

Proceedings

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ANZAHPE

Australian & New Zealand
Association for Health
Professional Educators

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Wednesday 12 July 2017

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Transitions in health professions education: theory, research, and practice - Professor Charlotte Rees

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1A

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301. "Like a bunch of amateurs": how to make the most of community-sourced Simulated Patients in OSCE assessments Richard Turner, University of Tasmania, Australia

500. Evolution of simulation centre – develop it, deliver it, design it, build it! Simon Patten, University of Adelaide, Australia

501. Professionalism dilemmas in interprofessional workplace learning: Educators understanding and enhancing student experiences Charlotte Rees, Monash University, Australia

1B Focus on Students

109. Knowledge and perceptions of EBP in physiotherapy students across a program: a mixed methods study
Maureen McEvoy, University of South Australia, Australia

192. The impact of students on changing clinical educator behaviours: A student perspective
Lisa Waters, Monash University, Australia

343. My learning journey: Exploring reflections of medical students
Ruki Wijesinghe, University of Western Australia, Australia

394. Enhancing student resilience: The voice of partners in the student experience Brooke Sanderson, Curtin University, Australia

418. Students' perspectives on the transition of physiotherapy education delivery to adjust to a digital learning strategy
Gisela van Kessel, University of South Australia, Australia

451. Student academic performance in rural clinical schools: the impact of cohort size and competition
Brendan Condon, Deakin University, Australia

1C Towards Gender Equity

148. Gender equity in medical school teaching: Using audit data to help close the gap
Sarah McLain, Sydney Medical School, Australia

168. Genital examination training: Developing and assessing the effectiveness of an integrated female and male teaching programme
Peter Gallagher, University of Otago Wellington, New Zealand

212. Relationships between assistantship alignment, gender, anxiety, professional identity and burnout across medical students' transition-into-practice: A longitudinal questionnaire study
Lynn Monrouxe, Chang Gung Medical Education Research Centre (CG-MERC), Taiwan

355. Attitudes towards sexuality and sexual identities among Australian and New Zealand Medical students

Conor Gilligan, University of Newcastle, Australia

462. Recognising and responding to domestic violence: Exploring the role of student dentists

Felicity Croker, James Cook University, Australia

134. How does university study impact the ways women, who have experienced domestic violence, rebuild their lives? Kelly Lewer, University of Wollongong, Australia

1D Communication

449. Development of inter-professional communication skills in a simulated deteriorating patient scenario

Brendan Condon, Deakin University, Australia

175. Exploring consumers' experiences of communication skills in healthcare: what can we learn from their stories? Charlotte Denniston, Monash University, Australia

309. Patient-centred communication in audiological teaching: An exploration of the barriers and facilitators in how clinical communication is taught in Australian audiology programs Samantha Tai, The University of Melbourne, Australia

356. Transitioning to meeting the professional development needs of supervisors of international social work students in Australia

Averil Grieve, Monash University, Australia

324. Linking ethical issues to communication skills teaching for medical and health practitioner learning

Heidi Waldron, The University of Notre Dame Australia, Australia

174. Identities and the development of communication skills in practice

Charlotte Denniston, Monash University, Australia

1E Collaborative Practice

247. Undergraduate medical and nursing students' motivation and attitudes towards interprofessional learning and their impact on utilizing conflict resolution skills

Sonya Vandergoot, University of Adelaide, Australia

346. The benefits of collaborative placement models for building placement capacity and quality

Kassie Shardlow, Metro South Hospital and Health Service, Australia

154. Collaborative Care Curriculum

Fiona Kent, Monash University, Australia

173. The Efficacy of the Surgical Safety Checklist: a national approach to improving the application of the tool team approach and providing measurement

Kaylene Henderson, University of Auckland; Auckland City Hospital, Auckland, New Zealand

173. Optimising interprofessional in Surgical Safety Checklist administration

Tanisha Jowsey University of Auckland, New Zealand

173. Reducing treatment injury through Multidisciplinary operating room simulation (MORSim): a national team training initiative

Jennifer Weller, University of Auckland; Auckland City Hospital, Auckland, New Zealand

1F Selection/Preparation

236. Transitioning into medicine ... How can the experiences of stakeholders with doctors inform medical selection and education?

Marise Lombard, Griffith University, Australia

249. Where do Fijian medical students want to work and why?

Sinead Kado, Fiji National University, Fiji

405. Who they are, how they fare, and where they go – a review of selection process; medical student assessment; and location of junior doctor employment by regional post-graduate entry medical schools

Karen D'Souza, School of Medicine, Deakin University, Australia

102. *Transitions of Patient Centeredness in Australian Medical Students: The Role of Culture, Curriculum and Selection Criteria

Ruan Vlok, University of Notre Dame Sydney, Australia

242. Preparedness for practice - what are we really measuring?

Sarah Hyde, Charles Sturt University, Australia

382. Undergraduate medical course applicants' ratings of the value of a Situational Judgment Test (SJT) as a selection tool

Irene Lichtwark, Monash University, Australia

1GLearning – Clinical

231. Guiding student transition to clinical learning through community immersion

Sowbhagya Michael, Brahm Marjadi, Western Sydney University, Australia

262. Thrills and spills of transition: A photo elicitation study of medical students' experiences of clinical "firsts"•

Sandra Kemp, Curtin Medical School, Curtin University, Australia

398. Students' learning experiences in the Safe and Effective Clinical Outcomes clinic and its role in the transition to clinical practice

Jessica Young, University of Otago, New Zealand

425. Is it really white space? Students' descriptions of informal workload outside the scheduled curriculum

Lucy Rosby, Lee Kong Chian School of Medicine, Singapore

347. Opportunities for Learning: the Intersection of Location, Artefacts and the Rhythm of the Clinical Environment on a General Medical Ward

Mark Birch, Canterbury District Health Board, New Zealand

282. Is the clinical workload on placement preparing students for their transition to the workforce?

Mark Gooding, Townsville Hospital & Health Service, Australia

1H PeArLs

302. Medicine in degrees: can medicine be studied part time?

Leesa Walker, Flinders University, Australia

421. Acting skills training for health professional students and practitioners: theory, justifications and grounding Paul Macneill, VELiM, University of Sydney, Australia

Concurrent sessions 2A-2H

2A Symposium

201. Developing students' evaluative judgement through assessment and feedback
Rola Ajjawi, Joanna Tai, Deakin University; Charlotte Rees, Monash University; Elizabeth Molloy, University of Melbourne, Australia

2B Focus on Nursing & Midwifery

126. Clinical nurse educator role and leadership influence on the graduate registered nurses transition to practice
Tracey Coventry, University of Notre Dame Australia, Australia

263. Exploring the impact of a Community of Practice on the social construction of nurse educator identity and practice through participatory action research
Andrew Woods, Southern Cross University, Australia

334. Nurse Managers' perceptions of simulated learning to address education and training in the clinical environment: An examination of the barriers and enablers
Louise (Clare) Botha, ACT Health, Australia

409. Overseas qualified nurses' transitions to Australian clinical communication
Susan Philip, Victoria University, Australia

146. Enhancing students' confidence, competence and knowledge with Integrated Skills Challenge
Linda Ng, The University of Queensland (UQ) Australia, Australia

140. Developing reflective capacities in midwifery students
Linda Sweet, Flinders University, Australia

2C Transition to Workplace

131. One of Us: The Values and Beliefs that Underpin a Paramedic Internship
Aaron Caudle, South Australia Ambulance Service, Australia

189. "A steep learning curve"• : junior doctor perspectives on the transition from medical student to the health-care workplace
Nancy Sturman, Primary Care Clinical Unit, UQ Faculty of Medicine, Australia

310. Preparing final year medical students for the transition into Internship
Kylie Mansfield, University of Wollongong, Australia

430. Does the Pre-internship Program Meet its Objective; Lessons Learned from a Quality Assurance Review
Sue Garner, Deakin University, Australia

317. Emergency Trainees' Perceptions of the Utility of the One- Minute Preceptor Teaching Tool in the Emergency Department
Phyllis Fu, Flinders University, Australia

428. Developing community placements for new graduates that address skills gaps and open up career options
Dale Sheehan, Unitec Institute of Technology, New Zealand

2D Focus on Asia

498. Perspectives of Health Professional Education in Myanmar
Myat Thandar, University of Nursing (Yangon), Myanmar

490. How patriarchal culture impact the emergency care in an Asia Context – a qualitative analysis of postgraduate year one trainees' perceptions
Yu-Che Chang, Chang Gung Memorial Hospital, Taiwan

323. Comparisons of attitudes and behaviour toward study between students participating a project entitled "Direct experience in early clinical exposure of preclinical students conducted by senior clinical students" and non-participating students *Thanapat Vanichnatee, Siriraj Hospital, Thailand*

251. Assessment of English Language Proficiency Scores and Academic Performance in an English-based Curriculum for Pharmacy Students with English as a Second Language
Justin Tenney, The Chinese University of Hong Kong, Hong Kong SAR China

199. Academic achievement of preclinical students is influenced by students' attitude and behaviour
Chantacha Sitticharoon, Siriraj Hospital, Mahidol University, Thailand

152.

2E Symposium

233. Teaching communication across clinical professions: a flexible, adaptable and experiential model
Kerry Thoires, Rowena Harper, Giordana Cross, University of South Australia, Australia.

2F PeArLs

447. The Learning Hospital: Can we transition to both learning and patient-centred design in health facilities?
Megan Phelps, Sydney Medical School, Australia

150. How do we support rural students who move from rural areas to study medicine?
Lizzi Shires, Rural Clinical School, Australia

2G PeArLs

171. Should resilience be a key graduate capability to ensure work-readiness for the 21st Century?
Margo Brewer, Brooke Sanderson, Curtin University, Australia

193. Preparing graduates for a warmer future: How do we incorporate sustainability into the curriculum? *Michelle McLean, Bond University, Australia*

2H Symposium

367. Integration of sciences and clinical teaching: How to maintain the integration all the way through curriculum design and assessment of a pre-clinical teaching programme
Kylie Mansfield, University of Wollongong, Australia

Concurrent sessions 3A-3H

3A Symposium

243. Shaping Professional Practice with Threshold Concepts - Transitions Between Research and Teaching
Andy Wearn, University of Auckland, New Zealand; Sarah Hyde, Charles Sturt University; Debra Nestel, Monash University; Rachel Thompson, University of New South Wales; Iman Hegazi, Western Sydney University, Australia

3B Assessment

483. Designing evidence based reasonable adjustments in the assessment of clinical skills for a student with a significant physical challenge
Liz Fitzmaurice, Griffith University School of Medicine, Australia

308. Aligning pathology assessment in a learner-centred undergraduate medical curriculum
Neelam Doshi, Bond University, Australia

203. Marking schedule obsolescence? Consistency across final year OSCE rater cognition: an international qualitative study
Harriet Sciberras, Smile in the Sky, Australia

378. Transition to electronic examinations: A pilot project
Tammy Smith, Faculty of Medicine, The University of Queensland, Australia

435. Video OSCE assessment in medical students
David Mills, Rural Clinical School University of Adelaide, Australia

329. Clinical educators' perceptions of an integrated interpretivist approach to competency-based assessment
Rachel Bacon, University of Canberra, Australia

155. The acceptability, and comparability of peer marking of a written assignment amongst medical students
Roshan Perera, University of Otago, New Zealand

149. Improving the validity of Script Concordance Testing (SCT) by better item selection pre-examination
Michael S Wan, University of Notre Dame, Australia, Australia

3C Professional Identity Transitions

331. "I don't know if I've become one just yet" – using metaphor to describe becoming a health professional
Sarah Barradell, La Trobe University, Australia

396. "Having to step up": the value of relief and float terms in the professional formation of junior doctors
James Macdonald, Metro North Hospital and Health Service, Australia

261. 'Transitioning authentic identities - the closer you get to anyone... they become more human'
Lorna Davin, University of Notre Dame Australia, Australia

321. Scenario-based Professionalism Discussions for Junior Doctors
Kerry Jewell, Austin Health, Australia

452. Resilience, self-efficacy, and professional identity in speech pathology students: a post-practicum workshop
Elizabeth Cardell, Griffith University, Australia

227. Factors Influencing Junior Doctor Engagement in Research in the Workplace: an Australian case study
Dana Phang, Gold Coast Hospital and Health Service, Australia

211. Professional identity in new graduate veterinarians: developing agency, capability and understandings of professionalism
Emma Scholz, Charles Sturt University, Australia

151. The teaching experiences of medical interns in a period of transition
Maree Steel, University of Otago, New Zealand

3D Educator in transition

482. What is the impact of teaching skills programs on learning experiences of junior medical doctors, and are Australian medical students being taught to teach?

Michael Liu , St Vincent's Hospital, Sydney, Australia

472. Reflective journal use in the transition from clinician with an interest in education to clinical educator

Colinette Margerison, True, Relationships and Reproductive Health, Australia

456. PIVOTAL experiences: Partnerships In Virtual Observation of Teaching And Learning

Sharon Darlington, The University of Queensland, Australia

*Factors that contribute to high quality clinical supervision in allied health: a mixed methods sequential explanatory study

Priya Martin, University of SA

275. Creating a community of learners through the use of online discussion boards in postgraduate health professional education

Louise Young, James Cook University, Australia

274. Health professional education in the Pacific

Louise Young, James Cook University, Australia

138. A blended learning, inter-professional Peer Teacher Training (PTT) program for health professional students Annette Burgess, The University of Sydney, Australia

234. Surgical Career Transitions: A Guide to Opportunities and Challenges

Kyleigh Smith The Royal Australasian College of Surgeons, Australia

3E PeArLs

319. Knowledge to Practice - How health professional educators translate research into practice

Leila Mohammadi, Flinders University, Australia

205. Naming interprofessional learning: the transition from "community teamwork" to "interprofessional practice"• , and the terminology in between

Josephine Thomas, University of Adelaide, Australia

3F Teaching Innovation

170. The Effectiveness of an Intensive ECG Pattern Recognition Tutorial with Online Follow-up Learning for Final Year Medical Students

Ruan Vlok, University of Notre Dame Sydney, Australia

136. Can Online Learning improve family violence awareness and preparedness to act in primary care students? The PACTs project suggests it can

Jan Coles, Monash University, Australia

219. Capturing the "Art and Science" of Emergency Medicine (EM): Does film foster reflection in medical students? Gabrielle Brand, The University of Western Australia, Australia

196. Improving anatomical understanding for medical students through the use of interactive activities in pre-clinical years Elizabeth O'Connor, Western Sydney University, Australia

181. Understanding asthma experiences: Nursing and medical students interviews of young people with asthma

Simon Cooper, Federation University Australia, Australia

235. Virtual movement to enhance learning and teaching of radiographic image analysis

Kristal Lee, Monash University, Australia

429. The flipped-classroom model for teaching physical examination skills in an MD program: impact on acquisition of skills and student confidence

Dan Park, Faculty of Medicine, The University of Queensland, Australia

432. Investigating the impact of the flipped classroom on student assessment results and evaluation of a clinical rotation Karen Scott, University of Sydney, Australia

3G Resilience, Challenge and Leadership

225. Enhancing student resilience: A scoping review

Brooke Sanderson, Curtin University, Australia

420. Fit to lead? LEAP and LEAD - a Leadership program for Doctors Rebecca Nogajski, Health Education and Training Institute, Australia

351. Grace under pressure: Cultivating professional qualities in healthcare training and workplaces using acting techniques

Karen Scott, University of Sydney, Australia

393. Waitemata District Health Board's Fellows programme: Creating leaders, inspiring innovators

Megan Gingell, Waitemata District Health Board, New Zealand

273. Teaching compassion to nursing students within an online digital learning environment

Anne Hofmeyer, Luisa Toffoli, Rachael Vernon, University of South Australia, Australia

366. Transition complexities: career expectations versus clinical practice challenges facing newly employed SP IMGs in Australian hospital settings Beverley Bird, Monash University, Australia

345. The factors contributing to career indecision in doctors

Ashe Coxon, Medical Career Planning, Australia

269. Heck Yes! What drives students' transition to working in remote and rural areas?

Karin Fisher, University of Newcastle, Australia

3H Symposium

312. Lessons learnt from Curriculum mapping: following the transition from design to implementation and beyond Kylie Mansfield, University of Wollongong, Australia

Plenary Session 2

The power of 'holding', the dilemma of de-othering. Eliciting individual and institutional transformation within Indigenous cultural safety education - Professor Dennis McDermott

Concurrent sessions 4A-4H

4A Inter-Professional Learning

147. Interprofessional student-clinician workplace interactions: a qualitative study

Paul Crampton, Monash University, Australia

164. Pre-registration interprofessional clinical education in the workplace: a realist review

Fiona Kent, Monash University, Australia

224. Learning together: An Interprofessional, community-based practice experience for people with Parkinson's Disease, students and clinical educators
Philippa Friary, The University of Auckland, Jane Morgan, University of Technology, Auckland, New Zealand

270. A critical assessment activity consolidates interprofessional learning for transition to practice
Gary D. Rogers, Griffith University, Australia

439. Interprofessional professional placements: Mutual learning opportunities for students and supervisors
Stacie Attrill, Flinders University, Australia

407. Ascertaining student readiness and outcomes on inter-professional education in health professional programs
Dragan Ilic, Monash University, Australia

4B Clinical Skills

162. An interim report on the acquisition of Primary Health Care & General Practice relevant clinical skills in the senior years of a medical degree
Lynn McBain, University of Otago, Wellington, New Zealand

185. cARdiac ECG App - How Can Augmented Reality Enhance the Real Thing?
Colin Warren, School of Medicine, Deakin University, Australia

186. An undergraduate program on quality and safety - outcomes across four medical schools
Ian Wilson, University of Wollongong, Australia

222. Supporting development of professional skills and identity in early health professional education
Sophie Paynter, Monash University, Australia

375. "No anaesthesia, had to use a bag of frozen peas instead"• Medical students' experience of practising invasive medical procedures in an Australian and a New Zealand Medical School
Kelby Smith-Han, University of Otago, New Zealand

436. Teaching Rural Anaesthetics using a virtual hospital
David Mills, University of Adelaide, Australia

4C eLearning

415. End-of-life care education: Design from the national agenda
Kim Devery, Flinders University, Australia

412. Teaching metacognitive skills: Instructional design, video production and pedagogy
Kim Devery, Flinders University, Australia

180. Bloody good! The impact of eLearning on clinical practice
Tracey Clark, Blood Safe eLearning Australia, Australia

178. MOOCs: Principles, pedagogy and partnering
Deb Rawlings, Flinders University, Australia

427. If you build it, they will come... A blended learning model for large-group teaching
Cristan Herbert, UNSW Australia, Australia

433. All eyes and ears: can implementation of an online learning program in ophthalmology and ENT transition from medical school to the postgraduate environment?
Claire Harrison, Monash University, Australia

4D Rural Futures

124. NZ medical students: where might future rural doctors come from? *Phillippa Poole, University of Auckland, New Zealand*

469. Ready to practice: The preparation of Speech-Language Pathology students at Australian Universities for remote area practice
Nanthini Kanthan, Alice Springs Hospital, Australia

342. Transitions to the rural workforce: Exploring dental graduate intentions and destinations
Felicity Croker, James Cook University, Australia

400. Trialling a medical undergraduate model of consultation simulation with post-graduate rural nurses in a community setting? Learnings from phase 1
Fiona Doolan-Noble, University of Otago, New Zealand

278. Community postcards: sharing experiences of medical student learning in rural communities
Jennene Greenhill, Flinders University, Australia

423. Public-Private Partnership: A model for allied health student clinical placement in a regional area
Kay Joseph, University of Newcastle, Australia

4E Transition to Clinical

169. Challenges & tensions in the transition to clinical learning - influence on learning behaviour
Anna Ryan, University of Melbourne, Australia

316. Words, words, words: Using Blooms taxonomy to give direction during the transition from pre-clinical to clinical learning
Kylie Mansfield, University of Wollongong, Australia

337. Reflecting on transition to practice: what new graduates write
Jo Ann Walton, Victoria University of Wellington, New Zealand

410. Transitioning from academic education to professional practice: a national residency program for pharmacy
Andrew Matthews, The Society of Hospital Pharmacists of Australia, Australia

341. Transition to practice: A programme to support allied health new graduates into the workforce
Dianne Barnhill, Counties Manukau Health, New Zealand

266. Identifying effective transition support strategies for health professionals in their first year of practice
Jayne Hartwig, Women's and Children's Hospital, Australia

4F Vocational Education

132. Entrustable Professional Activities in General Practice Training
Nyoli Valentine, ModMed, Australia

158. A qualitative exploration of anaesthesia trainees' experiences during transition to a children's hospital
Peter Howe, Royal Children's Hospital, Melbourne, Australia

383. An innovative intervention to develop the Self Efficacy of Clinical Teachers in Australian General Practice
Lawrie McArthur, University of Adelaide, Australia

362. AOA - Transforming Orthopaedic Surgical Education and Training in Australia
Omar Khorshid, Australian Orthopaedic Association , Australia

161. Using a model of "overs and unders" to determine alignment of New Zealand medical student intentions with workforce needs
Warwick Bagg, University of Auckland, New Zealand

166. Factors influencing Australian General Practice Registrar Fellowship assessment performance - the Hallmarks of Education and Learning Progress and Examination Results (HELPER) project
Rebecca Stewart, Medical Education Experts, Australia

4G HPE Research Transitions

159. My transition - Navigating the journey from clinician to qualitative researcher and some pit stops in between
Josephine Thomas , University of Adelaide, Australia

176. Developing professional touch - transitioning from laity to health professional: A qualitative research synthesis using Threshold Concept Framework
Andy Wearn, University of Auckland, New Zealand

336. Using longitudinal audio diaries to study professional identity formation of the clinician to clinician-supervisor transition
Belinda Garth, Eastern Victoria GP Training, Australia

287. "I know what I want!". A grounded theory of what interns want to learn and how during their first year transition from medical school
Mark Hohenberg, Western Sydney University, Australia

200a. A realist review of successful research environments in Medical Education
Paul Crampton, Monash University, Australia

200b. Balancing healthcare trainee education with patient care delivery: a realist synthesis
Rola Ajjawi, Deakin University, Australia

4H Educational strategies for learning

332. Taking sexual and reproductive health teaching for doctors from a didactic, lecture based approach to multimodal teaching and learning activities. Colinette Margerison, True, Relationships and Reproductive Health, Australia

285. Transition from High School to Medical School - a pragmatic approach to the development of case-based and self-directed learning
Judi Nairn, The University of Adelaide, Australia

276. Lecturer experience of flipping the classroom in teaching Child and Adolescent Health
Karen Scott, University of Sydney, Australia

256. The learning environment and students' learning strategies: a multi-sited ethnographic study
Eleonora Leopardi, The University of Newcastle, Australia

465. Medical students' transition to practice telephone referral skills: a simulation-based study pre and post clinical ward immersion
Robyn Woodward-Kron, University of Melbourne, Australia

388. "Enabling Practice": Evaluation of a guided transition to a clinical learning program for medical students
Erica Schmidt, EHCS, Monash University & Deakin University, Australia

Concurrent Sessions 5A-5H

5A Symposium

188. Longitudinal and integrated assessment programs in the GP training domain: does it work and why?

Nyoli Valentine, ModMed; Neil Spike, Eastern Victoria GP Training; Janice Bell, WAGPET; Lambert Schuwirth, ModMed, Flinders University Prideaux Centre, Australia

5B Feedback

381. Radiography Student Preferences Regarding Assessments and Feedback *Audrey Oh, Monash University, Australia*

142. The unseen motor movements when teaching and learning a complex psychomotor skill: is physical guidance and modelling the "Holy grail"?

Delwyn Nicholls, Flinders University, Australia

226. From traditional teaching to blended learning in a community-engaged placement program *Sowbhagya Micheal, Brahm Marjadi, Western Sydney University, Australia*

245. Remediation and reporting poor trainee performance: Avoiding "failure to fail" through timely feedback from confident supervisors

Michele Daly, Royal Australasian College of Physicians, Australia

255. The experiences of clinician teachers dealing with conflict with their students; a phenomenological inquiry

Michael Shanahan, Flinders University, Australia

258. Enhancing students' feedback literacy in the workplace: a learner-centred approach

Christy Noble, Gold Coast Health, Australia

5C PeArLs

268. Is the medical curriculum really 'full' and could 'open-internet' exams be part of the solution?

Gary D. Rogers, Andrew Teodorczuk, Griffith University, Australia

5D PeArLs

473. Transitioning from Student to Effective Prescriber – Effective Prescribing Insight for the Future (ePIFFany)

Dale Sheehan, Unitec Institute of Technology, New Zealand

339. Career transitions and the presentation of self

Jo Ann Walton, Victoria University of Wellington, New Zealand

5E PeArLs

257. "Please keep talking"• understanding the various methods of conducting Think Aloud Interviews *Gillian Kette, Flinders University, Australia*

358. Support for doctoral candidates in HPE? How can we help?

Charlotte Denniston, Monash University, Australia

5F Learning Active

121. Reimagining case based learning: a learning-through-practice process integrating Science and Practice

Kirsten Schliephake, Monash University, Australia

139. Problem-based learning (PBL) versus Team-based learning (TBL) in Year 1 of a medical program

Annette Burgess, The University of Sydney, Australia

380. Transition to a Case-Based Learning Model

Louise Green, The University of Queensland, Australia

177. From medical student to a student doctor: medical students' perceptions of learning during initial exposure to ward rounds

Peter Gallagher, University of Otago, Wellington, New Zealand

453. Transitioning from the classroom to the clinic: medical students' first move into clinical learning

Lucy Rosby, Lee Kong Chian School of Medicine, Singapore

463. Transitioning from PBL to the clinical years in Medical School: Experience of the lowest and highest academically ranked students

Anne-Marie Murray, Flinders University, Australia

5G Inter-Professional Learning

238. A Three Year Evaluation of Team-based Interprofessional Dental Clinical Education at Griffith University

Mark Storrs, Griffith University, Australia

165. Clinical Decision Making for Collaborative Practice

Michelle Parker-Tomlin, Griffith University, Australia

297. Immersion in interprofessional simulation for transition to clinical practice in rehabilitation and aged care

Nicky Baker, Repatriation General Hospital, Australia

458. A framework for culturally responsive collaborative learning

Ruth Dunwoodie, The University of Queensland, Australia

228. Transitioning into interprofessional practice: Lessons from an Aged Care IPE innovation

Pit Cheng Chan, Michelle Parker-Tomlin., Griffith University, Australia

459. The Link Model: Interprofessional opportunities in Community Health

Jennifer Newton, Monash University; Nicole Mathews, Alison Webb, Link Health and Community, Australia

5H Clinicians as Educators

379. Development and validation of a measurement tool for Self-Efficacy in Clinical Teaching

Lawrie McArthur, Adelaide Rural Clinical School, Australia

406. General Practitioners' attitudes, beliefs and competency in evidence based medicine

Dragan Ilic, Monash University, Australia

438. Features and strategies identified by clinical supervisors to a clinical education scenario prior to and following a professional development workshop

Stacie Attrill, Flinders University, Australia

223. Intellectual Streaking: teachers exposing their minds in educational encounters

Elizabeth Molloy, University of Melbourne, Margaret Bearman, Deakin University, Australia

Concurrent Sessions 6A-6G

6A Symposium

374. Our OSCE runs very well, except for ... - four commonly seen OSCE issues that keep us awake at night, discussed from a national perspective
Karen D'Souza, Deakin University; Clare Heal, Bunmi Malau-Aduli, Peta-Ann Teague, James Cook University; Richard Turner, University of Tasmania; David Garne, University of Wollongong, Australia

6B Towards Cultural Equity

125. Student perceptions of factors that influence entry to the speech pathology program for Aboriginal and culturally linguistically diverse students
Nicole Byrne, University of Newcastle, Australia

344. Transitions aren't easy: Developing Allied Health students into interprofessional-ready practitioners in an urban Indigenous health setting *Wendy Foley, Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, Australia*

250. Building Cultural Capabilities in Teachers and Students of Aboriginal and Torres Strait Islander Health
Petah Atkinson, Monash University, Australia

141. Cultural influences on small-group learning for health professional education
Anthea Dallas, UNDA SOMS, Australia

197. "One goal": learning to work together in interpreted consultations
Nancy Sturman, University of Queensland, Australia

206. Growing Indigenous Health Professionals
Karen Adams, Monash University, Australia

368. Transitioning from a western orientated to an integrated and globally recognised clinical communication skills model
Zhi Yao Tan, Flinders University, Australia

