

Results

Sixty-nine EOTE questionnaires were analysed (response rate 52%). Across all rotation types "Overall learning experience" and Consultant "Level of Supervision" were above average. Compared to DGP Day and DGP 2019 counterparts, DGP Nights registrars recorded lower responses to various domains including Consultant "Level of Supervision" ($p=0.039$), "Valued as a team member" ($p=0.045$) and "Given appropriate responsibility ($p=0.028$). Consultant survey data recognised the value of learning opportunities in each of the rotations, while highlighting poorer perceived supervision of DGP Nights registrars and lack of continuity as impacting patient care and team dynamics.

Twenty-five registrars participated in six focus groups. Consultant supervision and leadership opportunities were strengths. However, a lack of safety relating to basic needs, high workload and poor accessibility to formal teaching were barriers. Themes emerged: "Climate"; "Carrying the load"; "Support" and "Access".

Conclusions

Data highlights the importance of curating a supportive clinical learning environment. These study findings have been successfully used to advocate for the adoption of an after hours team-based model, increasing peer collaboration and maximising learning opportunities.

Surgical Waste Pilot Study: Analysis of Surgical Waste Produced by Three Common Surgical Specialties Across Different Gold Coast Health Facilities

Dr Aidan Crayton^{1,2}, Dr Neelam Maheshwari^{1,2}, Dr Aaron Nihal¹, Dr Xavier McMahon¹, Dr Bailey Craig¹, Dr James Pietris¹, Dr Thejaani Aran¹, **Professor Michelle McLean**

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Background:

The Australian healthcare system accounts for 7% of Australia's total carbon footprint, with a substantial amount of this being healthcare waste.¹ Yet, the contribution of surgical waste to carbon emissions remains a major and under-recognised issue in healthcare. The aim of this study was to measure the quantity of surgical waste and calculate yearly carbon emissions for a range of common surgical procedures performed at the Gold Coast University Hospital, Varsity Lakes Day Hospital and Gold Coast Private Hospital.

Methods:

Measurement of surgical waste was conducted for three common surgical specialties: Obstetrics and Gynaecology, Orthopaedics, and Ophthalmology. In theatres, waste was segregated into the five different waste streams of 'soft plastics,' 'hard plastics,' 'paper/cardboard,' 'metal and electricals,' and 'textiles.' All waste was measured in kilograms per surgery before and after segregation. Yearly carbon emissions produced by the surgeries in total was estimated based on the number of procedures performed per year.

Results:

Waste measured from 44 procedures including 21 Cataract Surgeries, 10 Lower Segment Caesarean Sections (LSCS), 6 Standard Vaginal Births (SVBs) and 7 Orthopaedic Disc Replacement Surgeries, yielded a total of 202.822 kilograms of waste. The estimated yearly waste for all surgeries was 19,372.357 kilograms. The calculated yearly carbon emissions for all surgeries combined was 28.913 tonnes CO₂-e.

Conclusion:

This data reiterates the substantial contribution of surgical waste towards Australia's total carbon footprint. Observations from this study highlight several concerning waste disposal practices and proposes measures including the "5Rs" principle to mitigate waste and reduce surgery's carbon footprint.

References:

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Exploration of medical students' experience of obtaining informed consent from patients for sensitive examinations

Dr Harsh Bhoopatkar¹, Dr Carlos Campos¹, Associate Professor Phillipa Malpas¹, Associate Professor Andy Wearn¹

¹University Of Auckland, Auckland, New Zealand

Exploration of medical students' experience of obtaining informed consent from patients for sensitive examinations

Introduction:

The teaching and learning of sensitive examinations (male rectal, female rectal, female breast, male genital, and female vaginal/pelvic examinations) to medical students is challenging. A key challenge relates to the ethics of obtaining informed consent from patients (Coldicott 2003). In New Zealand, a national consensus statement on medical students and informed consent was developed to protect the patient, students and staff (Bagg 2015).

Aim:

To perform a qualitative exploration of medical students' experience of obtaining informed consent from patients for sensitive examinations in the context of guidance from a national consensus statement.

Methods:

A self-completed, online, anonymous questionnaire was developed. Data were collected in the period just after graduation from the medical programme at the University of Auckland in late 2019. Qualitative data, in the form of free-text comments for each examination, were subjected to thematic analysis.

Results:

The response rate was 35% (93/265). Themes were identified representing factors that reduce or increase adherence to the national consensus statement. Barriers to compliance were: lack of awareness of policies from both students and supervisors; pressure, indifference, and hierarchy related to supervisors; medical school inertia; and access to notes. Compliance facilitators included student resilience, positive role-modelling from supervisors, and a supportive environment.

Discussion:

We identified factors related to students, supervisors, institution, and the learning context as reasons for noncompliance of the national consensus statement on obtaining informed consent. A partnership between stakeholders to review implementation of policy would help ensure a safe learning environment for our patients and students.

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Enhancing the Mental Health and Wellbeing of Junior Healthcare Professionals: Evidence from a Wellbeing Intervention

Associate Professor Emily Hibbert^{1,2}, Ms Narelle Brown¹, Dr Shanta Dey³, Associate Professor Anya Johnson³, Associate Professor Helena Nguyen³, Ms Lorain Squire², Mr Nickolas Yu⁴, Dr Marvin Nguyen², Dr Nhi Nguyen², Ms Suzy Green⁵
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Introduction: Mental health in junior medical officers (JMOs) is poor with burnout increasing through post graduate year 1 (PGY1) to 75% of JMOs (Willcock et al 2004). We present the first of a two-part project at Nepean Hospital designed to develop junior healthcare professionals' (JHCPs) skills in monitoring, managing and enhancing their own wellbeing and to embed this within their work environment.

Aim: To enhance JHCP wellbeing and reduce the risk of poor mental health through an educational intervention.

Methods: All JHCPs at Nepean Hospital within 10 years of graduation were invited to participate in a series of eight one - hour wellbeing workshops, comprising a mix of evidence -based mindfulness meditation, positive psychology and coaching, delivered over 16 weeks with participation options of face -to -face or online. Psychological markers of wellbeing and poor mental health were assessed at baseline and 4th monthly follow-up.

Results: 31 JHCPs were recruited, including 18 PGY1 JMOs. 22 JHCPs attended 1 workshop with 95 workshop attendances, including 36 via Zoom. Each workshop was offered multiple times over a fortnight in different timeslots and facilitated by a small team of specially trained hospital- based facilitators. Preliminary quantitative data from JMOs who completed surveys at 3 time points (n=11-22) demonstrated that wellbeing measures (Warwick Edinburgh Mental Wellbeing Scale, Solution Focused Inventory, Depression, Anxiety and Stress Scale-21, Maslach Burnout Inventory) were within the normal range for the general population (mean and median) at baseline and were maintained at 4 and 8 month follow-up. Goal focus increased significantly from baseline to 4 month follow-up (p=0.037), which is likely to be associated with improved performance. Formal and informal mindfulness practice increased significantly from baseline to 4 months (p<0.001) and was maintained on 8 month follow-up. This is likely to be associated with reduced burnout and medical error.

Enhancing the Mental Health and Well-being of Junior Doctors (JMOs): Evidence about how work design and team processes within term rotations can support JMO well-being

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Aim: to explore Junior Medical Officers' (JMOs) work environment to understand how work design and team processes can best support JMO well-being.

Project Design: Longitudinal, within-subject design to track the experiences of JMOs in their term rotations (e.g., in emergency, surgery), enabling generation of rich insights into how different workplace factors (e.g., supervision, job design) affect JMO well-being and performance over time.

Methods: We surveyed 62 JMOs in the final week of their terms, including measures of well-being (e.g., burnout), job characteristics (e.g. work demands), and leadership (e.g., supervisor availability for support).

Results: In total, we analysed 151 term surveys from JMOs and matched ratings from 55 term supervisors who provided their perceptions of their JMOs' well-being and performance.

We found that for terms with higher levels of job demands, JMOs reported higher levels of emotional exhaustion (a component of burnout), poorer mental health outcome (anxiety, depression), and lower levels of proactive job performance (rated by their supervisors). However, the link between job demands and emotional exhaustion was weaker for JMOs who reported high voice ie. felt able to speak up in the team. These preliminary findings highlight that providing a context in which JMOs feel comfortable to voice their ideas and concerns can help JMOs cope with high levels of job demands and, in turn, help protect them from poor mental health outcomes as well as lead to better performance outcomes.

In addition, we will also speak to our process of providing detailed personal feedback books to all participating JMOs (with educational resources to support their self-reflection and development) as well as to term supervisors (who had a minimum of four JMOs complete a survey on their term) on how their JMOs were perceiving their terms, particularly on factors known to impact JMO performance and wellbeing.

Developing home grown doctors: A partnership for provisional entry in the Regional Medical Pathway

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Medical workforce shortages are commonplace in regional areas in Australia and across the world. Studies report that for students from regional or rural backgrounds, the opportunity to complete undergraduate medical education and access postgraduate training has a significant impact on the likelihood of those students staying or returning to that region to work locally after graduation.

In 2019, a formal partnership was established by two universities and two major hospital and health services to provide an end-to-end medical pathway with a vision to develop home-grown doctors in regional Queensland. CQUniversity Australia, The University of Queensland, Wide Bay Hospital and Health Service and Central Queensland Hospital and Health Service are set to deliver a Regional Medical Pathway in 2022. The collaboration will see eligible students progress from CQUni's Bachelor of Medical Science (Pathway to Medicine) to UQ's Doctor of Medicine (MD) from 2025 onward, with both undergraduate pre-medical and post-graduate medical education being delivered in regional Queensland.

Students entering the MD program will take existing Commonwealth subsidised places, either Commonwealth Supported Places (CSPs) or Bonded Medical Places (BMPs). To ensure students are eligible for a CSP, it was necessary for both universities to work collaboratively to closely align admission and selection criteria and processes. In addition, entry requirements were developed to encourage regional and First Nation's students to apply for provisional entry in the Regional Medical Pathway.

This presentation will discuss how the two universities worked in partnership for provisional entry to develop a new generation of home-grown doctors for regional Queensland.

Student Nurse Views and Perceptions on Receiving Communication Skill Feedback from Healthcare Consumers

Miss Bronwyn Brimblecombe¹, Dr Lynda Hughes¹

¹Griffith University, Nathan, Australia

Background: Currently there is a paucity of research surrounding partnering with healthcare consumers in student nurse communication within Australia. With healthcare consumers at the heart of nursing care, they can provide a valuable viewpoint that could assist in helping develop student nurse communication skills. Exploring student nurses' views on partnering with healthcare consumers to receive communication feedback is the first step to future implementation.

Aim: The aim of this study was twofold; firstly, to identify nursing students' views on participating in healthcare consumer collaboration in communication skill feedback. Secondly, to explore what method of feedback the students consider being useful to their communication skill development.

Methods: Third-year bachelor of nursing students were invited to participate in interviews to explore their views on receiving communication feedback from healthcare consumers. Using qualitative content analysis as described by Graneheim and Lundman (2004) the data was analysed to develop themes.

Results: Six student nurses participated in the interviews. Themes were identified and broken into positive features and negative features.

Discussion: Partnering with student nurses helped identify positive influences and possible barriers of implementing healthcare consumer collaboration in communication skill feedback. Participants proposed solutions to barriers which will be explored further to establish methods for implementation. The benefits to understanding enablers and barriers when partnering with health care consumers for communication feedback can be applied to all health care professional education programs.

Conclusion: Partnering with health care consumers in the delivery, design, measurement, and evaluation of health care is recommended by the Australian Commission on Safety and Quality in Health Care (2011). This project is the start to establishing how partnering with healthcare consumers can improve student nurse communication.

Building an Evidence-based Wellbeing Framework for GP training

Dr Taryn Elliott¹, Assoc Prof Jill Benson¹, Dr Penny Need¹, Mr Shaun Prentice¹

¹*Gpex, Adelaide, Australia*

Burnout is common in medicine, especially amongst postgraduate medical trainees. Within General Practice, data from the national General Practice Registrars Association (GPRA) benchmarking survey indicates that 49.9% of registrar respondents indicated high levels of burnout. Burnout impairs health and productivity, quality of patient care, and can lead to substantial cost. GPEX, the Australian General Practice Training (AGPT) provider in SA, supported a series of research projects to better understand burnout and enhance their wellbeing support framework. This presentation describes the key findings and how they were used to refine a wellbeing support program within an Australian General Practice Training setting.

GPEX, in partnership with the University of Adelaide, supported four studies exploring wellbeing and burnout in GP registrars: a systematic review and meta-analysis; a hermeneutic literature review; qualitative interviews and focus groups with stakeholders; and a survey. The research produced evidence-based models of wellbeing and burnout contextualised to the Australian GP registrar training setting, and offered a series of recommendations for implementation of a wellbeing framework for GP registrars. These findings were then evaluated in a mixed-methods translational study, involving qualitative and quantitative review by GPEX stakeholders, including Supervisors, Registrars and Practice Managers, and a revised wellbeing framework was developed for use in GP training.

The Framework includes provision of training, resources and support across GP training, and is underpinned by a “health in all policies” approach. It provides direction for multi-level strategies holistically addressing registrar wellbeing and covers the domains of wellbeing identified through research including: physical health, psychological wellbeing, social wellbeing and professional wellbeing.

The framework will be presented, with examples of how this was operationalised in a GP training program.

The impact of the COVID-19 pandemic on the wellbeing and educational learning of Australian medical students: a nationwide cross-sectional study

Mr Lawrence Lin¹, Miss Naomi MacPherson¹, Mr Jordi Shahab¹, Miss Alyce Finch¹, Dr Arunaz Kumar

¹*Australian Medical Students' Association, Barton, Australia*

Background: The COVID-19 pandemic has catalysed significant changes in social connectedness and medical education delivery. Due to intense pressure of the course, medical students are traditionally an at-risk subset of society with high general and specific distress levels. Medical educators and students have had to adapt quite abruptly to online pedagogy and learning framework.

Aim: This student-led research project aimed to explore the impact of the COVID-19 pandemic on Australian medical students' psychological well-being as well as present and prospective educational outcomes.

Methods: A convergent mixed methods study design in the form of a nationwide survey of 183 medical student participants was used. Utilising a peer-informed approach was integral during the research design process. The analysis was guided by the social constructivist theoretical framework and was also informed by Siemens theory of connectivism. Qualitative data was analysed and grouped into themes and subthemes. The demographic and academic characteristics from the quantitative data helped frame the thematic analysis on a nationwide scale. Numerical data from additional Likert scales and evaluative check-box questions corroborated and further supplemented the qualitative data findings through assessing the impact of the COVID-19 pandemic from a statistical perspective.

Results: Six main themes were identified from the data: academic stressors and motivators; interactions with faculty; impact on social connections; personal/family health and wellbeing; changes to structure and time; and living situation.

Conclusion: The COVID-19 pandemic has been difficult for medical students to adapt to, both in a psychosocial and educational context. Medical educational institutions can use key learnings in slowly transitioning to post-pandemic pedagogical approaches.



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Symposia 4

Should we run another workshop? Rethinking support for clinical educators beyond professional development.

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¹The Royal Children's Hospital, Melbourne, Australia, ²Monash University, Melbourne, Australia, ³Eastern Health, Melbourne, Australia

Introduction: Workplace-based training of health professional students, our future healthcare workforce, is typically a responsibility assigned to senior staff or 'clinical educators' within the health system. The common approach to preparing and supporting clinical educators for this role is to enhance knowledge and skills through professional development workshops. However, clinical educator experiences continue to be characterised as stressful, with negative impacts on service delivery and work satisfaction suggesting support beyond formal training opportunities is required.

We conducted a scoping review to explore what is known about mechanisms to support health professional educators in the workplace. Twelve support themes were identified that encapsulated five support categories: practical, relationship, advocacy, capability and knowledge. Additionally, implementation of supports were described at individual, unit, organisation and system levels.

Purpose: The purpose of this session is to further the work of this scoping review through exploration and discussion with conference delegates who are interested in sharing experiences of additional supports that have been trialled to assist clinical educators to fulfill their role in training pre-qualification students. Subsequently, using the synthesis of data from our scoping review as a starting point, we would like to establish priorities for the investigation of support strategies (beyond workshop-based professional development) that may enhance clinical educator capability.

Issues/questions for exploration or ideas for discussion:

Considering the themes, categories and implementation levels of support established in the review:

- What are the pressure-points or challenges for workplace-based clinical educators?
- What additional support do clinical educators need or what could be offered/is required to mitigate the challenges?
- What support is currently offered to clinical educators beyond professional development workshops?
- What are the similarities or differences in support needs across and between health professions (nursing/medicine/allied health)?

Co-designing faculty development in assessment with and for health professional educators – how can we do it right?

Dr Amy Wai Yee Wong

¹School of Nursing and Midwifery, Queen's University Belfast, Belfast, Northern Ireland, United Kingdom

Background: Health professional educators are pivotal in assessing student performance, in both academic settings and clinical practice, to ensure members of the public are supported by graduates who are safe and competent practitioners. Consistency of assessor judgements of student performance has been a concern in directly observed clinical assessments. A number of factors have been identified such as assessors' idiosyncratic judgement practices associated with the socio-cultural factors, for example, their beliefs of the purpose of an assessment and expectations of student performance. The inconsistent assessor judgements would have an impact on the high-stakes student progression decisions and the formative feedback provided to students to facilitate improvement. However, the literature illustrates varying outcomes of assessor training on their marking behaviour. To enhance the impact of providing health professional educators with assessment support, we need to better engage them with faculty development that is relevant and tailored to their professional needs.

Objectives: Drawing upon the health professional educators' assessment experience in academic settings and clinical practice, this PeArLs will explore the associated factors that influence their judgements of student performance. The aim is to develop a deeper understanding of how we can effectively address the identified factors working in partnership with health professional educators to co-design fit-for-purpose faculty development in assessment.

Questions:

1. What are the factors that influence health professional educators on making decisions of student performance in both academic and practice settings?
2. From the assessors' perspectives, what are the characteristics of faculty development that will support their assessment practices?
3. How do we best engage and develop productive and sustainable partnerships with assessors in co-designing fit-for-purpose faculty development?

Transitioning to a distributed, rural pre-clinical learning model through partnerships

Associate Professor Lara Fuller¹, Professor Gary Rogers¹, Ms Jessica Beattie¹, Associate Professor Laura Gray¹

¹*Deakin University, Geelong, Australia*

Improving health outcomes for rural communities is a driving force behind the work of Australian Rural Clinical Schools (RCS), through producing graduates who will work in rural areas. Studies of medical school graduate workforce outcomes have consistently demonstrated that students are more likely to work rurally as graduates if they have a rural background and/or undertake extended RCS training. However, the requirement to undertake significant periods of medical training in metropolitan settings presents a barrier to rural applicants and disrupts connections with their rural community. These findings have led to the development of ‘end-to-end’ models of rural medical training that build on existing RCS training to provide both pre-clinical and undergraduate (‘pre-medical’) education in rural locations.

As a four-year graduate entry medical school servicing Southwestern Victoria and the Grampians, Deakin University aspires to help address the critical rural workforce shortages in our region. With three established rural clinical schools providing clinical years’ training, strong partnerships in our rural region and a dedicated Rural Training Stream commencing in 2022, we are currently exploring how to take the next steps towards end-to-end rural training by delivering the pre-clinical years in a way that allows rural students to remain in their communities.

We are keen to share our aspirations, learn from the experiences of other medical schools, tap into the knowledge of the educational community on distributed models of pre-clinical education and explore how our existing partnerships can be both leveraged and strengthened through the design and development of this project.

PEARLS discussion prompts:

- What could a distributed, blended learning model of rural pre-clinical learning through community and health service partnerships look like?
- What are the core requirements?
- What are the potential pitfalls?
- How can distributed learners be connected and supported?

A cross-disciplinary partnership between staff and students to support learner growth in diverse clinical settings

Assoc Prof Helen Wozniak¹, Associate Professor Justine Gibson², Dr Christy Noble¹, Dr Rachel Claydon¹, Shari Bowker³, Dr Aneesha Bakharia³, Kym Ward⁴

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⁴The University of Queensland Medical School, Herston, Australia

Background:

Achieving optimal outcomes from experiences in clinical settings is challenging due the opportunistic and unplanned nature of this learning environment. Access to real-time information enabling students to track their progress over time is also limited by the dispersed nature of the clinical setting, which in turn also makes it difficult for university staff and clinical supervisors to monitor and identify students who are falling behind with workplace-based assessments (WBAs).

A partnership project between the schools of medicine and veterinary science, and university learning analytics team is aiming to better understand the nature of student engagement in the clinical setting by utilising the available digital learner footprints captured from WBAs. The project team along with student partners and an international reference group is undertaking a co-design process to develop digital dashboards to reveal learner profiles of engagement with WBAs.

Purpose of this session:

The purpose of session is to share initial dashboard designs depicting WBA activity and discuss the patterns of engagement demonstrated by medicine and veterinary science students in the clinical setting.

Issues/Questions for exploration and discussion

- What information needs will best support the monitoring of WBA achievements? Are there different requirements for students, academic staff and clinical supervisors?
- Do the patterns of engagement revealed by the project team align with the experiences of the participants?
- What strategies have participants adopted to foster clinical supervisor engagement in utilising a digital platform? How can a digital platform be maximised to facilitate quality feedback and the feedback interaction/partnership between supervisor and student?
- What educational strategies could be adopted to foster student feedback literacy and development of their clinical capabilities?
- Could a digital dashboard create efficiencies in the identification and support for at-risk student in the clinical setting?