6C Curriculum Development

229. Thinking outside the square: Changing from an MBBS to an Doctor of Medicine using innovation in an Australian Medical School
Janie Dade Smith, Bond University, Australia

260. Identifying Threshold Concepts in the pre-clinical years to better integrate basic science education in the clinical years
Iman Hegazi, Western Sydney University, Australia

338. Latent Class Analysis of Climate Change Curriculum Survey Respondents *Graeme Horton, University of Newcastle, Australia*

265. An evaluation of strategies for teaching threshold concepts in large undergraduate courses in medicine and science
Sven Delaney, Flinders University, Australia

363. Use of a conceptual model and a theoretical framework to inform processes of transformative learning in interprofessional practice
Jane Morgan, Auckland University of Technology, New Zealand

244. Putting patients, families and communities at the centre of medical education: Designing a framework for improving patient centred care and consumer engagement
Rebecca Paton, The Royal Australasian College of Physicians, Australia

208. Learning thresholds for early career occupational therapists in response to troublesome aspects of knowledge and practice

Carolyn Murray, University of South Australia, Australia

157. The impact of increasing nutrition in a medical curriculum on summative exam assessment

Janet McLeod, Deakin University, Australia

6D Organisational transitions

313. Managing the transition of a medical program from an MBBS to MD

Jodie Douglas, University of Wollongong, Australia

298. The Northern Territory Medical Program: Transitions in the Top End *Sneha Kirubakaran,*

Flinders University, Australia

246. Student led preschool motor-skill screening clinics: a solution for building sustainable clinical placements and meeting a need in the health/education sector

Emily Ward, University of South Australia, Australia

450. Evaluating current Communities of Practice (CoP) in the clinical environment with the intention to steer workplace direction

Simon Lejcek, Alfred Heath Radiation Oncology, Australia

108. The cost of student failure in health professional clinical education

Jonathan Foo, Monash University, Australia

281. Applying Scott's Professional and Graduate Capability Framework to an MIT degree in New Zealand

Joanna Thoroood, Unitec Institute of Technology, New Zealand

464. HTAG - Australian and New Zealand University Health Clinics Consortium *Keri Moore, Moore*

Clinical Education, Australia

6E Symposium

293. Sociomateriality in clinical education: research in action

Margaret Bearman, Rola Ajjawi, Deakin University; Anna Vnuk, Flinders University; Debra Nestel, University of Melbourne, Monash University, Australia

6F PeArLs

385. Bias or blessing - can information about prior student performance improve quality of clinical placements?

Tracey Radford, Jill Williams, Flinders University, Australia

413. Non-cognitive assessment for selection in health professional education *Deborah O'Mara,*

Sydney Medical School, Australia

6G PeArLs

457. Not satisfied with just "satisfaction"? Transitioning from measuring staff satisfaction with faculty development to robustly demonstrating its impact *Sharon Darlington, The University of Queensland, Australia*

484. To ISBAR or not to ISBAR that is the question. Whether it is nobler in the mind to teach and assess ISBAR in week 1 Year 1 or to wait until the clinical years of medical training

Liz Fitzmaurice, Griffith University, Australia

Concurrent Sessions 7A-7G

7A Symposium

349. Making transition from a local to a nationally coordinated approach to the development of Australian interprofessional education – a report on progress *Roger Dunston, Tagrid Yassine, University of Technology Sydney; Carole Steketee, The University of Notre Dame; Monica Moran, Central Queensland University; Gary Rogers, Griffith University, Australia*

7B Educational Technology Impact

259. Graduate-entry MD PBL tutors reflections on smart Information-Communication Technology devices accessed during active-learning tutorials?
Gillian Kette, Flinders University, Australia

304. Are you ready for your first clinical death? - An analysis of reflective journal of final year medical student dealing with simulated clinical death
Kwong Chan, Griffith University, Australia

491. Effectiveness of the in-situ team-based simulation training for critically-ill patient transport: a qualitative analysis of multidisciplinary trainees' perceptions *Yu-Che Chang, Chang Gung Memorial Hospital, Taiwan*

182. The impact of face-to-face and web-based simulation on patient deterioration and patient safety
Simon Cooper, Federation University Australia, Australia

267. How to develop an online resource module (to support medical student placements in Aboriginal Health) on a modest shoe string budget
Chee Koh, Monash University and Deakin University, Australia

207. Transition in Oral Health Education: from Face-to-Face to Blended Approaches
Ahmed Al-Humairi, Charles Sturt University, Australia

7C PeArLs

300. Defining 'Low-Resourced' in Health Professional Education and Research
Sneha Kirubakaran, Flinders University, Australia

478. Aboriginal Mnemonics: Embedding Indigenous Memorisation Techniques in the Tertiary Health Curriculum
Tyson Yunkaporta, Monash University, Australia

7D PeArLs

135. How best to collect student feedback on positive and adverse experiences within the learning environment? *Anthony Ali, University of Otago, Christchurch, New Zealand*

215. Medical students requesting alternative arrangement and/or special considerations for assessments
Mike Tweed, Tim Wilkinson, University of Otago Medical School, New Zealand

7E Symposium

461. Graduate work-readiness for private practice: A collective responsibility?
Cherie Wells, Andrea Bialocerkowski, Griffith University; Fiona Kent, Monash University, Australia

7F Assessment in transition

107. Transitioning to programmatic assessment

Janica Bell, Edith Cowan University, Australia

122. Radiography assessment for practice: A critical practice enquiry

Andrew Kilgour, Charles Sturt University, Australia

133. Identifying the narrative used by educators in registrar evaluations to assist in articulating judgment of performance

Nyoli Valentine, ModMed, Australia

411. The impact of using the Cohen method to set the passing standard of a medical program

Deborah O'Mara, Sydney Medical School, Australia

474. Would the adoption of clinical performance indices have the potential to influence patient outcomes? from a patient safety perspective? Is it time to take a fresh look at patient safety?

Beverley Bird, Monash University, Australia

354. Using the Rasch model to identify and remedy rater severity, bias and other problems in performance assessment, Imogene Rothnie, University of Sydney, Australia

7G Interprofessional transitions

240. Harnessing the potential of mobile learning in health practice settings

Susie Dracopoulos, Karen Scott, University of Sydney, Australia

191. Making Sense of Interprofessional Community Based Education: Exploring the Opportunities and Barriers with Rural Clinicians

Elena Rudnik, Flinders Rural Health SA, Flinders University, Australia

163. Effectiveness of Multidisciplinary Integrated Anatomy Workshops - An audit of student evaluation

Sankar Sinha, The University of Notre Dame Australia, Australia

221. Transitioning from silos to interprofessional communities of practice

Lyn Gum, Flinders University, Australia

241. Evaluating interprofessional simulation for undergraduate and postgraduate Health Professions students: A systematic literature review

Daniel Lightowler, Fiona Stanley Hospital/The University of Western Australia, Australia

441. Breathing life into IPE - integrating OT into a medical student Virtual Hospital Susan Brandis,

Bond University, Australia

Plenary Session 4

Leadership in Transition, Dr Geoff Scott, Emeritus Professor of Higher Education and Sustainability, Western Sydney University

Plenary Session 1

Transitions in health professions education: theory, research, and practice

Transitions are ever present in health professions education. Although there are various ways of understanding transition in terms of its ongoing, multiple and multidimensional nature (1), it can be defined as 'the capability to navigate change' (2). Learner transitions in higher education have been conceptualized variously: as processes of induction, development, and becoming (2). Healthcare students and professionals navigate plentiful transitions through their educational journeys including time-related transitions such as those into higher education (e.g. 3), clinical learning (e.g. 4), clinical practice (e.g. 5-7), and leadership (e.g. 8-10), plus space-related transitions like those into new clinical settings (e.g. urban-rural: 11), new countries (e.g. Asia-Australia: 12) or new roles (e.g. clinician-academic: 13). While transitions can be challenging, thereby affecting healthcare students' and professionals' well-being adversely, they also offer opportunities for intense learning, ultimately benefiting learners' well-being and patient care (6,9). In this keynote, Charlotte will draw on the published literature across the healthcare professions, including her own team-based research on medical education transitions (e.g. 7,10) to provide preliminary answers to three questions: What are transitions in the healthcare professions? How can we research healthcare professional transitions? How can we help healthcare students and professionals to navigate transitions?

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1A Sharing expertise and experience

Acting skills workshops in training health professional students, trainees, and practitioners.

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We speak colloquially of medicine, nursing and allied health as the “caring” professions, yet there is ample evidence of the damage that students, trainees and experienced practitioners do to themselves and to each other as they attempt to negotiate their roles within health workplaces. This presentation will offer a brief practical demonstration of what an arts/drama-based approach might offer—as an adjunct to current training practices—when it comes to exploring questions of professional identity, positive workplace relations and culture change with students and junior doctors.

Using games and exercises that focus on core acting skills—such as heightened spatial awareness, careful control of voice and body to express an appropriate status, “deep listening” and spontaneity in peer-to-peer interactions—the workshops we have been developing over the last year encourage trainees to develop their understanding of, and possible responses to, a range of potentially problematic workplace scenarios suggested by the trainees themselves.

As well as briefly sampling the practice for themselves in this presentation, delegates will have the opportunity to discuss the theoretical basis for such an arts-based pedagogy, and the evaluation data from trial workshops conducted thus far, in presentations by other members of the research team elsewhere in the conference program (see abstracts for Paul Macneill and Karen Scott).

“Like a bunch of amateurs”: how to make the most of community-sourced Simulated Patients in OSCE assessments.

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²School of Medicine, Deakin University, Geelong, Australia

Introduction/background:

OSCEs require students to perform complex clinical tasks, often necessitating high-level communication skills. For this to occur in an accurate, fair and standardisable manner, Simulated Patients (SPs) must have intelligible and credible roles, and be able to respond to a variety of student inputs “in character”, as well as being consistent over multiple iterations.

Aim/objectives:

The experiences of SPs, SP trainers, examiners and students will be distilled to define key issues around: improvisation skills in clinical settings; writing credible and interpretable clinical roles; principles of casting; and sustainability.

Discussion:

Many medical schools do not have access to trained actors, nor are trained actors always suitable to portray patients in an assessment setting. SPs recruited and trained from the local community have a considerable stake in training and evaluating the future health care workforce. They must be trained with improvisation skills and have a modicum of health literacy. Roles must be authentic and readily interpretable by non-actors. Casting is paramount. An ongoing dialogue and feedback on performance is also vital for ensuring job satisfaction, workforce retention/renewal, and the fidelity of the OSCEs themselves.

Issues/questions for exploration or ideas for discussion:

Health faculties should work towards a codified praxis for a Simulated Patient workforce that is derived from diverse backgrounds and can be deployed in a variety of settings.

Evolution of a simulation centre - develop it, deliver it, design it, build it!

Dr Simon Patten, Director of Simulation, Senior Lecturer

Adelaide Health Simulation and Skills Centre
Faculty of Health Sciences
The University of Adelaide, Adelaide

In this workshop you will have full access to the Adelaide health simulation team and the newest advanced simulation centre in Australia. The workshop will examine the teams transition in 4 years from a basement and no curriculum to the current multi-million dollar facility. Participants will have unrestricted access to the team and the centre as they explore the processes involved in creating a successful simulation education program for different health professions. We will outline the steps involved from taking a small simulation teaching course to a faculty led fully integrated interprofessional learning curriculum.

This workshop will deliver participant led discussions on creating buy-in, curriculum development, faculty development and interprofessional learning. There will then be participant selected practical sessions on: simulation technology; centre design and course development. The faculty will guide participants using their wealth of experience presenting the dos and don'ts of simulation. High use of technology, hands on, participant tailored.

Learning outcomes will follow.

Evaluation will be performed matching learning outcomes.

Professionalism dilemmas in interprofessional workplace learning: Educators understanding and enhancing student experiences

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Introduction/background:

The healthcare workplace is interprofessional; students work and learn with other healthcare professionals for patient benefit. However, healthcare students often experience professionalism dilemmas (i.e. events they observe or participate in that they think are unprofessional) during workplace learning. Many dilemmas are interprofessional; involving hierarchies, roles and conflicts (Apesoa-Varano 2013, Rees et al. 2013).

Outcomes:

By the end of the workshop, we expect participants to: (1) understand better healthcare students' interprofessional dilemmas involving hierarchies, roles and conflict; and (2) consider how students' experiences of interprofessional working and learning can be enhanced.

Questions for discussion:

Discussion questions include: (1) What types of interprofessional professionalism dilemmas are experienced by healthcare students? (2) How do interprofessional dilemmas come about? (3) How do students act during interprofessional dilemmas? (4) How can educators help students prevent and manage interprofessional dilemmas?

Outline of workshop activities:

This 3-hour workshop will begin with participants noting their own memorable interprofessional workplace dilemmas using a series of prompts. We will then present a brief talk based on our 10-year research programme on healthcare students' professionalism dilemmas (Monrouxe & Rees 2017). This will centre on interprofessional dilemmas involving hierarchies, roles and conflicts across a range of commonly experienced professionalism dilemmas. Using real examples of healthcare students' dilemmas, participants will work in multiprofessional small groups to reflect on the above questions, Narrative examples will represent different dilemmas across different healthcare student groups (i.e.

medical, nursing, pharmacy, physiotherapy and dental students). Participants will then consider the above questions in relation to their own memorable interprofessional dilemma. The workshop will end with any outstanding questions and a workshop evaluation.

1B Focus on Students

Knowledge and perceptions of EBP in physiotherapy students across a program: a mixed methods study

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Introduction/background:

Evidence-based practice (EBP) is widely accepted as an essential component both in clinical practice and education of entry-level health professionals. The effectiveness of EBP training in students has primarily been investigated in the medical profession, relating to a single EBP course using a quantitative approach.

Aim/objectives:

This mixed methods study aimed to explore changes in EBP outcomes in physiotherapy students from baseline (no EBP training) to completion of all EBP training at graduation.

Methods:

Participants were students completing three sequential EBP courses as part of their entry-level physiotherapy program. Two reliable and valid EBP instruments were applied to assess EBP outcomes (self-reported understanding of terminology, confidence, practice, relevance and sympathy, and actual EBP knowledge), before and after each course. Student focus groups were conducted at graduation.

Results:

From baseline to graduation, large effect sizes (ES) were found across most domains: relevance (ES 2.29, $p \leq 0.001$), practice (1.8, $p \leq 0.001$), confidence (1.67, $p \leq 0.001$), terminology (3.13, $p \leq 0.001$) and actual knowledge (4.3, $p \leq 0.001$). A moderate effect size was found for sympathy (0.49, $p = 0.008$). Qualitative and quantitative findings mostly coincided but for statistical terminology, students' perceptions of understanding were disparate with focus group reported experiences.

Discussion:

Focus groups allowed exploration of students' concerns about particular aspects of EBP knowledge, confidence and practices. Repetition, reinforcement of EBP skills and role-modelling in clinical courses is important to students.

Conclusions:

Following EBP training in an entry-level physiotherapy program, significant changes in students' EBP knowledge and perceptions evaluated quantitatively are largely supported by qualitative findings.

The impact of students on changing clinical educator behaviours: A student perspective.

Lisa Waters¹, Kristin Lo¹, Stephen Maloney¹

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Introduction:

Clinical education experiences provide students with the opportunity to learn from health professionals to enhance their skills. However, there is also the potential for reciprocal learning to occur, with students being able to share in the discussion of emerging evidence and best-practice.

Aims:

To gain insights into students behaviours when confronted with unfamiliar or questionable clinical practices.

Methods:

A two part study utilising both online survey and interviews was completed with clinical education students from a physiotherapy program. Qualitative data analysis was used to categorise emerging themes.

Results:

72 students responded to the online survey, with eight participants involved in focus groups and interviews. 51% (36) of respondents had witnessed a supervisor undertaking a practice thought to be outdated. Of those, only 27% (10) chose to engage the clinical educator about their clinical reasoning. The main factors which influenced this choice were concerns about preserving the relationship with the supervisor, and a perceived risk of it adversely affecting their clinical grades.

Discussion:

Training of students in strategies for approaching challenging conversations with educators may facilitate better learning experiences.

Conclusions:

In order for both students and clinical educators to have the opportunity to learn during a clinical placement experience, both parties must be comfortable and willing to partake in open communication channels.

My learning journey: Exploring reflections of medical students

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Background:

Reflective skills critically look at one's own reasoning and are an integral part of medical education. Research on investigating the reflective skill has been mostly restricted to undergraduate medical students. This study was conducted to understand the ability to reflect by postgraduate students enrolled in a Doctor of Medicine program.

Aim:

To analyse the e-Portfolio reflections submitted by medical students about their learning experiences in the pre-clinical years of the course.

Methods:

Using a qualitative approach, written reflections are analysed to identify the quality of reflective writing using the Gibbs reflective framework, in addition to the focus of their experiences in multiple settings.

Results:

652 reflections were submitted by 165 students aged 20 to 49. Of those, 38% were male, 62% female, 8% international students and 96% had a science-related undergraduate degree. The analysis will be presented comparing the type of experience, interaction, clinical setting, along with the number, quality and themes of their reflections.

Discussion:

To develop professional qualities and life-long learning of medical students, it is of interest to explore whether students focus about professional practice, knowledge, decision making, attitudes, behaviours, ethical issues, or views of others or themselves. This work will be beneficial to the stakeholders in understanding the nature of student experiences and their reflective abilities.

Enhancing student resilience: The voice of partners in the student experience

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Introduction/background:

Resilience is a lifelong skill that helps professionals manage work-related stress, preventing the job dissatisfaction that leads to attrition from the profession (Grant & Kinman, 2011; McAlister & McKinnon, 2009). Helping students to understand, develop and promote resilience assists them with the challenges they will face as professionals (Dyrbye, Liselotte, Shanafelt & Tait, 2012).

Aim/objectives:

This paper will provide an overview of results from focus groups conducted as part of the research project *Facilitation of Student Resilience for Fieldwork in the Health Sciences* (FRESH). The aim of the study is to determine the perspectives and experiences of resilience of clinical supervisors, students and industry staff involved health professional fieldwork.

Methods:

Focus groups were conducted with three participant groups: clinical supervisors (n = 14), students (n=11) and academic staff (n=10). Deductive and inductive analysis was used to analyse the qualitative data and explore the factors affecting student preparation for and performance during fieldwork, with particular emphasis on resilience related skills and strategies.

Results:

This paper will present a summary of qualitative results, comparing experience and perspectives across the participant groups. Findings will be explored to reveal participants understanding of what resilience means, the factors that impact on resilience and the strategies/enablers believed to support the development of student resilience.

Discussion:

Results will be discussed to reveal a lack of shared understanding of resilience across participant groups. Recommendations for a holistic approach to enhancing resilience within health professional education will be explored.

Conclusions:

The study highlights the need to re-think how student resilience is nurtured throughout tertiary education. The findings provide useful direction for University staff aiming to embed resilience within the health education curricular.

Students' perspectives on the transition of physiotherapy education delivery to adjust to a digital learning strategy

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Introduction/background:

Changes in technology require academics to be agile in their approach to teaching and learning. Traditionally, university teaching staff have focussed on curriculum and pedagogy, but now need to consider delivery as universities adopt digital learning strategies. Students bring their computer gaming and social media networking experiences and expectations to extend the traditional approach that uses technology to gather information.

Aim/objectives:

We investigated physiotherapy students' perceptions and actual use of university led digital resources. We examined what students used, what they preferred and how this translated into learning outcomes.

Methods:

Data was extracted in relation to a clinical placement course, a practical skills course and two theory-based courses. We downloaded online activity logs and administered a survey to gather data on learning resource preferences. We collected data on grades, GPA, age, gender and prior higher learning.

Results:

115 students made use of digital technologies regardless of their academic performance, but weaker students were more likely to have very high access rates and videos had the strongest relationship with performance.

Discussion:

Transitioning to an increase in providing digital resources creates new challenges for academics as control over the learning endeavour shifts towards students. However, access to digital resources and digital literacy in students cannot be assumed as universal. Many students require support from academics in order to be able to use the technology required for learning.

Conclusions:

Academics should consider how they can transition from providing text based resources to providing effective, accessible visual mediums and support for digital literacy.

Student academic performance in rural clinical schools: the impact of cohort size and competition

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³Menzies School of Health Research, Darwin, Australia

Introduction/background:

The Deakin University School of Medicine commenced in 2008 as a rurally focused medical school in south-western Victoria. .

Aim/objectives:

This research was designed to examine the effectiveness of the school's adoption of small regional clinical school settings for medical education..

Methods:

A retrospective cohort study of the first two cohorts of students was employed to assess academic performance at each of five geographically dispersed clinical training sites, with varying student cohort sizes. The Dundee Ready Education Environment Measure (DREEM) questionnaire provided quantitative data regarding the students' perception of their educational environment. The data were analysed using univariate and multivariate analyses.

Results:

The highest examination scores, and greatest satisfaction with educational environment, were associated with the clinical school that had a small sized group of students and was not co-located with another medical school. These differences remained after adjusting for multiple potential confounding factors.

Discussion:

The smaller sites appear to have provided superior support for student learning in this new medical school. This advantage diminishes when smaller cohorts are co-located with students from other medical schools.

Conclusions:

Cohort size and co-location of medical school curricula may be important independent variables for researchers to consider when comparing the results of clinical education innovations in different settings.

1C Towards Gender Equity

Gender equity in medical school teaching: Using audit data to help close the gap

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Introduction:

Despite 51% of Australian medical students being female, and a steady transition towards a gender equal medical workforce, women remain underrepresented in academic medicine and many specialties.

One reason for this gender gap in leadership is lack of gender specific role models in medical training and academia.

Aim:

To audit the medical program timetable for gender representation in pre-clinical years teaching.

Methods:

Main campus lectures and seminars for Stage 1 and 2 medical students in 2016 were audited for gender of presenter, their title, academic position, and subject/s taught.

Results:

726 teaching sessions were audited, two-thirds (488 of 726) were delivered by males and one-third (238 of 726) by females. One term had 50:50 gender representation (Endocrine/Nutrition/Sexual Health), the rest were male dominated.

Discussion:

Our audit shows the majority of sessions taught on university campus in the medical program are currently delivered by males. The proportion is highest for Basic and Clinical Sciences, while there were relatively more females teaching Population Medicine/Public Health. The majority of staff with high-level titles (Prof, A/Prof) were male.

These results reinforce to medical students that leadership and teaching roles remain male-dominated. Increasing exposure of students to female role models will better encourage all students to pursue academic leadership opportunities in the future.

Conclusions:

This audit shows under-representation of females in medical teaching. There are current Sydney University and Sydney Medical Program strategies to increase promotion of women to level D and E positions, and to promote gender equality in all academic and teaching roles.

Genital examination training: Developing and assessing the effectiveness of an integrated female and male teaching programme

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Introduction/background:

Learning to undertake intimate female and male examinations is an important part of medical student training but opportunities to participate in practical, supervised learning in a safe environment can be limited. A collaborative, integrated training programme to provide such learning was developed by two

university teaching departments and a specialist sexual health service, utilising teaching associates, trained for intimate examinations, in a simulated clinical educational setting.

Aim/objectives:

The objective of this programme was to develop and assess an educational intervention. The assessment focussed on changes in senior medical students' self-reported experience and confidence in performing male and female genital examinations, before and after participating in the clinical teaching programme.

Discussion:

A teaching programme was developed and implemented. This has run with various iterations since 2013. The students reported greatly improved skill, confidence and comfort levels for both male and female genital examination following the programme.

Conclusions:

This integrated female-male teaching programme was successful in increasing senior medical students' skills and levels of confidence in performing genital examinations, making it easier to take up learning opportunities in subsequent clinical attachments – an important transition from novice to learner-in-practice. There were differences between female and male medical students in their learning. Suggestions for future development included providing more detailed instruction to some clinical supervisors about their facilitation role in the session.

Issues/questions for exploration or ideas for discussion:

A further iteration of the programme could involve enhanced roles for the TA's. How would this best be implemented?

Relationships between assistantship alignment, gender, anxiety, professional identity and burnout across medical students' transition-into-practice: A longitudinal questionnaire study

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Introduction/background:

With concerns about medical graduates' transition-into-practice and high-risk for burnout, medical schools worldwide are seeking solutions. In the UK, undergraduate assistantships have been introduced: typically final-year students assume supervised first-year junior doctors' duties during their last few weeks. Assistantship models differ in duration, execution and alignment to first-post. Research suggests assistantships smooth transition, but effects of different models are unknown.

Aim/objectives:

We examined relationships between assistantship alignment and self-reported anxiety, professional identity (PI) and burnout.

Methods:

A longitudinal online questionnaire study (including validated measures of anxiety, PI, teamwork, burnout) set in Wales, UK, at four time-points: (T1) prior to graduation; (T2) 1-month post transition into practice; (T3) 6-months post transition; (T4) 9-months post transition. Both Medical Schools deliver aligned assistantships for graduates staying in Wales (~52% of cohort).

Results:

281 participants: 68% (n=183) females; 46% (n=129) aligned assistantship programme. Anxiety, PI, teamwork remained stable. Burnout increased sequentially across time: misaligned group reporting

significantly higher levels. A linear mixed-effect model of alignment on burnout longitudinally showed: high anxiety associated with greater burnout, strong PI associated with lower burnout. Males reported significantly lower personal-burnout, but higher patient-related burnout.

Discussion:

That assistantship alignment, anxiety and PI have significant effects on burnout suggests that 'ward-craft' and sense of belonging are important aspects during transition-to-practice. Gender differences in burnout echo other research examining emotional disturbances amongst females, with males reporting higher depersonalization.

Conclusions:

Aligning assistantships with first-post on graduation might increase PI and be a mitigating factor in the reduction of physician burnout.

Attitudes towards sexuality and sexual identities among Australian and New Zealand Medical students.

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¹University of Newcastle, Australia;

²University of Otago, New Zealand.

Introduction/background:

Increasingly, medical practitioners work with patients who identify as Lesbian, Gay, Bisexual, Transgender, Intersex or Questioning (LGBTIQ), same-sex couples and their children. However, medical students and physicians report feeling under-prepared to assess and treat LGBTIQ patients with 'cultural' awareness and sensitivity. There is evidence that LGBTIQ people face intrusive and inappropriate language and questions from practitioners and some report having to educate medical professionals around their identity. A recent cross-sectional survey highlighted the poor coverage of LGBTIQ health in medical curricula in Australia and New Zealand.

Aim/objectives:

This research explores the experiences of final year medical students in dealing with or observing the treatment of LGBTIQ patients in clinical placement, and their preparedness to appropriately assess and treat LGBTIQ patients upon graduation.

Methods:

In-depth interviews are being conducted with final year students in two medical programs in Australia and New Zealand. Interviews will be transcribed and analysed using Foucauldian discourse analysis. This approach will enable exploration of the social, and background context of the language used, facilitating deeper understanding of the social dynamics, truths and realities that may be passed to students, perhaps inadvertently, through the culture of medicine and the implicit curriculum.

Results/Discussion:

Results of discourse analysis and the experiences of medical students will be reported, along with implications for curriculum development.

Issues/questions for exploration or ideas for discussion:

The findings will be used to develop appropriate education strategies designed to enhance clinical training and experiences of future medical students and improve health outcomes for LGBTIQ people.

Recognising and responding to domestic violence: Exploring the role of student dentists

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Introduction:

The role of student dental practitioners in recognising and responding to domestic violence within a clinical setting has not been investigated previously in Australia. JCU students report feeling ill-prepared for responding appropriately to women who experience domestic violence. An innovative partnership between Dentistry, Social Work and the Regional Domestic Violence Service collaboratively addressed this problem through an educational intervention, which was evaluated by dental student researchers.

Aim:

To explore dental students' perceptions of the effectiveness and value of the 'Recognise and Respond to Domestic Violence' educational intervention and to inform dental curriculum design.

Methods:

A participatory approach employed mixed with pre and post intervention surveys and focus groups to identify and document undergraduate dental students' understanding, perceptions and preparedness for responding appropriately to domestic violence. The intervention involved 'Recognise and Respond' workshops delivered by expert facilitators for Dental students in Clinical Years 3 – 5. Knowledge of domestic violence before and after the workshops was compared and contrasted. Focus groups then enriched the evaluation data on the value, effectiveness and clinical application of the intervention.

Results:

Students' knowledge regarding domestic violence increased significantly. Focus group data confirmed the value of workshops. Students reported feeling enabled to embed awareness of domestic violence into their clinical practice.

Discussion:

Although the findings cannot be generalised, they suggest that this socially accountable, educational initiative should not only be embedded into the undergraduate curriculum but would also be valuable for other dental programs.