Do we teach what doctors need to know?

Educator and clinician perceptions of pelvic anatomy knowledge required for clinical practice

Ms Lilian Fellner¹, A/Prof Christine Barry¹

¹*Flinders University, Adelaide, Australia*

Pelvic anatomy is a notoriously complex area to teach and yet is important foundational knowledge in several medical specialities.

We are interviewing clinicians* about how they learned pelvic anatomy, what pelvic anatomy knowledge they use in their day-to-day practice and what pelvic anatomy they think medical students should learn in their journey to becoming safe and effective practitioners.

Clinicians can tell us precisely what pelvic anatomy knowledge they use for safe and effective clinical practice. However, they have difficulty telling us when and how they learned this. Participants have described a learning spiral where they learned more detail over time. Therefore, a significant theme that has emerged is that the clinicians are not clear about what students are expected to know as they cannot remember what they knew at the same stage.

Clinicians have described experiences where missed diagnoses and misdiagnosis have occurred because pelvic examinations have not been performed. Tracking this back further, they have reported that students can be initially uncomfortable with applying pelvic anatomy knowledge to clinical practice.

Medical educators are a vital link between students and clinicians, especially in preclinical years.

In this PeArLS, we would like discuss the following questions:

- What pelvic anatomy do you see as important to include in the anatomy curriculum and clinical teaching?
- How does this compare to what clinicians have outlined as important for their clinical practice?
- How do you as an educator address the cultural implications surrounding pelvic anatomy?
- How can this be improved?

The research that informs this PeArLS is ongoing work.

*who supervise medical students and use pelvic anatomy in their day to day practice. This includes urologists, obstetricians, gynaecologists and generalists. So far n=7. Still recruiting.

Partnership in addressing diversity and equality in medical curriculum

- Developing dermatology learning resources of skin conditions in skin of colour

Dr Joan Li¹, Dr Sophia David Amirtharajan², Sam Kahler³, Yuyang Liu³, Nikita Rahman³, Michell Selvarajha³

¹The University of Queensland, Brisbane, Australia, ²Flinders University, Darwin, Australia, ³The University of Queensland, Brisbane, Australia

Background:

Traditional medical school has been largely focused on teaching material derived from the Western society. This is particularly significant in mainstream dermatology, which had little focus on skin of colour population. Recognising this under-representation of clinical dermatology in patients with skin of colour, teaching academic staff and students formed a staff-student partnership to develop new resources focusing on dermatology in skin of colour to enhance the current Year 2 curriculum of the MD Program, University of Queensland.

Objectives:

The principles of equality, diversity and fair treatment are embedded in the core ethical standards and requirements that doctors, medical students and medical educators must meet in medical education and training. Development of the new resources will provide the knowledge base to ensure that future doctors can effectively treat skin conditions in diverse populations. This partnership also provides the perfect opportunity for both students and staff to learn from each other and to grow together. As learners, students' views and experiences are vital for the development of the learning resources.

Outcomes:

Staff-students working in partnership co-designed and developed two long cases to be used in Case Based Learning (CBL), and a clinical dermatology image bank consisting of various skin conditions in patients of skin of colour. For each condition images of the clinical presentation in Caucasian skin were also included for direct comparison.

Discussion:

Outcomes from this partnership not only will bridge the knowledge gap in the current MD program, but also support the focus UQ has on improving equality and diversity in the UQ community. By forming staff-student partnerships, both staff and students have the opportunity to share and learn different views, experiences and thought processes, and develop new resources incorporating diverse aspects and backgrounds.

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Effective Leadership-Effective Collaboration: Critical elements for successful educational endeavours AMEE-ANZAHPE Joint Symposium 2022

Dr Jo Bishop¹, Chinthaka Balsooriya², Trevor Gibbs, Prof Judy McKimm³

¹Bond University, Gold Coast, Queensland, Australia, ²Unsw, Sydney, Australia, ³Swansea University, UK

This symposium will explore two aspects that are critical for the success of educational endeavours: leadership and collaboration. The symposium is designed to explore these concepts from a practical perspective, building on well-established theoretical principles.

The symposium will be led by a range of educational leaders with experience across a variety of international settings. Shared, distributed, collective and inclusive leadership models will be discussed to explore the more subtle nuances of leadership and establish a shared understanding of effective leadership in education. A similar discussion will be facilitated around the definition of effective collaboration and its implementation.

The symposium will examine the relationship between leadership and collaboration and explore what constitutes effective collaboration. Practical examples of collaboration will be analysed to identify determinants of success and potential challenges. Difficult and often overlooked aspects such as power imbalance in collaboration will be discussed, with recognition of practices that can sometimes unintentionally perpetuate elements of western academic imperialism.

Contributions from the symposium participants will be actively sought to arrive at a shared understanding and future developments of these concepts in education. The symposium will aim to develop recommendations to foster informed and open collaboration between organisations that can lead to tangible and mutual benefits for all participants.



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Karpman Drama Triangle. Exploring the Victim, Persecutor and rescuer dynamic in general practice training.

Doctor Colleen Bradford¹

¹WAGPET, Bentley, Australia

The workshop will outline the psychological paradigm of the victim, rescuer and persecutor of the Karpman Triangle when dealing with conflict in the GP training environment.

Three scenarios will be presented throughout the workshop and in small groups the participants will be asked to define the following:

1. the victim
2. the persecutor
3. the rescuer.

They will be asked to define how the roles change as the scenarios unfold. They will then have to present back to the group describing how they would have managed the situation differently using components of the Winning Triangle- being assertiveness, attunement and self awareness.

The goals of the workshop are the following:

1. To enable the participants to recognise the Karpman Triangle when it occurs in the GP training environment.
2. The participants to recognise their own past behaviour in the V, R, P paradigm and how to avoid it in the future
3. Gain skills in conflict resolution that avoids the V, R, P paradigm.
4. To apply the skills in the clinical environment following a patient or registrar complaint.

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Inside the 'black box' of the examiner's mind when judging the performance of exit-level health professional education clinical assessment: from evidence to implementation

Dr Karen D'souza¹, Assoc Prof Bunmi Malau-Aduli², Dr Shannon Saad³

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Background: Judging competence in exit-level clinical assessment in health professional courses is vital, ensuring graduate readiness for practice. Decision-making is complex - assessors balance perspectives from academic (focussing on achieving graduate outcomes) and professional (being suitable for work in a clinical team) constructs.

Faculty must think like assessors – who make judgements on marking rubrics, which may or may not correlate with what they intuitively value when deciding readiness for practice.

Symposium Aim: Encouraging partnerships with assessors by 'looking inside the black box', understanding their cognitive constructs. Facilitators and two experts discuss results. Participants share experience of assessor constructs, exploring additionally assessor age, gender, experience, and clinical discipline.

Research Methods: Our research studied assessor cognitive load quantitatively and using focus groups. The second phase used an empirical phenomenological qualitative approach, exploring the concept of a 'prototypical intern' from OSCE assessors' perspectives using focus groups. A theoretical framework (Cultural Historical Activity Theory – CHAT) explored complexity in making assessment decisions.

Results: Analysis revealed themes considered when judging candidates included patient safety, and calibration using a mental construct of 'mythical [prototypical] graduate'.

Further thematic analysis of the 'prototypical graduate' concept's influence on clinical assessors' judgements revealed decision-making requires interaction between two different activity systems (Academic and Clinical) because learners are transitioning from one to the other. Assessors believed clinical performance was more than just the sum of its parts - professional behaviours and identity (e.g., trustworthiness, safety, reliability and having insight into their own limitations) were most highly valued attributes in candidates.

Conclusions: Judging performance is a complex, cognitively difficult task. Exit-level assessors intuitively rate candidates against constructs of a prototypical graduate, and patient safety.

This symposium harnesses evidence and experience - developing true partnerships with clinical assessors, conceptualising marking rubrics and training aligning with their clinical judgement and innate mental constructs.

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IAMSE session at ANZAHPE Festival: Scholarship to prepare professionals for their future role in education

Peter GM de Jong¹, Bonny Dickinson², Diann Eley³, Karen Scott⁴

¹Peter GM de Jong, Leiden University Medical Center, The Netherlands, ²Bonny Dickinson, Mercer University School of Medicine, USA, ³Diann Eley, University of Queensland, Australia, ⁴The University of Sydney, NSW, Australia

Description:

The field of health sciences education is evolving continuously. The medical educator of the future needs to be able to explore the impact of their educational practice and to improve their teaching based on educational theory and evidence. In this endeavor, educational scholarship plays an important role. Scholarship is defined as the systematic inquiry into a topic and the reporting of results and conclusions drawn from that inquiry. However, as education is a social science, research methodologies and frameworks are very different from bench research in biomedicine, in which many health science educators have been trained. In this session, the speakers will address the importance of scholarship, educational theories and frameworks, research methods and opportunities to disseminate scholarly outcome.

The importance of scholarship for educator career development

Diann Eley, University of Queensland, Australia d.eley@uq.edu.au

Scholarship is an important element in promotion and tenure of faculty, and it will become even more important in the future. Dr Eley will elaborate on how scholarship distinguishes educators as scholars, and describe options for career development through scholarly activities.

The use of educational theories

Karen Scott, The University of Sydney, NSW, Australia karen.scott@health.nsw.gov.au

Educational research differs from biomedical research in the use of theories. Instead of using models, the educational researcher often uses different educational frameworks or 'lenses' to look at a phenomenon. After exploring how teachers form their educational beliefs, A/Prof Scott will introduce a few common educational theories.

Qualitative and mixed methods research

Bonny Dickinson, Mercer University School of Medicine, USA dickinson_bl@mercer.edu

Another difference between biomedical and educational research is the use of very different research methods. While most faculty are trained in quantitative methods, in education research, qualitative and mixed methods are frequently used. Dr. Dickinson will introduce the audience to these different approaches.

Ways to publish scholarly results in MedEd journals

Peter GM de Jong, Leiden University Medical Center, The Netherlands p.g.m.de_jong@lumc.nl

Once a scholar has performed some evaluation or research, the results need to be reviewed by peers and made public. There are different venues to publish the results of scholarly work, such as oral and poster presentations at conferences, and of course journal articles. Dr de Jong will give an overview of options to share results and will discuss in more detail the options in journal publishing.

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Code Red - Educating Healthcare Professionals for Environmental Sustainability

Associate Professor Ken Winkel¹, Professor Michelle McLean², Professor Lynne Madden³, Professor Louisa Remedios⁴

¹University of Melbourne, Melbourne, Australia, ²Bond University, Gold Coast, Australia, ³University of Notre Dame, Sydney, Australia, ⁴Federation University, Churchill, Australia

Environmental/ecological, social and economic sustainability are the key determinants for ongoing individual and population health. Hence, in this era of an anthropogenic fossil fuel-driven climate change and biodiversity loss, it follows that 'sustainability' education should be universally represented in the training of healthcare professionals. The health sector itself is part of the problem, contributing approximately 7% of Australia's CO2 emissions, with 65% (of this 7%) arising from hospital activities and pharmaceutical use. This has resulted in calls for 'Educating for Sustainability' by the United Nations, global healthcare leaders and university students. Whilst the United Nations declares a "climate emergency", healthcare faculties remain glacially slow at addressing what The Lancet has described as "the biggest global health threat of the 21st century". Consequently, we are facing a 'code red' alert concerning the adequacy of health professional environmental sustainability literacy and competencies. Despite the recent increase in resources, (AMEE Consensus Statement on Education for Sustainable Healthcare and Planetary Health and the Planetary Health Alliance Framework), there is limited engagement by health faculties with this agenda.

In this symposium four academics (one in physiotherapy education and three in medical education/public health) will open a conversation on their approaches to integrating sustainability knowledge, literacy and values into formal and non-formal learning contexts. They bring differing approaches to integrating sustainability, resource stewardship and planetary health into health professional curricula. They recognise the need to train the health professional who can address the immediate needs of individual patients while being aware of the environmental impact of their clinical decisions. They make the case that our learners need to be educated for capabilities to take personal, professional and system level action for a more sustainable planet.

Participants at this symposium will be invited to join the Planetary health education HTAG team led by Professor Michelle McLean.



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Poster Discussion Group 8: PCW

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Measuring Gender Sensitivity Among Health Students

Marlene De Bruin¹, Dr Eleanor Mitchell, Dr Carly Moulang, Dr Riki Lane, Dr Kristian Rotaru, Dr Giuliana Fuscaldo
¹*Monash University, Melbourne, Australia*

Poster Gallery

Measuring gender sensitivity, gender awareness and gender-role ideology towards patients by health students is important to ensure patients of all genders are provided with access to best practice healthcare. Two main scales have been used to assess medical students' gender awareness and sensitivity in the past, the Nijmegen Gender Awareness in Medicine Scale (N-GAMS) and the Change in Transgender and Gender Diverse Knowledge and Attitudes Scale. These scales measure biases and highlight important deficiencies critical for providing care for LGBTQIA+ patients and acknowledge how gender stereotyping may have affected the training of certain doctors. Sex and gender are incorrectly used as interchangeable terms when addressing the biological and physical traits of an individual, through the terms 'female' and 'male'. Therefore, the aim of this research was to adjust the N-GAMS scale and incorporate a combination of these two scales, to produce a more inclusive scale to measure gender sensitivity and awareness in all health students.

The adaptations to N-GAMS were made in two steps. Firstly, changes were based on the research literature, which identified a need to add additional questions. These changes along with the sex-gender and health student adjustments were then made through a co-design process with a panel of LGBTQIA+ health student advocates, at a large Australian University. Participants identified the language in each question that may be triggering due to its binary nature. The second scale's questions were added, after the revised N-GAMS scale's edits, to test the binary bias before examining all genders bias, so as not to distort the results of the survey. After all, edits were agreed to by the panel, a pilot survey was conducted to test the reliability and validity of the scale. The survey was distributed to graduating health students. The results will be presented at this conference.

Opening the Conversation on Doctors' Mental Health Utilising Medical Student/Doctor Self-reflective Narrative – A Student Staff Partnership Project at the University of Queensland.

Dr Beth Shirley¹, Dr Stellina Y. H. Lee², Maya Reid²

¹University Of Queensland, Brisbane, Australia, ²MD program, University of Queensland, Brisbane, Australia

Poster Gallery

Background:

Medical student mental health is a priority for medical education. Supported by a Student-Staff Partnership grant we had the opportunity to collaborate on the development of a new resource for case based learning (CBL) which aims to open the conversation on medical student/doctor's mental health and effect positive change in our community.

Objective:

Our project team consisted of one professional medical staff member (GP with CBL facilitator experience) and two medical students (Year 2 and Year 4). The project ran over three months where team members met in person and online to write the CBL Case and Tutor Notes. Working in partnership, staff and students developed new learning resources for CBL using a self-reflective narrative style to disclose the internal thoughts of each of the doctors on a treating team (medical student, registrar and consultant) in reaction to a scenario encountered on their ward round. For review the students involved their medical student peers, who provided feedback. The case also went out for professional academic review and it is planned to be implemented in mid 2022.

Discussion:

This project encouraged valuable collaboration in preparing this learning activity on the sensitive topic of mental health. The partnership between students and staff allowed for efficient feedback on what content and presentation style would be most useful and relatable for the student cohort, given the values and perspectives of the students involved in writing the case.

Issues for exploration:

It is hoped that this CBL will address some common internal thought patterns and processes and the complex emotions and workplace struggles faced by doctors during various stages of their professional life. By presenting the internal narrative, it may help medical students realise that their similar internal experience is valid and give students an opportunity to share coping strategies with their 115

Assessor discomfort, the MUM Effect, and Failure to Fail in Supervision of Medical Trainees

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Poster Gallery

Supervising and assessing medical specialty trainees in the clinical setting is a part of life for many clinicians. While some embrace the role, others find it a source of concern, especially when needing to assess a trainee who is performing poorly. Such a situation can have an impact upon the assessor's wellbeing, with effects both in the workplace and beyond. Anecdotally, it may also impact upon the assessment information an assessor chooses to deliver to their trainees.

This research explores the level of discomfort experienced by assessors of the Australasian College of Dermatologists in their assessor role, using a combination of interview and questionnaire data. It further considers the impact of the role on clinicians, including the emotional effects.

The data collected show that some assessors experience high levels of discomfort across many aspects of assessor duties and an association between self-reported level of discomfort and the phenomenon of failure to fail was observed. Possible ways to address this will be discussed.

Poster Discussion Group 8: PCW

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The consequences of cultural differences – IMG journey in New Zealand

Mariska Mannes¹

¹University of Otago, , New Zealand

Poster Gallery

International Medical Graduates [IMGs] face many cultural and professional challenges, especially during the transition and integration period. This is well documented. However, there is little regarding the consequences of these challenges to the IMG, colleagues, patients, and our health system.

Comments made to the researcher during interviews for her PhD have prompted this discussion.

The patient-centred model expected in NZ requires a partnership between colleagues and patients. IMGs who come from countries using a more paternalistic health care model tended to experience more challenges than those from comparable systems. However, this was not always the case. The research identified a lack of support to assist IMGs transition to the NZ model and culturally adapt. What are the consequences of this lack of support? What has been your experience of trying to help IMGs adapt to your county? Your practice?

Communication is a challenge for many IMGs; additionally, this research identified that some are hesitant to ask for fear of being perceived as incapable. What concerns does this raise if IMGs do not feel comfortable asking and figuring it out for themselves? As one IMG pointed out when discussing having to learn a new system, “But that’s true of any job. There’s nothing special about this in a way. I mean, obviously, it has a sort of a higher level of anxiety, because you’re, with sick, healthy people with different issues”. But who suffers?

Employment outcomes for dietetic graduates in Australia and New Zealand: a cross sectional study

Merran Blair¹, Professor Claire Palermo¹, Associate Professor Simone Gibson¹, Dr Lana Mitchell²

¹Monash University, Clayton, Australia, ²Griffith University, Gold Coast, Australia

Poster Gallery

Aim: Employment data for new graduate dietitians is lacking. It is unclear if, and where, dietetic graduates are being employed and if they perceive accredited dietetics degrees are sufficiently preparing them to meet workforce and community needs. The aim of this study was to identify employment outcomes and perceptions of workforce preparedness of recent dietetic graduates from Australia and New Zealand at four- to six-months post degree completion.

Methods: A cross-sectional survey was distributed to graduates from accredited dietetics degrees across Australia and New Zealand. Those who completed their university study in 2020 were eligible to participate. Descriptive statistics and frequencies were analysed and open text answers underwent summative content analysis.

Results: From 631 eligible graduates, a total of 294 usable survey responses were received (response rate 47%). Seventy-five percent of graduates were employed in any field and 60% were employed in a role that required their degree. The most common area of dietetics employment was private practice, followed by hospital practice. Eighty-three percent of graduates reported feeling prepared for entry level practice by their accredited dietetics degree. When asked what additional support they would have liked from their university, the most commonly reported area was private practice skills, followed by job seeking skills.

Conclusions: These findings are important for curricula development, to ensure that students are suitably prepared for available employment opportunities. Accredited dietetics degrees may need to provide students with more training in the area of private practice in order to enhance their confidence in this common field of employment. There may also need to be greater focus on preparing students for the job application process. In order to track changes over time, further monitoring of employment outcomes for dietetic graduates is necessary.

Making a Meaningful Difference through Collaboration, Adaptability, and Solidarity: The Experiences of Healthcare Staff Redeployed to the Contact Tracing and Monitoring Teams as part of the COVID-19 Response

Ms Nicole Shaw^{1,2}, Dr Sherryn Evans², Ms Rachel Veitch², [Dr Sherryn Evans](#), Ms Melinda Layton²

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During the coronavirus disease 2019 (COVID-19) pandemic, the healthcare system has experienced unprecedented demands with many health care workers being redeployed to other roles and/or teams to meet the increase in service demands. While there are emerging studies investigating redeployment to acute care roles, the experience of redeployment to indirect care roles such as contact tracing and monitoring teams had not been explored.

The aim of this research was to explore health care workers' experience of redeployment to coronavirus disease 2019 (COVID-19) contact tracing and monitoring (CTM) teams.

Forty-one staff redeployed to regional CTM teams completed an anonymous online survey following the second wave of the COVID-19 pandemic in Victoria, Australia. The survey used open-ended questions to explore participants' perceptions of what did and did not work well during their redeployment. Inductive template thematic analysis was utilised to analyse data.

Redeployment to CTM teams was both a challenging and rewarding experience for individuals. During their redeployment to CTM teams, participants experienced a sense of collaboration, the opportunity for professional growth, and the perception of making a meaningful contribution to the pandemic. Contact tracing and monitoring team members also described a need to adapt to constant change and felt that the redeployment took a personal toll on them.

Orientation and ongoing training for redeployed staff in a rapidly changing environment in pandemic or crisis situations is vital.

This research provides a unique insight into the experience of redeployment during a pandemic and describes the experience of workers in indirect care roles, which had previously not been explored in literature.

The learnings from this research may be transferrable to future pandemic or crisis situations.

Poster Discussion Group 9: Faculty Development

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Advocating for the education and training of allied health

Ms Kylie Steele-Smith¹, Ms Maria Berarducci¹

¹HETI- NSW Health, St Leonards, Australia

It is essential that allied health have access to ongoing education and training. The Health Education and Training Institute (HETI) e-published the Allied Health Education and Training Governance Guidelines in 2022. The e-approach provides greater interactivity and accessibility to presenting education and training governance information.

The new guidelines were the result of an evaluation of the previously published HETI Governance Guide and involved ongoing collaboration and partnership with the NSW Health Allied Health Directors and the Allied Health Professional Educator Network. The HETI allied health team partnered with Marketing and Communications and ICT teams to design and create the interactive tool, webpages and associated resources.

The purpose of this project was to support state-wide allied health processes and structures to ensure that allied health professionals can access the education and training that they need. The evaluation identified the need for the update based on current evidence and need for greater allied health reachability across all levels of the health workforce.

The Education and Training Governance Guidelines consist of five key elements that outline the processes and structures that embed needs based allied health education and training to ensure this can and does happen in an accessible manner.

The five elements are: Patient driven, Clinician focussed, Leadership, Organisational factors and Resources. Each element is described and includes examples aligned to three stakeholder groups: Individuals, Managers and Organisation. A self-assessment tool was developed, one for each stakeholder group, that generates an action plan. The action plan can be utilised in a number of ways to support ongoing education and training and its implementation.

This presentation will outline and demonstrate the evidence-based process, partnerships and final outcomes of the project.

Coaching in Health Professions Education: A Scoping Review

Dr Svetlana King¹, Dr Johanna Jordaan¹

¹*Flinders University, Adelaide, Australia*

Coaching is gaining momentum as a mechanism to support learner development across the health professions education (HPE) continuum. Yet, little is known about coaching in this context, despite a literature review of coaching in medical education (Lovell, 2018). This includes how we define coaching and how this differs from mentoring, which is complicated by the interchangeable use of these terms. Such ambiguity is problematic and can result in ad hoc coaching approaches that are not informed by the evidence.

This scoping study sought to extend Lovell's (2018) review and map the coaching literature across HPE. Specifically, we sought to understand: What is known about coaching and how is this concept defined in the HPE literature?

Because of the complex nature of coaching, coupled with our broad research question, our review was guided by Arksey and O'Malley's (2005) methodological framework and other authors' recommendations for conducting scoping studies (e.g., Thomas et al., 2019).

A comprehensive search was conducted across five databases (Medline, Embase, CINAHL, Scopus and ERIC) to identify citations about coaching in HPE. Key search terms included coaching, mentoring, learning, goal setting, and health professions education. Citations were limited to those published in English but, consistent with scoping study methodology, were not limited by citation type (e.g., empirical research).

The searches yielded 956 unique citations, 312 of which underwent title and abstract screening. Twenty-three were selected for full text screening, together with a further 15 identified through hand searching (n=38) (currently underway). Consistent with subjectivist approaches to scoping studies, inclusion/exclusion criteria were iteratively developed through discussion with research team members. Initial findings will be reported during this presentation.

Preliminary findings suggest that coaching is a complex, burgeoning area of HPE research, with opportunities to enhance definitional clarity and identify future research directions.

Embracing partnerships: Developing a QuALITY community of practice for teaching & learning

Dr Susan Heaney¹, Mrs Jane Ferns², Dr Miriam Grotowski³, Assoc Prof Leanne Brown³, Mrs Nicole Killey⁴

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The professional development of healthcare clinicians as educators and teaching academics can often be overlooked due to the competing demands of student support, curriculum delivery and clinical research. The University of Newcastle Department of Rural Health formed a committee focused on supporting Quality Academic Learning, Innovative Teaching and Yarning (QuALITY). The aim of this committee was to develop an interprofessional community of practice supporting quality teaching and learning practices within our academic staff, across our rural and regional sites. An Aboriginal academic staff member involved from inception ensured that yarning was a central component, respecting Aboriginal ways of knowing and learning and emphasising cultural safety in our teaching practices.

Our experience highlighted the value and strength of our partnerships across geographically disparate sites and varied health disciplines which has underpinned the committee's successes. Our successes include the creation of a culture of valuing quality teaching and learning practices; the normalisation of sharing insights, innovations, and resources with interprofessional colleagues; and a prioritisation of teaching and learning skill development in colleagues regardless of teaching experience and skill level.

Outcomes such as dedicated teaching and learning staff development days (to date, 4 full day and 7 "learning lunchbox" sessions) have become a catalyst for growth and relationships in teaching and learning. The QuALITY committee initiated the implementation of a 'teaching buddy' system, where partnerships between educators from different health professions are forged to support the implementation of teaching and learning goals. This allows for the prioritisation of longer-term educator goal development and the provision of peer-to-peer support.

Whilst unapologetically rurally and interprofessionally focused, the experience of the committee in leveraging our own partnerships to support teaching and learning outcomes for colleagues may provide insights for other organisations seeking to support quality teaching and learning practices.

Poster Discussion Group 10: Faculty Development

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Why sharing is Caring?

Dr Jo Bishop¹, Mary Anne Reid

¹*Bond University, Gold Coast, Australia*

In April 2020, the Student Support Network was established for faculty across the 23 medical schools in Australia and New Zealand. It was realised as a key initiative as we traversed the unprecedented times of the pandemic to ensure those who supported students were also cared for.

The scheduling of meetings and management of the communication platform were supported by Medical Deans which is the peak body representing professional entry-level medical education, training, and research.

Over a period of 8 months the network met every week and were able to share resources and navigate the issues that faced their students and address the matters raised within the survey with united dedication and willingness to share and be collaborative. One colleague stated that the “more transparency we have for our students and clear practical direction, the lower the stress levels for them. The same for all staff”.

It was imperative during the crisis to have a peer support network, a community of practice. Over the last two year, we have become an entity where members can come when they can or have a front of mind issues that they would like to discuss in a safe place, “phone a friend” – ask how to deal with difficult or complex situations involving students, advice provided by experience colleagues in a confidential manner”

This session will highlight the benefits of a network that continues to meet every month and share best practices on issues such mental health first aid, bullying and harassment, professionalism, learning coaches, sexual assault and sexual harassment, inclusive medical education.

Remote training for conducting an OSCE and Remote examining of OSCE via teleconferencing in a Hemodialysis Train-the-Trainers course

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¹Tan Tock Seng Hospital, , Singapore, ²Viet Duc Hospital, Hanoi Medical University, Hanoi, Vietnam

The Hanoi HD care program was a tripartite partnership between Tan Tock Seng Hospital Singapore (TTSH), Singapore International Foundation and Hanoi Medical University Vietnam. The objective of this Train the Trainers course was to enhance the quality of hemodialysis (HD) care provided in North Vietnam. Faculty from TTSH provided training to HD nurses and technicians in Hanoi to become Master Trainers (MTs). Lectures, videos and hands-on methods were used as training tools and MCQs and OSCE were utilized for assessment. We describe how, during the pandemic, the first batch of MTs in Hanoi were able to train and assess new trainees with remote guidance and supervision by faculty in Singapore.

MTs created videos of HD procedures relevant to their local healthcare context. After remote validation by the Singapore faculty, these videos, and hands on training were used to train new trainees in Hanoi. The OSCE also needed to be performed with faculty off-site. MTs, after appropriate instructions, performed a mock OSCE amongst themselves with MTs acting as candidates and examiners, and Singapore faculty guiding by teleconferencing. MTs' scores were calibrated with those given by Singapore faculty for each mock candidate. MTs then conducted an OSCE for new trainees at the end of their training period. Singapore faculty joined by live video streaming. OSCE scoring was performed simultaneously by MTs and Singapore faculty. Scores were compared at the end of the OSCE session. The scores by the MTs closely matched those of the faculty. The overall feedback from MTs was very good.

MTs, guided by faculty remotely were able to train and conduct an OSCE for new trainees despite the pandemic induced disruption. It is hoped that the master trainers will cascade this training to larger numbers of HD nurses and technicians in North Vietnam.

Poster Discussion Group 11: Curriculum

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Exploring students' experience of an innovative post-graduate aged care offering for pharmacists.

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In 2021, an innovative postgraduate program was designed for pharmacists, focussing on the care of older people, using a range of online teaching methods. To contribute to growing evidence and experience in online course delivery, evaluation of this unit aimed to establish how students' self-identified knowledge and skills gaps were met and how teaching methods aligned with students' preferences and needs. On commencement of the unit, students were asked to indicate their top 3 preferred teaching approaches and how the proposed unit delivery aligned with their preferences.

Peer collaboration and peer assessment were built into this unit. Online peer discussions were utilised to discuss contemporary practice and policy issues and clinical cases. Peer discussions required students to discuss content amongst themselves, based on set questions. Each peer discussion culminated in an interactive video conference led by an expert pharmacist. This format provided a flexible platform that supported various learning preferences and students indicated high levels of satisfaction with this. Group presentation assessment included peer feedback about group and individual performance.

Within small online discussion groups, students were encouraged to share self-identified learning goals and knowledge gaps on commencement of each practice and policy peer discussion. On conclusion of this activity, they were invited to reflect on how the activity was useful in achieving their learning goals. Students felt the activities were relevant to their practice and inspired further work to develop their own knowledge or practice change.

Student feedback on teaching approaches used was requested again just prior to completion of the unit. All approaches were well received and assisted students' learning, with interactive video conferences particularly highly regarded.

These results indicate the relevance and suitability of these teaching methods for pharmacists studying postgraduate clinical and professional practice material online and will be shared for broader adoption.

Perceived research skills development and student satisfaction with a mandatory research project: A survey of five cohorts from 2017-2020.

Dr Rajneesh Kaur¹, Dr Joanne Hart¹, Ms Sally Middleton¹, Professor Richmond Jeremy¹, A/Professor David Bowen¹
¹University Of Sydney, Sydney, Australia

Aims: Practice of evidence-based medicine requires medical practitioners to appraise the research evidence and apply it to their clinical practice. This can be achieved through the development of research skills during medical training. To meet this objective, the University of Sydney Doctor of Medicine (MD) Program includes a compulsory research project as part of its postgraduate medical degree. We seek to understand student experiences, satisfaction, and perceived research skills development in students undertaking research projects.

Methods: Data collected via an online anonymous survey completed by students from five MD research project cohorts from 2017-2020 were included in analysis. Univariate analysis was followed by linear regression models to assess student satisfaction and logistic regression models to assess student perceptions of their research skills development. Responses to open ended questions were analysed using qualitative content analysis.

Results: A response rate of 42% was achieved and 504 completed surveys were included in the analysis. Mean satisfaction score for the MD research project was 4.77 (+/-2.5) out of 10. Higher satisfaction with the research project was reported by students who perceived that the research project enhanced their understanding of research ($\beta=0.556$, $P<0.001$), received supervisor support ($\beta=0.826$ $P=0.026$), did not face any barriers in completing the project ($\beta=1.354$, $P=0.024$) and perceived they had acquired research skills ($\beta=0.607$, $P=0.006$). Only 17% of students reported having the necessary skills to undertake research at the beginning of their project which increased to 85% reporting having developed research skills at the end of the project ($\chi^2=8.988$, $P=0.011$). Qualitative quotes supported these findings.

Conclusions: Our analysis revealed that medical students perceived an increase in their research skills by undertaking the research project. Further investigation of approaches to create a supportive research environment is warranted. Other aspects of student experience such as research outputs should be explored to support our findings.

Strategies to change culture in clinical education

Dr Emily Ward¹, Ms Bev Jepson²

¹University Of South Australia, Adelaide, Australia, ²Curtin University, Perth, Australia

Students learn better in supportive environments and yet as educators we commonly encounter situations where students do not have a supportive clinical education experience. This often has a significant negative impact on the student's clinical placement experience, perception of that specific area of practice and could affect their overall journey to becoming a health professional. In the Physiotherapy with Children course at the University of South Australia, and the Lifespan Health Science course at Curtin University, we have trialled several strategies over the past 8 years to ensure supportive environments. While we have seen a cultural change within our own courses/units, we continue to hear of student experiences which have significant undesirable impacts – including students withdrawing from programs and exacerbations of mental health challenges. This PeArLS is an opportunity to share effective strategies on ensuring supportive learning environments, and to consider how we can effectively implement those strategies within clinical learning programs and not just within specific units/courses.

Developing partnerships to improve online teaching in Aged Care – productive and fun.

Dr Rosie Shea¹, Associate Professor Jenny Schwarz¹, Dr Thomas Rego¹, Associate Professor Lisa Cheshire¹

¹*University Of Melbourne, Parkville, Australia*

Aged Care is a 6-week rotation in the third year of the MD course. Clinical placement runs across multiple sites in metropolitan and rural areas. This project started when we reviewed our teaching material, which was content heavy and variable in quality following a rapid switch online in 2020 due to COVID.

We are a small team, and our usual academic and clinical workload continued. It seemed a daunting prospect, but by fostering partnerships with other educators, we have made good progress and we have also enjoyed ourselves on the way.

We obtained a university grant aimed at improving online content and improving student engagement in subjects with over 300 students. This gave a small budget to spend but more importantly enabled us to engage with educators working in other faculties who had similar issues. We were exposed to new ideas and ways of viewing that transformed our approach. We were introduced to specialist areas of the Learning Environments team who elevated the production quality of our material.

We took time to enhance existing links in the Department of Medical Education, and Allied Health colleagues. The ideas generated from discussion with other faculties were an exciting catalyst to fresh conversations. We worked with the other subspecialty groups in MD3 to focus on what could work across all rotations and shared our grant money for equipment purchases.

Our new learning material plan emphasized engaging with the clinical educators at placement sites. This has helped them feel more connected and rejuvenated their enthusiasm for teaching following a difficult and exhausting time.

Outcome measures are planned, we hope they show a positive student experience to match our perception. Taking time to develop partnerships has enhanced our experience. We feel positive for the future despite our pandemic fatigue.

Poster Discussion Group 12: Curriculum

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Lumbar puncture training for Medical Trainee: an essential postgraduate curricular module

Alisa Antonenko¹, Margaret O'Connor¹, Natasha Slattery¹

¹University Hospital Limerick, Limerick, Ireland

Background. Lumbar puncture (LP) is a common neurological diagnostic procedure for whom trainees report feeling underprepared, lacking both confidence and experience. Practising the LP in pairs enhances patient safety, team readiness for unpredictable and enhances professionalism among doctors in training. Team-based training improves knowledge retention. A module combining part-task simulation training delivered to pairs of learners was introduced in an Irish university teaching hospital.

Methods. A teaching module was developed consisting of an introductory theoretical class, followed by a small group simulation practice (part-task trainer) for pairs of learners with debriefing. The final session consisted of the questionnaire-based knowledge and summative simulation practice assessment via checklist with an entrustment-based scale to benefit learning on multiple levels of the Kirkpatrick hierarchy. Learners complete an anonymised pre- and post-training questionnaire (Qualtrix XM) to evaluate self-confidence and self-assessed competence in performing the LP.

Results. 74 learners completed training. A representative sample of 48 provided consent to participate in this study (65%). The pre-learning self-assessment showed that 2 medical trainees (4.5%) identified good or very good skills to perform LP; 8 (17.8%) were neither good nor poor; 35 (77.8%) identified poor or very poor technical skills to perform LP. In relation to the ability to adapt to unforeseen circumstances: 2 (4.4%) learners reported good or very good; 17 (37.78%) neither good nor poor, 26 (57.78%) poor or very poor. Furthermore, 41 learners (91%) reported being comfortable or very comfortable to work in a team; 2 (4.4%) were neither good nor poor; 2 (4.4%) reported poor or very poor comfort for working in a team. Post-training results are being collected at present.

Conclusions. This study demonstrates poor self-assessed competence and confidence in LP procedures, highlighting the need for such training in the medical curriculum. Team-based training is rated positively by trainees.

Urology training and exposure during internship, are we losing future urologists?

Miss Bharti Arora¹

¹*Queensland Health, , Australia*

Introduction: Improper placement of indwelling catheters (IDC) can lead to urethral injury. Iatrogenic urethral injury is one of the most common causes of urethral trauma. Insertion of IDCs is a common medical procedure performed by junior doctors. Therefore confidence and ability performing catheterisation amongst junior doctors is imperative to avoid catheter-related urethral injuries. Literature on medical student and intern exposure to urology is variable and generally poor. We therefore wanted to survey interns on their knowledge of catheterisation as well as their ability to place an IDC.

Objective: We aimed to assess intern's knowledge of urethral catheterisation as well as confidence in performing the procedure at the end of their internship.

Method: We surveyed 26 interns at the end of the internship across 2 hospitals in Queensland about their understanding and confidence performing urethral catheterisation in male and female patients. The questionnaire covered theoretical knowledge of catheterisation, acute urinary retention and their ability to perform the procedure.

Results: A total of 26 interns completed the survey. 81% of interns felt confident placing an IDC in a male patient whilst only 73% of interns were confident doing a female IDC. When asked about assessing indication for catheterisation in patient with acute urinary retention, only 35% of interns recognised suprapubic pain as important clinical finding. Intern perception of bladder volumes constituting acute urinary retention also varied considerably. The survey demonstrated a varied response on their choice of size of catheter for average adult male and female patients; 23% of interns selected an incorrect catheter size for an adult male and 50% of interns selected incorrect catheter size for an adult female.

Conclusion: Our survey shows that there is gap in knowledge and ability to perform indwelling catheters amongst interns. This study highlights need for supervision and teaching of urology skills during internship.

Private versus public training, is there a difference?

Miss Bharti Arora¹

¹*Urology - Queensland, Brisbane, Australia*

Purpose: The private health sector makes a significant contribution to medical training of interns in Australia. The Australian Private Hospital Stream (PHS) supported 115 junior doctor placements in private hospitals throughout Australia in 2021. Private hospital placements provide doctors with unique opportunities however limited studies have been completed on comparison of private versus public training. This study aimed to assess interns' clinical experience in private and public hospitals.

Method: Interns were asked to complete a survey evaluating confidence in their ability to perform various clinical skills across private and public hospitals. The questionnaire was distributed at the end of internship post completion of all mandatory rotations.

Results: 13 students in a private hospital and 13 students in a public hospital responded to the questionnaire. Questions included items about confidence in ability to perform various clinical and procedural skills. Reporting confidence performing male catheters (77% public, 85% private), female catheters (77% public, 69% private), nasogastric tube (23% public, 54% private), intravenous cannulations (100% private and public), suturing (69% public, 85% private), interpreting chest xray (100% public, 69% private), interpreting abdominal xrays (77% public, 31% private), interpreting ECGs (62% public and private), prescribing fluid (100% public, 77% private) and prescribing analgesia (92% public, 69% private).

Conclusion: Our study shows there is variation in interns' confidence performing clinical skills between the private and public hospital but gaps in skills were identified across both sectors. Such surveys are helpful in identifying gaps and can be used to direct future training for interns.

Poster Discussion Group 13: Curriculum

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Student-led societies facilitate enhanced partnerships between faculty, clinical, and research organizations to advance student-directed learning outcomes

Sam Kahler¹, Amirah Etchegaray¹, Harpal Dhillon¹, Dr Joan Li²

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Extended Abstract - Student Prize Submission

Background:

Doctor of Medicine curricula are presented with the significant challenge of familiarizing students with the broad academic and clinical essentials from over 32 specialty fields. Curricula that are designed and developed by academic and clinical staff broadly prepare students to enter the workforce as junior medical officers. However, specialty fields outside the core rotations with small clinician and patient bases fill a correspondingly small fraction of the expansive curriculum. Dermatology comprises an essential component of a graduate medical education. Yet, dermatology is underserved in many curricula and occupies two preclinical teaching weeks at the University of Queensland (UQ), and as little as no dedicated teaching weeks at other institutions. Essential dermatologic skills are underrepresented from curricula such as the Skin Cancer Examination, with as many as 23% Australian students never having observed and 45% never having conducted an examination by graduation. A novel approach to ensuring curricula offer resources that fulfil Faculty and student-directed learning outcomes is through the collaborative identification and development of learning opportunities. Student voices organized in student societies are ideally situated to identify underserved learning objectives in the curricula, and in partnership with academic, clinical, and research staff, develop resources to translate student-led objectives into outcomes.

Innovation:

The student society, UQ Dermatology, was inaugurated in 2020 as a student-led initiative at the University of Queensland to support community and medical student engagement in dermatology education, skills, and research in Queensland. The constitution-based structure of the student society forms a framework that enables an organized student voice to seek partnerships that forward student-identified learning objectives. The framework allows the annually elected committee to progressively expand and strengthen the educational partnerships, and hence the ability of the society to contribute to learning outcomes that address the learning goals of the greater cohort. Once an objective is identified, the development and implementation of the learning resources requires key strategic partnerships. Specifically, partnership with relevant University-associated Hospital Departments and Research Centers provide oversight into the development, accuracy, and quality of resources. The finalized learning resource is then integrated in the medicine curricula framework to cohesively enhance learning opportunities with student-directed outcomes.

Evaluation:

The UQ Dermatology Society enhanced learning outcomes by identifying gaps in the curriculum, partnering to develop resources verified by clinical and research experts, and hence generated a notable level of self-directed student engagement with the learning resources. This student engagement with extra-curricular learning opportunities was instructive to the value of the resources. Our flagship event, the Skin Cancer Diagnosis and Dermoscopy Workshop, fulfilled the unmet learning objective for graduate students to perform a skin cancer examination. This clinical examination is of acute relevance to Queensland considering the high incidence of melanoma that is 30% greater than the national average. The workshop was co-designed and co-delivered with experts from the Dermatology Research

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Centre and Princess Alexandra Department of Dermatology in an interactive small-group format attended to the full capacity of 50 students. The society calendar further included a student-led Dermatology Revision Seminar that reviewed the curriculum, and the development of learning resources for skin disease in skin of colour in partnership with the Medicine Faculty to enhance the equity, cultural inclusivity, and competency of the curriculum. The significant demand for the diverse portfolio of learning events launched at the inauguration of the UQ Dermatology Society was instructive to their value, attracting 88 subscribed members, 295 social media followers, and 196 event attendees over our first year. This rapid build-up of engagement underpinned by the structure, media platform, and partnerships catalyzed the society as a dynamic new platform for the design and delivery of high-quality learning resources.