Conclusion:

Further strengthening of dental students' capacity to respond to domestic violence should be developed across the clinical years through authentic learning experiences that provide opportunities to practice techniques and employ strategies introduced in the workshops.

Domestic violence, women and rebuilding: Rebuilding and transition for female university students.

Kelly Lewer¹

¹University of Wollongong, Wollongong, Australia

Introduction/background:

Kelly Lewer (BN, MEd) Has worked as a Registered Nurse in acute care and educator in higher education settings. Undertaking post graduate studies at a time of transition in her life, led her to become interested in the stories of other women, particularly those who had experienced domestic violence.

Aim/objectives:

The aim of this oral presentation is to report on recent doctoral research, providing a nuanced understanding of the inclusion of university study into the rebuilding of life in the aftermath of domestic violence.

Methods:

This feminist narrative inquiry analyses the stories of nine women from across New South Wales, who had experienced domestic violence, and then undertook university studies whilst rebuilding their lives. Using the conceptual tools of Bourdieu's notions of capital and habitus, the women's transitions are understood in regards to the ways they interacted within this setting.

Results:

Preliminary results provide a nuanced understanding of this previously invisible cohort within universities. Findings point to changes in the women's capital, leading to challenges in negotiating the university environment and culture.

Discussion:

These findings lead to discussion about the response of universities in regards to policy and service provision for this cohort.

Conclusions:

This research project provides nuanced understandings of a transitioning cohort.

1D Communication**Development of inter-professional communication skills in a simulated deteriorating patient scenario**

Brendan Condon¹, Ashley Zanker¹, Debra Dunstan¹, Vikki Hoy¹

¹Deakin University, Warrnambool, Australia

Introduction/background:

Over the last few years, at South West Healthcare, Warrnambool, we have introduced an inter-professional simulation training program with the intention of improving communication skills between members of healthcare teams. Pre- and post- intervention questionnaires indicate the sessions are well received and appear to improve participant's self-perception of relevant communication skills.

The natural evolution in evaluation of the effectiveness of this program is to assess behavioural change in the clinical environment. To this end, we intend to embark upon a research project to measure the clinical effectiveness of our communication skills training. Our plan is to employ a mixed methods approach, combining case studies with pre- and post- intervention surveys. We envisage the case studies involving multiple interviews, providing 360 degree evaluations of the participants communication skills, prior to the simulation training and again 1 month post the training.

Purpose/objectives:

To present our plans for discussion and gain insights from colleagues with regard to further developing, implementing and evaluating the project.

Issues/ questions for exploration or ideas for discussion:

We would welcome thoughts about the appropriateness, feasibility and practicality of our methods. Any alternative ideas or suggested approaches. To gain insights into difficulties to overcome that others may have previously encountered.

Exploring consumers' experiences of communication skills in healthcare: what can we learn from their stories?

Charlotte Denniston¹, Elizabeth Molloy² and Charlotte Rees¹

¹ Monash Centre for Scholarship in Health Education, Monash University, Melbourne, Australia;

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

Introduction/background:

Patient-centred communication is considered fundamental to healthcare delivery but it is not consistently enacted in practice. Although valued, patient engagement is not well defined in health professions education and is rarely incorporated in the development of communication skills training programs.

Aim/objectives:

This study aims to explore patients, or consumers' experiences of communication skills in practice to inform future educational design. Using a narrative inquiry approach this study asks: what experiences of communication skills do healthcare consumers narrate, and how do they narrate them?

Methods:

An online survey was live for seven months in 2016 and collected quantitative and qualitative (narrative) data. The survey prompted healthcare consumers to share their stories using the structure of narrative as proposed by Labov and Waletzky (1997): abstract, orientation, the complicating action, the evaluation, the resolution and most reportable event. Framework and narrative analysis techniques were chosen.

Results:

Over 200 consumers responded to this survey. Healthcare consumers shared narratives of both good and bad experiences of communication practice. These authentic consumer narratives are being used to inform design of communication skills education. This presentation will explore the benefits and challenges of exploring consumer experiences using narrative inquiry. Issues such as sampling and recruitment, collection of useful data, and the merits of dual data analysis approaches will be discussed.

Discussion/conclusions:

Through framework and narrative analysis of consumer stories we are informing communication skills education design. This methodological approach has potential application across other fields of health professions education.

Patient-centred communication in audiological teaching: An exploration of the barriers and facilitators in how clinical communication is taught in Australian audiology programs.

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²Department of Audiology and Speech Pathology, The University of Melbourne, Melbourne, Australia,

³Melbourne Medical School, University of Melbourne, Australia

Introduction/background:

Patient-centred communication is an essential skill for effective healthcare provision and is accepted as a core competency in medicine and allied health professions. In the discipline of audiology, patient-centred communication helps to nurture a therapeutic relationship, which in turn contributes to the success of hearing rehabilitative outcomes. However, recent studies have shown that audiologists rarely display patient-centred communication in adult audiological interactions. This highlights a need to investigate how patient-centred communication can be implemented. While academic preparation is the driving force behind shaping future audiologists, there has yet been any studies on how clinical communication is taught and learned.

Aims/objectives:

The aim of this study is to explore the barriers and facilitators to teaching clinical communication in Australian graduate audiology programs.

Methods:

Using a qualitative methodology, semi-structured interview was conducted with nine course coordinators and key teaching staff across Australian audiology graduate programs. Interviews were analysed using content and thematic analysis of transcripts.

Results:

Responses were grouped under the domains of students, teaching, university, and profession. Within each domain, a number of themes and subsequent categories emerged. This presentation will focus on preliminary findings of this study.

Conclusions:

These results provide an insight into how patient-centred communication develops and is learned by audiology students in Australia. Such findings will play a role in refining and building the evidence-base for teaching and facilitating patient-centred audiological care in future audiologists.

Transitioning to meeting the professional development needs of supervisors of international social work students in Australia

Averil Grieve, Bella Ross
Monash University, Caulfield, Australia

Introduction:

With a continuous rise in the number of international students studying social work in Australia, research indicates student and supervisor dissatisfaction with the placement experience. Supervisors are often unwilling to take on students from non-English speaking backgrounds and students find it difficult to transition to Australian workplace settings. This calls for attention to the ways in which supervisors and international students can be supported during placement. Research to-date has focused mainly on student needs, not on those of supervisors.

Aim:

This research identifies the professional development experiences and training needs of supervisors of international social work students.

Methods:

An online anonymous survey was distributed to 370 individuals who have supervised Monash University Master of Social Work (Qualifying) students. Of the 123 responses, 83 had supervised international students and were asked about their experiences and their self-identified training needs.

Results:

The majority of respondents indicated they supervised international students differently to local students. However, only 25% had been trained to work with international students and an overwhelming 92% indicated such training should be offered to all supervisors.

Discussion:

Social work supervisors face many challenges in the transition to working with international students, particularly in terms of linguistic and cultural differences. Structured professional development programmes could equip them with tools to address these challenges and enrich the placement experience.

Conclusions:

There is a need and desire for training that specifically focuses on working with students from diverse cultural and linguistic backgrounds, with supervisors identifying interaction and knowledge of service systems as key challenges.

Linking ethical issues to communication skills teaching for medical and health practitioner learning.

Heidi Waldron¹

¹The University of Notre Dame Australia, Fremantle, Australia

Background:

Health professionals' competency in communication skills is recognised as cornerstone for delivery of safe patient care. For novice practitioners, complexity of clinical situations can obscure decision-making about whether they need to express concerns. This also reduces opportunities to practice much-needed skills, as they become stalled at ethical deliberation stages.

Aim:

At Fremantle School of Medicine, students receive formal communication and ethical reasoning training. Research grant funding from Mary Philippa Brazill Foundation was awarded to support creation of targeted video resources to promote practice of specific strategies to apply in ethically challenging situations.

Methods:

A real case scenario where a significant diagnosis was almost missed, and discussion of contributory factors, forms the basis of four short videos for the formal communication-teaching program. Clinical contextualisation fosters authentic learning.

Results:

Video creation follows a structured design process. Preliminary literature review identified practical communication issues related to confidence, competence and situational awareness. Mary Gentile's 'Giving Voice to Values' framework provides essential structure to support isolation of relevant communication strategies, and to facilitate learning from adverse events rather than a blame-based approach. An expert review panel comprising clinicians and academics representing medicine, nursing, physiotherapy, other allied health, business and ethicists will ensure the video resources have broader health utility.

Conclusions:

Health professionals who can communicate clearly, even when surrounding circumstances are complex, will be more capable of advocating for patients and providing quality healthcare.

Keywords:

Communication skills; ethical issues; video; blended learning;

Identities and the development of communication skills in practice

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

³ Department of Physiotherapy, Monash University, Melbourne, Australia.

Introduction/background:

Communication skills are a required competency for health professionals worldwide. Much of the literature focuses on teaching and assessing these skills with less focus on how the skills are learnt and developed in the context of the healthcare system.

Aim/objectives:

Glouberman and Mintzberg propose an integrative framework for viewing the healthcare system which differentiates professions and care contexts according to their remit. One end of the continuum describes those whose work is associated with curing and at the other end those whose work is characterised by caring. We have drawn on this framework in the analysis of healthcare professionals' experiences of developing communication skills in practice, and the factors that influence skill development.

Methods:

Twenty semi-structured interviews were completed with health professionals from a variety of professional backgrounds, care contexts and years of experience. Average length of interviews was 59 minutes (total 1182 minutes; range 25-102 minutes). Data were analysed thematically (framework analysis) which involved development of a thematic coding framework to code all transcripts. Data were further interrogated according to the curing and caring professions.

Results:

Factors influencing development of communication skills were connected to professional and personal identities. Participants spoke of the impact of socialisation into the profession or work context alongside the impact of self.

Discussion/conclusion:

Conceptualisations of communication as legitimate work was perceived differently by individuals depending on their place on the cure-care continuum, and their degree of clinical experience. The implications of this for communication skills education will be presented.

1E Collaborative Practice

Undergraduate medical and nursing students' motivation and attitudes towards interprofessional learning and their impact on utilising conflict resolution skills

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Introduction/background:

Conflict resolution skills are important for healthcare professionals as conflict can have detrimental effects on decision-making, and in turn, on patient care, morbidity and mortality. Interprofessional learning (IPL) has been found to increase collaboration and improve collegial relationships and hence is an ideal method in training of healthcare undergraduates and professionals. However, it is important to evaluate its effectiveness in light of current transfer of learning research.

Aim/objectives:

The study's aim was to demonstrate that motivation-to-learn and attitude to IPL influences the transfer of conflict resolution skills.

Methods:

Second year undergraduate medical and nursing students (N=158) were surveyed post-training. Measures included attitude to IPL, motivation-to-learn and transfer of learning of conflict resolution skills. Students also commented on IPL and their learning.

Results:

Undergraduate nursing students were found to have statistically higher motivation-to-learn, attitude to IPL and transference of learning than medical students. Comments made by students reinforced these results.

Conclusions:

This study brought together the important research areas of IPL and transfer of learning in the context of second year undergraduate nursing and medical students' utilisation of conflict resolution skills. Differences between nursing and medical students may be attributed in part to a lack of clinical placements for medical students in the first three years of their degree. Medical students had less opportunity to use the conflict resolution skills taught, as well as less contextual relevance, potentially affecting their motivation-to-learn and attitude to IPL.

The benefits of collaborative placement models for building placement capacity and quality.

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²Townsville Hospital & Health Service, Townsville, Australia

Introduction/background:

Education of health professional students within clinical practice settings is an essential component of developing competent, effective and safe clinicians. For many allied health professions, clinical placements have predominantly been via one-on-one apprenticeship models. With growing demand for clinical placements however, an innovative approach to student placements is required.

Aim/objectives:

To identify the benefits of collaborative (i.e. multiple students to clinical educator) placement models over apprenticeship (i.e. one student to one clinical educator) models and highlight opportunities for innovative change to build placement capacity and quality.

Discussion:

With the increasing demand for clinical placements and with evidence suggesting that there is no model of clinical education superior to another; a transition from traditional apprenticeship models to collaborative models could facilitate growth in placement capacity whilst maintaining (and perhaps even enhancing) clinical placement quality.

Despite the reported advantages of collaborative placement models, there has been varied transition from traditional apprenticeship models to collaborative models amongst the allied health professions. Historically, physiotherapy has predominantly used the collaborative placement model which has resulted in growth in placement offers, enabled the delivery of clinical services and has provided rich opportunities for student peer assisted learning.

Issues/questions for exploration or ideas for discussion:

This presentation will use exemplar placement data to demonstrate ways collaborative models can build placement capacity and facilitate the delivery of clinical services through student contribution. It will also highlight ways that collaborative models facilitate peer assisted learning and the associated benefits to both students and educators including peer support and quality educational experiences.

Development of a Collaborative Care Curriculum

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Introduction/background:

Collaborative practice is required to deliver safe and efficient person centred healthcare. To prepare students for collaborative working, interprofessional learning opportunities are required. The Faculty of Medicine, Nursing and Health Sciences (FMNHS) at Monash University has brought together key representatives from each profession, students and consumers to design a Collaborative Care Curriculum.

Aim:

The aim of the initiative is to develop and endorse a framework for collaborative practice for entry-level health professionals. Representation from the FMNHS professions (dietetics, medicine, nursing, occupational therapy, paramedics, pharmacy, physiotherapy, psychology, radiation sciences, radiography and social work), students and consumers was gathered.

Method:

Existing interprofessional education frameworks were analysed and applicability to our context discussed. Accreditation documents from all professions were perused by profession representatives to identify items relating to collaborative practice and after synthesis, discussion, debate and then broader consultation, consensus on themes for the curriculum were established.

Discussion:

The four themes overarching curriculum themes are: Person centred care, role understanding, interprofessional communication and collaboration within and across teams. Learning outcomes at novice, intermediate and entry to practice levels are now under development. Alignment of the isolated interprofessional activities to the emerging framework is underway, and new interprofessional learning opportunities are under development in alignment with the overarching framework.

Issues/questions for exploration or ideas for discussion:

- Given the multiple interprofessional education frameworks in place, to what extent does local context require modifications in interprofessional education curriculum content?

The Efficacy of the Surgical Safety Checklist: a national approach to improving the application of the tool team approach and providing measurement.

Kaylene Henderson, Jennifer Weller,

Background:

Operating theatres are complex spaces in which effective teamwork and communication are required in order to optimise patient safety and quality of care. In New Zealand there are several national strategies underway to optimise teamwork and communication in this setting, including initiatives that promote shared mental models such as the WHO Surgical Safety Checklist, and simulation-based team training. Such strategies are purposeful in their intent to support cultural change towards increased collaborative practice in operating rooms and at broader health system levels. In this group of three linked presentations we present two national strategies.

Health Quality Safety New Zealand (HQSC) recognised that the Checklist makes a significant impact on reducing mortality and morbidity when administered correctly. Training was delivered to all 20 District Health Boards (DHBs) across New Zealand with the focus on: promoting the Checklist becoming wall-mounted, migrated responsibility of each of the three phases across the team and providing local training tools for key communication elements.

Methods:

The programme included training local auditors to measure the compliance and team engagement for the Checklist in the operating rooms and submit data quarterly as part of a national indicator of patient safety. Auditing looks at compliance – is the checklist completed with all the elements covered and ‘engagement’ of the operating room team members during the administration of the checks.

Results and Discussion:

National data from three quarterly collections from each DHB suggests high compliance and engagement when teams are audited by local auditors. Recent independent auditing showed the rating by local auditors was universally higher across a sample of DHBs. This suggests an element of unreliability of the locally generated results.

Data will be presented on the implementation and uptake of the programme, quarterly rating reports from each DHB against external rating and the ongoing work to identify the cause and significance of this variation.

Optimising interprofessional in Surgical Safety Checklist administration.

Tanisha Jowsey, Jennifer Weller, Kaylene Henderson

Background:

The World Health Organisation (WHO) Surgical Safety Checklist (the Checklist) is established in the operating room (OR) as a communication tool to promote sharing of important clinical information and more effective teamwork. The global implementation of the Checklist has seen significant reductions in surgery-related complications and mortality. However variability in the way the Checklist is administered can compromise these gains. New Zealand adopted a new approach to Checklist administration, aimed at promoting better engagement from all staff. We proposed that attitudes toward teamwork and interdisciplinary information-sharing could affect the quality of Checklist administration.

Methods:

We interviewed a representative sample of 45 clinical staff from four NZ hospitals (n=33) and one UK hospital (n=12) and undertook a thematic analysis of their responses.

Results:

Perceptions of the quality of administration of the Checklist varied between the OR staff and the external raters, and between the different professional groups within the OR team. A number of key themes emerged from the interviews, including specific enablers or road-blocks to more effective use of the Checklist and perceived benefits of the paperless, wall-mounted Checklist over other approaches to Checklist administration. Interviewees described levelling of hierarchies and facilitating

speaking up when the Checklist was used well, and negative impacts on staff and patient safety when Checklist administration was done poorly.

Discussion:

Patient safety interventions with organisational support have the potential to promote interprofessional collaboration. Understanding clinicians' attitudes and experiences can lead to more effective approaches to implementation.

References:

1. Ong APC, Devcich DA, Hannam J, Lee T, Merry AF, Mitchell SJ. A 'paperless' wall-mounted surgical safety checklist with migrated leadership can improve compliance and team engagement. *BMJ Quality & Safety* 2015.

Reducing treatment injury through Multidisciplinary operating room simulation (MORSim): a national team training initiative

Jennifer Weller, Kaylene Henderson

Introduction

Avoidable harm to patients through suboptimal medical care has attracted the attention of health care providers and funders. The contribution of teamwork and communication to adverse events is undeniable. Interest from central funding bodies keen to reduce costs and promote optimal patient care is beginning to translate into funding for interventions to improve teamwork. A pilot study of a multidisciplinary operating room simulation-based team training program in two large Auckland hospitals (MORSim) suggested this was a feasible option. We were able to demonstrate improved scores for team communication in pre-post observations of surgical teams in the work environment, and evidence of change in attitudes and practice from participant reports. The success of our pilot attracted major funding from the Accident Compensation Corporation, New Zealand's national funder for accidents, including treatment injuries. The funding is for implementation of the training across all District Health Boards (DHBs) in New Zealand.

Methods:

Building the evidence on effectiveness through research is a key component of ongoing funding and DHB participation. Our evaluation will include measures of patient outcome from the National Minimum Data Set, ACC claims data-base, measures of process including observations and surveys, and exploration of the implementation process itself and requirements for organisational and cultural change.

Discussion:

This ambitious team training intervention is novel in its national scope and potential to demonstrate a causal relationship between patient outcomes and a safety intervention. Quality improvement depends on sustained and complex interventions over time. With these two interventions working together we are aiming for a cultural change from individual to team competency? Along the way we hope to identify what change strategies seem to work, and how to better navigate the transition from error-prone to more resilient practice.

1F Selection/Preparation

Transitioning into medicine ... How can the experiences of stakeholders with doctors inform medical selection and education?

Marise Lombard¹, Gary Rogers¹, Arthur Poropat¹, Louise Alldridge²

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² Plymouth University, United Kingdom

Introduction/background:

The contribution of stakeholders to inform how candidates transition into medicine has been widely acknowledged yet undervalued. This study uses an innovative approach that calls for a greater inclusion of stakeholders in the medical selections and education debate.

Aim/objectives:

A phenomenological interpretive study was undertaken to reveal how stakeholder experiences of doctors can inform medical selection and education. Participants including doctors, patients, academics, health executives, clinicians, medical students, medical educators and community organisation representatives were purposively recruited for semi-structured individual or group interviews.

Results:

Although participants were asked about experiences that typified 'the good doctor', many spontaneously provided accounts of unprofessional and unsafe practice.

Patient participants primarily related doctor experiences that focused on human capabilities (including compassion, communication and humility) while clinician participant accounts reified professional expertise (including academic, clinical and ethical competence).

Discussion and Conclusions:

This study offers a unique contribution to address the complexity that continues to surround entry into and progression through, medicine for students, for medical education and health care delivery models and particularly for patients, families and communities.

The experiences of stakeholders – particularly those of patients – are therefore indispensable to informing our medical selection and education debate on a local, national and global scale.

Where do Fijian medical students want to work and why?

Sinead Kado¹, Louise Young², Sarah Larkins²

¹Fiji National University, Suva, Fiji.

²James Cook University, Townsville, Australia.

Introduction:

The doctor-patient ratio in Fiji is below the WHO recommended rate due to migration and most doctors in Fiji are located in urban centers.

Aim:

To explore attitudes to migration overseas and working in rural areas amongst medical students in Fiji and to correlate these to their socio-demographic details to inform admission criteria and incentives to stay.

Method:

A cross-sectional descriptive study was conducted. Questionnaires were distributed to students in years 1-3 at FNU. A mixed methods approach was used including Likert scales and open ended questions. Analysis of the data included frequencies, Chi-squared tests and thematic analysis.

Results:

61% (14/23) of rural students want to work in a rural area when they graduate compared to 29% (55/191) of urban students. The chi squared test showed an odds ratio of 3.76 and a p-value of 0.0048 indicating that urban students are far more likely to want to work in an urban area. Altruistic themes were identified in those who intend to work rurally.

Factors influencing intention to migrate were training opportunities, working conditions, career pathways, income, safety and quality of life.

Discussion:

Internationally medical schools have recognized other qualities needed in a doctor besides intelligence. FNU needs to discuss transitioning from a purely academic requirement for entry into medical school and work with the Fiji government to address the push and pull factors for migration and rural practice.

Conclusion:

Carefully selected medical students will be willing to stay and work in Fiji and rural areas if conditions are favourable.

Who they are, how they fare, and where they go – a review of selection process; medical student assessment; and location of junior doctor employment by regional post-graduate entry medical schools

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Introduction:

Demand for Australian medical schools is highly competitive, despite the increased number of places - primarily to train more rural doctors and stem the maldistribution of the Australian medical workforce. However, some argue medical school selection criteria are biased towards graduates who are more inclined to practice in metropolitan locations.

Aims:

The literature on admissions tests is conflicting - some note independent association between lower academic entry scores and intention to practice rurally.

The investigators aim to determine whether '**who they are**' (student selection results, attributes) and '**how they fare**' (academic/science and clinical assessment performance) has any relationship on '**where they go**' (junior doctor location).

Methods:

Deakin alumni consented to data collection: GAMSAT score, GPA, interview score, sex, age, previous degree, previous occupation, rurality, financial disadvantage, assessment data on 'knowledge/theory' and clinical assessment (OSCE). Analysis of variance (ANOVA) looked for correlation, particularly:

- i) selection tool and in-course assessment results,
- ii) whether any variable predicts for rurality in junior doctor location
- iii) whether graduates employed rurally demonstrate correlation with academic/clinical assessment

Results:

Data from 61 graduates was included. None of the study variables was determined to be significantly correlated with destination of junior doctor employment.

Discussion

Lack of correlation may suggest graduates were surveyed too early in their careers, given most training places are metropolitan rather than rural.

Conclusions:

This important work is broadening to include other regional graduates, with longer follow-up looking for correlation between who they are, how they fare and where they go *after* receiving specialist qualifications.

Transitions of Patient Centeredness in Australian Medical Students: The Role of Culture, Curriculum and Selection Criteria

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Context:

Previous studies have shown that patient-centredness may become eroded in medical students as they progress through training. Factors associated with more patient-centred attitudes include female gender, interest in primary care and curriculum structure. Although cultural background has been examined there is limited information related to cross-cultural analysis.

Objectives:

The primary objective of this study was to explore the differences in patient-centred attitudes between first and final year students in the context of an Australian medical school. Secondary objectives included clarifying the student factors associated with differences in patient-centredness.

Methods:

A cross sectional study was undertaken of 241 first and final year graduate Australian medical students. Student demographics were collected and the Patient Practitioner Orientation Scale (PPOS) and Tasks of Medicine Scale (TOMS) were utilised.

Results:

In total, 173 surveys were completed (72%). The mean PPOS score for the sample was 4.45 ± 0.13 . The mean TOMS Psychosocial sub-score was 3.8 ± 1.1 . No differences in patient-centredness were detected between students in relation to any measured demographics. No differences were detected between first and fourth year students.

Conclusion:

The degree of consistency in patient-centredness between years and across a range of demographic variables is an unusual finding in the context of previous studies. This may reflect a cultural phenomenon, as comparative data evaluating Australian students is limited. It may also reflect the particular selection criteria employed by the medical school as well as features of the medical schools curriculum, such as clinical rotations in private hospitals and an additional liberal arts education.

Preparedness for practice – what are we really measuring?

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²School of Community Health, Charles Sturt University, Orange, NSW

Introduction/background:

Preparedness for practice encompasses the degree to which one feels ready to employ a range of attitudes, skills, knowledge, and behaviour in a specific context. Investigations of graduate preparedness are mostly restricted to self-report measures. The Preparation for Hospital Practice Questionnaire (PHPQ) is frequently used to evaluate readiness to practice. The limitations of self-report surveys are well known, but less well reported is the premise on which decisions about these scales are made. The PHPQ has been utilised and adapted within a variety of health professions in Australia, New Zealand, Brazil, Bahrain, Pakistan, and Croatia with little verification of the validity and robustness against various bias (cultural, institutional, discipline).

Aim/objectives:

We examined the validity of the PHPQ against two cohorts of graduands in Physiotherapy – one of which had completed an integrated problem based learning curricula.

Methods:

Rasch analysis was used on the PHPQ which was implemented with minor discipline related modifications.

Results:

The sub-constructs measured did not align with the original PHPQ constructs and there was item redundancy which made it difficult to discriminate between students; The nature of the items made it easy for students to endorse the trait measured.

Conclusions:

The PHPQ should be considered a set of sub scales rather than a single trait. A reduced set of the original items, together with new items that discriminate further between students could constitute a more robust version of the original PHPQ. Grounding the items further in the discipline may be a more appropriate discrimination strategy.

Undergraduate medical course applicants' ratings of the value of a Situational Judgment Test (SJT) as a selection tool

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Introduction/background:

Candidate reactions to the SJT as a selection tool have been assessed in post-graduate medical selection, and teacher training, but not in undergraduate medical course applicants.

Methods:

MBBS applicants at Monash University completed an online 80 scenario SJT (N=503, 57.9% female, mean age 18.2 years, SD 0.49). Candidates rated the difficulty of the SJT relative to the Undergraduate Medicine and Health Sciences Admissions Test (UMAT). Face validity of the SJT was assessed via ratings of scenario relevance, suitability as a selection tool, and ranking of the SJT relative to the UMAT, MMI, and Year 12 score.

Results:

Most (72.3%) rated the SJT as easier than the UMAT, and 70% could relate to the SJT scenarios. Nearly all (91.1%) rated the SJT questions as relevant for medical course selection, with 66.5% rating the SJT as a suitable selection test. MMI was ranked as the most useful selection tool by 56.4%, with 31.6% nominating Year 12 score. The UMAT was ranked as the least useful selection tool by 45.5%, and the SJT by 23.6%. Candidates preferring the UMAT found the SJT repetitive, and lacking in variety of item type. Candidates preferring the SJT enjoyed the test, its shorter test time, realistic scenarios contextualized in medicine, and perceived relevance to future practice.

Discussion/Conclusion:

This study provides evidence of higher face validity of the SJT relative to the UMAT, but not the MMI or Year 12 score. Despite their young age, most candidates were able to relate to the medically contextualized scenarios.

1G Learning – Clinical

Guiding student transition to clinical learning through community immersion

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Introduction:

Transition from campus-based to clinical learning creates a critical juncture in a medical curriculum. At Western Sydney University, this juncture occurs in Year 3 and is signified by a shift from scheduled, problem based learning style to immersive, opportunistic learning. In our teaching of Social Determinants of Health, students shift from lectures and class-based group work to immersion in placements at community-based health services in the 10-week Medicine in Context (MiC) program.

This immersive program enables students to learn directly from communities about the broader context of health and illness.

Aim:

To discuss how the MiC program guides students' transition to clinical learning by integrating medical and social aspects into a holistic perspective on health and illness.

Discussion:

MiC academics and community supervisors work collaboratively to instil a holistic view of health through the MiC program of placements, debriefs, tutorials and community-facilitated workshops. Throughout the program, MiC immerses students in community settings and challenges students to integrate the SDH framework to clinical cases. Most students are open to the broader learning opportunity in MiC and demonstrate positive changes in their approach to patients after MiC. A few students resist community-based learning and question its relevance; preferring more structured learning experiences as in earlier years.