Implications:

Student societies present a dynamic and connected interface to enhance student engagement in medical education by forming a hub for the identification of key curricula gaps, collaborative resource design, and implementation of learning events. It is anticipated that specialty fields with a small clinician base may benefit from incentivized and agile student organizations who can facilitate the development of educational resources for important clinical skills. These fields may include, but are not limited to, Dermatology, Oncology, Rheumatology, and Psychiatry of which specializations may be underserved in the curricula relative to the clinical requirements. In 2021 the UQ Dermatology Society was able to consolidate an organized student voice and facilitate dynamic partnerships to sponsor projects that address student-identified learning objectives. Thus, organized student efforts to collaboratively identify and enhance learning outcomes play an important role in the targeted development of learning resources that enhance the clinical skillsets of graduating medical doctors.

Supporting skills development for Allied health assistants working with paediatric patient cohorts.

Mrs Lucy Whelan¹, Ms Melanie Rotherham¹

¹Monash Health, , Australia

As Monash Health grows and continues to see demand outweigh capacity, new ways of working with AHAs and other support workforces are sought. One such initiative was the roll out of a credentialing framework for Allied Health Assistants based on the Credentialing, Competency and Capability framework (Department of Health 2016). The credentialing of Allied Health Assistants allows for skill development relevant to clinical caseload. The framework is regularly evaluated and audited. One focus of this evaluation has been to understand the gaps in the credentialing tool. One gap identified was that of paediatric patient cohort specific skills.

Traditionally AHAs working with paediatric populations have been trained informally on the job or have come from a back ground of teaching or child care. As the AHA role in Victoria evolves and this career pathway is gaining a higher profile, more AHA graduates are interested in working in paediatric settings.

The current pre-employment training stipulated for AHAs does not include any units of competency specific to paediatric populations and hence AHA graduates are often finding it difficult to secure work without the paediatric relevant training or experience.

Monash Health employs over 150 AHAs, several of whom work with paediatric patient cohorts. These patient cohorts requires specific additional clinical skills on the part of the AHA. For example the collection of anthropometric data in community to assist dietitians, a school footwear fitting program to assist Podiatry, assistance with serial casting in VPRS, the application of splints to address hip dysplasia at MCH. All of these tasks are performed by AHAs under the supervision and delegation of Allied health professionals at Monash Health. For the purposes of trusted delegation, succession planning and development, each of these tasks and many more now form the basis of competency based training packages available within the credentialing framework.

The Course Advising Pilot Program at Melbourne Medical School: a report of learner feedback on the process

Kylie Fitzgerald¹, Associate Professor Lisa Cheshire, Professor Steve Trumble

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In 2022, the Melbourne Medical School launched the new MD Redesign curriculum. A key innovation is our Discovery elective program, which allows learners to explore topics of interest. To assist learners in navigating and selecting their electives, we implemented the MD Course Advisor pilot program.

We developed a flipped classroom, online model of Learning-Centred Advising that set the meeting as a teaching and learning interaction. All learners undertook preparatory learning activities before attending 45-minute meeting with an assigned Course Advisor to facilitate a discussion about their elective selection that aligned with their background, experience, and future aspirations.

We blended passive and active forms of advising that taught learners about the new MD and critical analysis, while facilitating decision- and meaning-making about their future study choices. Our model aligns with the active learning, flipped classroom approach in the MD-Redesign 2022 and its social constructivist underpinnings.

We ran 360 Course Advising meetings in January & February 2022. Our program was supported by a dedicated team of Course Advisor staff who were academics within our department.

We are still collecting data about the learner feedback on the Course Advising process as meetings are running until the 11th of February. Initial data to date shows:

- 86% of respondents were satisfied or very satisfied with the pre-meeting resources
- 93% agreed the Course Advisor Program increased their understanding of the MD course.
- 89% of respondents were satisfied or very satisfied with their Course Advisor Program experience

Initial analysis shows a shift in certainty of choice ($p < 0.0001$) rated before and after the meeting (5-point Likert scale where 1 = very uncertain, 5 = very certain). Full data from the cohort feedback will be reported at the conference.

Domains Within an International Clinical Science Program that Predict Success in United States Medical Licensing Examination (USMLE) Step 1

Dr Christian Gray¹

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Introduction: USMLE Step exams were established to provide a uniform evaluation system for registration in the United States. In partnership with the University of Queensland, MD students from the Ochsner Health System (New Orleans, LA) complete their first two years (phase 1) in Australia, before finishing phase 2 in the USA. UQ Ochsner MD students must attempt Step 1 prior to starting phase 2. A dedicated USMLE preparation course was established to support student's preparation for Step 1.

Aim: To evaluate discipline areas within Clinical Science which predict success in Step 1.

Methods: Longitudinal performances in Clinical Science (CS) Multiple Choice Questions (MCQ) in phase 1 of the MD program were correlated with National Board of Medical Examiners (NBME) Comprehensive Exam (CBSE) performance. MCQ were tagged based on discipline area.

Results / Discussion: Students have reported feeling disadvantaged in preparation for Step 1 believing that the UQ MD program does not provide adequate preparation as it was not specifically based on the USMLE curriculum. There is strong evidence however, that performance in clinical science across phase 1 strongly correlates with success in CBSE. Students who perform above average in the cohort were significantly more likely to pass the CBSE. The CBSE significantly correlates with performances in Step 1 and is used to assess students' readiness to take the Step 1 exam within the program. Students who passed the CBSE showed a higher correlation in performances in Pathology, Anatomy, Physiology, and Pharmacology discipline areas which are highly representative within the Step 1 exam.

Conclusion: The UQ MD program supports a strong preparation for the Step 1 exam, with high correlations in performances within Step 1 discipline areas.

Poster Discussion Group 14: Curriculum

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Student performance and satisfaction in a carousel based online postgraduate public health degree program: a comparison between a pre-pandemic and a pandemic year

Dr Md Nazmul Karim¹, Miss Shanika Palawatha¹, Dr Mahbub Sarkar², Dr Danijela Gasjevic^{1,3}, Professor Dragan Ilic¹

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Introduction

Transitioning into digital platform was widely considered a panacea against the COVID-19 pandemic disruption in the tertiary education sector. Although the sector embraced tech-based online learning decades ago, data on its possible resilience against the impact of current pandemic is scarce.

Aim/objectives:

The aim of this study was to assess the impact of disruption posed by the current pandemic on a carousel-based online postgraduate learning program.

Methods

We analysed 2376 person-units enrolment data of 517 students, who were enrolled in the carousel-based public health post-graduate degree program, during 2019 (pre-pandemic year) and 2020 (pandemic year). Student data (demography, retention and performance) were collected from the enrolment records. Student's satisfaction with the learning experience, was assessed using the university's formal Student Evaluation of Teaching and Units (SETU) survey instrument. Correlates of performance and discontinuation were assessed by fitting separate multiple binary logistic regression models. SETU scores were compared through non-parametric Mann-Whitney-U test.

Results

Students were over twice as likely to achieve a distinction or higher grade (OR-2.12, 95%CI:1.71-2.63) in 2020. Student's overall satisfaction with teaching and learning was also greater in 2020 (P=0.008). Odds of discontinuation in 2020 were higher than those in 2019 (OR-1.36, 95%CI:1.14-1.61). Male students were less likely to discontinue a unit compared to female students (OR-0.78, 95%CI:0.36-0.96).

Discussion

The increased rate of discontinuation during the pandemic in this unique degree program, that ran successfully at the pre-pandemic times, raises question about the role of online education as the panacea against the pandemic disruption. Further research in this area, particularly focusing student characteristics, may facilitate improvements to existing digital infrastructure both during and beyond the current pandemic.

Conclusions

Carousel-based online teaching program could generate higher academic performance and student satisfaction during the pandemic compared to that of pre-pandemic year, but could not rein the rate of discontinuation.

Simplicity rules: Enhancing active learning techniques through regular dissemination of conversational active learning articles.

Ms. Beth Pierce¹

¹*Griffith University, Nathan, Australia*

Introduction/Background:

Active learning (AL) engages students in higher-order thinking and promotes deeper learning approaches (Bonwell & Eison, 1991). Despite this, transmission-based teaching techniques prevail in higher education (Borte et al., 2020). In 2019, an AL-focused academic position was established at a Queensland undergraduate nursing program. In consultation with expert learning and teaching consultants, the incumbent implemented multiple strategies to enhance the use of AL techniques by academics. The simplest strategy involved creation and online dissemination of weekly AL-focused articles.

Aim/Objective:

Active learning articles aimed to encourage academics to (1) reflect on the use of AL techniques in their teaching practice and (2) try new AL techniques.

Methods:

Active learning articles were created and disseminated via a weekly program newsletter emailed to academics. Conversational, and typically 300-400 words, AL articles were underpinned by research and highlighted examples of AL techniques used successfully within the program and other interdisciplinary health programs. To ascertain usefulness and improve AL article quality, academics were anonymously surveyed after five months of AL article dissemination.

Results:

Over 10 months, 32 AL articles were disseminated. Topics included: AL techniques and exemplars (17), digital tools to enhance AL (6), planning and designing courses for AL (7) and AL importance in higher education (2). Of the responding academics, 88% (n=14) indicated the topics were applicable to their practice; 69% (n=11) stated the articles prompted them to reflect on the use of AL in their practice; and 44% (n=7) reported trying new AL techniques as a result of the articles. Teaching academics noted a desire for future articles to address AL in large classrooms and to create tip/cheat sheets for AL techniques.

Conclusion:

Simple strategies, such as the dissemination of a weekly AL-focused article, can prompt academics to reflect upon and enhance the use of AL in their teaching practice.

During the COVID-19 pandemic, is peer-assisted simulation learning beneficial for physician trainees preparing for clinical exams?

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Introduction/Background:

The COVID-19 pandemic has caused significant disruptions for physician trainees including secondments, workload changes, delayed exams and limited patient contact. Considering alternative education opportunities is critical and there have already been significant changes in how medical education is delivered including the increased use of online learning. All trainee physicians in Australia must pass the clinical exam which includes short cases, where a trainee is assessed on their ability to perform a proficient and accurate physical exam while appropriately interpreting the findings. The 'Saturday Shorts' is a simulated and peer-assisted learning program developed during the pandemic to help address the challenge of teaching physical examination skills when patient contact is limited.

Aim/objectives:

This study is assessing if simulation peer-assisted learning can be used to improve physical examination skills in paediatric physician trainees as they prepare for their clinical exam short cases. Additionally, we are assessing the impact that COVID-19 has had on trainees during exam preparation. Using a mixed methods approach consisting of both qualitative and quantitative methods we aim to determine if simulation peer-based learning improves exam preparation and outcomes.

Discussion:

In order to achieve our objectives, a survey regarding wellbeing, exam preparation, workload and educational opportunities will be sent to participants both before and after the program. After the clinical exam has occurred, we will also be conducting focus groups to identify impacts COVID-19 had on trainees and if the program was beneficial. If found to be effective, this method could be utilized in other areas of medical education or where patient contact may be limited.

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DAY FOUR

TUESDAY 19 JULY



DAY FOUR: Tuesday 19 July 2022

Stream 1

PCW 6

PCW 7

Curriculum 6

Facilitators and Barriers to Medical Students Seeking Help for Mental Health: A Rapid Review

Dr Belinda Craig¹

¹*Bond University, Robina, Australia*

Medical students represent a vulnerable group, experiencing psychological distress at levels higher than age matched peers. Some medical students who experience clinical levels of distress do not seek professional help. As such, it is important to understand the barriers and facilitators that influence mental health help-seeking in medical students. To address this, a rapid review was conducted. Three databases indexing publications relating to psychology, health, and medicine were searched using a set range of search terms relating to 'medical students', 'help-seeking' and 'mental health'. After excluding records irrelevant to the topic, 17 articles were critically analysed and synthesised. Articles reported results from medical students across five continents and at different stages of study (postgraduate and undergraduate students in preclinical and clinical years). Key barriers to medical students seeking help included mental health stigma, concerns about confidentiality, access related barriers, and normalisation of poor mental health. Facilitators included experiencing symptoms of anxiety, recognising the need for help, and having or knowing about others' past positive experiences of help-seeking. These findings have implications for future research and health practitioner education. For example, students and staff, both on campus and in practice settings involved in student training, should be provided with education to reduce stigma around mental illness.

Women's interest in surgery in the early postgraduate period: a national study

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Background: There has been an under-representation of women in surgical specialties. This study aimed to describe and explore gender differences in preferences for a surgical career among NZ medical graduates.

Methods: Surveys collected by the Medical Schools Outcomes Database and Longitudinal Project from respondents graduating medical school between 2012-2016 were used. The final sample included domestic graduates who responded to a survey at graduation and at three years post-graduation (PGY3). A comparative analysis by gender of specialty preferences and career influences at each time point was performed.

Results: The study sample consisted of 992 medical students of whom 58% were women. At graduation, 14% of women (75) and 21% of men (83) had a preference for a surgical specialty. At PGY3, the proportion of women interested in a surgical specialty had reduced to 10% (55 women) while the proportion of men remained consistent (20%, 78 men; $p < .05$). A logistic regression to model interest in surgery at PGY3 compared with other specialties found women were half as likely as men to prefer a surgical specialty. Irrespective of gender, a graduate with a preference for surgery at graduation was 23 times more likely to have retained a preference for a surgical specialty at PGY3. At PGY3, factors significantly more influential for women interested in a surgical career than for women interested in other specialties included: opportunities for procedural work, experience of the specialty in medical school and prestige.

Conclusions: A clear gender difference in interest in the surgical specialties remains in NZ. Women are significantly less likely than men to prefer a surgical specialty three years postgraduation. Undergraduate experiences and positive exposure to the surgical specialty appear to be highly influential in career choice, and may be avenues to attract more women into surgery.

Speaking up in healthcare: An exploration of the allied health new graduate workforce

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¹*The University Of Auckland, Auckland, New Zealand*

Introduction

All healthcare workers are responsible for patient safety and quality improvement and need to ‘speak up’ to communicate issues. As healthcare systems globally strain under the impact of COVID-19 and staff workloads increase, allied health graduates entering the workforce are feeling under pressure and unsupported. Understanding their experiences of speaking up as they transition into the workforce will guide our understanding of what support they require to fulfil their patient safety and quality improvement responsibilities.

Method

We conducted an exploratory study investigating how new graduates in allied health speak up about patient safety issues and quality improvement. Informed by a Realist theoretical position, this study was interested in what contexts and resources support new graduates to speak up or not. Two different focus groups with allied health new graduates were used to collect data, and we used inductive thematic analysis to draw out key themes and sub-themes.

Findings

Three themes were generated. While the main themes constructed from focus group one and focus group two were the same –Advocacy Drives Speaking Up, Scaffolding Transition Impact – the sub-themes, e.g., Cultural inequities and Being the best me, had more variability across the two focus groups.

Conclusion

Further in-depth exploration of speaking up behavior with allied health new graduates will inform leaders within education and workplace settings about ways to develop confident and competent professionals who can speak up for patient safety and quality improvement.

Sleep Patterns and Risky Driving Behaviours in Clinical Medical and Nursing Students

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Background

Sleep problems are common in Australian young adults and students in the healthcare profession may be particularly vulnerable to poor sleep. Poor sleep and fatigue have been found to predispose healthcare professionals to hazardous driving. Given medical and nursing students are often subjected to similar conditions to working healthcare professionals, there is concern these students may also be susceptible to fatigue-related driving risks.

This study aimed to investigate and compare the sleep patterns of a cohort of Australian medical and nursing students and determine potential causative/risk factors for poor sleep and risky driving behaviours.

Methods

A cross-sectional survey was administered to fifth year medical students and third year nursing students at the University of Adelaide. The survey consisted of numerical, Likert-scale and free-text questions covering sleep characteristics, bedtime behaviours, perception of sleep quality, sleepiness levels and risky driving behaviours.

Results

The survey was completed by 193 students (58% nursing students). Students reported an average workday sleep duration of 7.1 hours. Around 36% of nursing students and 15% of medical students reported at least one all-nighter in the preceding month. Poor sleep hygiene behaviours such as studying and phone use before bedtime were common, and 57% of students expressed concern regarding their sleep quality. Students reported generally high levels of sleepiness, and 33% admitted to having at least one near miss while driving to/from clinical placements over the preceding two years. Sixteen per cent of nursing students and 9% of medical students had fallen asleep while driving to/from clinical placements over the preceding month.

Conclusion

The survey identified a high prevalence of poor sleep hygiene practices among nursing and medical students. Risky driving behaviours and near misses while driving to/from clinical placement were commonly reported. Further interventions to help healthcare students address sleep and risky-driving behaviours are required.

Empowering students to self-reflect and proactively plan their self-care as learners and professionals of the future

Ms Catherine Marley¹, Dr Melanie Fentoullis¹, Dr Megan Kalucy¹, Ms Catherine Marley¹

¹UNSW, UNSW Sydney, Australia

The Medical Board of Australia 'Code' requires doctors to reflect regularly on their practice and maintain their own wellbeing. Healthcare students and professionals, whilst caring for others, can overlook their own self-care needs. Regular engagement in self-care activities maintains and enhances our health and well-being, reduces or prevents symptoms of stress and anxiety, and improves resilience and productivity.

The Clinical Transition Course is a 4 week course in the UNSW Medicine program where 239 (Year 4) medical students are required to reflect effectively on their experiences within the course to refine their approach to learning and professional development as a student and future health professional accordingly.

Students were engaged as partners in curriculum review and, responding to their feedback, a self-care curriculum was implemented with flexible and practical opportunities for students to connect with their peers, supported by faculty and industry professionals, to individually or collaboratively apply, share and reflect on their positive self-care strategies. At the end of the program, our students have pro-actively developed their own self-care plan - at a time when they are (hopefully) thriving and 'well' - so they can utilise this plan for future challenges and refine this plan over time.

Reflective practice is a key component to becoming a reflective practitioner and is essential for professional development. Going forward we hope to refine and scaffold these resources across our medicine program providing students with opportunities to reflect on their learning.

The self-care curriculum design and resources are generic and may be integrated into any health program.

Hearing the voice of International Medical Graduates: What could we learn from their experiences of migration and transition when viewed with a strength-based framework?

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International medical graduates (IMGs) form a critical part of the Australian health workforce. Despite this criticality, much of the education literature focuses on defining problems, challenges, issues they face, and interventions developed for them. This is a deficit-based frame.

Objectives

This research explored experiences of IMGs transition into the Australian health workplace through a strengths-based framework (SBF). The aim was to identify these strengths and how they enabled success, with the objective to learn how these strengths can be used to support IMGs in their transition.

Methods

This study utilised a qualitative study design with a phenomenological methodology. Sixteen narrative style interviews were conducted with IMGs, at a single metropolitan health service. Data were coded using both a deductive approach and an inductive thematic analytic approach.

Results

Six themes emerged from the interviews. These were: 1) IMGs Motivations and dreams 2) IMGs as an Individual 3) Learning 4) IMGs and Society 5) IMG navigating complex systems 6) IMGs in the context of Migration.

IMGs have strong motivations to migrate that form enduring drivers and manifesting in action-oriented and value-led behaviours. As individuals, they are resilient, tenacious, and display grit. IMGs take their learning into their own hands through professional noticing and situated workplace learning concepts. They notice and find solutions to differences between their previous and new workplace and navigate and negotiate complex systems worldwide. Relationships support them, including families, friends, and work relationships. This journey sits within the context of migration, encompassing acculturation, belonging, identity, isolation, discrimination, and inequality.

Conclusion

Knowing and understanding the stories of IMGs allows an educator to support IMGs to achieve their goals. We change our language from focusing on challenges to recognising their inherent capabilities and utilising them to co-construct learning solutions. An SBF honours the intrinsic value and contributions they bring to Australia.

Student Wellbeing Action Groups (SWAGs): partnerships between students and staff with positive impacts

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The COVID-19 pandemic has highlighted the importance of student wellbeing, as well as the challenges students experience in preparation for their future healthcare professional careers. In recognition of these challenges and the need to develop overarching strategic planning to guide and inform all initiatives and activities relating to student wellbeing, staff from UNSW Medicine & Health partnered with the UNSW Medical Student Society to establish a Student Wellbeing Action Group (SWAG). This group is co-chaired by senior faculty member and a student. Its membership is intentionally inclusive of students with diverse perspectives (Indigenous, Rural, International, LGBTIQ+). The SWAG facilitates a coordinated approach to the provision of support to students throughout the Medicine program. Consistent with the Dual State Model of mental health, specific working groups have been established by SWAG: Building Communities; Enhancing Wellbeing; Successful Transitions; and Support for Students with Mental Health Issues. The working groups have adopted a quality improvement approach to identify the best evidence to support changes within teaching and learning and the student experience, reporting this information to SWAG quarterly. SWAG's initiatives include the introduction of self-care days, aligning with students' self-care plans as trainee health professionals. Following the success of the Medicine SWAG, similar groups have been established for the Vision Science & Optometry and Exercise Physiology programs in UNSW Medicine & Health.

UNSW Medicine's Clinical Mentoring Scheme and Beyond

Ms Judy Kell¹

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The Clinical Mentoring Scheme (CMS) has supported medical students in Years 3 to 6 since 2019. By enabling students to select their own mentor and negotiate their mentoring goals, it has provided a wide range of opportunities. Student report an increase in their confidence in clinical settings, in communicating with a broader range of health practitioners and an improvement in their clinical skills, knowledge and overall learning and professional development.

The presentation will provide an overview and evaluation of the CMS since it was piloted in 2019. Additionally, the presentation will outline how the CMS has provided the foundation for the development and implementation of a broader mentoring strategy for the UNSW Faculty of Medicine and Health.

Medical school elective - holiday or learning through the lens of academic misconduct?

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Background

Our study investigated the attitude and behaviours of Aotearoa New Zealand medical students to their 'elective'. This is usually a self-arranged period of study, often overseas, conducted in final year of the undergraduate medical course.

Methods

University elective documentation was scrutinised for expectations of study. Medical students across five years completed an anonymous questionnaire asking whether they had engaged in/would consider engaging in academic misconduct in respect to elective scenarios and potential consequences of misconduct. Focus groups were run to illuminate the attitudes and behaviours of the students. The focus group data was coded, and themes generated.

Results

Written documentation on the elective was clear with slight variations existing between campuses. There were significant differences between years of study and responses to the questionnaire. However, 94% of students reported that being signed off when not present and fabricating an elective report was "wrong" and 95% indicated that there should be a penalty: either repeating the year (41%) or the work (34%). Ten percent would consider engaging in this behaviour. Over a quarter of the responders felt it was okay to 'complete 2/3rds of an elective and go on holiday' although over 80% considered there should be a penalty if this happened. Twenty percent considered engaging in this behaviour. Focus group data indicated concern from students regarding lack of clarity in respect to expectations of the elective. Inclusion of 'down time' during the elective was felt to be implicitly endorsed by staff and may be part of the hidden curriculum.

Discussion

Clarity of expectations associated with the elective need to be clearly articulated to staff as well as students so that staff do not inadvertently contradict formal written expectations. Medical Schools should consider formalising relationships with overseas elective providers to ensure accountability of supervision and outcome.

Mentor or Tormentor? A conversation regarding the fractured role of mentoring in Paramedicine

Mr Andy Bell¹, Mr Steve Whitfield¹

¹Griffith University, Gold Coast, Australia

The relatively quick evolution of Paramedicine and the inevitable 'growing pains' associated with an evolving profession has seen mentoring and the role of the mentor become clouded in confusion, ineffective education and a lack of specific research.

Paramedicine's recent development as a registered profession has also seen mentoring explicitly outlined as being a capability expected of all registered paramedics. However, the paramedic-mentoring model in Australia seems to have been mostly left up to the individual paramedic to develop in isolation from adequate training and mentoring themselves. If Paramedicine is to continue its evolution as a legitimate healthcare profession, the quality of clinical mentoring must be acknowledged as a significant factor by the educational institutions, and the large services who employ paramedics and nurtured accordingly. The traditional silo effect between industry and university education providers needs to be further challenged in order to effect positive and consistent change. This presentation looks to provide a platform for discussion on historical and contemporary issues inherent within Paramedic mentoring models and consider solutions and opportunities for improvement in methods, training and delivery into the future.

Curriculum 6

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Do astronauts do placements in space?

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¹University Of Otago, , New Zealand, ²Flinders University, , ³University of Adelaide, , ⁴ANZAHPE, ,

Introduction

This paper describes an ANZAHPE ONLINE Professional Development Debate session that explored whether “Work-place clinical placements should continue as the mainstay of health professional Education”.

Method

For this ONLINE session, Zoom and break-out room facilities were used. Fifty-seven people attended the session. Pre-selected Team leaders for and against the motion started with a short introduction of their proposition. An anonymous poll was then run asking whether “Work-place clinical placements should remain the mainstay of health professions education?” with the response options of ‘yes’, ‘no’ or ‘uncertain’.

The attendees were then randomly assigned to either the for or against group. Over a 15-minute period the Team leaders collated the opinions of the assigned attendees. Returning to the main group the Team leader gave their proposition, followed by a rebuttal and general discussion. A post-debate poll was run asking the same question as the pre-debate poll. Each team collated the main arguments.

Results

The following main key points were made. For the motion, Clinical placements offer an authentic learning experience for students, enhance professional development and identity, act as an interface between health services and educational provider and have a positive impact on the work environment. Against the motion, Clinical placements are too dependent on supervisors’ educator ability, include considerable amounts of educational inefficient and ineffective activities and are based on a rationale of authenticity without sufficient evidence.

Whilst there was consistently more support for the motion, there was an increase against the motion, from 18% pre-poll to 39% post-poll, influencing some undecided mainly to the ‘against motion’ position.

Discussion

The opportunity to question clinical placements affords an opportunity to challenge assumptions and better consider how learning can be enhanced in this environment.

Changes in Perceived Self-Efficacy of Physiotherapy Students following a Paediatric Single-Visit Experience

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¹Griffith University, Brisbane, Australia, ²Charles Sturt University, Albury, Australia

Purpose: To evaluate students' perceived anxiety and self-efficacy in communication skills following a brief, single-visit experience to an early childhood education and care (ECEC) centre. Secondary aims were to evaluate students' perception of a single-visit experience to an ECEC centre.

Design: Prospective, observational study (GU ethics reference number: 2021/255).

Methods: Pre-registration physiotherapy students enrolled in a third year paediatric course participated in a single-visit to an ECEC centre for two hours where they had the opportunity to interact with children aged between 0-5 years. Participants who consented to the study completed online pre- and post-experience surveys addressing their perceived self-efficacy in communication skills (modified version of the 'Paediatric Communication and Handling Self-Efficacy Scale'), anxiety working with children (scale from 1 = not at all anxious to 10 = extremely anxious) as well as satisfaction with the visit.

Results: In total, 54 students (median age (IQR) = 22y (20-26); female = 36) participated. A Wilcoxon signed-rank test demonstrated that students reported a significant, positive change in perceived communication skills in 16 out of 18 items ($p < 0.05$) and reduction in anxiety ($Z = -3.7$, $p < 0.001$). Qualitative findings revealed that the experience provided opportunities for students to interact with children and improved their communication and observation skills. Students reported that extending the duration of the visit would be beneficial for future iterations.

Conclusion: This is the first known study to provide evidence that an embedded, single-visit to an ECEC centre is effective to improve perceived communication skills and reduce anxiety in pre-registration physiotherapy students. Furthermore, this type of single-visit experiential opportunity may be relatively low risk to include as part of the curriculum, especially when considering the impact of COVID-19 lockdowns and subsequent strain on student placements and other extended, experiential opportunities.

Guiding educators in learner-centred feedback: designing, testing and refining the Feedback Quality Instrument

Dr Christina Johnson^{1,2}, Professor Jennifer Keating², Professor Michelle Leech², Professor Elizabeth Molloy³

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Extended Abstract - Student Prize Submission

Introduction: Feedback is important in health professionals' workplace learning. However, the literature reports problems in practice, and lacks clear guidance on practical ways that educators can support learner-centred feedback. This thesis reports the process of developing, testing and refining a Feedback Quality Instrument (FQI), designed to guide and systematically evaluate an educator's role in face-to-face feedback in clinical practice. The research was underpinned by social constructivism, and used a multiphase mixed methods design.

Methods: Phase 1 comprised a systematic review and meta-analysis to summarise the evidence available on the impact of face-to-face feedback on workplace task performance involving health professionals. Phase 2 focused on the development of a provisional feedback instrument. An extensive narrative literature review clarified the distinct elements of an educator's role that seemed to influence learner outcomes and was supported by empirical information. These elements were then operationalised into corresponding observable educator behaviours, and refined in collaboration with an expert panel using a 3 rounds Delphi process. This resulted in consensus on a set of statements describing recommended observable educator behaviours, which constituted a provisional instrument. Phase 3 involved refining the provisional instrument to create the Feedback Quality Instrument using quantitative and qualitative analyses. Videos of authentic feedback discussions in routine clinical practice were collected involving diverse health professionals. Raters independently administered the provisional instrument to evaluate educator behaviours seen in the videos, using a Likert scale: 0=not seen, 1=done somewhat, 2=done consistently. This enabled usability testing and generated ratings data. To gain observational insights into feedback interactions, quantitative analysis of these data described a) how commonly each recommended behaviour was seen across the educator group, and b) how many recommended behaviours were demonstrated by individual educators. The data were also used for psychometric analysis of the provisional instrument using multifaceted Rasch model analysis (MFRMA) and exploratory factor analysis (EFA). In addition, thematic analysis of video data was used to explore two under-researched areas 1) ways to cultivate psychological safety in feedback and 2) ways to promote learners' evaluative judgement. This addressed gaps identified during psychometric testing and provided practical insights for item refinement. Finally, the provisional instrument was refined, using an iterative process, informed by the usability testing, psychometric testing, qualitative analyses, and foundational literature and theory.

Results: In Phase 1, the systematic literature search identified 1238 articles, from which 26 studies met inclusion criteria for face-to-face feedback compared to no or alternative feedback. Meta-analysis found a moderate-to-large improvement in workplace task performance with feedback, compared to no feedback, with a standardised mean difference of 0.7 (95% CI 0.37-1.03; $P < 0.001$), from 8 studies involving 392 health professionals.¹ In phase 2, the narrative literature review identified over 170 relevant articles, which formed the basis of the initial items. Following the Delphi process, consensus was reached on a provisional instrument.² In phase 3, 36 videos involved 34 diverse educator-learner pairs (medicine (26), nursing (4) and physiotherapy (4)). Administering the provisional instrument generated 174 data sets. Quantitative analysis revealed variation in both individual educator's practice and the frequency that each recommended behaviour across the group.³ Thematic analysis provided practical insights for item refinement regarding psychological safety⁴ and evaluative judgement.⁵ In the psychometric analysis, MFRMA indicated reasonable coverage across the feedback proficiency range, and highlighted items and one rating category for review. EFA revealed item clusters, indicating core concepts underlying feedback, and highlighted items for review.

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Discussion: The systematic review collated evidence, for the first time, to substantiate that face-to-face feedback involving health professionals enhances workplace task performance, compared with no feedback. The diverse interventions identified in the review, even within face-to-face feedback, highlighted that feedback involves multiple components influencing outcomes. The development of the FQI contains 25 observable behaviours describing how educators can collaborate with learners to actively participate and use performance information to enhance performance.^{6,7} There are five domains representing core concepts that constitute high quality feedback. Three domains occur sequentially, set the scene, analyse performance and plan improvement and two flow throughout a feedback encounter, foster psychological safety and foster learner agency. The explicit descriptions offer guidance for educators and learners.

Conclusion: This research program led to creation of the FQI, ready-for-use in clinical practice. It describes practical ways for educators to foster quality learner-centred feedback interactions in which learners actively participate, to gain knowledge they can use to enhance subsequent performance. The next stage will focus on translational research using the FQI, working with educators and learners to enhance feedback discussions in clinical practice, and to further inform instrument refinements. Educational videos will be created, using authentic exemplars of higher and lower quality practice from the original recorded clinical feedback interactions, de-identified and re-enacted. The FQI also provides a platform for investigating the impact of specific components of feedback on learner outcomes in the clinical workplace.

Enablers, challenges and barriers to implementation of an Allied Health professionals clinical supervision framework: lessons learned in a tertiary healthcare setting.

Daniella Tassoni¹, Elisha Matthews¹, Ruth Duncan¹

¹*The Royal Children's Hospital, Melbourne, Australia*

Introduction: Clinical supervision in healthcare has benefits for Allied Health professionals (AHPs), organisations and patients, including improved quality and safety in patient care, improved AHP capability and increased AHP job satisfaction and retention¹. There are no consistent requirements for access to clinical supervision for AHPs, with most health services responsible for establishing their own policies, programs, and resources.

The Royal Children's Hospital Melbourne is working towards improving access to clinical supervision for AHPs. The RCH Allied Health (AH) Clinical Supervision Project commenced in 2020 with the goal of fostering a culture towards universal access to clinical supervision for all RCH AHPs.

Aim: To partner with key stakeholders to identify the enablers, challenges, and barriers to establishing organisation-wide access to clinical supervision for AHPs.

Methods: An organisational self-assessment exploring access to and participation in clinical supervision was completed by inviting Heads of Department from Allied Health Sciences and Therapies professions to participate in a semi-structured interview². An online survey was also conducted with the Clinical Supervision Project working group and the Director of Allied Health, with questions constructed to identify and reflect on the enablers and challenges in achieving universal access to clinical supervision for AHPs.

Results: Twenty-four Allied Health professions and multidisciplinary (MDT) services were invited to participate in interviews with 22 conducted (11 sciences, 9 therapies and 2 MDTs). The organisational assessment revealed the notion and practice of clinical supervision is at different stages of development across the AH professions, however there was keen interest to make it available. Online survey responses (n=7) highlighted enablers and challenges in capability, logistical and cultural domains. Responses informed the planning and implementation of a framework adapted to the local context.

Conclusions: Identifying enablers, challenges and barriers to clinical supervision is integral to the implementation of a framework supporting organisation-wide access for AHPs.

Exceptionality - what is it, and what do we do with it?

Dr Lauren Moulds¹

¹Exceptional Needs Unit, Department of Human Services, South Australia, Adelaide, Australia, ²University of Adelaide, Adelaide, Australia

The idea of exceptional in relation to needs and risk is often used interchangeably with the term complexity - however, exceptionality is a unique and important frame to understand when individuals, families and systems get stuck.

Lauren Moulds is the Manager of the Exceptional Needs Unit (ENU), Department of Human Services, South Australia. The ENU is a multidisciplinary team that works to help navigate systems to assist individuals and families who may be stuck, facing complex responses or are confronted by barriers in accessing appropriate supports. The ENU works with systems, services and eligible families and individuals with exceptional needs, risks, responsivity factors and circumstances to improve purposeful engagement within the community, reduce risk and improve service delivery. ENU provides individualised, time limited responses to meet needs and reduce risk.

This workshop - Exceptionality - what is it, and what do we do about it has three key aims.

Firstly, it aims to work with participants to explore what exceptionality is - how can we identify it and what are the key features. How does risk, and responsivity factors and barriers play a part in making circumstances exceptional and how does this change over time.

Secondly - Why it is important to identify exceptionality and pull it apart from complexity. What are the implications of exceptionality and how does trauma play a part at an individual, family and systems level - taking an ecological lens.

Finally, the workshops aims to move participants to a solutions mindset. How do we navigate exceptional needs clients - how do we work past barriers, blockages and issues at individual, service and systems levels and what are the key approaches to inspire change. We discuss - what does "success" look like - and how can we keep hope, optimism and generosity alive in these cases.



DAY FOUR: Tuesday 19 July 2022

Stream 2

Faculty Development 3

IPE 3

IPE 4

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Development and Implementation of Australia's first Advanced Training Residency (ATR) in Pharmacy Education

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Background: Advanced Training Residency (ATR) programs in Australia structure the development of pharmacists in clinical fields (e.g. cardiology). To date, no such program exists to develop pharmacists' expertise in education.

Objective: To describe the development and implementation of an Education ATR program.

Action: The Education ATR was developed in partnership between a major metropolitan hospital and an Australian university whereby 60% of the resident's time focused on tertiary learning at the university (e.g., unit coordination) and 40% on work integrated learning (WIL) at the hospital (e.g., clinical supervision).

To establish the program, core learning outcomes were collated from international research on pharmacy residency teaching/learning certificates, and medical education programs. Application activities for each outcome were mapped to general assessment requirements of an ATR as described by the Society of Hospital Pharmacists of Australia (SHPA). An internal and external mentor supported the resident's development in core education themes.

Evaluation: The Education ATR program (established January 2021) included seven themes: education theory, education design, education delivery, assessment, supervision, research, and leadership. Each theme consisted of learning outcomes, mentor discussion topics, application-based activities, and related ATR assessments. For example, in the education design theme, the resident applied education theory such as active learning to the design of tertiary-level units of study and WIL training programs. To date, the resident has created training programs (n=3) and coordinated 12-week tertiary study units (n=2). Similarly, the resident applied learnings such as cognitive load theory to deliver tertiary and workplace lectures (n=80) and workshops (n=38). Furthermore, the resident applied preceptorship and feedback theory to supervise and assess foundation residents (n=4), an intern (n=1) and supervise placement students (n= 43).

Discussion: This Education ATR program, a first in Australia, is an evidence-based program combining elements of tertiary education and WIL opportunities to expand the education expertise of pharmacists.

Supporting allied health to implement clinical supervision

Ms Jo Cole¹, Ms Rebecca Neilson¹

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Now more than ever, with the challenges being faced by health professionals, clinical supervision is an important element of clinical governance, staff support and safety and quality in Australian health services.

Since 2015, Canberra Health Services has been rolling out their Allied Health Clinical Supervision Guideline to support Allied Health from over 35 professions to implement Clinical Supervision. The Guideline was developed to assist clinicians, supervisors and managers in planning and making decisions about clinical supervision for staff.

The Allied Health Clinical Education Unit in Canberra Health Services is leading this program across Allied Health. This presentation will outline the supports provided by the organisation to allied health staff to continually grow the level of expertise, experience, uptake and sustainability of Clinical Supervision in the health service. This includes a growing training calendar including e-Learning and face to face options, written resources, templates and proformas and tailor-made consultation support.

Recent evaluation data, including level of implementation and self-reported measures of clinical supervision effectiveness, will be reported. Learnings from our seven years experience in supporting allied health to grow their involvement with Clinical Supervision, and our recent review of the Allied Health Clinical Supervision Guideline will be presented.

Supporting clinical educators' transition to telesupervision: The role of partnerships between the university and health sectors in providing flexible quality workplace learning

Dr Catherine Easton¹, Assoc Prof Melissa Nott^{1,2}, Dr Therese Jones-Mutton^{1,2}, Elsie de Klerk^{1,2}, **Mrs Elsie De Klerk¹**, Assoc Prof Narelle Patton¹

¹Charles Sturt University, , Australia, ²Three Rivers Department of Rural Health, , Australia

COVID 19 has disrupted traditional education methods resulting in the need for broader acceptance of online delivery in the health professions. Many allied health clinical educators have responded to this by adapting the supervision relationship to this online mode. In order to maintain the quality of the education experience it is important to evaluate this type of delivery through scholarly clinical education practices. While preliminary evidence demonstrates that the shift to online supervision (or telesupervision) requires an intentional transition by clinical educators, research remains limited.

This paper reports on a project which considers the professional development requirements for allied health clinical educators transitioning to online clinical education environments. It presents a summary of a systematic scoping review of current literature regarding telesupervision, drawing on international literature across health disciplines. The findings of this review are considered in the context of current documentation and requirements regarding telesupervision of student placements within allied health professions in Australia.

The presentation then explores the application of this knowledge to the development and evaluation of professional development for clinical educators in rural areas of New South Wales. It considers the importance of strong working partnerships between the education provider (university), clinical educators and the local communities hosting the placement to provide a quality workplace learning experience. In addition, the important role of relationships between universities, clinical educators and the professions in supporting the development of quality online workplace learning is discussed.

The findings of this study highlight that strong partnerships between universities, clinical educators, and the communities they serve are the basis of quality online workplace learning experiences, and key to the development of evidence-based practices in telesupervision. These outcomes have ongoing significance for the development of 'online-ready' clinical educators and in building a flexible 'online-ready' regional and rural allied health workforce.

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Influencing clinical supervision practice, training, and research world-wide: a success story

Dr Priya Martin¹

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Prize submission

ANZAHPE Early Career Health Professions Education Research Prize

Influencing clinical supervision practice, training, and research world-wide: a success story

Creating partnerships with our future Allied Health workforce: a case study approach

Mrs Rebecca Oates¹, Jennifer M. Weller-Newton, FACN

¹*University of Melbourne, Wangaratta, Australia*

Clinical placements provide students with an opportunity to develop critical skills in preparation for practice. Positive placement experiences in the rural setting have the potential to influence a students' intention to rural practice. Emphasis is placed on establishing partnerships in practice, but do we invest in the creation of respectful and conducive working relationships with our future workforce? This qualitative case study explored the skills and attributes of quality Allied Health (AH) supervision in the rural placement context from the perspectives of two social work students who had undertaken a rural placement. Interview questions focused on the desirable skills and attributes of a rural supervisor; their less than satisfactory supervisory experiences; and suggestions on how supervisors could better support their AH students.

Thematic analysis revealed four themes: (i) creating a safe learning environment: centred on the notion that supervisors are pivotal in the creation of a safe environment, an environment that is conducive to students' learning; (ii) being present: reflected supervisors need to be responsive to the degree of supervision required; (iii) student centered: focused on the need for supervisory practices to align with students' individuality; and, (iv) sound time management: encapsulated students' desire for rural supervisors to operate in a structured and organised manner.

Despite the small sample size and the participation of only social work students, perceptions of 'quality' supervision practices were individual to each participant per their own values, needs and rural experiences. Given the rural workforce issues, further efforts are vital to establish effective partnerships with our AH students. The perception that rurally based placements offer a sub-optimal experience needs to be challenged, gaps in AH supervisory practices also need to be addressed to match.

“We are a 5 star prescribing team!” Evaluation of a large-scale, inter-professional medication safety micro-curriculum in Medicine, Pharmacy and Nursing degrees.