Issues for discussion:

We will discuss challenges for the MiC program and lessons learned in supporting students who struggle in their transition from pre-clinical to clinical years; supporting community supervisors; and integrating clinical and non-clinical learning.

Thrills and spills of transition: A photo elicitation study of medical students' experiences of clinical "firsts"

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Background:

Clinical training relies heavily on immersion experiences, which are known to have the ability to both foster and inhibit learning, depending on how students make sense of new events. Little is known, however, about this student sense-making. Given the powerful socializing force of early immersion experiences, educators require greater insight into how students make sense of them, and the influence of this sense-making on their learning.

Aim/objectives:

This photo elicitation study explored an inaugural cohort of medical students' experiences of transition from classroom to clinical environment.

Methods:

Following institutional research ethics approval, 30/54 third-year students consented to participate. Each student submitted ~10 photos with narrative captions representing positive and challenging transition experiences, which were explored in a follow-up interview. Photo and interview data were analysed for recurring themes.

Results:

Clinical "firsts" emerged as a dominant theme in 49 student photos. Clinical firsts ranged from general descriptions of their first exposure to the ward, to specific reports of a first procedural attempt or patient encounter. Students' emotional characterisations of these experiences ranged from thrilling to disappointing.

Discussion:

When students make sense of their clinical firsts, their reports reveal an emotional stance to the experience. The relationship between emotional stance and learning appears to be complex. For instance, disappointing experiences appear to have potential to both foster and inhibit learning.

Conclusions:

Clinical “firsts” are not only cognitive or technical but also emotional experiences for medical students. Further research is required to understand the relationship between the emotional meaning and the learning arising from these early immersive experiences.

Students’ learning experiences in the Safe and Effective Clinical Outcomes clinic and its role in the transition to clinical practice.

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Introduction/background:

The Safe and Effective Clinical Outcomes (SECO) clinic simulation was designed to allow medical students to learn from adopting the doctor role in a high fidelity environment. Previous work identified key learning themes from thematic analysis of students’ reflections.

Aim/objectives:

To look for evidence of students using their learning from the SECO clinics in their trainee intern (TI) clinical practice.

Methods:

25 of 50 students consented to participate in a focus group. We followed a script to ensure consistency across the six groups. After general discussion about what helped prepare them for TI year, students answered two written questions (unprompted recall): Are there any things that you learned from the clinics that have made a difference in practice as a TI? Can you recall any of the cases from your SECO clinics that you saw? Following discussion, students were then given a list of selected themes from previous SECO research and asked if they held some meaning.

Results:

From SECO students learned about: asking for help when uncertain, projecting confidence, doing the whole consultation, learning from mistakes, safety netting and red flags. Their comments suggest a longer-term impact of their SECO learning on clinical practice.

Discussion:

There’s diversity in what individuals learn from the ‘same’ cases. Students valued patients’ feedback and information on patient outcomes as feedback on performance. How can we assess the influence of learning on practice? How justified are we in making assumptions about learning from SECO?

Conclusions:

The SECO clinic assisted with their transition from medical student to practising TIs.

Is it really white space? Students’ descriptions of informal workload outside the scheduled curriculum.

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Introduction/background:

Curriculum planning in medical education attempts to balance the volume of learning with the promotion of student wellness. The strategy of building 'white space' into the curriculum is believed to support both self-directed learning and non-medical activities.

Aim/objectives:

To understand how curriculum 'white space' is used by medical students as they transition into the clinical setting.

Methods:

As part of a photo-elicitation study exploring third-year medical students' early experiences in the clinical learning environment, 24 students submitted photos with narrative captions representing transition moments. Students were interviewed about their photos, and a thematic analysis of photos and interview transcripts was conducted.

Results:

A recurring theme in the photos was depictions of students' activities outside the scheduled curriculum. This included arriving to hospital early to ensure clerking opportunities, staying late to prepare morning case presentations, and working into the night to revise and transcribe notes from the day. Students were matter-of-fact in their acceptance that this extended schedule was not only their new reality, but essential for ensuring their success.

Discussion:

There appears to be a mismatch between the curriculum-as-planned by educators in the medical school and the curriculum-as-experienced by students in the clinical setting. This mismatch centers largely on the length of the day, with many students reporting a daily schedule hours longer than the formal schedule. Students accepted this difference largely without question, sacrificing not only 'white space' and personal interests but also sleep and social connections.

Conclusions:

Curriculum planners' attempts to balance learning and wellness for medical students may be diluted by the culture of work in clinical settings.

Opportunities for Learning: the Intersection of Location, Artefacts and the Rhythm of the Clinical Environment on a General Medical Ward.

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Introduction/background:

While previous studies have demonstrated that health care practitioners learn through experience in clinical environments and that supervision is a key component, how that learning occurs outside the supervision relationship remains largely unknown. In 2015/16 we undertook a study to identify and describe the environment (physical, spatial, temporal and sociocultural) aspects that inform and support workplace learning within a clinical environment.

Aim/objectives:

To uncover contexts and practices, that may be tacit

To describe how the environment offered opportunities for participant engagement.

Methods:

An observational study was undertaken in a general medicine ward. Through an ethnographic lens, general purpose thematic analysis of the field notes was undertaken.

Results:

From the 376 documented observations, our evidence suggests that place (location of interaction), rhythm (regularity of activities that occurred in the ward), and artefacts (objects or equipment) were strong influences on the interactions and exchanges that occurred. Each of these themes had inherent tensions that could promote or inhibit engagement and learning opportunities.

Discussion:

This study allowed us to describe and make explicit how the natural environment of a medical ward contributes to the learning architecture and therefore creates or inhibits opportunities for learning.

In this presentation we will share both results from the study and tips for practitioners as to how place, rhythm and artefacts can be harnessed to optimise learning.

Conclusion:

Awareness of learning opportunities were often tacit for both supervisor and learner. We will share strategies (as teacher and learner) through which tensions may be resolved and learning opportunities maximised.

Is the clinical workload on placement preparing students for their transition to the workforce?

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Introduction/background:

Clinical placements allow students to transform theoretical knowledge into practice, however there is limited research identifying student activity on placement. Whilst evidence exists regarding the workloads of health professionals, there is limited quantitative data identifying student workloads.

Aim/objectives:

To investigate the clinical and non-clinical workload of students on placement compared with new graduates to determine their preparedness for clinical caseloads as they transition into the workforce.

Methods:

Participating physiotherapy students (n=133, 665 weeks) recorded their clinical (number and length of occasions of service) and non-clinical activities daily. Data was collected from five Queensland hospitals (differing geography and peer groups) across three, 5-week placement blocks in January-May 2016 in cardiorespiratory, musculoskeletal and neurorehabilitation. Comparator data from new-graduate physiotherapists (n=18, 109 weeks) was also collected from the same hospitals and clinical areas.

Results:

Students spent 53% of placement time engaged in clinical care activities and 47% in non-clinical activities predominantly self-directed learning/reflection; receiving feedback; attending tutorials and work-shadowing. In comparison, new-graduates spent 73% of time engaged in direct, and 27% in non-direct, clinical care activities. In the final week of placement students completed 52% of the total number of occasions of service completed by new-graduates and took 41% longer to complete each occasion.

Discussion/Conclusions:

A key in transition to the workforce is the greater proportion of time (and number of occasions) spent by new-graduates in direct clinical care activities with a concomitant decrease of length for each occasion of service. Understanding and responding to the change in workload from student to new-graduate will assist health services develop innovative learning opportunities and support transition to the workforce.

1H PeArLs

Medicine in degrees: can medicine be studied part time?

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Introduction/background:

With the majority of medical courses in Australia being graduate entry medical schools now have a diverse range of students at different life stages. Students can face a wide variety of external pressures that can make studying an already challenging course even harder. These challenges include having children, supporting families and financial hardship. Medicine and junior doctor training are only offered as full time options. At Flinders University some short term part time programs have been developed for students via a Student Affairs Committee. These programs have had varying degrees of success and demand seems to be increasing.

Purpose/objectives:

To explore if part time programs have been offered at other medical schools or other health degrees.
To explore and understand the barriers and outcomes of part time programs.
To explore what educational governance other institutions have that consent and manage part time students.

Issues/ questions for exploration or ideas for discussion:

Has your course offered part time programs and in what circumstances?
What are the barriers in offering part time programs?
What have been the outcomes of any part time programs?
What are the educational governance structures to consent and manage part-time students in other courses?

Acting skills training for health professional students and practitioners: theory, justifications and grounding.

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Background:

Acting skills workshops have been run by members of the Sydney Arts and Health Collective in a number of settings (medical schools and hospitals in Sydney and Singapore) with health professional students, trainees, and clinicians. They aim to help participants develop positive professional qualities and interpersonal skills to be more grounded in aiming for their aspirations in health care and to deal with challenges in the healthcare setting.

Purpose:

The purpose of this PeArLs session is to briefly introduce the work of our Collective (including a brief activity from our workshops); to outline similar work being done in the UK and New Zealand; and to open a discussion on interactive drama activities in achieving the goals of health professional training, with a particular focus on a theoretical grounding for this work.

Issues for exploration:

Through a process of guided interactive discussion, we will explore two main issues. One of these is the effectiveness of acting skills in developing positive professional qualities, attitudes and behaviours and we will welcome participants' experience in this area. The second and major focus is an open enquiry and search for justifications for this work, both from acting theory (including Russian Stanislavsky and Augusto Boal from Brazil) and a philosophical grounding drawing on philosophers (including possibly Spinoza, Merleau-Ponty, Haraway, Deleuze and/or Foucault) who acknowledge the importance of embodied learning and understanding.

Concurrent sessions 2A-2H**2A Symposium****Developing students' evaluative judgement through assessment and feedback**

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Introduction/background:

How does a student come to an understanding of the quality of their efforts, and make decisions on the acceptability of their work? This requires appraisal and so necessarily requires an understanding of standards or quality. The capacity for 'evaluative judgement', or being able to judge the quality of one's own and others' work, is necessary not just in the current task, but for learning throughout life. This symposium proposes 'evaluative judgement' as an integrative concept that underpins existing pedagogical practices in the health professions.

Aim/ objectives:

The objectives of this symposium are: 1) to discuss the definition and value of evaluative judgement as an integrative concept 2) to explore its development within healthcare across the undergraduate and postgraduate continuum; and, 3) to re-conceptualise assessment and feedback practices in light of evaluative judgement.

List of Presentations:

Rola Ajjawi, Developing students' evaluative judgement: What and how

In this paper, I trace the origins and development of the term "evaluative judgement" to form a concise definition, then describe how existing pedagogical practices in the health professions (e.g., self-assessment, peer-assessment, feedback, rubrics and use of exemplars) may contribute to the development of evaluative judgement.

Joanna Tai, The role of peer assisted learning in developing evaluative judgement

Undertaking learning activities with peers provides students with opportunities to practise and therefore develop their evaluative judgement capabilities. In this paper, I will present empirical evidence from studies in undergraduate health professions education, on how peer observation and feedback contributes to the development of evaluative judgement.

Liz Molloy, Verbal feedback as a vehicle for developing evaluative judgement

In this paper, I present the results of our most recent studies of feedback in the workplace, highlighting the scarcity of educator invitations for learner self-evaluation, and the pattern of resistance learners displayed in response to these cues. When both parties offer their perspectives on performance quality, there is an opportunity for calibration of judgement.

Charlotte Rees, Understanding evaluative judgment through junior doctors' preparedness for practice narratives

In this paper, I will explore what evaluative judgment means within the context of novice professional practice in the UK Foundation Programme, and how narratives can reveal the processes of evaluative judgments in medical trainees. I do this by analysing narrative excerpts from our GMC-funded study on junior doctors' preparedness for practice.

Discussion:

- What is the value of reconceptualising the purpose of assessment and feedback as being about developing evaluative judgement?
- How might existing assessment structures be redesigned in order to develop evaluative judgement?
- How might we research and track the development of evaluative judgement in health professions education?

2B Focus on Nursing & Midwifery**Clinical nurse educator role and leadership influence on the graduate registered nurses transition to practice**

Tracey Coventry¹, Dr Kylie Russell¹

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Introduction/background:

Theoretical and anecdotal evidence suggest the presence of the supernumerary clinical nurse educator (CNE) in the acute care hospital will affect patient safety outcomes positively. In this study the graduate registered nurse (GRN) was used as a lens through which the impact of the CNE role and leadership was evaluated.

Aim/objectives:

The aim of this research was to articulate the impact of the supernumerary CNE role and leadership on GRNs' patient outcomes.

Results:

The value of the supernumerary CNE to GRNs' patient outcomes was in their availability and influence as an educator and patient safety advocate at the frontline of care and congruent leadership style. Constraints affect role performance and leadership influence.

Discussion:

The CNE educator has an influential, resource rich presence offering experiential learning opportunities significant to the GRNs' successful transition to practice and clinical confidence. The GRNs' patient safety and quality of care is connected to the CNEs' translation of evidence based care theory, policy and procedure at the frontline of care. The CNEs' clinical leadership role is associated with congruent leadership style; collaborative and passionate about quality patient care. The value of the CNE role and leadership is limited by financial constraints, role absences and role suitability.

Conclusions:

The CNE was identified as an influential, positive presence impacting the GRNs' quality of patient care in their first year of nursing through their educator role, patient safety support and congruent clinical leadership. Role constraints reduce the value of the CNE role and leadership and affect the GRNs' successful completion of graduate programme.

Exploring the impact of a Community of Practice on the social construction of nurse educator identity and practice through participatory action research

Andrew Woods¹, Andrew Cashin¹, Lynette Stockhausen¹

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Introduction/background:

International research has reported that nurses struggle to transition to educator roles. Nurse educators experience feelings of isolation, lack mentorship and role transition support as well as time to engage in education scholarship or academic collaboration. Associated with these issues, an absence of identity has been linked to educators being unable to authenticate their professional status or clearly establish roles as teachers. A recent study of nurse educator practice from regional

Australia reported; low levels of role satisfaction linked to levels of autonomy and multiple governance tiers, a lack of educational philosophy in relation to teaching activity, and a disconnect from the academy as a source of professional support and development.

Aim/objectives:

Building on an initial baseline inquiry, this research aimed to explore the impact of a professional community of practice on the social construction of nurse educator identity and practice.

Methods:

Twenty two (n=22) nurse educators participated in action research cycles associated with the formation of a new community of practice. A participatory action research approach utilising mixed methods was used including interviews, surveys, recordings of action meetings and reflective journals. Qualitative data was analysed using QSR's Nvivo10 and quantitative data using SPSS v20.

Results:

It was found that engagement with the community of practice activities was associated with shifting identities (nurse to educator) and enhanced educator capabilities.

Conclusions:

For this group of health educators, participating in a professional community of practice resulted in meaningful and purposeful change.

Nurse Managers' perceptions of simulated learning to address education and training in the clinical environment: An examination of the barriers and enablers.

Louise Botha¹

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Introduction/background:

Simulation is recognised as a safe and effective way to teach healthcare practitioners. In Australia, there has been a renewed focus in the last decade on both increasing the use of simulation modalities and generating evidence to support continued increase in the use of simulation with a focus on undergraduate healthcare students. There is evidence on the challenges academics face when implementing simulation but it is unknown whether nurse managers in the clinical environment experience the same challenges in implementing simulated learning activities.

Methods:

This was a qualitative study using semi-structured interviews conducted with nurse managers working in the public sector.

Results:

Three themes identified barriers to using or increasing the use of simulation in the clinical environment and relate to infrastructure and resources, realism in simulation and concern regarding the potential dangers in simulation. Three themes identified enablers that facilitate the use of simulation include linking to key strategic objectives of the organisation, having a lead to guide others and access to equipment and education.

Discussion:

The study provides insight into practices that promote managers to support using simulation in the public health sector and allows for an examination into obstacles encountered. These findings are important if the region is to expand the simulation capability within health service organisations in the next five years.

Conclusions:

The implementation and continued use of simulation modalities is complex within a health service and requires a well-planned approach to the delivery of sessions together with appropriate support for educators to do so.

Overseas qualified nurses' transitions to Australian clinical communication

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³Deakin University, Australia

Introduction/Background:

While overseas qualified nurses (OQNs) face enormous challenges in clinical communication during early transitional phases to the new workplaces, little is known about OQNs' perspectives of this issue.

Aim/objectives:

To examine the barriers and enablers of clinical communication transition experiences of OQNS from their perspectives.

Methods:

This qualitative study involved semi-structured interviews of OQNs (males=2, females = 8) employed in acute and semi-acute clinical settings, at a major metropolitan hospital.

Results:

Two major themes were identified, comprising pre-existing attributes emerging as barriers and enablers; and, development of communicative competence and its impact on future career path. OQNs perceived attributes such as positivity, patience, courage, and loyalty as enablers of intercultural clinical interactions in a new country. Their country of origin characterised by cultural and power hierarchy, and by having English as second language contributed to communication anxiety, hesitancy, and underperformance in speaking activities where senior colleagues were present. OQNs who were able to immerse themselves in an Australian culture prior to transitioning as a registered nurse, found diminished levels of communication anxiety and hesitancy at workplace, and had greater confidence in taking on higher duties in the work place.

Discussion:

Communication anxiety, hesitancy relating to cultural hierarchy; and, English language inadequacies hinder OQNs from effectively engaging in situations that require advanced communication skills.

These barriers dominate, regardless of OQNs' sound clinical and procedural knowledge, and skills.

Conclusions:

In their transition to the Australian workplace, OQNs experience language and communication difficulties, lack of understanding of the local culture, with only minimal support to resolve these difficulties. These difficulties are associated with professional consequences for career progression of OQNs.

Enhancing students' confidence, competence and knowledge with Integrated Skills Challenge

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Introduction/background:

In today's complex healthcare environment, new nursing graduates are expected to master nursing skills in a timely manner and become critical thinkers with the capacity of solving complex healthcare problems efficiently. The increased complexity of the clinical setting requires competence-building begin in introductory courses, establishing foundational skills for critical thinking and prioritisation. In the healthcare professions, teaching and learning methods are focused on integration of clinical knowledge and skills. However, traditional teaching and learning methodologies do not always facilitate the development of a requisite level of these clinical skills. For the Master of Nursing Studies (MNSt) students whose program is shortened this means the acquisition of these skills must be achieved more rapidly.

Aim/objectives:

The purpose of this study is to investigate the feasibility of developing simulation scenarios (Integrated Skill Challenge [ISC]) as a supplemental teaching-learning strategy to enhance the transfer of student self-confidence and competence to the clinical nursing environment.

Methods:

To examine potential effects of ISC on the MNSt students, a pilot study was conducted including 52 participants. Data were collected weekly over 11 week period by using pre and post-test design.

Results:

Analysis showed a significant increase in the confidence, competence and knowledge. Confidence, competence and knowledge scores increased when students were pre-loaded with knowledge prior to performing in the ISC. Results generally indicated that the ISC had the anticipated effects.

Conclusions:

This study reveals a high feasibility of developing simulation scenarios as an active learning methodology and that it should be developed further and piloted on a larger sample.

Developing reflective capacities in midwifery students

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Introduction:

The capacity to reflect underpins professional judgement and ethical awareness and is an essential part of professional midwifery life. Developing reflective capacities is therefore an important, but often overlooked component of curriculum. At Flinders University, students' capacity to reflect is demonstrated through writing at the completion of a workplace based model known as Continuity of Care Experiences (COCE). It was evident that much of the students' writing was descriptive rather than reflective, providing poor evidence of their reflective capacity.

Aim:

This project sought to improve student's capacity to reflect on practice through written reflections on the COCE.

Methods:

A mixed-method education design research approach was used. Students were provided with guidance and support on how to use the Holistic Reflection Model to structure their written reflections. During a 12-month period students written reflections completed before and after the introduction of the model were evaluated using a rubric. In addition, focus group discussions were conducted across all three-year levels to explore student's perceptions of how they developed their reflective capacities.

Results:

Students valued the holistic reflection model as it gave guidance and structure for their reflective thinking and writing. Overtime, some students began to adapt the model and develop their own style of reflection. The introduction of the model made a significant improvement in the written reflections for the COCE across all years.

Discussion/Conclusion:

The project has demonstrated that the use of a structured model of reflection guides and enables students to demonstrate their capacity to reflect on practice through their writing.

2C Transition to Workplace

One of Us: The Values and Beliefs that Underpin a Paramedic Internship

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Introduction/background:

In Australia each state-based ambulance service has its own internship program, therefore if a paramedic moves interstate they are required to redo an internship. Given there is no difference in the roles undertaken, there must be other reasons for this need.

Aim/objectives:

The objective of this study is therefore to explore the values and beliefs that underpin the expectation of state-based internship from the perspective of organisational and national culture.

Methods:

Semi structured interviews were conducted with six major stakeholders of an internship and interpreted using organisational and national cultural dimensions derived from the work of Hofstede and Waisfisz.

Results:

Eight core themes were identified, layered according to the people that hold the greatest influence over the theme and discussed using the study's interpretative framework (cultural dimensions). These core themes describe the concerns respondents held over elements around the paramedic internship, and include attitude, education, communication, organisation, the internship, recruitment and selection, the profession and culture.

Discussion:

Understanding dominant cultural insights of the ambulance organisation allows the interpretation of the results into a meaningful picture. Cultural insights include the balance between risk aversion (policy/procedure) versus risk taking (the unknown work environment); structure (militaristic) versus independence (autonomy); hierarchical power relationship and competency power relationship, and finally indulgence (socialisation for organisational acceptance) versus restraint (becoming a professional).

Conclusions:

These highlight the importance to the individual organisation for a prolonged observation period to 'get a feel' of the balance exhibited by paramedic interns when navigating these cultural dimensions until they are considered 'one of us'.

“A steep learning curve”: junior doctor perspectives on the transition from medical student to the health-care workplace.

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Introduction/Background:

The transition from medical student to junior doctor is challenging, and recent changes in clinical learning environments may reduce graduate preparedness for the intern workplace. Although manageable challenges and transitions are a stimulus to learning, levels of burnout in junior doctors are concerning.

Aims/Objectives:

To understand contemporary junior doctor perspectives on this transition, in order to prepare and support medical graduates.

Methods:

Final-year University of Queensland medical students interviewed junior doctors working in diverse hospital settings about their transition to the hospital workplace. Two clinical academics (NS and JT) and an intern (ZT) independently conducted a descriptive analysis of interview transcripts, before reaching agreement by consensus on major categories and emerging themes.

Results:

Three key themes emerged from the analysis of 15 interviews: internship as a “steep learning curve”; relationships and team; and seeking help. The intern transition was described as physically, mentally and emotionally exhausting. Junior doctors learn to manage long days, administrative and clinical tasks, frequent interruptions and time pressures; identify priorities; deal with criticism without compromising key relationships; communicate succinctly; understand team roles (including their own status within hospital hierarchies); and negotiate conflict. Participants emphasised the importance of seeking help to manage patients, but appeared reluctant to seek help for personal issues.

Discussion & Conclusion:

Findings may assist educators in refining their intern preparation and intern training curricula, and assisting with the organisational and relational challenges facing junior doctors and their health-care teams. Workplace support and teaching, especially from junior colleagues, is highly valued during the intern transition.

Preparing final year medical students for the transition into Internship

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Introduction/background:

Phase 4, the capstone of the Wollongong Medical programme includes a 6 week pre-internship (PRINT) term where students shadow an intern and participate in a teaching program.

Aim/objectives:

The aims were to evaluate the individual components the PRINT term at Wollongong and Shoalhaven hospitals.

Methods:

At the conclusion of Phase 4, four consecutive student cohorts (2012 – 2015, Wollongong n=176, Shoalhaven n=52) evaluated the overall PRINT experience; the clinical experience; the teaching program, using a 5 point Likert scale with 1 Very Poor and 5 Excellent. Data is presented as mean rating.

Results:

Overall the PRINT term was highly rated at both Wollongong and Shoalhaven hospital (rating 4.1). The clinical experience during PRINT was consistently rated as very good (rating 4.1 Wollongong, 4.2 Shoalhaven). Initially (the first 2 years) the teaching programme was rated as satisfactory in Shoalhaven (rating 2.8) but as good in Wollongong (rating 3.8). In the last 2 years the teaching programme in Shoalhaven was expanded to include video conferenced didactic lectures which increased the rating of the Shoalhaven teaching program (rating 3.5).

Discussion and Conclusion:

The PRINT term is an important element of the Phase 4 capstone subject. Together the clinical experience and teaching components are valued by the students in their preparation for the transition to internship. A comment from one of the graduates relating to their preparation for internship was that “because of our PRINT term, there were no surprises when we became interns because we knew what was coming.”

Does the Pre-internship Program meet its Objective; Lessons Learned from a Quality Assurance Review

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¹Deakin University, Ballarat, Australia

Background:

Medical graduates' perceived preparedness to practice is well documented throughout the literature. To maintain a contemporary medical curriculum an informal needs analysis was conducted with past graduates. In response, a 6 workshop Pre-Internship Program (PIP) was developed and implemented over two years during the pre-intern rotation of final year medical students (n=40).

Aims:

This Quality Assurance Review sought to identify if the intended program outcomes matched the participants' needs analysis and if their learning needs were met.

Methods:

Students (n=40) were anonymously surveyed after workshops using a 5-point Likert Scale to establish confidence of preparedness to practice, with separate sections for students to highlight personal limitations. In addition, students were surveyed for their key take home messages at the completion of workshops as indications of their learning. Descriptive statistics were used to demonstrate any change in student confidence across the program with thematic analysis from the written comments identifying key learning concepts.

Results:

The themes from the students' weekly key learnings formed three key concepts which were the foundations of the curricular design and centred on Patient Safety; The Doctor, The Administration, and The Hospital. At the completion of the program students reflected and identified now known unknowns.

Conclusions:

This six week pre-intern program was designed and implemented to prepare the pre-intern in their graduating year. Although these medical students were aware of some of the administration challenges in practice they were able to identify known unknowns at the completion of the program.

Emergency Trainees' Perceptions of the Utility of the One- Minute Preceptor Teaching Tool in the Emergency Department.

Phyllis Fu¹

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Introduction/background:

The **One- Minute Preceptor (OMP)** teaching model is a 5-step tool which involves identifying the needs of each individual learner, teaching and providing feedback, while simultaneously obtaining important aspects of the patient's history and examination. It promises to be efficient, patient and learner- centred in a time and resource- poor environment. However its user- friendliness remains to be tested on the Emergency Department clinical floor.

Aim/objectives:

This study sets out to investigate Emergency Trainees' (registrars) perceptions and experiences of the utility of the OMP.

Methods:

10 Emergency trainees, all previously trained in the use of the OMP, were recruited purposively. Participants filled out a 3- question questionnaire at the conclusion of each night shift where they

opportunistically used the OMP as supervisors. The questionnaires were coded and thematically analysed.

Results:

Four main themes emerged from the completed questionnaires. 1. OMP can be a flexible educational opportunity, 2. OMP empowers the registrar educator, 3. OMP diagnoses the resident learner, 4. OMP ensures patient-centred care. The 4 main themes have an intricate connection and influence on each other. The OMP can positively impact the interactions between patient, registrar and resident.

Discussion:

Results of this study show that Emergency trainees' perceive the OMP as a teaching tool which can present multiple advantages to clinical interactions and patient care when used in a flexible manner.

Conclusions:

When adapted to the user, learner, resource and environment, the OMP as a teaching tool can be a nexus to clinical relationships, bridging gaps between the patient, registrar and resident.

Developing community placements for new graduates that address skills gaps and open up career options

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²Unitec, Auckland, New Zealand

Introduction/background:

In 2014 the Medical Council of New Zealand implemented the New Zealand Curriculum Framework for Prevocational Training requiring all interns to complete a clinical attachment in a community based setting by 2020.

In order to meet these requirements the Canterbury Medical Education Training Unit developed a carefully evaluated pilot of general practice rotations which influenced further design and implementation. This evaluation provided a vision for the future design of a range of community placements. We aim to provide attachments that promote understanding of an integrated health service, and specifically target areas of practice where national workforce shortages have previously been identified. Areas highlighted for further development are: interdisciplinary knowledge, familiarity with community agencies, managing physical space requirements, developing a wide pool of learning opportunities, and aligning with co-existent training programmes. We are now seeking to offer a range of flexible, innovative attachments offering various learning opportunities that enhance co-operation between disciplines and between primary and secondary services.

Purpose/objectives:

All disciplines are looking for avenues for placements outside the traditional inpatient environment and to introduce novice practitioners to a wider range of career options.

Issues for exploration and discussion:

In this PeARL we invite discussion about options for creative community placements that expose interns to aspects of healthcare which they have previously had minimal exposure to. We wish to identify ways to not only increase their skill base, but also to highlight ambulatory care models, interprofessionalism, and future career pathways, particularly in areas of identified need.

2D Focus on Asia

Perspectives of Health Professional Education in Myanmar

Myat Thandar

University of Nursing (Yangon)

Introduction/background:

Availability, accessibility, acceptability and quality of health workforce is an important determinant in achieving Universal Health Coverage. In Myanmar, 70% of the population live in the rural area, township health units serving as the backbone of the health system. Various categories of health professionals are produced by 15 health professional training institutions and 50 nursing and midwifery training schools which are under the Ministry of Health and Sports. Transformation of health professional education and rural retention are two important moves in the educational reform.

Aim/objectives:

The objective is to share the situation of health professional education in Myanmar.

Discussion:

Shortage of health workforce especially nurses is a restraint on effective health care delivery. About 1500 doctors, 2300 nurses, 300 each dentists, pharmacists, medical technicians, and 200 health assistants are produced each year. The undergraduate medical program was restructured to introduce an early clinical exposure, and to integrate ethics, humanity and professionalism in all grades. Undergraduate nursing programs were revised following the competency guidelines for the practicing nurses. Inadequacies in infrastructure, experienced trainers, clinical space and funding are the bottlenecks for increasing the production of qualified graduates. Quality assurance of graduates and academic programs whilst stepping up the production to meet the workforce demand is challenging for health professional institutions.

Issues/questions for exploration or ideas for discussion:

Are the health professional training institutions doing enough? Who will decide? And on what basis? And the road ahead!

How patriarchal culture impact the emergency care in an Asia Context – a qualitative analysis of postgraduate year one trainees' perceptions

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Introduction/background:

Asian societies have been characterized as patriarchal which poses challenges for medical practice, especially in emergency medicine (EM) where quick decisions are made for patient care. There is a paucity of literature on medical patriarchy in EM including decision-making power in patients' families and its impact on patient care. Such an understanding is required for us to achieve gender-sensitive care.

Aim/objectives:

We aimed to explore how patriarchal culture impacts emergency care in a tertiary medical center in Taiwan.

Methods:

A qualitative study analysing 410 postgraduate year-one residents' narratives of gender issues observed during their one-month EM rotation in Taiwan. Narrative theory underpinned the thematic analysis.

Results:

Twenty-seven of the narratives were on patriarchy, which made of the top five issues that were observed at the EM. Of these, 24 (88.9%) highlighted the gender imbalance in decision-making among patients' families, with one each on isolation, powerlessness and neglect. Female family members deferred decision-making to males, citing men as the head of the household. Even so, decision-making was impeded by disagreements between female and male family members or nonchalance.

Discussion

Understanding patriarchal culture is important to ensure smooth healthcare delivery in EM. The majority of residents exhibited gender-consciousness by detailing cultural explanations on patriarchy such as legal implications on delaying decision-making and highlighting enhancing communication to overcome gender inequality issues in EM.

Conclusions:

EM protocols should be developed to assist physicians in situations when patriarchal culture impinges on decision-making. Enhancing communication is one measure for achieving gender equality on medical patriarchy.

Comparisons of attitudes and behaviour toward study between students participating a project entitled “Direct experience in early clinical exposure of preclinical students conducted by senior clinical students” and non-participating students

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¹Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok, Thailand

Introduction/background:

The project conducted by clinical students aimed to promote early exposure to direct clinical experience of the second year preclinical (PRECLINIC2) students by attending 1-3 clinical rotations in medicine/pediatrics/surgery/obstetrics&gynaecology/anesthesiology/emergency medicine.

Aim/objectives:

To determine attitudes and behaviour toward study between participating and non-participating students.

Methods:

Questionnaires were sent to the first clinical year students, with 83.86% (265/316) being returned. Information regarding attitudes and behaviour of students including motivation to study medicine (MOTIVATION), realization of application of preclinical knowledge in clinical study (APPLICATION), understanding of clinical environment (ENVIRONMENT), and lesson review after class (REVIEW) at the time before (BEFORE) and after (AFTER) the project in PRECLINIC2 and after completion of the first semester of the first clinical year (CLINIC1) was collected.

Results:

APPLICATION was comparable at BEFORE but higher in participating than non-participating students at AFTER and CLINIC1. MOTIVATION was comparable between participating and non-participating students at BEFORE and CLINIC1 but was higher in participating students at AFTER. ENVIRONMENT was lower at BEFORE, higher at AFTER, and comparable at CLINIC1 in participating compared with non-participating students. REVIEW was comparable at BEFORE and AFTER but was higher at CLINIC1 in participating compared with non-participating students.

Discussion:

This project could enhance APPLICATION, MOTIVATION, ENVIRONMENT and REVIEW in participating than non-participating students at AFTER and/or CLINIC1. Effortless and intimate communication between clinical and preclinical students and direct experience in early clinical exposure might be the key success factors.

Conclusions:

Early and direct clinical experience effectively promoted APPLICATION, MOTIVATION, ENVIRONMENT and REVIEW in preclinical students.

Assessment of English Language Proficiency Scores and Academic Performance in an English-based Curriculum for Pharmacy Students with English as a Second Language

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³ College of Pharmacy, Qatar University, Doha, Qatar

Introduction/background:

The diversity of students admitted into healthcare education programs and the international adoption of Western structured curriculums delivered in English are increasing. English proficiency tests are often a component of admission criteria, which is also the current practice for Hong Kong pharmacy schools.

Aim/objectives:

The primary objective was to determine if there is a relationship between English language proficiency and Grade Point Average (GPA) in pharmacy students with English as a second language (ESL).

Methods:

Students graduating from the 4-year program in 2016 and 2017 were invited to participate in the study. We compared pharmacy students' pre-admission ESL scores to their cumulative GPA at graduation. Correlation of GPA to Mathematics and Native language (Cantonese) scores were used as points of reference to gauge the degree of correlation.

Results:

Eighty-nine students participated in the study. Initial statistical analyses show a poor correlation between pre-admission ESL scores and cumulative graduating GPA ($r=0.2408$). Though still weak, the pre-admission Mathematics scores demonstrated a stronger correlation to cumulative graduating GPA than English language scores ($r=0.3265$). More data will be available upon summer 2017 graduation.

Discussion:

This study provides evidence that ESL proficiency scores weakly correlated with academic performance. Competent ESL skills are likely needed, but a higher degree of fluency does not appear to provide additional benefit.

Conclusions:

ESL exam scores in the study population demonstrated a weak correlation with academic performance. Further study is needed to determine if these findings are reproducible as based on our literature search, it is the first study of its kind in this population.

Academic achievement of preclinical students is influenced by students' attitude and behaviour

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Introduction/background:

Academic achievement is the major concern of preclinical students. Determining factors that affect academic achievement might help students increase their academic performance.

Aim/objectives:

To determine behavioural factors influencing academic achievement in the second year preclinical students.

Methods:

Questionnaires were sent to the second year preclinical students, with 83.54% (274/328) being returned. Academic achievement and class attendance were obtained officially. Students were allocated into 4 groups, including Q1(lowest GPA)-Q2-Q3-Q4(highest GPA) according to GPA's quartile.

Results:

Students with low motivation to study medicine had lower GPA than students with medium and high motivation. The Q3 and Q4 groups had higher expected score, reading to level of expectation, and lower time spent for internet for non-academic use than the Q1 and/or Q2 group(s). The Q4 group had higher time spent for non-recorded e-lecture study than other groups. The Q1 group had higher late+absence/year than other groups. Students' GPA was positively correlated with motivation, happiness, satisfaction of content, provided material, and handout, expected score, reading to level of expectation, time spent for non-recorded-e-lecture study, and negatively correlated with time spent for internet for non-academic use, and late+absence/year.

Discussion:

Academic achievement was influenced by students' attitude, including motivation, happiness, expected score, and satisfaction in teaching and learning. Activities or teaching modalities that create positive attitude should be promoted. Moreover, behavioural factors, including sufficient lesson review, especially by non-recorded e-lecture study, regular class attendance should be encouraged.

Conclusions:

Academic achievement of preclinical students was influenced by students' motivation and good attitude and behaviour during study.

2E Symposium

Teaching communication across clinical professions: a flexible, adaptable and experiential model

Kerry Thoires¹, Rowena Harper¹, Jane Coffee¹, Giordana Cross¹, Sandra Ullrich¹

¹University of South Australia, Adelaide, Australia

Introduction/background:

Effective communication is critical in providing optimal patient/client care. Yet, teaching clinical communication presents challenges due to its linguistic complexity, emotional and non-verbal components, and the cultural and linguistic diversity of patient/clients and clinicians. A consensus-based project involving all health professions was conducted in Europe to derive a set of shared learning objectives for clinical communication. These objectives provide a core communication curriculum for undergraduate health education, which allows for collaborative, multi-disciplinary approaches to communication development. This symposium showcases a related multi-disciplinary project at UniSA. A team of academic educators from clinical disciplines and a language educator identified some key communication objectives important for pre-clinical learning in allied health programs, and developed a related series of teaching and learning resources, designed to be flexible and adaptable across disciplines and settings, for face-to-face, online and/or blended delivery. The first phase of the project focussed on objectives central to communication with patients/clients. The model is now being expanded to include communication in inter-professional teams.

Aim/ objectives:

To describe the project, and invite discussion on the efficacy of its multidisciplinary, blended approach to clinical communication.

List of Presentations:

Kerry Thoires: an overview of the model and its products

Rowena Harper: identifying components of communication to develop rubrics

Giordana Cross: pedagogic framework and stages of development

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

What are the opportunities and risks in 'sharing' communication learning objectives across disciplines?

Is this a feasible model for teaching clinical communication?

Are there opportunities for inter-institutional collaboration?

2F PeArLs

The Learning Hospital: Can we transition to both learning and patient-centred design in health facilities?

Megan Phelps¹, Judith Nairn², Ellen Taylor³, and Geoff McColl⁴

¹ Sydney Medical School, Sydney, Australia

² The University of Adelaide, Adelaide, Australia

³ Princess Margaret Hospital/Perth Children's Hospital, Perth, Australia ⁴ Melbourne Medical School, Melbourne, Australia.

Introduction/background:

Large scale building projects and refurbishment and repurposing of existing health facilities continue in Australia today. There is substantial financial investment in these projects and it is unclear how much attention is being devoted to learning in the design of these facilities. Patient-centred design and 'user' involvement in the development process is widespread, but what evidence do we have that learners such as health professional students are being considered during the design process?

Purpose/objectives:

During this session we will present and discuss some tools and principles that can guide a learning-centred design process, including evaluation. Participants will share their experiences with building or refurbishment processes that incorporate learning spaces and create links for future collaboration and creation of guidelines or standards.

Issues/ questions for exploration or ideas for discussion:

Discussion will centre around three main themes relating to the building or refurbishment of an educational health facility. Firstly, were educational principles incorporated during the planning phase? If so, when and how? What kind of educational expertise did those who were contributing to the design have? Secondly, how are learners using the new spaces? Is this as anticipated? And thirdly, how have the spaces been evaluated from the point of view of learning, and what if any, subsequent changes to the facility or how it is used have been made?

How do we support rural students who move from rural areas to study medicine?

Lizzi Shires¹, Emma Warneke¹, Kristen Fitzgerald¹, Allison Turnock¹.

¹School of Medicine, University Tasmania.

Introduction/background:

Transitions

Evidence shows that medical students of rural origin are more likely to work rurally when they qualify. However we know that students from these areas are less likely to apply to do medicine and often

have issues acquiring the grades required for admission.¹ Many medical students have adopted a selection process to encourage rural students to apply.²

We introduced a Rural Application pathway to support and promote rural students applying to do Medicine. Our early experience has shown that our rural students often struggle with the transition to first year medicine. Rural students are an important part of our future workforce so how do we support and retain them through the early years of medical school?

Purpose/objectives:

To discover how to support rural students entering medicine.

Issues/ questions for exploration or ideas for discussion:

- How do other medical schools track and support their rural students who enter medicine?
- What support do rural student need to successfully transition to medical school?
- Are there structural issues in our courses that make them harder for rural medical students?
- What evaluation should we undertake?

2G PeArLs

Should resilience be a key graduate capability to ensure work-readiness for the 21st Century?

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³Queensland University of Technology, Brisbane, Australia

Introduction/background:

Elevated levels of distress have been identified in up to 84% of Australian university students with 60% of students reporting clinical levels of stress. The majority of students with high levels of distress and/or mental health problems do not access professional services, and where they do access such services only limited sessions are provided. Resilience has been shown to reduce psychological distress, assist with managing academic demands, and enhance academic outcomes. Resilience is also critical in the workplace where change and disruption are now constant. Given concerns over retention rates in some courses and the focus on graduate employability resilience needs to be explicitly taught in the curriculum.

Purpose/objectives:

The two main purposes of this PeArL session are: To develop a shared understanding of the term resilience within the health education context, and to explore the need for, and strategies to, develop and enhance student resilience.

Issues/ questions for exploration or ideas for discussion:

This PeArL aims to explore and discuss the following questions: What do we mean by the term resilience? How can we best support student resilience within the health education curriculum? Should resilience be included as a key graduate attribute or capability?

Preparing graduates for a warmer future: How do we incorporate sustainability into the curriculum?

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¹ Rural origin and rural medical exposure: their impact on the rural and remote medical workforce. Dunbabin JS, Levitt L. Rural Remote Health [internet] 2003; 3: 212. Epub 2003 Jun 25

² Only the best: Medical student selection in Med J Aust 2012; 196 (5): 357.doi: 10.5694/mja10.11388

²School of Medicine, University of Notre Dame, Sydney

³Faculty of Health and Medicine, University of Newcastle, Newcastle

⁴Norwich Medical School, UK

⁵Nossal Institute of Global Health, University of Melbourne

Introduction/ Background:

By 2050, at the current rate of greenhouse gas emissions, the projected global mean surface temperature is expected to rise to dangerous levels. The Paris Agreement (COP21 Conference on Climate Change) became international law on 4 November 2016. Apart from the health issues around increased temperatures and the proliferation of infectious diseases, there is a range of other less obvious implications, largely related to the declining health of our ecosystems. The *Lancet's* latest Commission (2016) thus refers to planetary health and has initiated a series of annual checks and balances in this regard.

Purpose/Objectives:

The purpose of this session is to explore how the medical (and other health) professions (and hence HPE) tackles these issues, with particular reference to the Australian context.

Issues for exploration/ideas for discussion:

Over the next few decades, the health professionals we train today will need to deal with a range of health challenges never before faced. In the UK, both at the undergraduate and post-graduate levels, outcomes relating to sustainable health care are being incorporated into the curriculum. A recent request to the Medical Deans of Australia and New Zealand about sustainable health care in medical education has been endorsed. As educators, we need to generate a list of learning outcomes to be incorporated into the health professions curricula to ensure that of graduates are prepared for their future challenges in an ever-changing and warming world.

2H Symposium

Integration of sciences and clinical teaching: How to maintain the integration all the way through curriculum design and assessment of a pre-clinical teaching programme.

Kylie J Mansfield¹, Lyndal Parker-Newlyn¹

¹University of Wollongong, Wollongong, Australia

Introduction/background:

In traditional medical curricula science content was taught in discipline based silos and assessment undertaken in subjects; usually disconnected from and not coordinated with the clinical teaching. This can impact on the students' retention and recall of information and can make later contextualisation and application of scientific knowledge difficult in a clinical setting. We would propose that a solution to this is an "integrated curriculum" in which the connections are scaffolded and explicitly taught and the interweaving of disciplines and specialties is virtually seamless in both the curriculum design and the assessment.

Aim/ objectives:

The purpose of the symposium is to share experiences of the successful delivery of an integrated curriculum in an Australian medical school and allow attendees to work through the advantages, disadvantages and pitfalls of applying a true integration model to their own learning and teaching.

List of Presentations:

This workshop will draw on both presenters' experience in developing a truly integrated and innovative foundation program at a new medical school. Lyndal Parker-Newlyn, a clinician, is academic lead for case based learning while Kylie Mansfield, a scientist, is Director: Curriculum.

Issues/questions for exploration:

This will be an interactive workshop where the presenters share some of their experiences and then initiate discussions around the following questions: What is meant by an “integrated curriculum” and how does this translate into an integrated assessment? How could I implement this in my educational setting, what could be the barriers and how might they be overcome? Is this goal realistic?

Concurrent session's 3A-3H**3A Symposium****Shaping Professional Practice with Threshold Concepts – Transitions Between Research and Teaching**

Andy Wearn¹, Sarah Hyde², Debra Nestel³, Rachel Thompson⁴, Iman Hegazi⁵,

¹ Faculty of Medical and Health Sciences, University of Auckland, NZ,

² School of Biomedical Science, Charles Sturt University,

³ Faculty of Medicine, Monash University,

⁴ Faculty of Medicine, University of New South Wales,

⁵ School of Medicine, Western Sydney University

Introduction/background:

Threshold concepts (TCs) are key to achieving mastery of a subject. They are usually transformative, integrative, irreversible, bounded, liminal, discursive, re-constitutive, and often troublesome. Identifying threshold concepts can help educators understand which concepts are fundamental to grasping their discipline and which might be particularly troublesome for learners (Neve, Wearn & Collett 2015). More recently, the threshold concept framework (TCF) has been proposed as a way to reconsider curricula with a view towards narrowing the theory-practice gap. We suggest that gaining an understanding of TCs can be useful in reflecting on clinical practice, clinical teaching, and the difficult learning points encountered by students as they navigate within and between different learning contexts.

Aim/ objectives:

We will outline the fundamentals of TCs and demonstrate how we can move from their identification toward application in curricula design and practice. We will share how our understanding, identification and application of TCs and the TCF has shaped our practice and highlighted the increased interdependencies between our research and practice as clinicians and/or academics.

List of Presentations:

A/Prof Andy Wearn: Will introduce and chair the session

Dr Iman Hegazi: Identifying TCs in the pre-clinical years to better integrate basic science education in the clinical years

Dr Rachel Thompson: Medical students and critical thinking within the TC liminal space.

Dr Sarah Hyde: Assessment of reflection and threshold learning outcomes: the nexus between theory and practice?

Prof Debra Nestel: Trainee and consultant surgeons at key points in professional development

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

1. TCs vs core/fundamental concepts
2. Identification and teaching of TCs – teacher-derived, student-derived or both?
3. How can the identification of TCs be translated into curricula design and delivery?
4. How might an understanding of TCs influence your practice?
5. TC vs threshold capability – what is the difference? How does this impact on practice?
6. Are there ‘compound’ or ‘meta’ thresholds? What might they be?
7. Is boundedness less of an issue in health professional education?
8. How might TCs be assessed?

See <http://www.ee.ucl.ac.uk/~mflanaga/thresholds.html> for an overview of the concept and comprehensive bibliography

3B Assessment

Designing Evidence Based Reasonable Adjustments in the Assessment of Clinical skills for a student with a C5/6 spinal injury.

Dr Liz Fitzmaurice, Dinesh Palipana,

Griffith University School of Medicine, Gold Coast, Australia

Introduction:

In 2015 Griffith University School of Medicine re-admitted a student with a C5/6 Spinal injury in Year 3, of a four-year MD programme. Review of the literature found few details relating to the designs of assessments, within Medical Schools for students with significant disabilities. Therefore, the School has been innovative in its design and delivery of evidence based, equitable clinical skills assessments for the student.

Methods: “Reasonable adjustments” were designed for all clinical skills assessments, in collaboration with the student, disability services and an external expert from another University.

Results: Reasonable adjustments relating to examination of clinical skills were undertaken using a student, patient and task specific approach. Mixed methodology was used to evaluate the process, gathering both quantitative and qualitative data. Evaluation of the data, shows a high degree of student and examiner satisfaction with the OSCE process as well as quantitative proof of student success.

Conclusion: Designing evidence based assessments of clinical skills incorporating “reasonable adjustments” for students with significant physical disabilities is possible, using an authentic approach. The success of the assessment process, is reassuring for Medical Schools transitioning to selection processes reflective of the diversity of the population served.

Authors: Dr Liz Fitzmaurice MbChB, MMgt (Health Service Mgt), FRACGP
Dr Dinesh Palipana MBBS

Aligning pathology assessment in a learner-centred undergraduate medical curriculum

Neelam Doshi¹, Carmel Tepper¹, Kate Drinkwater¹, Gordon Wright¹

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

Introduction:

At Bond, we deliver pathology in preclinical years through problem based learning; tutorials with autopsy specimens, case based workshops and simulated Bond virtual hospital. Assessment for learning, demands fit for purpose assessment tool that aligns with the curriculum. In year 2 medical curriculum, clinical pathology is assessed through a series of written MCQ's and a newly introduced integrated practical assessment (IPA) exam. MCQ examines the theoretical aspect of pathology while the IPA assesses the observational skill and three dimensional application of knowledge to understand the pathophysiology of a disease.

Objectives:

We wish to assess the student's observational skill through integrated practical assessment (IPA) and compare it with the results of written MCQ's assessment.

Methods:

The IPA is a time-based, sequential 50 station practical exam held in a laboratory setting which permits the use of multi-media such as models, videos, autopsy specimens and microscopic slides. A comparison of performance between the traditional MCQ assessment and the IPA will be presented at the conference.

Results:

A positive Pearson's correlation coefficient of percentage scores ($r= 0.68$, significant at > 0.01) between the MCQ and IPA suggests a strong association between the two assessment methods. This concludes that either could be used to predict student's performance in pathology.

Conclusions:

Students' performance in the IPA and the MCQ written assessment correlates well. IPA enables students to connect the basic sciences with clinical sciences, thus aligning our learner centred pathology curriculum to the assessment tools.

Marking schedule obsolescence? Consistency across final year OSCE rater cognition: an international qualitative study

Harriet Sciberras¹

¹Health Professionals Assessment Consultancy (HPAC)

Introduction/background:

Research suggests high levels of conformity and compliance across OSCE examiners' assessment outcomes. OSCE topic-specific preparation and adherence to marking schedules is commonly believed to be necessary for this consistency. To examine the validity of this claim, this qualitative study explores OSCE examiners' cognition as they assess final year stations.

Aim/objectives:

This study has two aims: 1) to explore the level of influence of examiner past training and experience on decisions made about candidate performance; 2) to explore domain-based knowledge and pre-OSCE preparation; whether, and to what extent, examiners declare their independent thought imposes on outcome decisions.

Methods:

The author transcribed 52 interviews conducted with the talk-aloud method, across four medical schools in the UK and Singapore. Data was iteratively coded and analysed with PI Chris Fessey of St George's, University of London, and research instigator Katherine Boursicot of HPAC.

Results:

Results demonstrate high levels of conformity and compliance across OSCE examiners' assessment outcomes across required skills including communication and examination, and levels of competency required for pass result in assessment.

Discussion:

Examiners expressed similar ratings and performance-based comments in assessing student performance across trigger videos, despite having no opportunity to prepare for each topic prior to interviewing, and no marking schedule provided.

Conclusions:

This study indicates an unexpected high level of similarity between practitioner decisions despite different cultural origins and spheres of clinical practice. This study indicates that inter-rater reliability across final year OSCE examiners is high despite any task-specific preparation, or marking schedules. This finding prompts the question; are current marking schedules obsolete?

Transition to electronic examinations: A pilot project

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²School of Exercise Science, Faculty of Health Sciences, Australian Catholic University

Introduction/background:

Traditional paper-based assessment practices currently employed by many universities do not fully meet the needs of staff or students. Electronic examinations (e-exams) have the potential to enhance student learning by providing individualised feedback both immediately after assessment and longitudinally. For staff, e-exams can facilitate blueprinting, improve efficiency in the examination processes and provide detailed analytics to inform examination processes and curriculum development. In 2016, a pilot project using ExamSoft (a commercial e-exam platform) was undertaken in our medical program.

Aim/objectives:

Stage 1 of the project was a proof-of-concept trial, to explore the functionality of the chosen platform, to establish practices and processes for staff and students, and to identify barriers with current policy and infrastructure. Students participation was on an opt-in basis, and their perceptions were captured through formal surveys and focus groups as they moved through a series of formative and summative e-exams.

Discussion:

The opt-in nature of Stage 1 limited the pilot to a small group of students who embraced the concept of e-exams. Despite this small sample size, we obtained valuable data including the reasons students chose to opt in or out, the strengths and limitations of e-exams, and policy and infrastructure implications for e-exams. Stage 2 of this pilot will further investigate these issues with a planned scale-up across several faculties.

Issues/questions for exploration or ideas for discussion:

While it seems that the transition to e-exams is inevitable, and that the advantages outweigh the disadvantages, there are many considerations that must be fully explored by schools planning this transition.

Video OSCE assessment in medical students

Simon Patten¹ [David Mills](#)¹ Lawrie McArthur¹ Jonathan Newbury¹

¹University of Adelaide, Rural Clinical School, Australia

Introduction/background:

Simulation is used for teaching, assessment (including OSCEs and self-assessment) and evaluation purposes and is embedded within dental, medical and nursing programs worldwide. Delivering OSCEs is expensive and labour intensive if high quality outcomes are to be achieved. Video OSCE assessment is an alternative way of completing an OSCE, and involves recording and marking encounters with or without examiners present.

Aim/objectives:

Potential advantages of Video OSCEs to faculty, examiners and students are more efficient use of examiners time - reduced number of clinicians required at one time as stations do not need to be manned by clinical examiners, greater efficiency and reliability - cost and stress in coordination might be reduced while increasing consistency and fairness (less examiner fatigue), potential for establishing and investigating inter-examiner variability and comparison of standards across health disciplines and medical schools, increased fairness - examiners are unable to interrupt the OSCE and the objective nature is maintained in the absence of 'prompts' from the examiner. We tested a Video OSCE system in a formative exam on 50 final year medical students.

Discussion:

Problems and challenges are discussed, but include technology failure, interface familiarity and training, student and SP perceptions, student feedback, standardisation, and use in asynchronous marking. The Video OSCE holds much potential for education institutions but requires considerable support to ensure reliability and consistency.

Issues/questions for exploration or ideas for discussion:

Should this be used as a legal record, can inter examiner reliability be improved, what role do VOSCEs provide in summative and formative feedback

Clinical educators' perceptions of an integrated interpretivist approach to competency-based assessment

Rachel Bacon¹, Janeane Dart², Jane Kellett¹, Cathy Knight-Agarwal¹, Rebecca Mete¹, Susan Ash³, Claire Palermo²

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³Queensland University of Technology, Brisbane, Australia.

Introduction:

Variations in students' performances and educators' judgements are evident in workplace assessments. A recently developed integrated interpretivist model uses a panel to make a consensus judgement of competence, based on multiple sources of evidence from a range of contexts over time.

Aim:

To explore the perceptions of clinical educators to this consensus model of competency-based assessment.

Methods:

Three focus groups of between 4-8 participants were used to gather data from a convenience sample of clinical educators (n=17) involved in student dietitians' work placements. Data was audio-recorded, transcribed verbatim, cross checked for consistency and thematically analysed using a qualitative descriptive approach.

Results:

From the data five themes emerged. It found that the consensus model: (1) supports an expanded view of competence; (2) shifts the power within student educator relationships requiring students to take more control over their learning; (3) supports sustainable assessment practices; (4) is fair in assessing competence; and (5) further support and training is required for students and site educators to optimise the benefits.

Discussion:

The consensus model may support the development of flexible and reflexive learners who are able to transform their competence across contexts better preparing them for the future workforce.

Conclusions:

This study supports the use of an integrated interpretivist approach to competency-based assessment.

The acceptability, and comparability of peer marking of a written assignment amongst medical students

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Introduction/background:

The ability to honestly review one's peers is a key activity for health professionals. However formal opportunities to develop this attribute are uncommon in undergraduate medical education. In the Clinical Decision Making module at one medical school we investigated how senior medical students responded to the process of marking a peer's assignment.

Aim/objectives:

To understand:

- The acceptability of peer marking amongst the student cohort
- The utility of peer marking for professional development
- The reliability of peer marking

Methods

A mixed method approach was adopted. The quantitative component compared peer marks with those of an experienced external marker and the qualitative component used semi structured interviews to explore, in-depth, student responses to peer marking.

Results:

Quantitative: Some differences were noted between the marks allocated by each student to a peer when compared with the external marker. However there was also a high level of convergence and no disagreement on pass or fail grades.