A/prof Kellie Charles¹, Prof Nicholas Buckley^{4,5}, Prof Sarah Hilmer^{2,6}, Dr Lisa Koulajian O’Donnell^{1,6}, A/Prof Rebekah Moles¹, Dr Stephen Carter¹, Dr Astrid Frotjold³, Ms Michelle Maw³, Dr Carl Schneider¹

¹Sydney Pharmacy School, University Of Sydney, Sydney, Australia, ²Sydney Medical School, University Of Sydney, Sydney, Australia, ³Sydney Nursing School, University Of Sydney, Sydney, Australia, ⁴School of Medical Sciences, University Of Sydney, Sydney, Australia, ⁵Royal North Shore Hospital, St Leonards, Australia, ⁶Royal Prince Alfred Hospital, Sydney, Australia

Introduction. Medication safety is a core principle for all professionals involved in safe and effective management of drugs. Medication management is taught traditionally in silos within health professional degree programs. Inter-professional education enables students from multiple professions to learn core clinical and teamwork skills within authentic clinical teams. Medication management provides an exemplar activity for interprofessional education.

Aims. To develop an innovative medication safety module for medical, pharmacist and nursing students to better understand the impact of team-based approaches to quality use of medicines and safe medicines prescribing practice.

Methods. A fully integrated, multi-week, inter-professional medication safety module was delivered within the MD, B.Pharmacy and B.Nursing degrees, (n=650 students) in June 2021. Students follow the medication management cycle (medical students prescribe, then medication review by pharmacy and nursing students) as well as coming together in person to review as an inter-professional team. All medication charts and progress notes were analysed for session debriefing of quality use of medicines and feedback on creating highly effective healthcare teams.

Results and Discussion. There was variable confidence in core pharmacology knowledge and application of this knowledge within each of the degree (44% - 55%) prior to the module. Improvements in medication charts were observed following team review. Students had high satisfaction in their team performance with 90% rating their team as 4 /5 star (response rate: 74%) with between 5-10 changes being made to improve the chart for patient benefit. Teaching in the Medication Safety Module was rated by students as highly effective (85% agree) and increased the confidence in core pharmacology knowledge and application by 11% and 15% across the whole cohort. Further evaluation with a realist model is ongoing to investigate the relationships between contexts and mechanisms explaining how inter-professional teamwork generates improvements in the education of the quality use of medicines.

Does the implementation of an interprofessional education framework assist the preparation of graduates for collaborative practice?

Associate Professor Fiona Kent¹, Dr Sarah Meiklejohn, Mrs Amanda Anderson, Professor Tina Brock, Associate Professor Arunaz Kumar, Mrs Bronwyn Maddock, Mrs Lorraine Walker, Associate Professor Caroline Wright

¹Monash University, , Australia

Introduction

Interprofessional education (IPE) frameworks have been introduced in health professions education to support strategic curriculum change. It is not known whether these frameworks yield those outcomes and subsequently improve graduate readiness for working as collaborative practitioners. In 2016, Monash University health professional courses introduced an interprofessional collaborative care framework. Five years post implementation, the merit of the framework was evaluated using the context, input, process, product (CIPP) model.

Research question: Are health professional graduates ready for collaborative working, and has a purposeful curriculum framework contributed to facilitating work readiness?

Methods

A multiple method research design explored the value of the framework by using the context, input, process and product (CIPP) evaluation framework. Data were collected via a curriculum audit and interviews with academic faculty (n=13), recent graduates (n=24) and their employers (n=17). Data were analysed using framework analysis.

Results

Context data revealed accreditation as a driver for curriculum development. Key themes regarding framework development, implementation and sustainability were described by academic faculty. Employer and graduate interviews revealed differences in perceptions of graduates' readiness across professions. Gaps identified in framework implementation were consistent with gaps identified in graduate knowledge and skills related to collaborative practice. Graduates commonly described the meaningfulness of workplace learning either through focussed tasks or exposure to the work of other professions while on clinical placements.

Discussion

Stakeholders identified the IPE framework as being useful for formalising programmatic commitment to interprofessional education. Factors described as necessary to sustain this integration included: accreditation requirements, dedicated champions within each profession, leadership buy-in at multiple levels, embedded student assessment, and logistical support to accommodate large cohorts of students at multiple sites.

Conclusion

The curriculum framework facilitated the establishment of a comprehensive program of IPE across a large and diverse health professions faculty.

A Three-Year Qualitative Evaluation of Interprofessional Team-Based Clinical Education at an Australian Dental School

Dr Mark Storrs¹, Professor Amanda Henderson, Professor Jeroen Kroon, Professor Jane Evans

¹Griffith University, , Australia

1. Presentation Title:

A Three-Year Qualitative Evaluation of Interprofessional Team-Based Clinical Education at an Australian Dental School

2. Introduction/background:

Based upon educational challenges the Griffith University School of Dentistry and Oral Health (DOH) embedded an interprofessional team-based treatment planning (TBTP) program in its curricula. This focused on clinical collaborative learning involving teams of students from four separate oral health programs. A quantitative evaluation of TBTP from 2012-2014 was performed. This presentation reports on a parallel qualitative evaluation to provide meaning to quantitative findings.

3. Purpose/objectives:

What is the contribution of interprofessional student team-based processes on students' perceptions of interprofessional practice at DOH?"

4. Methods

A thematic analysis of transcripts from nine focus groups targeting final year students and open-ended questions collected from 544 students via an online instrument was performed.

5. Results:

Responses from 346 online participants (63.6%) and 46 focus group students revealed four major themes contributing to TBTP success: useful role learning, communication confidence, useful teamworking and collaborative confidence. Negative perceptions about the importance and benefits of interprofessionalism and lack of collaborative practice in the clinic were identified.

6. Discussion:

Collaborative confidence was perceived to include an understanding of interprofessional roles, confidence in communicating and teamwork skills. These were facilitated through effective interprofessional referrals in the clinic and team meetings where a better understanding of interprofessional roles, sequencing of those roles in providing safe and effective care, and enhanced ability to manage clinical problems through mutual problem-solving occurred. Positive aspects specific to separate oral health programs and a minority of TBTP deficiencies were ascertained.

7. Conclusions:

Aspects of TBTP positively contributing towards students' interprofessional clinical learning and practice were identified. Educational and support interventions are needed to facilitate positive aspects of TBTP and address deficiencies. Ongoing study will further understand specific elements contributing towards interprofessional clinical learning.

Supervisor perceptions of medical student placements within interprofessional settings.

Dr Linda Taoube¹, Dr Carl Shneider¹, Dr Priya Khanna¹, Prof Christopher Roberts¹, Prof Annette Burgess¹

¹*The University of Sydney, Sydney, Australia*

Background:

Supervised clinical placements within community settings (primary care) across disciplines are increasingly included in healthcare programs. However, within medical curricula, most placements are within general medical practice. Globally, there is a deficit of reported studies within other community settings. The renewal of the Sydney MD program in 2020 included an innovative transformation, involving community placements of medical students within a variety of health professions, named SLICE (Situated Learning in Community Environments). Its premise is forming and sustaining partnerships with health professions outside medicine to educate students about community-based holistic patient care. The aim of this qualitative study, grounded in an interpretivist paradigm, was to gain an in-depth understanding of medical and non-medical supervisors' experiences of teaching within the new curriculum, influential processes on teaching and supervision within this context.

Method:

Semi-structured interviews were carried out with 20 supervisors from community health professions including allied health, dentistry, pharmacy, psychology and medicine. Themes were coded via framework analysis, using self-determination as theoretical lens.

Results:

We developed three key themes from the data related to supervisors: (1) Motivation (personal interest in teaching, opportunity to inform other health professions about their scope of practice and advocate for their profession, creating networks); (2) perceptions of what their practice had to offer medical students (knowledge and skills transfer, enhancement of student collaborative communication skills and qualities relating to uni and interprofessionalism, and considering themselves as interprofessional roles models); and (3) preparedness to engage students in learning and teaching within their practice, with appropriate support.

Conclusion:

Forming interprofessional partnerships of motivated clinical supervisors can provide medical students with rich uni- and inter-professional experiences of patient care. Ongoing faculty development for supervisors is key for both preparedness to engage students in primary and community care and for sustaining these partnerships.

Interdisciplinary Peer Feedback to Enhance Effective Workplace Communication

Ms Amanda Burdett¹, Dr Melanie Fentoullis¹, Dr Megan Kalucy¹, Dr John Booth¹

¹UNSW, UNSW Sydney, Australia

Interprofessional Learning is an educational strategy that brings together different professionals to learn with, from, and about one another. Increasingly, cutting-edge health care requires multidisciplinary team-based care, with ever more sophisticated teamwork and communication skills needed, to enhance and deliver safe high-quality patient care.

In 2021 we designed a curriculum bringing together 60 of UNSW's Year 4 exercise physiology students and 239 Year 4 medical students to learn together in clinical teams within a simulated workplace "Tele-hospital" (Microsoft Teams platform). Asynchronous online activities prepared students to:

- engage in effective peer feedback discussions
- apply discipline specific standards of documentation and structured communication promoting safe and effective communication of patient clinical information
- identify the roles and scope of various health professionals within health care.

Students then engage in facilitated interdisciplinary peer group discussion through online workshops or as self-directed group sessions within the 'Tele-hospital'.

Modelling real world clinical practice, the medical students review a patient medical record and write a referral to their exercise physiology student peers regarding their patient's care. Similarly, the exercise physiology students receive this referral and determine if it is within their scope of practice. The exercise physiology students then review this patient's assessment and generate a report to the referrer, in which they communicate which aspects of the patient's care were addressed in response to the referral and those which are outside their scope of practice.

The provision of immediate actionable feedback is facilitated through guided assessment forms (rubric) enabling students to evaluate one another's professional written communication. Through guided reflection on the peer feedback received, students authentically enhance their understanding of the diverse roles, and thus appropriate engagement with, the various professionals in our health care teams.

A realist account of an intersectoral partnership development of IPE-4-IPCP (Interprofessional Education for Interprofessional Collaborative Practice) - online learning modules

Dr Stevie Hepburn¹, **Professor Fiona Bogossian**¹, Dr Rebekah Shakhovskoy^{2,3}, Associate Professor Jen Williams^{2,3}, Dr Natalie Dodd¹, Ms Jo-Liz Prosser⁴, Dr Karen New¹, Professor Fiona Pelly¹, Associate Professor Jane Taylor¹

¹University Of The Sunshine Coast, , Australia, ²Sunshine Coast Hospital and Health Service , , Australia, ³Griffith University , , Australia, ⁴Technical and Further Education Queensland, , Australia

Complex clinical environments require healthcare professionals to work both autonomously and collaboratively. Although tertiary education providers are committed to preparing health graduates to work in multidisciplinary teams, education is generally delivered within a specific discipline. In addition, education faculty require skills to conduct IPE and foster IPCP in the workplace.

This multi-methods project aimed to accelerate IPE and IPCP across the intersectoral partner organisations (University of the Sunshine Coast, TAFE, Griffith University and Sunshine Coast Hospital and Health Service) of the Sunshine Coast Health Institute (SCHI). Concurrent projects have resulted in a SCHI Model of IPE and highlighted the need for a unified, consistent approach to faculty development. However, within each partner organisation, the level of sophistication of IPE varies and few staff have the training and skills to facilitate IPE.

In response, we have developed a suite of IPE-4-IPCP online learning modules. The first IPE-4-IPCP module provides an overview of IPE and IPCP to establish a common IPCP competency framework and is intended for all staff and students of the SCHI partners. Four subsequent IPE-4-IPCP modules are focused on development of IPE expertise for those staff with teaching roles (whether formal or informal) and address the IPE domains of design, implementation, assessment and evaluation. The content of the five IPE-4-IPCP modules has been informed by four scoping reviews conducted to establish evidence for best practice, and content validity will be assessed using adapted response scales and three participant groups; an expert panel group, health care staff group and health education faculty group.

Development of cross-sectoral interprofessional education is demanding, particularly in an intersectoral partnership. This presentation will provide a realist account which highlights the challenges and the opportunities in the development of IPE-4-IPCP modules across an intersectoral partnership.

Student Interprofessional Facilitator Training (SIFT) program: linking theory to practice

Ms Christie Van Diggele¹, Professor Chris Roberts¹, Associate Professor Stuart Lane¹

¹*The University Of Sydney, Sydney, Australia*

Introduction/Background

Teaching is well recognised as a core professional skill required by all health professionals, including new graduates. Although teacher training programs during university health professional education are aplenty, few programs link theory to practice through translation into the workplace with direct observation and assessment. In 2021 we developed and piloted a new Student Interprofessional Facilitator Training (SIFT) program.

Aims/objectives

This study sought to explore participants' perceptions of the SIFT program, the level of competency developed and the contextual factors that influenced student learning outcomes.

Methods

The SIFT program was a modular program requiring synchronous and asynchronous participation with formative assessment. SIFT participants from medicine, nursing, dentistry and allied health (n=13) were invited to attend semi-structured interviews. Thematic analysis was used to analyse interview data. Formative assessment data were analysed.

Results

Twelve students consented to participate in the study. Students perceived that participation improved their confidence in teaching and feedback, interprofessional communication skills, fostered skills in teamwork, and increased their awareness and understanding of the roles of other disciplines. The activities undertaken were viewed by students as mirroring activities that occur in the workplace. They felt provision of a certificate evidenced not only their commitment to training in teaching, but also demonstrated their interprofessional and leadership skills. Participants expressed a desire for additional opportunities for interprofessional networking and peer teaching.

Formative assessment data indicated that a good level of competence was achieved by all students.

Discussion

Our findings indicate the SIFT program provided a sustainable framework for health professional students to develop and evidence their teaching and leadership skills in an interprofessional context.

Conclusion

The SIFT program will help to build quality and capacity of peer teaching programs, and develop a network of future educators. The next step will be to ensure a variety of opportunities and renew face-to-face engagement.

A Systematic Review of Interdisciplinary Teaching and Learning Activities in Dental Education

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¹*University Of Sydney, Camperdown, Australia*

Healthcare education, including dental education, aims to develop graduates that are well rounded and have skills to provide the best patient care. However, education focused on a single discipline may create knowledge and skill gaps that are required for a holistic treatment. People live with a variety of mental, physical, cultural, and socioeconomic backgrounds; interdisciplinary education can integrate different disciplines which may close these gaps and better prepare graduates to provide integrated care. This systematic review aims to review current literature exploring interdisciplinary and interprofessional education in dentistry, and the benefits of these activities and programs. All peer reviewed papers describing studies on dental education and the integration of one or more disciplines (both medical or non-medical) during teaching, were selected for inclusion. Thirteen papers were identified as being suitable to include in the review. There is a consensus amongst studies that interdisciplinary education in dentistry creates a positive outcome and satisfaction for participants. Specifically, interdisciplinary teaching programs appear to be more effective in aiding students to understand clinical topics, developing positive attitudes towards other disciplines, and enhancing patient care, compared to single discipline programs. However, in some cases it might not be clear if these benefits come from interdisciplinary inclusion, or from the case-based and peer-to-peer education styles. Most studies used a questionnaire to gauge the preference of students after interdisciplinary incorporation to the curriculum, which could pose a bias. Despite this, there is a clear trend toward benefits of incorporating different disciplines in a variety of forms in dental education. More research needs to be done to explore the impact of interdisciplinary education on how dental students work with others in the workplace and on patient care.

Connecting the dots to make an amazing learning journey: Practise examples of partnership approaches to enrich continued health education at the University of Melbourne

Associate Professor Femke Buisman-Pijlman¹

¹University Of Melbourne, Melbourne, Australia, ²University of Adelaide, Adelaide, Australia

Health care is characterised by diverse professionals working together to provide better outcomes for a heterogeneous group of people. But what models can we use to train health professionals that reflect that setting? Partnerships in health education are a great way to infuse educational experiences with multiple perspectives and current real-life solutions. But when do we invite these perspectives? Who do we ask? And what format is efficient and respectful to the partner's expertise, time and own needs?

The University of Melbourne is making industry engagement a key aspect of the new Melbourne Microcert. These short, assessed courses are pitched at working professionals and build skills and knowledge to increase employability. Learners often don't need extra degrees, but they need training that improves their ability to manage in a quickly evolving workplace. Insights from employers, end-users, patient and professional organisations and companies can greatly improve the applicability of the knowledge that is being taught and provide learners with career opportunities.

The presentation will present considerations and challenges that were encountered when developing partnerships to codesign offerings developed with the Melbourne School of Professional and Continuing Education. Several examples will be presented across the University working with government, industry, hospitals and professional organisations.

And how do we make sure we get partnerships right when it comes to representing diversity and patient perspectives? Diversity doesn't mean showing a women's perspective. We can do much better than that. Let's explore respectful ways of working with patients, people with live-experience, indigenous peoples, or culturally diverse people.

Developing teaching experiences in partnership is not easy. Building a trusting relationship usually takes a considerable amount of time and requires flexibility of all involved, but the benefits are clear: engaging learning experiences that prepare learners to feel confident in managing real-life work situations.



DAY FOUR: Tuesday 19 July 2022

Stream 3

Workshop 4

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Writing for Publication Workshop

A/Prof Karen Scott¹, A/Prof Andy Wearn², FoHPEeditors

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Introduction

This workshop is part of the regular program 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. The workshop is led by Editorial Board members of the Association's journal, Focus on Health Professional Education (FoHPE).

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 abstract for work they hope to publish. A mixture of online short presentations and small group work will be used.

Facilitators: The FoHPE Editor and Associate Editors

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 a small number of papers published.

Numbers: Maximum 20 participants

Workshop 5

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The SimDGuide: An evidence-informed checklist to design a simulation-based learning activity

Dr Marie-Claire O'Shea¹

¹Griffith University, Gold Coast, Australia

Background: In 2006, the Simulation Summit convened by the Society for Simulation in Healthcare unanimously concluded that “guidelines and best practice documents would be helpful to everyone applying simulation in healthcare problems”. The result has been the emergence of best practice guidelines and frameworks for simulation-based learning (SBL) designers built on historical work in this area. Despite the different terminology, descriptions and overall number of ‘best practice’ features, the simulation literature appears to be fundamentally heading in the same direction, namely, to provide a conceptual framework, based on best practice research, to guide the development, implementation and research of SBL activities in healthcare student education. More recently, simulation researchers have developed an evidence-based guideline, the Simulation Design Guideline (SimDGuide) to provide simulation designers with a single-point of reference when designing SBL activities. Existing frameworks and guidelines from the literature have been summarised and combined with the current and available literature.

To continue the collaboration seen throughout the SimDGuide development, the research team invites simulation designers from all health disciplines to embark on the next stages of the development of the SimDGuide towards implementation into practice.

Workshop Participants: We encourage participants who currently design or implement SBL in any health care setting or program, or those interested in doing so to attend. Participants will be introduced to an evidence-based guide that can be used in their own settings. Participants will be contributing their expertise and ideas to enhance a newly developed checklist.

Workshop Aims:

To enable simulation designers to compare their own SBL activities to the SimDGuide

To promote discussion around the possible use of the SimDGuide and future collaborative research opportunities

To seek feedback from simulation designers regarding the SimDGuide to enable refinements to enhance usability.

Workshop 6

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Teaching palliative care for Australian Indigenous peoples? Introducing an entry-to-practice health education toolkit to support culturally-responsive practice.

Sharon Wetzig¹, Nicole Hewlett¹, Kylie Ash¹, Distinguished Professor Patsy Yates¹

¹*Palliative Care Education and Training Collaborative, Queensland University Of Technology, Brisbane, Australia*

Australian Indigenous peoples have a long history of strength and survival. The legacy of dislocation and displacement resulting from colonisation, manifests in the daily experiences of Australian Indigenous peoples.

Biomedical approaches to health and palliative care intrinsically present many barriers that prevent Australian Indigenous peoples from accessing culturally-safe palliative care. Indigenous Australians are less likely to access palliative care, despite being more likely than non-Indigenous Australians to have serious chronic health conditions or be diagnosed with cancer at advanced stages. Underpinning most of the barriers to access, is a deep mistrust of the health system which continues to be fuelled by culturally-unsafe and racist experiences with the non-Indigenous workforce.

The PCC4U Focus Topic 2 Toolkit: Caring for Australian Indigenous peoples affected by life-limiting illness is a teaching resource for university academics and clinical educators. This toolkit has been developed with Department of Health funding and made available at no cost. It aims to support entry-to-practice health professional students to develop the knowledge and skills needed to provide quality care, across various settings, for Australian Indigenous peoples with life-limiting illness, their families and communities. Learning approaches are based around Indigenous ways of knowing, being and doing. Learning outcomes have been mapped to key strategic frameworks, for health, cultural safety and palliative care.

In this workshop, we will outline the Toolkit development process which included extensive engagement with Australian Indigenous and non-Indigenous stakeholders. The academic and clinician peer review and student review activities have enriched and strengthened the relevance and authenticity of this resource. We will engage workshop participants in Toolkit content, multimedia resources and thinking points, demonstrating its teaching and learning potential. There will be discussion around broader implementation considerations including educator and student preparation, ways to engage audiences in the online learning environment and strategies to overcome potential challenges.



DAY FOUR: Tuesday 19 July 2022

Stream 4

PeArLS 14

PeArLS 15

PeArLS 16

PeArLS 17

PeArLS 18

Flexible entry-to-practice medical education program design: is it possible?