Qualitative:

- Four main themes were identified and can be summarised as the interaction between:
- Experience and Confidence,
- Variance and Consistency,
- Integrity and Fairness,
- Legitimacy and Authority.

Discussion:

It was encouraging that most participants found the process valuable. However steps need to be taken to address students' confidence in the soundness of peer assigned marks. Prior exposure to similar tasks increased students' confidence in the process

Conclusions:

Exposure to peer marking should be encouraged at an early stage in training to increase the levels of both trust and ability amongst students for this important collegial skill.

Improving the validity of Script Concordance Testing (SCT) by better item selection pre-examination.

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¹School of Medicine, University of Notre Dame, Sydney, Australia.

²School of Medicine, University of Adelaide. Australia

Background:

Script Concordance Testing (SCT) is a modality for assessing clinical reasoning. A clinical scenario is presented and students are asked to assess whether an additional information increases or decreases the probability of the diagnosis, investigation or management. Concerns had been raised about the validity of SCT when students deliberately tried to avoid the extreme responses resulting in relatively high scores.

Aim:

The aim of the study was to determine whether careful pre-examination items selection (items that could attract the full range of 5-response options) would improve the validity of the SCT and avoid score inflation.

Method:

The actual average scores of five cohorts of students who completed SCT examinations from 2014-2016, were compared using Student's t-test, with simulated cohort scores. The latter were generated by recoding all '-2' responses to '-1' and '+2' responses to '+1', and scoring as if all students had chosen '0' for their responses.

Results:

The ratios of extreme responses to 'median' responses in the 5 sets of examinations were 45-55% representing a good balance of scoring items. The actual average SCT scores was 61%. The simulated average scores by post-hoc recoding was 50.6% ($p < 0.0001$) and for simulating all '0' as responses was 25.3% ($p < 0.0001$) respectively.

Discussion:

With careful selection of balanced SCT items pre-examination, validity could be improved and students wouldn't be advantaged even if they deliberately avoid extreme options or select 'median' responses. Particular care should be taken to develop SCT items that could attract the full range of the 5-response options.

3C Professional Identity Transitions**"I don't know if I've become one just yet" – using metaphor to describe becoming a health professional**

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¹La Trobe University, Bundoora, Australia

²The University of Sydney, Sydney, Australia

³Western Sydney University

Introduction/background:

This presentation will add to the existing literature on learning metaphors in health professional education and introduce a 'journey/traveller' metaphor to elaborate on the idea of becoming. Becoming relates to transformation, developing a sense of self in connection to the world and belonging. In health professional education, the becoming metaphor is concerned with preparation for practice but in ways that go beyond knowing and doing, to include a focus on personal character, imagination, reflexivity, developing the capacity to deal with the future and acculturation.

Aim/objectives:

The presentation will describe the different dimensions of the metaphor -from passenger to driver and onwards to explorer - and key transitions across these dimensions. The metaphor represents the ways learners engage with their chosen field of study, the connections they make and the process of enculturation. The descriptions will be supported by empirical data from a phenomenologically-oriented project that explored student and clinician experiences of physiotherapy practice.

Discussion:

The analysis shows that moving from passenger to driver can be tricky and troubling. At each crossing learners need to know, do and behave differently in order to cope with the new situations that lie ahead; these transition points merit further research attention.

Issues/questions for exploration or ideas for discussion:

Some suggestions will be offered for health professionals to help students and new graduates transition through this complex terrain and to move them from a passenger with little control to a driver with agency, with the capacity to become an explorer.

"Having to step up": the value of relief and float terms in the professional formation of junior doctors

James Macdonald,^{1,2} Anne-Marie Murray.²

¹Redcliffe Hospital, Brisbane, Australia.

²Flinders University, Adelaide, Australia.

Introduction/background:

Doctors in training spend a significant amount of time working outside of the conventional team structure yet the educational value of these 'service-only' duties remain uncertain. The learning experience of float and relief doctors represents a significant gap in the literature.

Aim/objectives:

This study aims to explore the formative experiences of junior doctors during relief and medical float terms in a medium sized Australian hospital.

Methods:

This qualitative study used semi-structured interviews of 15 junior doctors who had worked in relief and float terms in the preceding 12 months, selected by purposeful sampling. Participants were asked to describe challenging experiences, rewarding experiences, and unexpected lessons during their term. Interview transcripts were analysed thematically using template analysis.

Results:

Identified themes included: rapid transitions; increased responsibility and autonomy; working under pressure; exposure to colleagues' errors; reflection on own errors; conflict; and isolation. Participants described learning new patient care skills and gaining new understanding and insights into their profession.

Discussion:

This is the first in-depth description of day float and internal relief experiences. Many are unique to these terms and are likely relevant to other facilities with similar staffing arrangements. Further research could explore differences between doctors of different grades. Encouraging opportunities for reflection on these experiences may enhance learning.

Conclusions:

Relief and float terms appear valuable formative opportunities for junior doctors.

'Transitioning authentic identities - the closer you get to anyone... they become more human'

Lorna Davin¹, Jill Thistlethwaite² Emma Bartle³

¹University of Notre Dame Australia, Fremantle, Australia

² University of Technology Sydney, Australia

³ University of Queensland, Brisbane, Australia

Introduction/background:

The transition from student to doctor is fraught with tension. While students and novice doctors continue to look to their senior peers as role models for clues on how to act in the clinical setting, they are often confronted with a binary construct of what it means to be a *good* or *bad* doctor.

Aim/objectives:

Opening a window of understanding into affective learning, this study asked junior doctors – 'how have you learned to express compassion for your patients when working in the clinical context'?

Methods:

Reflecting the interpretative nature of this longitudinal study, narrative was generated from eight final year medical students using reflective journals and unstructured interviews as they transitioned to their first year of medical practice.

Results:

What is learned by the interns, after a year in practice, is that the doctor-patient relationship is a human-to-human relationship, where boundaries transcend doctor identity acknowledging the need for personal and professional authenticity.

Discussion:

The interns found their colleagues, who they idealised as perfect role models, were, when they 'got close to them' as imperfectly human as themselves and their patients.

Conclusions:

Educators need to provide a safe space for open dialogue and discussion which nurtures an acceptance of the ethics of imperfection and our authentic, common humanity.

Scenario-based Professionalism Discussions for Junior Doctors

Kerry Jewell^{1,2}, Michael Fernando^{1,3}

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²Austin Health, Melbourne, Australia,

³Bendigo Health, Bendigo, Australia

Introduction/background:

Professionalism has traditionally been a difficult area in which to coordinate education for junior doctors. Many existing professionalism modules focus on clearly defined situations with unchallenging, uncontentious legal and ethical choices. It seems while well versed in these areas, junior doctors are instead concerned by complex professionalism situations – often involving interactions with senior staff – where no clear 'best approach' is apparent.

Over-simplified and didactic education, coupled with inconsistent clinical supervision and assessment methods, have contributed to a medical culture that frames professionalism as a 'soft competency.' To address these issues work has been undertaken to create a novel professionalism education resource – accessible to metropolitan, regional, and rural participants alike – to provide realistic and relevant training by tackling common conflicts, acknowledging 'real world' conditions, and highlighting points of tension between key stakeholders.

Aim/ objectives:

To demonstrate the novel professionalism education resource 'Scenario-based Professionalism Discussions for Junior Doctors' in an interactive session, followed by a facilitated group discussion on optimising local uptake of the resource at individual health services and universities.

List of Presentations:

Dr Kerry Jewell

PGY 3/BPT 2, Austin Health

2016 Chair, Postgraduate Medical Council of Victoria's Junior Medical Officer Forum

2016 CPMEC Junior Doctor of the Year (Victorian Division)

Dr Michael Fernando

PGY 1/Intern, Bendigo Health

2016 Professionalism Officer, Postgraduate Medical Council of Victoria's Junior Medical Officer Forum

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

The impact of sophisticated professionalism education on participant insight and wellbeing; the limitations of approaching junior doctor personal development from the position of 'patient-centred practice;' and using this novel resource to facilitate vertically-integrated professional development.

Resilience, self-efficacy, and professional identity in speech pathology students: a post-practicum workshop

Elizabeth Cardell^{1,2}, Andrea Bialocerkowski^{1,2}

¹Menzies Health Institute, Queensland, Australia

²Griffith University, Gold Coast, Queensland, Australia

Introduction/background:

Intensive professional preparation programs, such as the Master of Speech Pathology, require rapid development of knowledge, skills, and attributes. Students report high levels of stress associated with this accelerated learning trajectory which focuses on professional knowledge and clinical competencies. Although often not targeted, resilience, self-efficacy, and professional identity are central qualities for successfully managing tertiary education demands and those in the workplace.

Aim/objectives:

This project developed and piloted a post-practicum workshop to facilitate students' self-awareness of resilience, self-efficacy, and professional identity, to enable students to actively identify targeted strategies to "handle the unexpected" using their recent practicum experiences as a reference point.

Discussion:

Thirty second-year speech pathology students completed three questionnaires (resilience, self-efficacy, professional identity) 1-week prior to their Semester 1, 12-week practicum and in the final week of this practicum. Over the semester, some positive changes were noted in resilience, self-efficacy, and professional identity. The students then participated in the 2-hour "Bouncing Forward" post-practicum workshop. Students strongly engaged in all activities, openly sharing conversations about less positive clinical experiences, their reactions, strategies used, and their effectiveness.

Issues/questions for exploration or ideas for discussion:

Having established that the workshop created a safe environment which stimulated active learning, its effect on further building students' resilience, self-efficacy, and professional identity will be evaluated in 2017. Feedback suggests that this workshop might be better positioned pre-practicum, as an inoculation, with post-practicum evaluation. Furthermore, the workshop has generic transferability across health disciplines, and was successfully piloted with undergraduate dietetic students.

Factors Influencing Junior Doctor Engagement in Research in the Workplace: an Australian case study

Dana Tze Yee Phang^{1,2}, Gary Rogers¹, Siddharth Sharma², Fahid Hashem², Christy Noble²

¹Griffith University, Gold Coast, Australia,

²Gold Coast Health, Gold Coast, Australia

Introduction:

Clinician engagement in research has the potential to improve health care processes and performance. However, there appears to be a gap in the continuum for junior doctor researcher development between completion of pre-registration medical studies and enrolment in specialist training programs. This study aims to identify the factors influencing Australian junior doctors' engagement in research and to inform recommendations for building research capacity.

Methods:

Using convenience sampling, semi-structured interviews were conducted with 17 junior doctors working at an Australian teaching hospital to explore junior doctors' perceptions of research engagement and their role in research, including the barriers and facilitators for research engagement. Data were analysed using the framework method and informed by workplace learning theory.

Results:

Junior doctors, whilst valuing research, found it challenging to engage in research activities and attributed this to a lack of a practice-based curriculum to sequence their learning. They described an absence of workplace affordances for research engagement including time, research-active clinician mentors and accessible projects. Whilst career progression was a motivator for research engagement, a key motivator was that the research was meaningful to patient care. Finally, the junior doctors were privileging their development as clinicians over their development as researchers.

Conclusions:

Overall the junior doctors identified that a practice-based curriculum would enhance their research engagement. However, the success of this curriculum was dependent on engaging in meaningful research activities with mentor guidance. These findings will inform the development of a junior doctor research development program in acute healthcare organisations.

Professional identity in new graduate veterinarians: developing agency, capability and understandings of professionalism

Emma Scholz¹, Franziska Trede¹

¹Charles Sturt University, Wagga Wagga, Australia

Introduction/background:

Veterinary graduates are eligible for unrestricted registration and can take immediate responsibility for a clinical caseload. Their first year after graduation has been described as 'make or break;' there is an urgent need to better understand the complexity of how new graduates develop as veterinarians through that critical period.

Aim/objectives:

To understand more deeply how professional identity develops in new graduate veterinarians.

Methods:

An integrated narrative research approach adopted a series of in-depth interviews and workplace observation with eleven new graduate veterinarians.

Results:

Graduates developed their professional identity through intertwined processes of coming to their own understanding of veterinary practice and developing their practice capability. Those processes were socialization processes, but richly informed by graduates' own dispositions and values. Being and becoming a veterinarian meant coming to terms with professionalism as a relational concept, and actively grappling with the challenge of practising authentically. Shaping an emerging sense of oneself as a capable veterinarian who could 'make the calls' when needed required ongoing balancing of independence, support and belonging in the process of learning and developing at work.

Conclusions:

It is important that curricula for professional education explicitly include development of professional identity. This means creating opportunities for learners to reflect on their own dispositions and values, to receive skilful support in developing critical awareness of the possibilities and limitations of their own agency within their professional setting, and to consider how they will learn and develop beyond the formal educational context.

The teaching experiences of medical interns in a period of transition

Maree Steel¹

¹University of Otago, Dunedin, New Zealand

Introduction/background:

The word 'doctor' is derived from *docere*, meaning 'to teach'. Although doctors are prepared for their roles as clinicians, some may not view themselves as teachers, or feel adequately prepared for teaching. New Zealand Curriculum Framework for Prevocational Medical Training (2014) has included three learning outcome statements in relation to teaching. These are; helping other professionals learn, incorporating teaching into clinical work, and using approaches that are responsive to the learning needs of others. It is not known how these learning outcomes will be interpreted by interns or their supervisors, how these outcomes will be supported and evidenced, or the factors influencing the teaching experiences of new graduate doctors.

Aim/objectives:

To explore teaching experiences of medical interns as they transition from being medical student to doctor. To examine interns' conception of teaching and how this conception influences, and shapes their identity as clinicians, and teachers.

Discussion:

Intern transition to practice is influenced by system requirements, role schema and identity. Experiencing enablers and barriers, navigated via cycles of reflection in, on and for action are part of the transition process. Teaching, as part of professional life, is shaped by confidence and mastery of patient care. Although undergraduate experiences of teaching strongly shape individual conceptions of teaching, the value of teaching and learning conveyed within their work place further influences practice.

Issues/questions for exploration or ideas for discussion:

What are your thoughts about the value of teaching in health care settings?

How does a culture of valuing teaching in the health care setting influence teaching practice?

What part can first year interns play in helping others learn?

3D Educator in transition**What is the impact of teaching skills programs on learning experiences of junior medical doctors, and are Australian medical students being taught to teach?**

Amy Chur-Yee Liu¹, Michael Liu¹, Jasan Dannaway², Heryanto Ng³, Adrian Schoo⁴

¹St Vincent's Hospital, Sydney, Australia,

²Flinders University, Adelaide, Australia,

³Concord Hospital, Sydney, Australia,

⁴Flinders University, Adelaide, Australia

Introduction/background:

The growth in medical training is increasing the demand for the teaching and supervision of medical students and junior doctors. Although students and junior doctors represent an important teaching resource and learn from teaching experiences, there is limited evidence on whether Australian medical students are equipped with teaching skills.

Aim/objectives:

The aim of this study was to (i) assess current evidence regarding the efficacy of teaching skills programs for medical students and junior doctors, and (ii) explore the type and amount of teaching skills training and peer-to-peer teaching present in Australian medical schools.

Discussion:

A review of the literature showed a positive effect of teaching skills programs, although many studies lacked rigor or failed to establish the long-term impacts of their programs. We conducted an observational survey of all Australian medical schools which showed that 11 schools offered a teaching skills program, five of which were described as compulsory formal programs. Eight did not offer such a program, citing prioritisation of subjects and time restraints. Formal peer-to-peer teaching opportunities were described by 17 schools, with 13 offering this electively. Two schools did not offer such opportunities due to time restraints, the belief that the quality of expert teaching is superior, and lack of staffing.

Issues/questions for exploration or ideas for discussion:

Enhancing the teaching skills of medical students and junior doctors can optimize learning experiences, however, program evaluation requires robust methodology. A minority of Australian medical schools offer formal compulsory teaching skills training. Although in line with studies from other countries, Australian results may imply a lost opportunity to utilise the positive effects of teaching skills programs on learning.

Reflective journal use in the transition from clinician with an interest in education to clinical educator

Colinette Margerison¹

¹True, Relationships and Reproductive Health, Queensland, Australia

Introduction/background:

Having been involved in work place based teaching and family planning lecturing for several years I enrolled for a Graduate Certificate in Clinical Education in 2016. The use of a reflective journal during this course has been invaluable.

Aim/objectives:

To consider the value of reflection and its role in clinical education by reviewing the literature.

To consider a more structured approach to the reflective journal and whether this helps the reflective process.

Discussion:

The transformative process of moving from clinician with an interest in education to clinical educator has been helped by reflection and by using those reflections to inform and change practice. These reflections have been mainly unstructured and infrequent. Reviewing the literature on reflection and its place in clinical education would allow consideration of whether this process should be more structured to gain increased benefit.

Issues/questions for exploration or ideas for discussion:

How can we encourage reflection in our trainees? And in ourselves?

How can we maintain a reflective journal?

How can the reflective journal continue to be of benefit in the transition from competent clinical educator to mastery in clinical education?

PIVOTAL experiences: Partnerships In Virtual Observation of Teaching And Learning

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Introduction/background:

Peer observation of teaching is a strategy for improving teaching requiring careful design to ensure that participants trust the supportive and confidential nature of the partnership. A barrier can be the requirement for the observer to attend a live teaching session, and the time commitment involved, especially for casual tutors and tutors with clinical practice commitments. A reflective video-based approach has been developed with an option to integrate student feedback, providing a more complete perspective of the teaching and learning experience.

Aim/objectives:

Our aim is to pilot a model of peer observation which includes asynchronous virtual observation of a teaching session, with online resources to support participants. We aim to investigate teachers' experience of the model and any impact on teaching quality and student learning experience.

Methods:

This project is still in the development stage. The lengthy process of developing the video-based reflective process and associated tools for tutors is now complete. An accompanying website has been developed and new video equipment installed, with a view to embedding this process in the regular practice and culture of the faculty. A single pair of tutors has piloted the concept and provided valuable insights prior to recruiting further participants.

From July 2017, tutors conducting small group Case-based Learning (CBL) sessions in the Faculty of Medicine will be invited to participate. Participants will be assigned at random to an early or a delayed intervention, to achieve a cross-over evaluation design. This will be evaluated using a mixed-methods approach, including student evaluations of teaching, measures of student learning, tutor evaluations of the PIVOTAL model and focus groups. Triangulation will be achieved by inviting students, peer observers and observed teachers to contribute to the evaluation.

Results:

Given this project is at pilot stage, this presentation will describe the PIVOTAL model and associated resources. There are common barriers to implementing peer observation tools, and this presentation will highlight the strategies embedded within the PIVOTAL design to address these.

Discussion and Conclusions:

Educators from a range of settings are likely to find that the PIVOTAL model we have developed could successfully address many of the challenges faced when seeking to enable peer observation of teaching in the health professions.

Factors that contribute to high quality clinical supervision in allied health: a mixed methods sequential explanatory study

Priya Martin

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Introduction

Clinical supervision (CS) is an ongoing professional support process between a supervisor and supervisee undertaken to also promote healthcare safety and quality. CS is beneficial to practitioners, patients and organisations. There is a lack of research on factors that contribute to high quality CS in allied health, especially in non-metropolitan areas.

Aim:

The overall aim is to investigate the factors that influence the quality of CS in allied health professionals.

Methods

This project consists of a pilot study, a main study and a systematic review. The pilot and the main studies employ a mixed methods sequential explanatory design. Whilst the pilot study was conducted among occupational therapists in Queensland, the main study is interprofessional and includes allied health participants from Queensland and South Australia.

Results:

The pilot study conducted with 207 occupational therapists indicated that frequency of supervision, choice of supervisor and type of supervision had a positive influence on the quality of CS. Age, length of supervision and area of practice were found to have a negative influence on the quality of CS. Results from the main study conducted with 159 allied health professionals expand on these findings. The systematic review has highlighted eight themes including supervisee characteristics, supervision characteristics and technological considerations that influence effective telesupervision.

Discussion/Conclusion

This is the first study that brings together primary and secondary research evidence on factors that lead to high quality CS in allied health. Knowledge about these factors is expected to result in better CS practices, thereby enhancing healthcare safety and quality.

Creating a community of learners through the use of online discussion boards in postgraduate health professional education

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Introduction/background:

Postgraduate students are choosing to study via distance mode as it is convenient and fits in with life and work. A discipline, such as Health Professional Education (HPE), which is providing faculty development for clinical teachers, requires the connectedness of face to face experiences as a community of learners, for successful engagement. The challenge is to create curricula and learning experiences to approximate the face to face learning experience.

Aim/objectives:

The aim of this study was to investigate how HPE subject discussion boards are used by postgraduate students.

Methods:

The project comprised a thematic analysis of Blackboard LMS discussion board postings for 168 students from four HPE subjects over three years from 2012 to 2015 to determine the activities and learning experiences which best supported online HPE subjects.

Results:

There were 2389 posts and 14966 data points which were coded according to the framework of Pena-Shaff and Nichols (2004) to determine cognitive, social and teacher interactions. Content analyses of the data indicated that 63% of responses rated for cognitive connectedness, 23% rated for social connectedness, and 9% for teacher connectedness. Semi-structured interviews, held with students, further reinforced the impact of social connectedness.

Discussion:

Analysis of each of the results provide insights into the way postgraduate HPE students use subject discussion boards to support their learning.

Conclusions:

Subject discussion boards provide both cognitive and social connectedness for online postgraduate HPE students and provide the basis for a community of learners.

Health professional education in the Pacific

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Introduction:

Since 2006, students from Pacific island nations have been sent to Cuba to train as doctors in a health system that emphasizes community and primary health care. They are now returning as interns to their home country. It has been found that they are not well prepared for hospital work as interns, and their supervisors have had little experience supervising and educating interns. Faculty development for this role is required.

Aim:

The aim of this paper is to report outcomes from a series of health professional faculty development workshops that have been undertaken in the Solomon Islands, Kirribati, Vanuatu and Palau. These workshops aim to upskill clinical supervisors in contemporary knowledge, skills and attitudes related to learning and teaching in clinical settings.

Discussion:

The presentation will describe the theoretical basis for the workshops, using action research cycles, as well as the topics and skills covered. Outcomes from the workshops, including participant feedback will be described. Recommendations for faculty development in other low resource countries will be discussed.

Questions for exploration:

How do we increase capacity in health professional education in low resource settings and where there is no previous teaching culture?

A blended learning, inter-professional Peer Teacher Training (PTT) program for health professional students

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²Sydney Medical School - Northern, University of Sydney, Sydney, Australia.

³Sydney Medical School., University of Sydney, Sydney, Australia.

Introduction/background:

In 2016 we developed a new blended learning, inter-professional Peer Teacher Training (PTT) program for health professional students. The PTT program is designed to provide opportunities for students to develop skills in teaching, assessment and feedback, in preparation for peer assisted learning activities, and future health professional practice.

Aim/objectives:

The purpose of this study was to evaluate the new PTT program, and consider its strengths, and needs for improvement.

Methods:

80/90 (89%) of participants completed pre- and post-course questionnaires, 35/90 (35%) attended focus groups. Descriptive statistics were used to analyse data.

Results:

Students felt the required pre-class preparation, including on-line pre-reading, discussion board, videos, and teaching activities enhanced their face-to-face learning experience. In class, students enjoyed the small-group activities, and the opportunities to practice their teaching skills with provision of feedback. Students reported increased confidence to plan and deliver peer teaching activities, and an increased awareness of the roles and responsibilities of health professionals outside of their own discipline, and use of different terminology and communication methods. However, students indicated they would like less large group teaching, and more theory delivered online, with more health professional disciplines included.

Discussion:

Two unique aspects of this program are that it is inter-professional, and delivered via blended learning. Students perceived both of these aspects could be further developed.

Conclusions:

The PTT program provided was successful in providing students with a useful basis for developing and implementing peer teaching strategies. Both the inter-professional and blended learning aspects of the program were well received by students, and should be enhanced.

Surgical Career Transitions: A Guide to Opportunities and Challenges

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¹The Royal Australasian College of Surgeons, Melbourne, Australia

Introduction/ Background

In 2016 the Royal Australasian College of Surgeons (RACS) launched its publically accessed online resource entitled Surgical Career Transitions: A guide to opportunities and challenges. The aim of this resource is to support surgeons who experience several developmental transitions throughout their careers, each representing a significant period of change, resulting in positive and negative repercussions.

Purpose/Objectives

Surgical Career Transitions aims to engage and identify with the narratives of surgeons who have successfully navigated transitional hurdles and provide targets to guide professional development.

Exploration/ideas for discussion

A thematic analysis identified four key themes across all stages of a surgical career: Career of the practising surgeon, Life Long Learning; Professional Standards and Personal and Professional Integration. These themes were further broken down into identified transitional hurdles that may occur at each surgical career stage.

A transitional matrix illustrates the themes with over 200 video interviews. Each video elaborates on the surgeon's experience of that issue and their suggested strategy to overcome it. Each interview is linked to the RACS curriculum, relevant education and training opportunities, surgical roles and internal and external resources that are available.

Conclusion

The presentation will explore the Surgical Career Transitions Guide, how it has been developed, implemented and adopted at the Royal Australasian College of Surgeons; how it may be transferable to other medical colleges.

3E PeArLs

Knowledge to Practice - How health professional educators translate research into practice

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Introduction:

The process and understanding of knowledge translation has evolved over recent decades. Knowledge Translation (KT) has recently been described as a process that includes the synthesis, dissemination, exchange, and application of knowledge to ensure best practice in healthcare and education. Numerous studies are available on knowledge translation in healthcare but little is known about knowledge translation within medical education and how or whether faculty integrate empirical medical education knowledge into practice. This learning session aims to demonstrate how research is translated into health profession education.

Objectives:

Session objectives are to 1) understand knowledge translation through examples such as iPARIHS and K2A, 2) to identify the key elements of KT including the nature of evidence, context and key players, 3) to explore ways to improve implementation of research outcomes into health professions education (HPE) context. The session will also include a facilitated group-activity on participants' views on how research gets translated in to practice.

Questions for discussion:

A facilitated interactive discussion will focus on 'what is knowledge translation and how does KT add value to my work?' This session will involve the audience being divided into small groups to pose the questions. The facilitator will ask a spokesperson from each group to share their views in schematic form. Common and outlying themes will be identified for exploration/discussion. The expected outcomes from this session will be an increased understanding of knowledge translation in HPE for participants, how KT is relevant for their work and some practical pearls for effective KT.

Naming interprofessional learning: the transition from “community teamwork” to “interprofessional practice”, and the terminology in between.

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²Flinders University Rural Clinical School, SA.

Introduction/background:

The term “Interprofessional” first appears in the literature in the 1980s, although the concept was present in the 1970s and earlier. Original terms for interprofessional learning (IPL) included “interdisciplinary” or “team approach”. The need for interprofessional education (IPE) and practice (IPP) originated as a cost effective model for provision of community health care; and endures as a mechanism of ensuring safety and quality in health care. Definitions and nomenclature have been variable, although greater consistency seems to be emerging.

Aim/objectives:

To discuss and clarify the nomenclature around interprofessional learning. We propose a model of an IPL continuum.

Discussion:

IPL has often been described as the umbrella term that encompasses both IPE and IPP. It may include deliberate learning in academic and clinical settings as well as spontaneous learning in the workplace. Thus it covers the spectrum of lifelong learning in the interprofessional domain.

However, IPL can also be seen as a continuum, which includes the many forms of teaching and learning along with the application of skills and knowledge that, in turn, could inform teaching and learning and subsequent practice. We propose a model of an IPL continuum, which includes IPL, IPE and IPP and shows the interrelationship between them.

Issues/questions for exploration or ideas for discussion:

1. Does the model resonate with clinical educators?
2. Do we agree on the use of the terms IPL, IPE, IPP?
3. Are there any significant casualties in the transition to this nomenclature?

3F Teaching Innovation**The Effectiveness of an Intensive ECG Pattern Recognition Tutorial with Online Follow-up Learning for Final Year Medical Students**

Michael Wan¹, Ruan Vlok¹

¹University of Notre Dame Australia, School of Medicine Sydney

Introduction:

Electrocardiogram (ECG) interpretation is an important component of the junior doctor's role. Pattern-recognition plays an important role in ECG interpretation. Online education resources may be used as revision and self-assessment tools by students to consolidate learning.

Methodology:

This was a longitudinal study for which final year medical students participated in a 90-minute face-to-face intensive ECG pattern-recognition tutorial facilitated by a consultant cardiologist. A wide variety of ECG patterns were discussed (eg. acute coronary syndromes and common arrhythmias patterns). Students completed a 12-question, multiple-choice assessment before and immediately after the intervention. During one-month follow-up, students were randomly assigned into two groups. Group 1 repeated the assessment before completing an online revision ECG course followed by a repeat assessment. Group 2 completed the revision course followed by the repeat assessment. Paired-Sample T-Tests were used to compare pre and post-tutorial scores, and one-month follow-up scores.

Results:

In total, 61 of 123 final year students completed the face-to-face tutorial. The mean pre-intervention score was 9.2 ± 1.9 and post-intervention score was 10.9 ± 1.1 ($p < 0.001$). Before revision, students who completed the one-month follow-up showed improved performance relative to their pre-intervention scores (10.3 ± 1.5 vs. 9.5 ± 2.0 , $p = 0.047$, $n = 18$). Post-revision scores were higher than pre-revision scores (11.3 ± 1.2 vs. 10.2 ± 1.9 , $p = 0.005$).

Discussion:

Students' scores improved following an intensive face-to-face ECG pattern-recognition course. Students had significant one-month retention of these pattern-recognition skills, however they still benefitted from online revision. This adds to the dialogue of integrating online education resources with face-to-face teaching for ECG self-assessment and revision.

Can Online Learning improve family violence awareness and preparedness to act in primary care students? – The PACTs project suggests it can.

Jan Coles¹, Heather McKay¹, Deborah Western¹, Lyn Clearihan¹.

¹Monash University, Melbourne, Australia.

Introduction/background:

The Victorian Royal Commission into Family Violence and the World Health Organization have identified violence training as essential for health care providers.

Aim/objectives:

The aim of the PACTs project was to better equip graduates with the knowledge, attitudes and confidence to recognise, respond to patients/clients who have experienced family violence.

Methods:

Using an inter-professional approach, the disciplines of medicine, nursing, midwifery, paramedics, occupational therapy and social work collaborated on the project. Experts from the community and non-government organisations also provided input.

An inter-professional online course of six modules were developed, piloted, revised and administered.

Evaluation included student pre and post course surveys, student focus groups, and interviews with teachers/educators. Surveys addressed knowledge, its application and student attitudes.

Results:

327 students participated in the program with 65 students completing both pre- and post-course survey.

The online course positively influenced students' preparedness to respond and ongoing learning in family violence. Post course, most students were more prepared to respond – 45 (70%) indicated '[...] I think I have reasonable skills, but I can always improve them' or 'I will routinely ask patients/clients about family violence [...] I feel confident with my skills'.

Discussion:

Our results show the capacity for an online educational module to be an effective in improving students' recognition of the multiple types of family violence as well as developing their confidence and willingness to act.

Conclusions:

Using interdisciplinary online learning shows promise and frees expert staff to concentrate on skill development.

The resource is open access www.pactsproject.org

Capturing the 'Art' and 'Science' of Emergency Medicine (EM): Does film foster reflection in medical students?

Gabrielle Brand¹, Steve Wise ², Zarrin S Siddiqui¹, Antonio Celenza¹, Daniel M Fatovich².

¹The University of Western Australia, Perth, Australia.

²Royal Perth Hospital, Perth, Australia

Introduction/background:

Integrating arts and humanities-based pedagogy into medical curricula is of growing interest amongst medical educators, particularly in relation to how it promotes reflection.

Aim/objectives:

The aim of this study was to describe whether a short film titled 'The Art of ED' was an effective pedagogical tool to stimulate reflective learning processes in first year medical students prior to their first clinical placement in an emergency department (ED).

Methods:

Using a qualitative research approach, this study draws on the written reflections of 123 first year MD students from one university.

Results:

The qualitative data revealed three main themes: the film provided medical students the opportunity to Preview Emergency Medicine; that Exposed the reality of ED and fostered a Growing Awareness of the fragility of human life.

Discussion:

These findings highlight how visual methodologies (like film) create a safe, non-threatening space to access, experience and process emotion around their perceptions towards EM, and to anticipate and emotionally prepare for their impending clinical experience in ED.

Conclusions:

This data supports the use of visual methodologies to foster reflective processes that assists medical students to integrate the 'art' and 'science' of EM, and the development and commitment of core doctoring values of empathy, service and respect for patients.

Improving anatomical understanding for medical students through the use of interactive activities in pre-clinical years

Elizabeth O'Connor¹

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Introduction:

Learning anatomy is central to a solid foundation in medical knowledge and for the usage of current imaging techniques. It is imperative that anatomy teaching uses methods that allow students to retain and build upon the information learned. Within the PBL framework, the comprehension of anatomical basis underlies the discussion of function and dysfunction.

Aim:

This research aims to improve the integration of anatomy into PBL.

Methods:

A series of integrated anatomy-based activities were designed to formatively test the expected knowledge within the PBL framework. This included both large group worksheets and individual, anonymously-completed, worksheets. Formative online modules were also created to test long-term retention of the anatomy knowledge. Both students and tutors were surveyed to gain their opinions on the usefulness of the activities.

Results:

Students agreed that the activities were useful in appreciating their level of understanding of the anatomy and the depth of knowledge required by the course. Many students requested more activities, covering a wider range of disciplines within the PBL framework. Tutors also agreed that the activities were useful for their students learning of anatomy. Both students and tutors agreed that the activities encouraged group discussion and collaborative learning.

Discussion:

This project has provided an integrated method to include anatomical learning within the PBL framework, with the added benefit of encouraging group discussions which are critical to the PBL environment.

Conclusion:

By introducing these activities within the PBL framework, we have highlighted the role of integrating anatomical concepts to a clinical presentation and enhanced the dynamics of collaborative learning.

Understanding asthma experiences: Nursing and medical students interviews of young people with asthma

Simon Cooper¹, Alison Beauchamp²; Anita Giannis¹; Jacki Laszczyk¹; Lisa McKenna³; Louise Allen¹; Nicole Coombs¹; Robyn Cant¹; Ruben Hopmans³; Shane Bullock³; Susan Waller³.

¹Federation University Australia, Churchill, Australia;

²Deakin University, Melbourne, Australia;

³Monash University, Melbourne, Australia;

Introduction/background:

Australia has one of the highest rates of asthma in the world with rates of up to 13% in young people in regional Victoria. An understanding of their experiences and help seeking behaviours is critical. Inter-professional learning enables students to prepare for practice and deepens their understanding of care.

Aim/objectives:

To train nursing and medical students to interview young people (18-24 years) with asthma to identify self-care behaviours and based on these findings develop an interactive web based intervention.

Methods:

An exploratory mixed methods design incorporating a Generic Qualitative approach (interviews) and the Health Literacy Questionnaire (HLQ). Nursing and medical students were trained to perform research interviews using web based and face-to-face resources. Young people with asthma from non-health related Bachelor degrees at the same Universities completed the HLQ and 30 minute interviews.

Results/Discussion:

In pairs 19 medical and nursing students interviewed 20 asthma sufferers. HLQ data revealed that the group had lower than average ratings for 'actively managing health' and 'having sufficient information to manage their health'. The emergent themes from interviews were "living with asthma" – particularly the limits on lifestyle; "help seeking behaviours", notably the reliance on 'calling Mum';

“levels of health literacy”- which tended to be ill informed; and “preferred way of learning” (about their condition) – which was through phone based internet resources.

Conclusions:

Young university students lacked awareness of their condition and relied on maternal advice. Based on these findings an interactive YouTube video was produced portraying a deteriorating asthma case (actor) enabling users to select pathways of care (e.g. inhaler use and ‘who to call?’) with applicable outcomes.

Virtual movement to enhance learning and teaching of radiographic image analysis

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²Austin Health, Melbourne, Australia

Introduction/background:

Radiographic image analysis is an essential competency for all Radiographers. Limited educational resources are currently available in this area, with static two dimensional (2D) images still being used to teach 3D concepts.

Aim/objectives:

The first aim of this innovation was to create a new and engaging approach to teaching image analysis principles through the creation of virtual 3D anatomy animations. The second aim was to develop spatial awareness and problem-solving capabilities in radiography students that can be transferred to 3D imaging in other modalities.

Discussion:

To create this resource, 3D CT anatomy rotations were edited together with video footage and still shots of a model to demonstrate how the anatomy changes with a patient’s movements. To facilitate the delivery and application of these videos, a flipped-classroom approach was trialled with two cohorts of Monash University’s first year Radiography students. Weekly pre-tutorial videos were created using the software program Camtasia™ where live annotations were used to outline the key image analysis criteria for each X-ray projection along with narration of the 3D anatomy animations. Before attending the tutorial, students were given an online quiz to test their foundational knowledge.

Issues/questions for exploration or ideas for discussion:

Discussion will involve the ways that educators can move from using 2D static images in a text book to creating 3D resources that pedagogically align with students’ learning requirements. The potential and validity of using pre-tutorial videos to provide foundational knowledge and thereby creating space for active learning in the classroom will be explored.

The flipped-classroom model for teaching physical examination skills in an MD program: impact on acquisition of skills and student confidence

Daniel J Park¹

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There is growing support for a need to evolve medical student education, in light of the increasing pressures of expanding medical knowledge, increasing time demands on clinical teachers, larger class sizes and greater student-patient ratios. In 2016, a flipped-classroom model, featuring online multimedia resources, was introduced to clinical examination skills teaching in year 1 of the University of Queensland MD Program. The impact of this change was assessed via a survey of two student cohorts: one taught using the flipped-classroom model and the other using the original tutorial structure. Participants completed Likert-scales on a range of learning dimensions, including student likelihood to complete pre-readings, time-management, confidence in assessment and importantly, confidence to apply skills in patient populations. Tutors from both year 1 and 2 of the MD program were also surveyed to determine if there was any subjective difference in the two cohorts’ performance in tutorials and bed-side teaching. Preliminary results show consistent rises in student confidence towards assessment and clinical application of examination skills from the flipped-

classroom cohort. Tutor respondents subjectively commented there were lower levels of knowledge in the flipped classroom cohort, but higher and more consistent skills. The study suggests that there are significant improvements in the student experience, following the introduction of a flipped-classroom model for teaching physical examination skills, however, a number of other variables need to be considered before supporting this teaching method in other teaching contexts.

Investigating the impact of the flipped classroom on student assessment results and evaluation of a clinical rotation

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¹ Discipline of Child and Adolescent Health, The University of Sydney, Sydney, Australia

Background:

The flipped classroom promotes both flexible, self-directed learning using digital resources and active face-to-face learning. We changed Sydney MD's Child and Adolescent Health block's traditional lecture program to a flipped classroom in July 2015. Students completed online preparatory learning before attending interactive case-based teaching sessions.

Aim:

We investigated the impact of the flipped classroom on students' teaching evaluation and assessment results.

Methods:

We conducted a flipped classroom evaluation survey in the first two redeveloped blocks (July–September; October–December). We conducted our routine evaluation survey in two blocks preceding the change (March–May; May–July) and the same blocks in 2016. We performed thematic analysis on qualitative data and descriptive analysis on quantitative data. We compared assessment results before and after redevelopment using chi square ($\alpha=0.05$).

Results:

Most students reported the flipped classroom was beneficial for learning, especially interactive teaching sessions (92%) and online preparatory lectures (89%) and quizzes (93%). A number of students requested a weekly study day for preparatory learning. In routine evaluations, overall satisfaction with the block remained unchanged (83.3% versus 80.3%, $p=0.54$). There was no difference in the proportion of students below the 60% pass mark before (16/433, 3.7%) versus after (16/419, 3.8%) redevelopment (1df, $p=0.90$).

Discussion:

Despite positive comments, lack of overall change in evaluation may be due to requests for study time; lack of change in assessment may be due to our assessment approach.

Conclusions:

The flipped classroom promotes engaged student learning but had no impact on overall block evaluation or assessment results.

3G Resilience, Challenge and Leadership

Enhancing student resilience: A scoping review

Brooke Sanderson¹, Margo Brewer¹, Susan Beltman¹, Sonia Ferns¹, Michelle Donaldson¹

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Introduction/background:

Resilience is increasingly viewed as a critical graduate capability for the 21st century (Tomlinson, 2017). This is particularly true for healthcare which is a complex, stressful and emotionally challenging environment (Aburn, Gott & Hoare, 2016).

Aim/objectives:

This paper will present the findings of a scoping review that aimed to investigate how resilience is understood in the context of pre-qualifying health education, if there is a need to build student resilience and what approaches to enhancing student resilience are described in the literature.

Methods:

Arksey & O'Malley's (2005) methodological framework for scoping reviews was adopted to enable rigorous and replicable research. Four research questions informed the scoping review: (1) how is resilience conceptualised in the literature? (2) what evidence exists for the need for resilience enhancement? (3) what resilience factors should inform resilience enhancement? and (4) what resilience enhancement programs are described in the literature?

Results:

A total of 36 papers were included in the review. Whilst the need for a focus on resilience across the health professions was evident, an array of definitions and conceptualisations of resilience were described. A small number of approaches to enhancing resilience were identified.

Discussion:

The paper will present recommendations based on the findings of the review for researchers and academics.

Conclusions:

Whilst the importance of resilience in pre-qualifying health education is widely recognised, the area remains under theorised with limited conceptual models and robust interventions published to date. A shared understanding of resilience is needed to embed resilience within health curricula.

Fit to lead? LEAP and LEAD – a Leadership program for Doctors

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²The Children's Hospital at Westmead, Sydney, Australia

Introduction/background:

By the time Doctors have finished their training it is expected that they will have the skills, knowledge and attitudes to not only provide optimal patient and family care but to also lead and function at a high level within a team.

These attributes have historically been taught through role modelling.

Other industries train in these areas which then leads to the question – are Doctors fit to lead?

Aim/objectives:

The LEAP and LEAD program trains medical leaders to develop, share and deliver an optimal vision in medical education and training

Discussion:

Since 2008 over 190 Doctors have completed the LEAD and LEAP program. By using small group projects and real life topics doctors explore leadership concepts. Experiential teaching, mentorship and coaching are all key elements of the program.

Focus areas within the program include in depth exploration of self awareness of attributes and styles, managing relationships, high level communication skills and negotiation, developing a strategic understanding of NSW Health as an organisation and finally synthesising all learnings into developing and implementing strategies for personal and education development.

Issues/questions for exploration or ideas for discussion:

This session will highlight the need for formal teaching of such skills and how we can do better to improve patient care and outcomes.

Grace under pressure: Cultivating professional qualities in healthcare training and workplaces using acting techniques

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Introduction:

Developing an appropriate professional identity is a key graduate attribute of healthcare training programs. Unfortunately, behaviours modelled by senior clinicians are often discordant with formal teaching, as reflected in complaints of bullying and harassment in clinical placements. Acting skills can help medical students and staff to understand and embody positive professional and ethical qualities.

Aim:

This presentation outlines research evaluating two acting skills workshop series with medical students and junior and senior clinicians.

Methods:

We delivered a series of three workshops to medical students in 2015 and a modified workshop to clinical staff at one urban and one rural hospital in 2016. Each workshop was evaluated with pre-and post-surveys containing open and closed items, plus final focus groups/interviews. Quantitative data was analysed using descriptive statistics and qualitative data using thematic analysis.

Results:

Students reported that the workshops helped them improve their interpersonal skills and sense of self to deal with challenges in healthcare settings, including mistreatment. Clinicians reported that the workshops created a safe, collegial space to explore issues of status and were valuable for learning skills to negotiate challenging workplace relationships.

Discussion:

Our research showed there is momentum to challenge mistreatment in medical education and healthcare settings. Although a multipronged approach is needed to generate systemic change, these workshops offer a positive and creative innovation.

Conclusion:

Theatre workshops are a fun, safe and innovative way to assist medical students and staff to embody a behavioural repertoire for professional interactions in challenging contexts and for developing professionalism.

Waitemata District Health Board's Fellows Programme: Creating leaders, inspiring innovators

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¹Waitemata District Health Board, Auckland, New Zealand.

²University of Auckland, Auckland, New Zealand.

Introduction:

As healthcare systems increase in complexity the need to develop bold, effective leaders in our sector is ever more acute. There are limited opportunities for innovators to move beyond clinical service provision in our system.

Aims:

To develop future leaders capable of providing our patients with improved experiences and better outcomes.

Methods:

The Waitemata District Health Board (WDHB) Fellows Programme was launched in 2015 consisting of a series of one-year, early career roles. The programme is CEO-led sitting within the WDHB Institute of Improvement and Innovation (I³). Each role incorporates project work, leadership development activities and limited clinical duties. Project work is aligned with organizational priorities. Emphasis is placed on ensuring Fellows are not diverted into fulfilling unmet service needs. The programme is truly inter-disciplinary with the six current Fellows hailing from a variety of backgrounds.

Results:

Interim analysis of project outputs and qualitative data from stakeholders is encouraging. Staff involved in the programme state it is well received and meeting our stated aims. Outputs from Fellow roles are considered invaluable. Fellows have developed a range of skills. The programme has influenced their future aspirations and built awareness of the wider health system.

Discussion:

An additional four Fellows roles have been approved for 2017. We aim to complete a full evaluation of the programme, increase career planning support, increase the programme's profile, develop an alumni network and co-design a Fellows' seminars series.

Conclusion:

Our model of developing leaders has proven feasible and successful in improving patient experience and outcomes.

Teaching compassion to nursing students within an online digital learning environment

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Background:

Studies show healthcare without compassion fails to meet the expectations of patients and families. Poor patient outcomes are linked with austerity measures and the perceived lack of compassion in healthcare. Evidence confirms poor working conditions foster stress and diminished resilience that compromises nurses' ability to be compassionate toward patients, colleagues and themselves. There is ample evidence about teaching compassion in classrooms, but few studies about online teaching.

Aim:

This qualitative study explored how an evidence-based knowledge intervention (Compassion Module) influenced final year nursing students' understanding about the practice of compassion toward patients, colleagues and self.

Methods:

Students in a BN program at an Australian University in 2015 were invited to respond to open-ended questions before and after studying an online compassion module.

Results:

Initial findings generated superficial insights about compassion as sympathy, pity, and kindness to patients. Post-intervention findings revealed deeper understandings that included colleagues and themselves. 'Being present' was conveyed by placing yourself in their shoes, listening, and doing things that mattered to 'act to relieve suffering'. Being resilient required 'getting the basics right' such as positive life-style practices, cultivating supportive networks, and boundaries. 'Going forward', participants indicated they will practice self-care as registered nurses and now have greater insights into system barriers.

Discussion/Questions:

To what extent can compassion be taught online? How can educators support students to transition and thrive in challenging healthcare environments?

Conclusion:

Raising students' awareness about self-care is a key step in fostering a successful transition toward practicing compassion as a new registered nurse.

Transition complexities: Career expectations versus clinical practice challenges facing newly employed SP IMGs in Australian hospital settings.

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² University of Newcastle, Newcastle, Australia,

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Introduction/background:

Many Australian outer metropolitan, regional and rural hospitals continue to rely on Standard Pathway (SP) International Medical Graduates (IMGs) to supplement medical workforce shortages at PGY/HMO 2 -3 levels. The experiences and expectations of the SP IMGs and their patients and colleagues have been the subject of a number of government, medical education and patient safety studies, initiatives and commentaries.

Aims/objectives:

To explore and identify the challenges and opportunities facing SP IMGs, their supervisors, and employing hospitals.

Methods:

A mixed methods approach across three related studies explored the experiences of Victorian SP IMGs and their supervisors through surveys, interviews and focus groups. A further series of formative patient safety focussed clinical assessments incorporating the development and testing of an evidence-based patient safety education model and formative assessment tool facilitated the identification of specific clinical practice challenges.

Discussion:

SP IMGs self-reported positive experiences included gaining confidence with Australian disease patterns, patient presentations and management strategies; working in teams and immediacy of constructive feedback. Conversely, many IMGs experienced communication and cultural challenges; loss of self-esteem relating to language and clinical proficiency issues; and social isolation relating to excessive unsupported night and weekend rotations. Where SP IMGs feel unsupported, patient safety is compromised. There is a need for team building and increased supervision capacity.

Conclusion:

SP IMGs appreciate ongoing non-judgemental clinical practice support, including formative assessment feedback and professional development opportunities, and seek to make positive contributions to patient care. Hospitals and Departments of Medicine require the resources and incentives to increase IMG clinical supervision and support.

The factors contributing to career indecision in doctors

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Introduction/background:

On graduation from university, doctors are left with the potentially difficult decision of choosing a specialty training program. Research has shown that many doctors feel undecided on what specialty pathway to pursue and are wanting more guidance on specialty career choices.

Aim/objectives:

To explore the factors contributing to specialty pathway choice indecision in Australian doctors.

Methods:

This was a qualitative study which conducted semi-structured, in-depth interviews with seven Australian doctors who were undecided on their career pathway within medicine. Interview questions addressed their personal experience on what contributed to their indecision on what specialty career to pursue. Interview data was audiotaped, transcribed, and analysed to identify themes.

Results:

Six themes were identified with the most common factors contributing to career indecision being a lack of exposure to a variety of specialties and lifestyle and family considerations. The remaining factors were negative previous experiences; Advice from other people creating indecision, obstacles of hospitals and training programs and long-term uncertainty about medicine in general as a career choice.

Discussion:

Knowledge of the factors contributing to career indecision may assist those involved in pastoral care and medical education in their support to the doctor.

Conclusions:

Indecision around specialty career choice can be a daunting and isolating experience for a doctor. Many doctors have dedicated significant time and made many sacrifices to qualify as a doctor. This study highlighted some factors contributing to indecision in doctors, which can assist those involved in pastoral care, education and guidance of doctors.

Heck Yes! What drives students' transition to working in remote and rural areas?

Karin Fisher¹

¹University of Newcastle, Department of Rural Health, Australia

Background:

Clinical placements are a key element of undergraduate training for health professionals and can be a successful recruitment strategy for the rural workforce. Recognising the positive outcomes that clinical placements can facilitate, there is a need to approach recruitment strategically and understand what drives nurses and allied health professionals to transition to working "in the bush".

Aim/objectives:

This study aimed to investigate the decision making process of urban based students and early career nurses and allied health professionals to relocate rural after graduation.

Methods:

Semi -structured in-depth interviews were conducted with 34 recent graduates and 36 students. Students were undertaking studies at 7 urban based universities in either nursing or one of 5 different allied health professions. The majority of recent graduates (75%) grew up in urban areas and were employed in nursing, midwifery, or one of 8 allied health professions.

Results:

Students begin to think about employment from the mid years of their studies. Decision making is a complex process involving both personal and professional elements. Participants identified connectedness to people, place and community in rural communities which they experienced on placements as central to their practice location decision making.

Conclusions:

As a result of participants' responses, recommendations are made that include making remote and rural practice more attractive, clearer marketing of opportunities, including financial assistance, and greater exposure to remote and rural practice through quality clinical education placements in undergraduate studies.

3H Symposium

Lessons learnt from Curriculum mapping: following the transition from design to implementation and beyond

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Introduction/background:

Over the past decade there has been a growing interest in curriculum mapping in medical education. Those embarking on curriculum mapping often seek clarification on what it is and how it may be achieved, and on the type of curriculum map they and other end-users may need.

Aim/ objectives:

The aim of the symposium is to explore what is meant by a curriculum map, why they are needed and how they can be best implemented. The symposium aims to develop a guide for optimising success and avoiding pitfalls when implementing and maintaining a curriculum map.

List of Presentations:

This symposium will use case studies to explore the experiences of implementing medical curriculum maps at six universities across Australia. Presenters from Western Sydney University, Flinders University and Newcastle University will describe the challenges associated with design and initial implementation of curriculum maps. Presenters from Wollongong University, Notre Dame University and UNSW will explore the longer-term issues associated with maintenance of an up-to-date curriculum map and the incorporation of curriculum mapping into evaluation and improvement cycles.

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

This symposium will explore ways that curriculum mapping can enhance the educational experience and how the culture of each individual medical school influences the approach taken towards implementation of a curriculum mapping exercise.

Plenary Session 2

The Power of 'Holding', the Dilemma of De-othering

Eliciting individual and institutional transformation within Indigenous cultural safety education
[A considerable number of] students [are] not ... able to manage the dissonance in their own minds, when we introduce concepts to them around [their notions of] Australia, that they are not comfortable with.

*I was held, very gently, through my journey of coming to understand my white privilege.¹
Part of the success ... at Children's Hospital had to do with the fact that it was simultaneously an education program and ... an organising effort ... and so [we] were clear that in order for the program to be successful it had to be embedded in the institution and that wasn't simply going to happen by us asking ... but that we had to think of the ways in which transformation would occur within the relationships in the institution so that it would become part of what was important for the institution to hold on to.²*

In Aboriginal and Torres Strait Islander (Indigenous) health settings, clinical effectiveness is the end product of culturally-safe care. Becoming a culturally-safe health practitioner requires the development of a critical stance and a reflective practice. Full efficacy in Indigenous health, though, necessitates a courageous embrace of the inequity wrought by colonisation, along with a pursuance of appropriate responses to the underlying social determinants of Indigenous health. The transition to a health professional able to decolonise their practice is challenging: in an Australian context of widespread denial of troubling elements of our shared national history, such analysis can create sufficient dissonance to prompt student disengagement. Further, a 'decolonising' health professional actively seeks to diminish current power imbalances and address the continuing impacts of structured privilege, including interpersonal and systemic racism. (And hold their job)

This presentation will draw on the Western-Desert notion of Kanyirninpa, or 'holding' – one manifestation of a widespread Aboriginal mechanism to assist difficult or threatening transitions, such as the passage into adulthood. 'Holding' students through a necessary, but challenging, transition is an educational duty-of-care that models the duty-of-care of the later, culturally-safe, health professional. Through the development of 'safe' educational spaces, resistance is lessened, disengagement is minimised and disquiet rendered manageable. Modes of transition on an institutional level, however, present a dilemma: despite the presence of allies, even champions, and demonstrable good-will, Othering pervades the informal and hidden curriculum, ward practice and health policy – stereotyping, unconscious bias and institutional racism go unrecognised by many. 'Holding' allows students not only to commence, but also continue, a testing, decolonising journey; de-Othering may be an essential element of institutional transformation towards the same end.

¹ David Sjoberg, 2016

² Melanie Tervalon, 2015

Concurrent Sessions 4A-4H

4A Inter-Professional Learning

Interprofessional student-clinician workplace interactions: a qualitative study

Paul Crampton¹, Ted Brown¹, Kerry Hood¹, Fiona Kent¹, Michelle Leech¹, Jennifer Newton¹, Mick Storr¹, Brett Williams¹, Charlotte Rees¹

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Introduction/background:

Student understandings of other healthcare professionals' roles and team-working is often learned informally within the workplace. While the formal interprofessional learning literature is vast, very little research has explored informal interprofessional workplace student-clinician interactions.

Aim/objectives:

RQ1. What are students' and clinicians' understandings and experiences of workplace interprofessional student-clinician interactions?

RQ2. How can effective workplace interprofessional student-clinician interactions be facilitated?

RQ3. What are the similarities and differences in understandings and experiences across participant types (e.g. students versus clinicians, different professions)?

Methods:

Eleven group and eight individual interviews were conducted with 38 students and 19 clinicians across six professions (medicine, nursing, midwifery, occupational therapy, paramedicine and physiotherapy). Data are being analysed using Framework Analysis.

Results:

Nine themes were identified in relation to RQ1 and RQ2: (1) conceptualisations of interactions, (2) the context for interaction experiences, (3) the nature of interaction experiences, factors contributing to (4) positive interactions or (5) negative interactions, (6) positive consequences of interactions or (7) negative consequences, (8) suggested improvements for interactions, and (9) how participants talk. We have yet to explore differences across participant types (RQ3).

Discussion:

Our findings indicate that informal interprofessional student-clinician interactions facilitate student learning about the roles of others, understandings of converging role boundaries within a socially constructed practice hierarchy, and demonstrate how patient care is delivered interprofessionally across the professions.

Conclusions:

Our preliminary findings extend the literature on interprofessional learning by exploring informal workplace interactions. Despite some of the methodological challenges, our study offers key implications for interprofessional policy and practice.

Pre-registration interprofessional clinical education in the workplace: a realist review

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Background:

The call to embed interprofessional education opportunities into clinical settings for pre-registration learners has recently been made. A realist review was undertaken to ascertain the contexts, mechanisms and outcomes of formal interprofessional clinical workplace learning.

Method:

After initial scoping was undertaken, Medline, CINAHL and Embase were searched from 2005 to April 2016 to identify formal interprofessional workplace educational interventions involving pre-registration learners. A total of 30 papers were included in the review, after exclusion of dedicated training wards.