Dr Megan Phelps, Katherin Reid¹, Associate Professor Lisa Cheshire¹, Professor Robyn Woodward-Kron¹, Dr Catherine Scarff¹, Associate Professor Lisa Cheshire¹

¹*Department of Medical Education, The University Of Melbourne, Melbourne, Australia*

Background:

Flexible medical education and training is of continuing and increasing interest to medical schools and regulatory bodies. This includes time-variable, part-time or individualised programs. Flexible or time-variable medical education is seen as one means of improving inclusivity in student recruitment and retention. A recent scoping review on flexibility in entry-to-practice medical degrees showed that while medical schools can incorporate flexibility and individualise student pathways, very few have described the mechanisms that enable flexibility at a course design level. Further, there is little evaluation available about the sustainability and impact of such initiatives.

The University of Melbourne is committed to implementing a flexible curriculum design of its MD program. As part of the process, the medical school has strengthened partnerships with health services, other university faculties and schools, and with researchers. Partnering with the student group in the design will also be key to successful implementation.

Session Aim:

To invite participants to share knowledge and experiences by discussing:

- What curriculum design elements should be included in a time flexible program?
- How does approaching time flexibility from a whole-of-program viewpoint, rather than for individual students, change the necessary curriculum design elements?

Small breakout groups will be facilitated by the abstract authors.

Flexibility initiatives have implications for student wellbeing and student group diversity and equity if students can choose how, when, and for how long they engage with core medical education while balancing other life priorities and obligations. While there are considerable hurdles to flexible program implementation, including budgetary implications, there are enormous potential benefits for students and other stakeholders such as education institutions, patients and communities.

Does learner neglect impact on failure to fail?

Dr Sarah Rennie¹, Ms Joy Rudland¹

¹University of Otago, , New Zealand

This 'PeArLS' considers two important concepts, 'learner neglect' and 'failure to fail' and their potential intersection.

Learner neglect is a relatively new concept but can be seen in both undergraduate and postgraduate health professions education. Learner neglect is a lack of care, attention and/or input given to the educational process of a learner. Learner neglect may include emotional unavailability, failure to recognise individuality, failure to promote social adaptation etc. Learner neglect is not as obvious as mistreatment and/or bullying but may be more insidious and equally detrimental to the learning process.

'Failure to fail' has been well documented and is characterised by educators feeling unwilling and or unprepared to report unsatisfactory trainee performance. Unsatisfactory learner evaluations have decreased over the past decade. Reasons for 'failure to fail' have been attributed to; available opportunities for remediation, grading tools that lack sensitivity, concern about the impact of failing a learner etc.

What has not been adequately considered is whether 'learner neglect' by an educator impacts the ability of the educator to appropriately gauge the development of a learner. Could 'failure to fail' be due to 'learner neglect' as well as other factors, described above?

This 'PeArLS' give an opportunity for attendees to consider how 'failure to fail' may be impacted by 'learner neglect' and how best this may be avoided.

The Indigenous Allyship Assessment Framework: Navigating the Personal, Professional and Structural domains while learning

Professor Louisa Remedios^{1,2}, Ms Joanne Bolton¹, Ms Carolyn Cracknell¹, Ms Jessica Lees^{1,3}

¹University of Melbourne, Parkville, Australia, ²Federation University, Churchill, Australia, ³Deakin University, Burwood, Australia

There is a growing body of literature on allyship and on assessment for cultural safety, however, the intersection between these two concepts needs further examination. We take a critical lens to the role of Indigenous allies designing and marking assessments for learning for cultural safety in health professional education. Designing learning through assessment must be safe for all: communities, Indigenous colleagues, students and Indigenous allies. Truth telling and learning Indigenous knowledges is known to create student discomfort and good educational practices include “holding the student close to keep them safe” as they step further into their learning. However, less attention has been paid to the discomfort of the ally educator and their safety. Academic training may not sufficiently prepare non-Indigenous educators to navigate the tensions and troubling moments in the design and marking of assessment for cultural safety, highlighting the necessity to thoughtfully reflect on assessment practices in this space.

The recently developed Indigenous Allyship Assessment Framework may provide means to consciously navigate the personal, the professional and structural elements of assessment for cultural safety in health professional education. In this session, we discuss 1) the role of the Indigenous ally in designing and marking assessment activities for cultural safety practice 2) the primacy of First Nation voice and pedagogical preferences in assessment design and 3) how to consciously navigate the design and marking of an assessment task as a means of promoting cultural safety in health professional education.

Issues/ questions for discussion:

In what ways does this framework resonate with your own current or planned Indigenous allyship assessment practices across personal, professional and structural domains?

What strategies do Indigenous allies need to ensure safety for community, colleagues, students and themselves and to navigate the discomfort and many mistakes that will be made and the ongoing learning?

Interprofessional simulation: From Speaking up to cultural competence

Dr Claire Morrisby¹, Dr Nigel Gribble¹

¹*Curtin University, Perth, Australia*

Since 2019, staff at Curtin's School of Allied Health have piloted and refined an interprofessional education workshop aimed at improving students speaking up skills. The initial pilot and subsequent evaluations included 6 allied health and health professions (occupational therapy, social work, speech pathology, physiotherapy, nursing, and medicine) across 3 universities in Western Australia. The interprofessional workshop incorporated a skill-based training session followed by video-based or live actor-based simulations of conflict commonly arising in health professional settings. Mixed methods evaluation of the training have demonstrated improvements in participants knowledge, confidence, and ability to manage interpersonal conflict during placement.

Feedback from participants and observations of the researchers involved in the project have indicated that a key gap in student skills and the current workshop is cultural competence. Workshop participants described differences in their reactions to scenarios based on their own cultural background, and the cultural background of the scenarios. This indicates an emerging need for further resource development to support students and health professionals in the development of cultural competence.

The PeARLS session is intended to identify and define common areas of practise in which the development of cultural competence is an emerging need. The current speaking up workshop will be discussed to guide future development relevant to supporting cultural competence.

Catch the Cake! A Win Win teacher training strategy

Dr Alison Seccull¹, Dr Melanie Fentoullis³, Ms Laskia Turner²

¹UNSW Medicine and Health, School of Clinical Medicine, Coffs Harbour Campus, Coffs Harbour, Australia, ²UNSW PVCESE Education Pillar, Kensington, Australia, ³UNSW Medicine and Health, Office of Medical Education Education, Kensington, Australia

The vast majority of clinical teaching is done by unpaid and often unaffiliated teachers including interns, JMOs, allied health professionals and nursing staff. Teaching is a small part of their day and they are already time poor. How do we engage these teachers, improve quality of teaching and give something back to this large and heterogenous group?

Enter Bite Sized Teaching and CPD...

Bite sized teaching can be consumed in 2 minutes or less. Microteaching is not a new concept but we are trying to move one step further. Two further components make the cake!

Firstly, engagement with teaching will be linked to reflection activities. This will allow accrual of Continuing Professional Development (CPD) points for clinical health professionals. It also aligns with best practice knowledge retention principles of spaced repetition, interleaving and desirable difficulty.

Secondly, we also plan to generate content through crowd sourcing of great teaching experiences related to the topic, helping to make the learning a more active process.

Lastly, secondary aims include

- disseminating good teaching practice as broadly as possible
- using a consistent, well designed format to pique interest
- a greater sense of engagement for clinical teachers
- providing tangible benefits for teacher's time
- a sense of community and affiliation with the university

We would love to discuss at this PeARL how others are tackling issues such as upskilling a workforce they have no agency over, providing non-financial benefits to their teachers, making teaching accessible to the full gamut of tutors and catering for a heterogenous group of interdisciplinary teachers



DAY FOUR: Tuesday 19 July 2022

Stream 5

Symposia 6

Symposia 7

Workshop 7

Symposia 6

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Using partnerships to improve outcomes for Aboriginal, Torres Strait Islander and Māori people

Ms Belinda Gibb¹, Ms Belinda Gibb¹, Ms Theanne Walters¹

¹*Australian Medical Council, Canberra, Australia*

The Australian Medical Council (AMC) is a national standards body and accreditation authority for medicine.

The AMC's Aboriginal, Torres Strait Islander and Māori Strategy, being implemented from 2022, builds on our purpose to ensure that standards of education, training and assessment of the medical profession promote and protect the health of all the Australian community and on our commitment to improving outcomes for Aboriginal, Torres Strait Islander and Māori people.

The AMC's commitment is achieved through embedding culturally safe practices in the processes and standards for accreditation of medical programs, assessment of international medical graduates and strategic initiatives related to standards of education and medical practice, and in how the organisation approaches this work.

The implementation of the Strategy draws on the engagement and contribution of Indigenous People in AMC planning, strategy and critical review of AMC actions. Policies and practices developed with guidance by the AMC's Aboriginal, Torres Strait Islander and Māori Standing Committee are strengthening the inclusion of Indigenous Peoples in AMC work, from both historic and contemporary lenses, including the ongoing effects of colonisation and current inequalities, and embedding communication and consultation approaches that honour the cultural practices of Indigenous communities. These policies also have embedded staff learning and reflection as the basis for developing strong partnerships.

In this Symposium session, contributors to the AMC Strategy will share challenges and successes in a panel discussion. Participants will have the opportunity to ask questions of our panel and discuss how they might make adjustments to the own practice to create safer environments for Aboriginal, Torres Strait Islander and Māori Peoples within their own organisations.

Symposia 7

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Tossing away the ‘too hard’ basket: Faculty-Student partnership in advocacy, design and implementation of a gendered violence curriculum in medical school.

Ms Dylan Mayer¹, Dr. Susan Britton¹, Ms. Afreen Akbany¹, Ms. Marianne Colbert¹, Dr. Patricia Cullen¹, Mr. Jason Djafar¹, Ms. Emily Fergusson¹, Associate Professor Nada Hamad¹, Dr. Megan Kalucy¹, Ms. Tania Koh¹, Dr. Kathleen Kramer¹, Ms. Catherine Marley¹, Mr. Michael Orjekh¹, Professor Nalini Pather¹, Dr. Husna Razee¹, Professor Susan Rees¹, Mr. Divyansh Sharma¹, Associate Professor Silas Taylor¹, Ms. Shraddha Tipirneni¹, Professor Adrienne Torda¹, Ms. Jade Tran¹, Associate Professor Amanda Henry¹

¹The University of New South Wales, Kensington, Australia

Extended Abstract - Student Prize Submission

Content warning: This abstract discusses the rationale and teaching materials of a university curriculum addressing Sexual Assault, Domestic and Family Violence (SADFV).

Background:

Kelly is a 26-year-old woman presenting to her GP without an appointment. Distressed, she tells her GP that she had been ‘black out drunk’ the night before and had a sexual encounter with a stranger.

Though she could be, Kelly is not a real person. Kelly was written as part of a learning scenario designed to teach first year UNSW Medicine students about ‘problematic drinking’ and alcohol counselling. Kelly has played out this scenario on paper for years. Rereading Kelly’s story five years after I myself (DM, Med VI) had counselled her on her alcohol consumption and ignored her distress – the scenario tied a knot in the pit of my stomach. By all accounts, Kelly had been sexually assaulted. And were we teaching future practitioners to be complicit to the pervasive problem of sexual violence against women?

‘Kelly’s Scenario’ prompted a three-month student-led project in 2021, which included reviewing all the teaching materials in the six-year program for any mention of gendered or family violence. Across the course two teaching activities were found, totalling four hours. These activities attempted to cover both adult and paediatric issues, and struggled to address the large scope of each issue in both a theoretical and clinical context. Additionally, a lack of standardised concepts and the presence of unintentionally stigma-reinforcing content was noted within multiple disciplines throughout the six-year program. Student feedback highlighted variable engagement by facilitators with domestic and family violence (SADFV) content such that it was not always taught or ineffectively taught. This broad review made clear what individual class assessment could not: future doctors were not being equipped to provide Kelly the comprehensive care she required. The review produced enough evidence to gain widespread support and in-principle approval from senior Faculty to develop program-wide curriculum updates to address SADFV.

Innovation:

A team of 13 faculty experts (including a multidisciplinary range of education-focussed academics and content experts) and eight student representatives assembled to ensure a comprehensive approach to the curriculum update. Five subgroups were created tasked with the critical deliverables to ensure success of the curriculum update:

1. Phase-Based Changes: Framework and content development for each of the three Phases (Year 1-2, 3-4, 5-6) of the Program. Negotiating the integration of SADFV teaching into existing phase structure, minimising increase in teaching

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time by reducing existing repetitive content, and bridging content so that existing senior students are included in the implementation.

2. Train-the-Trainer: Developing and delivery of training material, recognising that SADFV content requires a nuanced discussion guided by skilled facilitators.
3. Terminology & Standardisation: Aim to address the lack of standardised concept definitions within current teaching, as well as the persistence of outdated and harmful language.
4. Context & Intersectionality: Ensuring new content does not fall into the same pitfalls as previous teaching materials. Facilitating the review of materials by key consumer groups.
5. Academic Output & Review: Ensuring the group's work is accessible and applicable to other health disciplines, and ensuring appropriate evaluation of the changes.

The curriculum framework will bring our program-wide direct teaching hours on SADFV from four hours to 25 hours. The curriculum now includes SADFV concepts and health outcomes in interdisciplinary learning settings, introduces forensic medicine, creates a shift towards trauma-informed clinical skills development and makes time for the discussion of the impact of SADFV including drug and alcohol dependence and eating disorders.

Woven throughout this is the deep consideration for the participants who will be personally affected by this content. Staff upskilling is being designed inclusive of mental-health first aid and responding to distress and disclosures.

Evaluation:

The design phase involved repeated opportunities for faculty and student feedback; and presentations on working group progress and design were held with key stakeholders (e.g. phase-specific faculty meetings, equity, diversity and inclusion group meetings, student society meetings). Curriculum rollout commenced in February 2022. The working group will collect both facilitator and student feedback throughout the implementation period, include SADFV content in all examination formats from written to OSCE, and conduct surveys collecting baseline knowledge, opinions and perceived readiness to manage SADFV from the student cohort, to be repeated periodically to track progress.

Implications:

At its heart, the work of the faculty-student collaboration is to produce practitioners who can identify and respond to SADFV disclosures and health outcomes. But as the extent of the impact of SADFV becomes impossible to ignore in a post #metoo era – the collaboration between staff and students aim to create a unique framework and implementation plan for SADFV teaching that can be utilised by other health disciplines. We hope to expand the discussion at the ANZAHPE conference. By facing gaps in our curricula head-on, we can create an extraordinary solution.

Workshop 7

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Creating Psychological Safety in Virtual Learning Spaces

Dr. Elizabeth Kachur¹, Dr. Jenny Lee Yuan Wong², Dr. Chaoyan Dong³, Dr. Lisa Altshuler⁴

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At the beginning of the pandemic, many educators struggled to quickly move their teaching and assessment ventures to online settings. While the first step may have been to address technology and infrastructure concerns, one must not forget psychological safety which is critical for effective teaching and learning. Whether it is a lecture, a small group discussion, a clinical rotation or an OSCE, an appropriate level of psychological safety is necessary for teachers, learners and anyone else who is involved in the process (e.g., simulated patients). Optimal performance of everyone depends on it!

In this workshop we will explore sources of psychological threats as they occur in different remote educational settings. A teacher may be concerned about the blurring of their professional boundaries due to an uncontrollable home environment. Learners may feel hesitant to participate in discussions because of the decreased ability to read the reactions of others. Patients may have privacy concerns due to uncertainties about who is listening and who is watching. Regardless of platform, virtual encounters are complex. Concerns about how we are “present” via video or avatar, and how we can and should interact with each other are relevant for everyone.

During the session participants will deepen their understanding of the various mechanisms that contribute to psychological safety in online educational settings. They will be asked to share their experiences using multiple Zoom tools (e.g., polling). In breakout groups with subsequent reporting to the large group they will explore strategies that can help enhance psychological safety in virtual settings. Pictures, videos and reflections on the online workshop environment itself will jumpstart discussions.



DAY FOUR: Tuesday 19 July 2022

Stream 6

Poster Discussion Group 15: Curriculum

Poster Discussion Group 16: Curriculum

Poster Discussion Group 17: PCW

Poster Discussion Group 18: PCW

Poster Discussion Group 19: PCW

Poster Discussion Group 15: Curriculum

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Tensions in teaching opportunities for medical students

Dr Susannah Bond^{1,2}, Ms Diane Salvador²

¹Queensland Health, Townsville, Australia, ²James Cook University, Townsville, Australia

Poster Gallery

We taught groups of around 12 year 5 medical students rotating through their mental health term across the year.

All Students were offered reflective practice sessions in the form of a case-based discussion group which invited a broad range of discussion points including clinical dilemmas but importantly also personal reactions to challenging scenarios and keeping well during stressful placements.

Whilst these sessions were generally well received there were problems identified over the course of the year. Understandably some students disliked the sessions – finding them uncomfortable or even triggering. (Qualitative and quantitative data is available to illustrate the feedback.)

Most noticeable however was the degree of engagement in such discussions as the year passed and the examinations became the focus of attention. Content knowledge became the most valued resource we could offer and the focus on reflection, systemic thinking and self care seemed to be considered softer skills that would not help them in the immediate term.

These observations of the changing attitudes across the year illustrate known tensions across curriculum delivery. Insisting on engagement in such activities is unlikely to lead to quality educational opportunities however abandoning such useful teaching tools to focus on content only is a wasted opportunity to engage students in skills that will support them in both their clinical decision making and capacity for reflection throughout their careers.

Our, imperfect solution, was flexibility of approach in a student-centred offering. This had merits in allowing provision and demonstration of reflective practice where it could be tolerated in the lead up to exams whilst simultaneously allowing time for more exam focussed content delivery. Problems included concern from earlier groups about equality of access to the variable teaching provision.

PUNs and DENs

Dr Komal Jaiswal¹

¹GP Synergy, Canberra, Australia

Poster Gallery

PUNs and DENs (Patient's Unmet Needs & Doctor's Educational Needs)

Doctors regularly review journals, books, and internet as sources of knowledge to provide high quality care to their patients. It is important to not forget that the patient sitting in front of us is our learning need and our treasure chest of knowledge. With the advent of evidence- based medicine, the medical fraternity has recognised the significance of identifying the unsaid patient needs in providing a holistic care. However, sometimes this may be met by barriers due to our own educational needs be it knowledge or skills.

The workshop aims at demonstrating the use of simple tools (PUNs & DENs) in our consultations to make them a rich learning experience. This is a completely self-directed and self-reflective tool free of any objective influence and steered solely by the learner and the identified needs, making it a tailored and focused educational exercise.

This workshop will provide an understanding of the tool by using entertaining patient consultation videos and engaging the audience in group work to learn through sharing and reflecting.

Orientation – a multi modal and multi departmental approach

Miss Catherine Cooke¹, Ms Kitty Cooke¹, Ms Clare Polley¹, Dr Louisa Ng^{1,2}

¹The Royal Melbourne Hospital, Melbourne, Australia, ²The University of Melbourne, Melbourne, Australia

Background

In the Omicron era of 2022, The Royal Melbourne Hospital adopted a multi model, multi departmental approach to Intern Orientation, to ensure our 75 new interns were equipped to provide the best patient care despite COVID restrictions.

Summary of work

With the volume of information that needed to be conveyed, the Medical Education Unit collaborated with the Electronic Medical Record (EMR), Simulation, Medical Workforce and Respiratory Protection Program teams, as well as The University of Melbourne Clinical School and department specialists (over 60) to provide a multi modal and multi departmental approach to the 5 day orientation maximizing flexibility and connectivity.

The main components:

- Department specialists using a lecture based online format to create a plan of care for our fictional patient, Mr Robinson, supported with online resources on our LMS and Intern App.
- Responding Appropriately to Patients in Deterioration (RAPID) face-to-face skill stations
- Virtual EMR training sessions
- Safe prescribing face-to-face training
- Clinical skill stations on PPE, Basic Life Support, Venipuncture, Blood Cultures, Blood gases, IV Cannulation,

Male IDC

- Preparing for the COVID Ward (live streaming from a COVID ward)
- Restricted Hospital Tour
- Shadowing on the ward

Summary of results

47 interns responded to our survey with qualitative and quantitative data. 100% stated the orientation prepared them for work at RMH and that they felt engaged. One participant stating 'This week has been fantastic at allowing me to re-engage with medical concepts and thought patterns. It has given me a good boost of confidence. Great week and well organised from all the team, even from an in-person/zoom perspective. Loved it.'

Discussion and Conclusions

Our findings highlighted the benefits of running a multi modal, multi departmental approach with teams working collaboratively to ensure the best outcomes for onboarding our new interns.

Poster Discussion Group 16: Curriculum

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Do those who teach, and practice identify the same Speech Pathology ‘threshold concepts’ as those who learn?

Ms Lauren Sullivan¹, Ms Lilienne Coles¹, Dr Jane Bickford¹, Ms Nicola Fanning¹, Ms Jane Taylor Matison¹

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Threshold concepts have been identified as a teaching and learning innovation that has the potential to make a substantial impact on educational practice (Sharples, 2014). The researchers previously identified nine potential threshold concepts for speech pathology students through focus group interviews and questionnaires from Speech Pathology placement educators and University academic staff (Bickford et al. 2021). This study sought to further define and clarify threshold concepts by including the student and graduate perspective. Data collected from the placement educators and University academic staff, was compared with data collected from Speech Pathology students and graduates. The interviews and questionnaires explored opinions, perceptions and concerns regarding the development of threshold concepts in speech pathology competency development and practice. The responses were analysed thematically (Braun and Clark, 2006) and interpreted using the ‘threshold concept’ literature. Consensus was found between the student data and that of the PEs and Academics across 6 of the previously identified 9 threshold concepts; 1. Meta awareness about communication 2. The role of speech pathology 3. Discipline specific knowledge 4. Personal responsibility for learning 5. Holistic practice and 6. Self-awareness and reflection. The students identified a 7th concept as “Applying theory to practice” not identified by the clinicians and academics, who felt the associated, but more complex understanding of “transferability of skills and knowledge” was a problematic concept for students to grasp. The students did not identify “liminality of speech pathology practice” and “client centredness” reflecting the later and more problematic acquisition of these concepts. These results offer new insights for educators and students. Making explicit connections for students regarding how this knowledge is embodied through the ‘ways of thinking and practicing’ of a speech pathologist may support students to further develop a meaningful understanding of professional practice. (Barradell & Peseta, 2018).

Should assessments match modern teaching methods within physiology?

Miss C Phelps¹, Dr C Moro¹, Dr Christian Moro

¹*Bond University, ROBINA, Australia*

Extended Abstract - Student Prize Submission

Background: Traditionally, medical students were taught disciplines such as physiology and anatomy through the use of dissections or silicone models alongside two-dimensional textbook materials. As the volume of information required to learn in a modern-day medical course increase, and teaching shifts to multimodal delivery, educators are increasingly utilising technology-enhanced resources. Augmented and virtual reality have successfully been employed for learning and teaching within many medical and health sciences programs to provide engaging and interactive learning experiences. For disciplines such as physiology and anatomy, these technologies may disrupt the traditional modes of content delivery. However, the overall evidence-based benefits and effectiveness of these devices for student learning remain unclear. Determining the viability of these teaching tools is of importance as universities have been consistently increasing their use of technology to supplement learning within health sciences in recent years. We undertook a systematic review and meta-analysis to evaluate the impact of virtual reality or augmented reality on knowledge acquisition for students studying preclinical physiology and anatomy, and also investigated any impacts on assessment performance. **Methods:** The protocol was submitted to Prospero and a literature search was undertaken in PubMed, Embase, Cochrane, ERIC, and other databases from January 1990 to November 2019. Inclusion criteria included randomised controlled trials assessing knowledge acquisition and learning in preclinical physiology and anatomy using virtual or augmented reality compared to traditional teaching methods. **Results:** Of nine hundred and nineteen records, fifty-eight articles were reviewed in full text, with eight studies meeting full eligibility requirements. The studies included a total of six hundred and twenty-six participants, conducted in Australia, Germany, Canada, United States, and Turkey. Nearly all studies included followed a two-arm parallel randomised trial design, with one being a cluster randomised controlled trial and one a three-arm parallel trial. There were no significant differences in knowledge scores from combining the eight studies, with the pooled difference being a non-significant increase of 2.86% (95% CI [-2.85; 8.57]). Analysis was undertaken to compare results between the two groups, augmented and virtual reality, however the difference in knowledge scores was non-significant ($p = \text{NSD}$). **Conclusions:** This systematic review has identified similar benefits of traditional teaching methods to virtual or augmented reality in physiology and anatomy education. However, although augmented and virtual reality can enhance the overall learning experience, methods of assessment also need to be introduced to properly ensure equity in any introduced learning tool. Overall, the evidence suggests that although test performance is not significantly enhanced with either mode, both augmented and virtual reality are viable alternatives to traditional methods of education in health sciences and medical courses.

Path to the dark side: introducing nursing students to the art of case study analysis from a scientific perspective

Miss Roslyn Clapperton¹, Dr Debra Carlson¹

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Case studies are often used in nursing education as part of a lesson and/or as an assessment tool to provide a more authentic learning experience for the student. Traditionally, the case study is typically presented to the student with all the necessary information and enough time for them to work through the information, in a self-paced manner prior to submission of a hand-written response, often in an essay format. When nursing students encounter science intensive units such as pathophysiology and pharmacology, the assessment tasks should be as authentic to nursing practice as possible, and also enhance their scientific literacy. Nursing students can become overwhelmed by the volume of content to understand and retain, so novel approaches are needed to assist them to engage in deeper learning within the science units. The approach taken here is to combine theory with nursing practice via a case study model to improve the student experience.

The pathophysiology and pharmacology case study assessment is comprised of three stages. Stage one is to research the aetiology, risk factors, pathophysiology, clinical manifestations, diagnosis and relevant pharmacological treatments of a chosen condition. Stage two is an online interactive lesson that replicates the nurses initial patient assessment by working through the phases of the clinical reasoning cycle. Detailed patient notes from the case study are required for the final stage of the assessment, which involves students providing written responses to patient specific questions. It is anticipated that students will demonstrate an understanding of how the pathophysiology and risk factors contribute to the clinical manifestations, disease diagnosis and prescribed pharmacological treatment applicable to their scope of practice to manage / educate their patients. Enhancing the authenticity of this assessment will improve student engagement and aid in decreasing anxiety in nursing cohorts studying science units.

Mapping and integrating MD- Nervous System (MD-NS) curriculum to improve learner outcomes- A staff student partnership (SSP).

Dr Awais Saleem Babri¹, Mr Foo Shen Boey¹, Mr Aaron Buiza¹, Ms Charlotte Rose Penfold¹, Mr Spinghar Yonus¹, Professor Mark Midwinter¹

¹*The University Of Queensland, Brisbane, St Lucia, Australia*

Introduction:

Nervous system (NS) is a complex system to teach and learn. Delivery of basic concepts is consolidated in Yr-1MD over a pre-determined duration (~5 wks) and advanced concepts are introduced episodically in year-two. Finite duration creates an immediacy necessitating learners to conceptualize intricacies of NS which can lead to adverse outcomes. Furthermore, a paucity of spiral integration of modules can impede decompounding clinical conditions during internship. To analyse these concerns, an SSP helped develop a template for program-wide spirally integrated NS curriculum to improve systems integration and learner outcomes. The project aims were to: (1) map and recommend alignment between MD-NS and RACP Neurology (RACP-N) curricula and (2) gauge effectiveness of integrating MD-NS with clinical specialties (Medicine, Surgery, Orthopedics, Mental Health (MH), Obstetrics and Gynecology (OBGYN), Pediatrics, Ophthalmology & Anesthetics,).

Materials and methods:

We partnered with MD students (n=4) for six-months. Each partner was allocated 2 clinical specialties and they fielded the project aims through introspection. Further supporting data was collected via clinicians' and interns' interviews. Partners were given access to MD-NS & RACP-N curricula along with Australian Curriculum Framework for Junior Doctors. Upon completion, they reported benefits of project aims.

Results:

Partners' recommendations strongly supported curriculum mapping. They agreed that MD-NS and RACP-N curricula were a stone's throw from congruence, subject to availability of requisite re-sources which can effectuate complete harmony between the two. Systems integration was associated with improved understanding, evaluation and analysis of clinical conditions.

Conclusions:

Perceived and reported benefits of the analyzed approach could be far reaching. Even though its focus was NS, it paves way for further studying and amalgamating body systems in clinical settings, including rural, general practice, ICU and Emergency. Strategic and structured partnerships with clinicians, educators and students may help reach pedagogical equilibrium resulting in dramatically improved learner outcomes.

Poster Discussion Group 17: PCW

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Safe-guarding a precious education and research resource: A framework to guide the use of genomic technologies with human anatomical collections

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Introduction/background:

Genomic analysis of human tissue is becoming ubiquitous in health education and research, and the application of this technology to human anatomical collections is growing. Such applications include examining recently donated bodies to educate students on using genomic technology in diagnosis, and establishing how viruses may have altered over time through analysing historic anatomical tissue collections. Novel risks are posed by using genomic technology in this way, including the generation of information about populations. These novel risks present new considerations for the maintenance of the relationship between donor communities and educational institutions, and as such these are potential disruptors to the sustainability of body donation programs. Despite the increase in application of this new technology to human remains, no specific frameworks exist to guide safe and ethically appropriate practice. This work outlines a framework that may assist educational institutions in facilitating ethically appropriate utilisation of human anatomical collections for the purposes of applying genomic technologies for education and research.

Aim/objectives:

The project generated a framework to guide 'best practice' in the application of genomic technologies to holdings of human anatomical collections.

Discussion:

The lack of international guidelines to assist 'best practice' around the ethically appropriate application of genomic technologies to human anatomical collections is problematic. This framework guides institutions on ethical approval processes, information to guide informed consent processes, use and distribution of physical specimens, guidance for publication and distribution of genomic data, and community consultation processes where provenance of specimens is unclear. It will assist the future development of guidelines in this area.

Issues/questions for exploration or ideas for discussion:

How should institutions respond to safeguard appropriate and ethical use of tissue holdings, while maintaining access for educationalists and researchers?

What are the risks associated with uncontrolled access to human anatomical collections for the purposes of applying genomic technologies?

Musculoskeletal examination skills mobile apps: What is available and user-informed design improvements

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Assessing patients with musculoskeletal (MSK) symptoms requires a comprehensive musculoskeletal physical examination, making it critical that medical students graduate with MSK examination competency. Literature suggests this is not consistently achieved, partly due to inadequate MSK-focused medical degree curricula. Since mobile apps have significant potential to provide just-in-time learning, apps may enhance medical students' MSK education. We aimed to identify and describe available MSK examination skills mobile apps and use medical student input to inform a framework for a MSK examination skills mobile app.

We adapted the PROSPERO systematic review guidelines for our systematic search for MSK examination apps. App stores were searched using fifteen search terms and apps meeting initial search criteria assessed using inclusion and exclusion criteria. Included apps were trialled and rated using MARuL, a validated tool measuring educational app quality. We held focus groups with senior medical students using items developed from the five approaches identified in the literature as positively supporting MSK examination learning.

Of the initial 4000 mobile apps retrieved, four – pGALS, Musculoskeletal Pro Consult (lowest score), Physiopedia (top score) and Orthopedic Examination & Special Tests –met the inclusion and exclusion criteria for assessment. Seven medical students participated in the focus group. Analysis of the transcript identified five key ideas: need for interactive usability, just-in-time-learning usefulness, clear and concise layout, importance of anatomy and pathology (disease-based) sections, and importance of reinforcing cultural competency.

The apps we assessed to support student learning of MSK examination were few and of varying quality. We identified key considerations to inform future development of MSK examination apps specifically for Australasian medical students. We recommend the development of a MSK examination app informed by this work with medical students that includes key elements of interactive usability, anatomy and pathology-based sections, cultural competency and a clear and consistent interface.

A new reality: COVID-19 and the evolution of physician education. A single institution experience.

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The present novel coronavirus (COVID-19) pandemic has significantly impacted healthcare communities and resulted in considerable limitations being placed on the physician education programs. The widely enforced social distancing requirements have affected group learning in particular, which in turn has resulted in a substantial transformation of the traditional educational structures. Physician education has conventionally relied on face-to-face interactions between educator and learner, ranging from didactic large group lecture series to clinical placements and simulation training, and thus, have been particularly affected by social distancing requirements. However, as is often the case, adversity brings with it innovation and overcoming these challenges has resulted in significant evolution and advancement in the field. Educational content and course delivery have been successfully transitioned into a fully online design format and many new novel teaching technologies have been adopted and developed. Additionally, the playing field has been levelled to some extent, with access to high quality teaching being dramatically improved in regional and remote areas.

However, the transition to an online-only educational structure has brought with it additional challenges. Accommodating for distance learning and adapting the clinical curricula to an incorporate clinical, procedural and simulation activities has presented a particular challenge. This article addresses the experience of our institution as we transitioned our educational program toward distance learning and goes on to discuss practical solutions for educators now unable to undertake in-person teaching and educational commitments.

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Virtual Anastomosis

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Background

The PreSET Surgical Skills Program began in February 2020 in order to fill a gap in the PreSET educational program. A program of 9 workshops was designed to cover a range of technical and non-technical skills vital to PreSET doctors. The Surgical educators Group is a collaboration of Surgical Consultants, the SEG working group and Medical Education.

Summary of work

Due to fluctuating COVID-19 restrictions the PreSET Skills program was a combination of virtual and face-to-face teaching sessions. This was supported by online resources to underpin learning such as videos and eLearns. A particular success was the development and delivery of 2 entirely virtual anastomosis workshops to ensure continued skills sessions during COVID Peak October/November 2021. This included surgical take home packs for 18 participants and facilitators, instructional videos and 20 consultants providing 2:2 “live feedback”.

Summary of results

All 18 participants self-rated an improvement in their skills and confidence in bowel and vascular anastomosis. 16/18 found the online package ‘extremely useful’ and 17/18 would definitely recommend the online skills workshop. One participant stated ‘The entire session was well planned and excellently run. The unique aspect was definitely having one consultant to 1-2 participants - it was fantastic and invaluable to have direct guidance and correction of technique from an expert surgeon as we performed the bowel and vascular anastomoses.’

Discussion and Conclusions

Our findings highlighted the benefits of running a flexible, multi modal, multi departmental approach to basic surgical skills teaching. This novel approach allowed consolidation of skills and knowledge and the transfer of many ‘tips and tricks’ from consultants in a personalized manner

Take-home Messages

Flexibility, multi modalities and collaboration in key when designing and delivering PreSET skill workshops.

Physiotherapy students' empathy towards Australians living in rural settings: a rural telehealth simulation intervention.

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Objective: To investigate how a rural telehealth simulation intervention influenced physiotherapy students' rural empathy, and to explore students' perception of the intervention.

Setting: A metropolitan university in Brisbane, Australia.

Participants: Second year physiotherapy students.

Design: Participants at an Australian university received a rural telehealth simulation intervention, featuring an immersive video and simulation with a standardised patient portrayed by an actor. Participants undertook a structured debrief and guided reflection following the simulation. Outcome measures included the Rural Comprehensive State Empathy Scale (R-CSES), and the Satisfaction with Simulation Experience Scale. Focus groups were undertaken regarding participant perceptions of the intervention.

Results: A total of 102 students undertook the intervention, with an outcome measure response rate of 92.2% (94/102). Intra-personal rural empathy increased following the intervention as demonstrated by the overall R-CSES score [pre-test: 101.5 (90-110.75) vs post-test 107 (100-120); $p < 0.001$; $r = 0.39$]. There was high satisfaction with the experience [mean SSES score = 18/21]. Two themes were generated from the focus group data: 1) effect on perceptions of rural practice, and 2) feedback regarding the simulation.

Conclusion: A single rural telehealth simulation intervention using an immersive video, standardised patient, and a structured debrief increased physiotherapy students' empathy towards Australians living in rural settings. Students were satisfied with the intervention and felt that it improved their understanding of the challenges of accessing and providing rural healthcare.

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Flexibility in preregistration medical education: is time-variable study possible?

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Background: Medical education is undergoing rapid innovation, with a focus on the time commitment expected by students, and some institutions exploring the concept of time-variable medical education (TVME). The aim of this review is to determine the barriers and enablers to introducing TVME into preregistration medical degrees.

Methods: In 2021, a scoping review was conducted using three medical databases. Peer-reviewed articles published in the English languages, focusing on pre-registration medical education were selected for data extraction. Barriers and enablers were coded and major themes were developed for analysis.

Results: This scoping review yielded 7 commentaries and 10 empirical studies (3 quantitative, 1 qualitative and 6 mixed). Articles were predominantly from US and Germany. The themes related to: attitudes to change, transparency of communication, stakeholder support and logistical issues.

Discussion/Conclusion: The literature suggests that barriers and enablers of TVME can be considered as two distinct and broad groups with contrasting perspectives – “students are individuals” versus “one size fits all” pathways. These factors may provide insight in transforming medical education to become more flexible and student-centred.

Exploring Interdisciplinary Professionalism Through Creativity and Diversity

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Introduction/background:

There is a paucity of research into interdisciplinary learning of professionalism that facilitates creativity and diversity.

Aim/objectives:

We evaluated students' experiences participating in interdisciplinary group work that facilitated creativity and diversity in a gallery/museum to learn about professionalism.

Methods:

Students from Biomedicine, Oral Health, Dentistry, Optometry, Arts and Film/TV explored a gallery/ museum to choose an artefact that relates to professionalism. Quantitative and qualitative data were analyzed.

Results:

A total of 30 students participated in the study. This project has augmented their professional development, with 90% of the students reporting that the task had helped improve their communication and inter-personal skills. Themes identified from the essays and interviews included intrinsic motivation, divergent and convergent thinking, own construction of understandings of professionalism and scheduling difficulties.

Discussion:

Students found that this project encouraged them to diverge their thinking and gave them a wider view into what professionalism could entail. They learnt to negotiate to resolve their differences. Allowing this process, the students could think convergently to complete their projects.

Conclusions:

This study gave the students an opportunity to think metaphorically about professionalism. Conceptual elaboration and transfer in relation to students' learnings of professionalism were achieved beyond a dictionary definition.

Supporting work-ready Allied health assistant graduates.

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Monash Health was funded by the Department of Health to develop recommendations as part of the Victorian Allied Health Assistant workforce project across Registered Training organisations (RTOs), Victorian health, aged care and disability sectors.

As part of the project the education pathway of allied health assistants was scoped. Identifying twenty-two (22) RTOs offering Certificate III and/or Certificate IV. Nine (9) RTOs offering both the Certificate III and Certificate IV. Courses varied in delivery mode, length, elective unit offerings and placement is limited to a maximum of 120 hours.

Mapping of the RTOs identified a variation of subjects offered by each organisation, highlighting no two RTOs deliver the same training package. This creates considerable variability of offered course content, obtained qualification and the student experience upon completion of the course.

Variability of course content impacts industry's ability to make an informed decision on recruitment and on the job training requirements.

Student cohorts undertaking training in Allied Health Assistance vary in age, life stage and background. Inconsistent course information, pre-training screening, enrolment pre-requisites and advertising of placement requirements can result in a highly variable graduate population. These variations can further result in graduates that are potentially unsuited and unprepared for working as an Allied health assistant.

Extensive scoping, consultation and collaboration efforts across sectors and levels have culminated in nineteen recommendations. Six of which target the pre-employment training pathway and the need for industry-informed optimisation in this area.

The recommendations offer solutions supporting the vocational education sector, prospective employers and allied health assistant graduates to achieve the best possible outcome. With consistent course content, assessment, culturally safe pre-training aptitude review, exposure to the role and increased clinical placement across health, aged care and disability sectors. The workforce recommendations ultimately aim to support the development of highly skilled graduates who are workforce ready.

Building resilient healthcare professionals: An exploration of the cohort experience following a year-long, embedded mindfulness practice program.

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Mental resilience is recognised as an important personal skill for healthcare professionals, often associated with reductions in workplace stress, mental health disorders, and burnout. Mindfulness, i.e., bringing attention to the present without judgement, has been proposed as an effective intervention to build resilience in those working in healthcare. It has also been shown to improve self-efficacy, empathy, mood, and cognition, with published evidence of its effectiveness in treating a wide range of physical and mental health disorders.

Research suggests that low levels of mental resilience are prevalent amongst physiotherapy students, theoretically influencing academic learning and clinical readiness. Despite the impact that regular mindfulness practice is thought to have on mental resilience, there is limited research on its use in health professional education. Published interventions are either short term (i.e. 8 weeks) or an adjunct delivery (separate to regular teaching classes). While short-term interventions of mindfulness result in improvements in mental health and immediate cognition, evidence demonstrates that continued long-term mindfulness amplifies these effects. Further study is needed on the students' experience of a consistent mindfulness intervention, embedded within regular face-to-face classes across an entire teaching year.

Based on the advice from external stakeholders highlighting the need for resilient new-graduate physiotherapists, the Federation University Physiotherapy program embedded regular mindfulness activities at the commencement of each face-to-face practical session over two semesters. Theoretically, these mindfulness tasks will prepare students' cognitive capacity for learning by bringing their attention to the present task, while building mental resilience across the program. This presentation will discuss the process of implementation, challenges faced and early student responses. On completion of the project, an exploration of the students' experience will be completed via focus groups and questionnaires with the objective of gaining a deeper understanding of students' learning and use of mindfulness as they navigate through the program.

“Pathology is not a solitary field”: A scoping review exploring the professional identity of anatomical pathologists.

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Background: Anatomical pathology is a medical specialty that diagnoses disease by examining body tissues. Medical students and junior doctors have limited exposure to the pathology specialty community of practice, necessary for pathology-specific professional identity development, despite the central role it plays in our healthcare system. There has been limited prior exploration of anatomical pathologists' professional identities in the literature. Improved knowledge of this may help educators better support professional identity development within the specialty and refute inaccurate stereotypes. Therefore, this scoping review aims to answer the research question: “What is the professional identity of practising anatomical pathologists?”

Methods: A five-stage scoping review was performed. Three databases—Medline, Embase, and Global Health—were used to identify studies regarding professional identity within anatomical pathology. Eligible studies were included for data extraction and synthesis. A qualitative team-based thematic framework analysis approach was employed to interactively chart and synthesise data.

Results: Five main themes were identified: professional practice, views about the role, personal implications, training and education, and technology. Collaboration was recognised as a key principle underpinning the professional identity of pathologists which appears to be facilitated in multiple ways in practice. Pathologists perceive collaboration is integral to improve clinical communication, develop knowledge and skills, and enhance their role within health care. Pathologists perceive technology as a potential area to increase collaboration within the specialty but identify excessive workloads as limiting their capacity to adopt new technologies.

Discussion and Conclusions: Collaboration was reported in descriptions of anatomical pathologist's professional identities in included studies, which may be underappreciated by medical students and junior doctors. Formal pathology placements, and integration of the importance of collaboration into pathology teaching, may cultivate pathology-specific professional identity development in medical students and junior doctors, providing initial evidence that “pathology is not a solitary field”.