Results:

Several educational formats were identified combining students from medicine, nursing, pharmacy, and allied health: student teams engaging with a real patient through interview as the basis for discussion and reflection; student teams working through a case study to promote discussion; structured workshops, ward rounds or shadowing. Meaningful interprofessional student discussion

and reflection was the mechanism associated with the outcome of learners acquiring knowledge of the roles of other professions and teamwork skills. The mechanism of dialogue during a real patient interaction allowed the patient to provide their perspective and contributed to an awareness of the patients' perspective in health care practice. Medication or safety focused interprofessional tasks contributed to improved safety awareness. In the absence of trained facilitators or negative role modelling, programs were less successful.

Conclusions:

In the design of workplace education initiatives, interprofessional education curriculum decisions should take into consideration the contexts and mechanisms for the education outcomes of interest.

Learning together: An Interprofessional, community-based practice experience for people with Parkinson's Disease, students and clinical educators

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When students in interprofessional programmes partner with clients living with a long term condition, client and educational outcomes are enhanced when the focus is on client self-management and empowerment. Interprofessional practice (IPP) is known to improve team communication and client care and reduce reported clinical incidents, while interprofessional education (IPE) improves students' readiness and attitudes towards IPP (Reeves et al., 2012). Much less is known about the experiences of clients and clinical educators. This paper reports on the findings from a phenomenological study into the experiences of clients, speech-language therapy and physiotherapy students, and clinical educators participating in an 11-week, interprofessional programme for clients living in the community with Parkinson's Disease (PD).

Questionnaires (pre, post and 6 months post), client interviews and focus groups were completed to capture descriptive data and stories. Hermeneutic interpretation of client interviews and student and clinical educator focus groups held immediately after the programme revealed common meanings. These were drawn into a metaphor-based framework titled 'Navigating interprofessional spaces'. The main meanings depict client-centredness, the temporal collaborative journey, diverse identities and understandings of self and others, varying expectations and interpretations of the programme, intra- and interpersonal, cultural and contextual spaces, and uncertainty.

The descriptive and hermeneutic findings together illustrate shared and divergent experiences, suggesting that while a client-centred, self-management focused interprofessional education programme may benefit all participants, shared explicit understandings of purpose and support for collaborative challenges are essential. Additionally, the unfolding collaborative journey of learning how to practice interprofessionally has temporal, contextual and identity elements that a single experience will not address.

A critical assessment activity consolidates interprofessional learning for transition to practice

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Background:

A programmatic approach to interprofessional education (IPE) aims to assist health professional students to acquire collaborative practice capabilities through a planned sequence of activities, including gaining literacy in relation to the range of health professions and simulation-based learning. The final phase involves learning from interprofessional practice experiences in real patient or client

care settings, but interprofessional student service learning has proven extremely difficult to implement at scale.

Methods:

We developed a simple, individually-completed, assessment task that places senior students in a critical posture in relation to an interprofessional practitioner team into which they have been placed as part of their conventional placements. Candidates in medicine (149), pharmacy (61) and exercise physiology (21) were asked to recall a team that they had the opportunity to observe and provide observed examples of good collaborative practice, as well as the reasons for this evaluation. They were also asked to identify and critique examples of less effective collaboration, before offering suggestions about how the team might improve its interprofessional collaborative practice. Student writings were subjected to content analysis to identify evidence of consolidation of interprofessional learning and students' interview transcripts underwent phenomenologically-oriented analysis focused on affective learning.

Results:

The analysis demonstrated consolidation of interprofessional learning, particularly in the affective domain, in association with completion of the activity. Examples focused on role definition, team communication, the negotiation of power imbalances, collegial respect and patient-centredness.

Conclusions:

An easily-implementable, individually-completed, critical assessment activity appears to consolidate learning in the context of a programmatic approach to IPE.

Interprofessional professional placements: Mutual learning opportunities for students and supervisors.

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¹Flinders University, South Australia

Introduction/background:

Limited research has captured the perspectives of practice placement supervisors who facilitate interprofessional education placements about their learning outcomes, or their perspectives about other disciplines encountered in these contexts.

Aim/objectives:

This study explored the perspectives of Early Childhood Educators (ECE) who were interprofessional supervisors for speech-language pathology (SLP) students completing a clinical placement in a childcare setting.

Methods:

Two focus groups were conducted with seven ECEs who provided supervision for SLP students in two childcare settings. Four centre directors who managed the ECEs also participated in individual interviews. These gathered perspectives about the ECE's learning outcomes from their interprofessional supervision experience. The interview data was analysed thematically, and findings were interpreted using the theory of Legitimate Peripheral Participation (Lave and Wenger, 1991).

Results and Discussion:

The same five themes were identified from the ECE and Director data. These were: adjustment and support for students to learn; relationship is paramount; working and learning together; staff skill development; and holistic, child oriented approach. The students learned through participating in the everyday activities of the childcare environment and working alongside the ECEs. For the ECEs, this reinforced the value of their skills and facilitated the students to become legitimate members of their community. The ECE and Director participants identified that supervising the SLP students had facilitated their own knowledge and skills about children's communication development which was a key placement learning objective for both students and ECEs. Participants therefore perceived that the learning for ECEs and students was mutual, reciprocated and beneficial.

Ascertaining student readiness and outcomes on inter-professional education in health professional programs

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¹Monash University, Melbourne, Australia

Introduction/background:

Inter-professional education (IPE) aims to prepare medical and healthcare students with the knowledge, skills and attitudes required to practice as a health professional in an inter-disciplinary team.

Aim/objectives:

To identify the self-efficacy and readiness of healthcare students for IPE.

Methods:

A cross-sectional study of undergraduate students undertaking degrees in paramedicine, social work and public health was performed. Students completed paper-based copies of the Readiness for Inter-professional Learning Scale (RIPLS) and the self-efficacy for inter-professional experiential learning scale (SEIEL) questionnaires. Data was analysed through one-way ANOVA and appropriate post-hoc analysis.

Results:

From a total of 774 invited students, 388 students (overall response rate 50.12%) completed the questionnaire, with the majority female (n=265, 68.29%) and having a mean age of 22.13 (SD=3.73) years. Paramedic students exhibited significantly greater RIPLS scores for the 'teamwork and collaboration' and 'roles and responsibilities' subscales, with no difference between groups on 'professional identity'. No significant differences in scores was observed between groups for the SEIEL, although significantly higher scores were observed for males (p<0.05).

Discussion:

This study is the first to explore student readiness for IPE in a non-medical and nursing learning context. Current teaching practices do not prepare healthcare students for learning in an inter-professional environment and as future practitioners in an inter-disciplinary healthcare workforce.

Conclusions:

Specific IPE training initiatives must be developed and implemented from the commencement of undergraduate training to embed an inter-disciplinary approach to the learning and practice of healthcare.

4B Clinical Skills

An interim report on the acquisition of Primary Health Care & General Practice relevant clinical skills in the senior years of a medical degree

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Introduction/background:

During their undergraduate training, medical students are exposed to clinical situations, both actual and simulated during which they are expected to learn a number of clinical skills.

Aim/objectives:

To understand

1. How medical students perceive what they have achieved in respect of the mastery of clinical skills relevant to the General Practice setting
2. If there is a variance between the self-reported degree of comfort and confidence from students at different points in the sixth year of the medical degree

3. How any perceived or actual deficits in the self-reported acquisition of selected clinical skills may be addressed

Methods:

This data was collected in the final year of the degree program at the end of the General practice module. The Students completed a brief survey. The skills listed were identified by a panel of expert GPs and drawn from the Clinical Skills outcomes that form part of the medical curriculum..

Discussion:

This paper explores the confidence and self-reported competence expressed by students in the execution of a number of clinical skills deemed essential in the General Practice setting before students transition to postgraduate clinical settings where they would be expected to know these skills.

Issues/questions for exploration or ideas for discussion:

If gaps are identified how can they be addressed?

Which educational approaches may best ensure consistency in experience for students in achieving the mastery of clinical skills central to the transformation of a medical undergraduate student into a competent health professional fit for medical practice?

cARdiac ECG App – How Can Augmented Reality Enhance the Real Thing?

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Introduction/background:

Students reported poor knowledge and understanding of Electrocardiography (ECG) traces even after accessing multiple two-dimensional (2D) resources and interactive tutorials. To address this, we created an interactive three-dimensional (3D) model using Augmented Reality (AR) for students to explore, learn, and assess their understanding of ECG traces and their relation to the heart during the cardiac cycle.

Aim/objectives:

Using interactivity, animation and overlays, this 3D app stimulated learning through the blending emerging and traditional resources while embedding them within an established curriculum. Students gained deeper understanding of performing and interpreting an ECG along whilst correlating this with underlying electrical and physiological abnormalities in the heart. Students describe "I am very much a visual learner and being ... able to move the heart and orientate it truly adds to my understanding, as does the ability to see it all happen at the same time".

Discussion:

After using the app, a reference group of medical students rated their confidence in applying and understanding ECGs on a scale of 1 (strongly disagree) to 5 (strongly agree). The average score pre-cARdiac ECG was 2.45, and after using the app increased to 4.18 (p=0.000). Further evaluation data will be presented during the presentation, as will a demonstration of the cARdiac ECG AR app.

Issues/questions for exploration or ideas for discussion:

Emerging technologies can add to student learning when designed and implemented in response to curriculum needs. We suggest that there is potential for student learning to be more engaging and lead to improved clinical outcomes.

An undergraduate program on quality and safety – outcomes across four medical schools

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²University of Wollongong, Wollongong, NSW

Introduction/background:

Teaching Quality and Safety in medicine is an important part of undergraduate medical education. It is usually taught in the later years of most programs.

Aim/objectives:

This study aimed to investigate the effectiveness of a program delivered in the early years of the medical course.

Methods:

One of the authors developed a program of lectures, workshops and tutorials that were implemented across four medical schools. The Attitudes to Patient Safety Questionnaire (APSQ) was completed by participants prior to the intervention (T1), immediately afterwards (T2), at 6 months (T3) and 18 months (T4).

Results:

There was a significant improvement in APSQ scores between T1 and T2 which was maintained at T3. There was a slight decline at T4 but the score were still significantly greater than T1. Gender, age, language spoken at home and whether student had a prior degree or not had no impact on scores. Those students who had previously worked in health profession had significantly lower scores at T1.

Discussion:

The educational intervention has had a positive impact which has been sustained across 18 months. The results suggest that a further intervention should occur around the 18 month point.

Conclusions:

This study demonstrated a sustained impact of an intervention in the early years of a medical course

Supporting development of professional skills and identity in early health professional education

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²Department of Physiotherapy and MCSHE, Monash University;

³School of Nursing and Midwifery, Monash University;

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Introduction:

Early health professional education is often dominated by basic sciences content, which provides a potentially rich opportunity to begin developing professional skills and identities. It is suggested that early professional identity cues and socialisation primarily exists as 'hidden' curriculum in these typically content-heavy courses. Little research exists regarding how professional skills may be explicitly supported in integrated curricula within basic science courses, such as anatomy.

Aim/objectives:

The aim of this study was to identify the impact of the anatomy learning environment on the development of medical and physiotherapy students' professional skills and identities in an effort to inform curricular development.

Methods:

Framework analysis was undertaken on data collected via Verso®, an online anonymous forum, and via focus group discussions. Discipline-specific student groups contributed to online forums with comparable prompts regarding professionalism, ethics and anticipated future practice. These data informed interdisciplinary focus group prompts regarding professional skill development in anatomy education and the suitability of the Verso® platform.

Results:

Pilot data suggested that anatomy education provides a rich environment for influencing healthcare students' professional skills though not always in a manner supporting essential aspects of a healthcare workers' professional identity (e.g. comfort with ambiguity might be negatively impacted by current anatomy teaching practice).

Conclusions:

An anatomy learning environment provides numerous opportunities to support professional skills and identity formation and Verso® is an appropriate method for exploration and curricular revision. Ongoing longitudinal data collection and analysis will inform a framework by which similar courses can improve this essential integration.

“No anaesthesia, had to use a bag of frozen peas instead.” Medical students' experience of practising invasive medical procedures in an Australian and a New Zealand Medical School

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²Flinders University, Adelaide, Australia.

Introduction:

The phenomenon of medical students performing invasive clinical procedures on themselves has been previously demonstrated (Smith-Han, et al 2015). This phenomenon raised several questions about self-care of the student, ethical issues, and reasoning behind the practice among others. Due to discovering this behaviour the authors proceeded to investigate its prevalence, along with broadening the scope of their research to examine this phenomenon against the background of practising invasive clinical procedures during students clinical years.

Aim:

This presentation examines data about medical students' experiences of practising invasive medical procedures in three different contexts: practising on patients, other students, and themselves. It uses data taken from an undergraduate medical school in New Zealand and a postgraduate medical school in Australia.

Methods:

This research involved a mixed method on-line survey of medical students who were in the clinical years from the two medical schools. Quantitative and qualitative data were collected and analysed. Questions asked included clarifying the type of procedures performed in each context; difficulties, including any ethical issues; and the students' perspectives on the level of supervision during initial experiences.

Results:

The focus of this presentation will be on the prevalence of the different types of invasive procedures performed in different contexts and the level of supervision experienced by the students. Ethical issues will be explored through the qualitative data.

Conclusions:

This snapshot of students' experience in New Zealand and Australia highlights significant areas of concern in relation to ethical boundaries and safety issues for both students and patients.

Teaching Rural Anaesthetics using a virtual hospital

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Introduction/background:

Anaesthetic training for medical students is often undertaken using traditional CBL or lecture formats, supplemented with practical workshops and clinical placement. As this is mainly a clinical discipline, we sought new ways to deliver our program where clinical opportunities were limited.

Aim/objectives:

To identify whether students and staff engaged in this style of learning. A virtual operating theatre was created in a rural town using simulation equipment and simulated patients. Students were allocated to small groups for a Pre-anaesthetic assessment, Induction room, Theatre, Recovery and ward scenarios. Each group prepared for scenarios in advance with online curriculum material and resources. Complex cases were chosen and unexpected events occurred in each scenario. Simulation supervisors were experienced educators and clinicians. Students were involved in debriefing at the end of each scenario.

Discussion:

Students completed the scenarios and were assessed at the end of the workshop. Overall satisfaction was above previous standard workshops. Knowledge was assessed in formative and summative assessments at a later date. Both students and educators found this an engaging method to learn basic anaesthetic skills. This method is transferrable to multiple scenarios and was better received than standard teaching methods.

Issues/questions for exploration or ideas for discussion:

Do virtual hospitals provide comparable education environments to real theatre suites.
Should virtual hospitals be preferred learning environments

4C eLearning**End-of-life care education: Design from the national agenda**

Kim Devery¹

¹Flinders University, Adelaide, Australia

Introduction/background:

Major national policy initiatives are invaluable for translation into curriculum and educational innovation. The 2015 *National Consensus Statement: essential elements for safe and high-quality end-of-life care* (the Consensus Statement) by the Australian Commission on Safety and Quality in Health Care (ACSQHC) provided the impetus and framework for a major education initiative, led by Flinders University.

Aim/objectives:

This talk will outline the complex, dynamic and collaborative work underpinning the End-of-Life Essentials project. Drawing on the conceptual **four-dimensional curriculum framework** developed by Lee, Steketee, Rogers & Moran, the talk will demonstrate how a coherent and reflexive approach was used to link educational practice with national policy initiatives as well as workforce and inter-professional practice.

Discussion:

The talk will focus closely on the four-dimensional curriculum framework. This conceptual map will be presented and discussed. First, the Consensus Statement guidelines provided the 'big picture' decisions that actively shaped and drove the pedagogy. Second, the development of learning outcomes and the understanding of what happens in professional practice added another dimension to the curriculum. Third, the pedagogy behind the online education will be presented. Rather than hinder the learning, online design and the use of metacognitive education principles aimed to produce a highly self-reflexive learning environment. Finally, discussion will outline the delivery and logistics of the project.

Issues/questions for exploration or ideas for discussion:

To date over 2,500 doctors, nurses and allied health professionals have completed the online learning with 60,000 visits to the projects web site resources.

Teaching metacognitive skills: Instructional design, video production and pedagogy

Kim Devery¹, Matt Hawkins¹

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Introduction/background:

The 2015 *National Consensus Statement: essential elements for safe and high quality end-of-life care* by the Australian Commission on Safety and Quality in Health Care (The Commission) provided the impetus and framework for a major education initiative, led by Flinders University.

Aim/objectives:

The talk will outline the pedagogy supporting the eLearning component of the End-of-Life Essentials project. This project is funded by the Commonwealth Government, led by Flinders University, partnered with CareSearch and developed with The Commission.

Discussion:

When planning the End-of-Life Essentials project we identified learning outcomes that focussed on metacognitive thinking and skills, around end-of-life care, of health care professional learners. Three principles shaped the pedagogy and the metacognitive thrust of the teaching and learning. First, focus on industry-specific cognitive and metacognitive skills. Second, case based learning. Third, making thinking processes explicit in our eLearning, scriptwriting and video production. In addition, several instructional design techniques were utilised to provide learners opportunity to critically self-reflect, plan knowledge translation or collect impressions of their own thinking for growth and learning. Our partnerships with script writers and video producers were central to our pedagogy and created room for learners to understand their own thinking while viewing expert responses to commonly encountered end-of-life case based scenarios. Pedagogy of the eLearning and specifically that supporting the script writing and video production will be discussed.

Issues/questions for exploration or ideas for discussion:

Can thinking skills be taught? Results from our evaluation will be discussed.

Bloody good! The impact of elearning on clinical practice

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Background:

BloodSafe eLearning Australia (BEA) (www.bloodsafelearning.org.au) is an education program for Australian healthcare professionals. Courses are interactive and include case studies, videos, and best-practice tips. Successful completion of a multiple-choice assessment is required for learners to gain a certificate. There are 400,000 registered learners, from more than 1300 organisations, who have completed more than 750,000 courses.

Aim/Objectives:

To evaluate whether BEA courses were meeting their objectives of: providing knowledge of patient blood management and safe clinical transfusion practice; and that this can be applied to clinical practice in order to improve patient outcomes.

Methods:

Quantitative and qualitative evaluation of the program using stakeholder workshops, interviews and end-of-course completion surveys.

Results:

Stakeholder feedback shows that the program: provides credible, consistent education across Australia; is cost effective, reduces duplication; is 'best-practice' elearning that is readily accessible; allows institutions to focus on practical aspects of transfusion education; results in change to clinical practice; and supports the broader implementation of a blood management strategy in Australia.

User evaluation shows that the courses have a positive impact on knowledge and practice improvement with 89% of respondents stating that they had gained additional knowledge of transfusion practice, processes and/or policy and more than 86% reporting practice change to improve patient safety and outcomes.

Conclusion:

The BloodSafe eLearning Australia program has provided learning and development to a large number of health professionals. Evaluation demonstrates that these courses provide users with a consistent and reliable knowledge base which translates into changes to practice and improved patient outcomes.

MOOCs: Principles, pedagogy and partnering

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Introduction:

Massive Online Open Courses (MOOCs) are freely available short online courses that anyone can participate in. They make use of the digital environment to create socially constructed learning and exchange, and allow for discovery learning, content curation, and peer collaboration and review.

Aim:

To deliver a community driven learning experience with participants viewed as contributors, not simply recipients of education.

Methods:

The five-week MOOC (Dying2Learn) was developed by the CareSearch team at Flinders University. It provided an opportunity for participants to discuss and learn about issues around living, dying and palliative care. The CareSearch project (authors, facilitators) and OpenLearning (platform, developers) partnered to provide a unique collaborative learning space that enabled evaluation of both participant engagement and learning gains.

Results:

A total of 1156 people enrolled, with 92.6% females (mean age 49.5). The majority had a university qualification (70.6%) and 68% identified as health professionals, despite targeting the general community. This highlighted the interest and need for this type of engagement for health professionals who saw the MOOC as an avenue for gaining professionally relevant knowledge and continuing professional development (CPD). Almost 10,000 comments were posted during the MOOC, with many health professionals commenting the MOOC transitioned into a personally reflective experience.

Conclusions:

The MOOC offered a readily available platform for socially-constructed learning, highlighting the potential of providing a new avenue for health professional education, particularly CPD. Participants were motivated and empowered, and learning experiences were fostered on clinical and emotive levels on the intimate topic of death/dying.

If you build it, they will come... A blended learning model for large-group teaching

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Introduction/background:

Blended learning has the potential to enhance engagement and flexibility. However, it can be difficult to effectively restructure existing courses.

Aim/objectives:

To achieve these goals for introductory Pathology courses for Medical Science and Exercise Physiology students (PATH2201/2202), we replaced 50% of the conventional lectures with online modules and interactive large-group sessions.

Methods:

For each topic in the course a single face-to-face overview lecture was retained. Remaining material was converted into short online modules incorporating excerpts of lecture recordings, slides that included animations/highlights, and quizzes using several question types. Modules were developed in PowerPoint/iSpring and uploaded to Moodle as SCORM packages. Each topic concluded with an interactive large-group session focussing on integration of the content, with in-class questions to which students could respond via the Echo360 Active Learning Platform (ALP). Overall, 29 online modules and 5 integration/feedback sessions were delivered to 264 students in semester 2, 2016. Completion of modules was monitored via Moodle reports. Feedback was obtained via online surveys and student ePortfolio submissions.

Results:

100% of the modules were completed by 100% of the students. Engagement with the feedback/integration sessions was also high, with up to 90% of students responding to in-class questions via ALP. Students found the online modules “engaging” and appreciated the “interactive quizzes” and the “flexibility”. However, some students complained that the “lecturer-student interaction” was impaired and were troubled by intermittent internet/connection issues.

Conclusions:

In successfully transforming PATH2201/2202, we have demonstrated an effective model for the use of blended learning in large group teaching sessions.

All eyes and ears: can implementation of an online learning program in ophthalmology and ENT transition from medical school use to the postgraduate environment?

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Introduction/background:

Junior doctors encounter many presentations involving the eye, ear, nose, and throat, identified as core domains in the Australian Curriculum Framework for Junior Doctors. Decreasing availability of ophthalmology and otolaryngology (ENT) teaching in medical curricula worldwide secondary to curricular and resource pressures, may hinder skill acquisition in medical graduates. Studies indicate junior doctors lack confidence, knowledge and skills to assess and initially manage disorders in both disciplines.

MEyeNET, an interactive self-directed online program initially developed for Monash University medical students focussing on **Eye**, **Nose**, **Ear** and **Throat** disorders, may have a role in upskilling junior doctors. Learners can revise the relevant anatomy, physiology and clinical skills, before consolidating their diagnostic and management skills through a series of virtual patients presenting with ophthalmological or ENT disorders. Active learning is encouraged through quizzes and short answer questions, and instant feedback is provided.

Aim/objectives:

To pilot the use of MEyeNET in a cohort of junior doctors to assess its relevance and educational impact in a postgraduate setting.

Discussion:

Recent Monash University graduates will be invited to participate in the MEyeNET pilot and a series of evaluation tools (formative assessment, pre- and post-surveys) will be used to track changes in perceived confidence and competence in dealing with the diagnosis and management of eye and ENT presentations. Feedback from participants will be reviewed to assess its relevance, educational impact and future development.

Issues/questions for exploration or ideas for discussion:

Does an online educational resource, initially developed for medical students in ophthalmology and ENT, have relevance, acceptability and aid skill acquisition amongst junior doctors?

4D Rural Futures**NZ medical students: where might future rural doctors come from?**

Phillippa Poole,¹ Warwick Bagg,¹ Antonia Verstappen,¹ Tom Stoner,¹ Matt Kent,¹ Tim Wilkinson,² Joy Rudland,³ Fiona Hyland,⁴ Simon Paterson.⁴

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³University of Otago, Wellington, New Zealand

⁴University of Otago, Dunedin, New Zealand

Introduction/background:

There remain shortages of doctors in rural areas.

Aim/objectives:

Descriptions, over a decade, of the size of New Zealand (NZ) medical students' hometowns, changes in intended practice location between entry and graduation, and factors for changes to illuminate medical work force issues in rural areas.

Methods:

Prospective study conducted by the NZ MSOD project group. The first part analysed survey data from one NZ programme from 2006-2015. The second part will broaden this to NZ's other programme, and explore influences on career choice and changes in intention.

Results:

21% of students were from regional-rural (RR) backgrounds, with no significant change over time ($P=0.40$), with most coming via a rural entry pathway. At graduation, RR students were three times more likely than urban students to have an RR intention. 60% of RR students intended a RR career. Urban background students intending an RR career outnumber RR background students by a factor of 1.6. RR students more often changed to an urban career intention than vice versa.

Discussion:

The well-known influence of a rural background on RR career intention is confirmed in NZ. RR pathways are critical for recruitment. Urban background students are an important group in the RR workforce, and not all RR background students intend an RR career. Given the influence of the early postgraduate period, findings need extending by tracking participants to their eventual location of practice.

Conclusions:

RR background is one important influence on a decision to work rurally, but there are broader considerations in growing the rural workforce.

Ready to practice: The preparation of Speech-Language Pathology students at Australian Universities for remote area practice

Nanthini Kanthan¹, Professor Adrian Schoo¹

¹Flinders University, South Australia, Australia

Introduction/background:

Australia's health system faces ongoing challenges in recruiting and retaining allied health professionals to remote areas of Australia. Practicing as a speech-language pathologist in remote areas is challenging and requires context-specific professional, personal, and cultural approaches. There has been little research into the speech language pathology (SLP) workforce in remote areas and the ways in which university training programs contribute to new graduates' preparedness for remote practice.

Australia-wide, the total SLP workforce numbers increased by 27%, however the remote SLP workforce increased by 42%.

Purpose/objectives:

Preparation for SLP remote practice needs to be more adequately addressed to better prepare the workforce in meeting the needs of remote communities. The trend to increased employment availability in remote areas emphasises the importance of strategic planning for the workforce and for the context.

Issues/ questions for exploration or ideas for discussion:

Literature and professional perspectives confirm that remote practice is unique; however, SLP university curriculums generally do not reflect preparation for remote practice. What can we do to change this? Does it need to be changed? What are the standards we are measuring against that suggest specific remote area training is required and valuable?

Transitions to the rural workforce: Exploring dental graduate intentions and destinations.

Felicity Croker¹

¹James Cook University (JCU), Cairns, Australia

Background:

The JCU Bachelor of Dental Surgery was established in 2009 as a socially accountable program with the mission to address the population health needs and workforce shortages of rural, remote and tropical Australia.

Aim:

This presentation will focus on how aligning student selection, curriculum design and clinical experiences has enabled and encouraged transition to rural practice, as evidenced by the career pathways of graduates in the first four cohorts.

Methods:

Data gathered from two sources allows mapping of career intentions and graduate destinations. Since 2013, an exit survey data has provided data on student intentions. This has been followed by tracking graduate careers.

Results:

A significant proportion of dental students intended to practise outside capital cities. Influences on intentions are multifactorial. Many graduates planned to work initially in rural towns or outer regional centres with progression to practice in larger centres. Through GIS mapping the significant contribution to the rural workforce over this time is evident.

Discussion:

The capstone year is contributing to successful transition into the rural workforce. Ongoing follow up is tracking career progression over a longer period. The data so far suggests that the career outcomes of JCU dental graduates are aligned with regional workforce needs.

Conclusion:

Further research is required to evaluate whether the current curriculum design can continue to reliably enable transition to the rural workforce given the fluid policy environment and emerging funding challenges.

Trialling a medical undergraduate model of consultation simulation with post-graduate rural nurses in a community setting? Learnings from phase 1

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²West Coast Primary Health Organisation, Greymouth, New Zealand

Introduction/background:

Safe, Effective, Clinical Outcomes (SECO) clinics are simulated clinics enabling medical students to rehearse the clinical encounter in a safe environment, using actors as patients. They are used in the Dunedin Medical School undergraduate programme.

In 2015 the West Coast Primary Health Organisation approached the research team, asking for support in the provision of a safe learning environment for their rural nurse specialists to assess their individual practices and decision making, as this group of nurses work autonomously under standing orders.

Aim:

The aim was to assess the acceptability of the SECO approach with experienced post-graduate nurses.

Methods:

A researcher developed five question survey, was e-mailed to all participants, followed by two reminders.

Results:

Fifteen participants took part and eleven returned surveys. Eight agreed or strongly agreed that SECO enabled them to identify and practice communication skills that would ensure they gathered the relevant information from patients. Eight also considered the experience enhanced their ability to more confidently identify red flags. Seven agreed or strongly agreed that the experience improved their ability to communicate efficiently and effectively with medical colleagues.

Discussion:

Simulation training is recognised as a strategy for preventing errors in the clinical setting, providing an excellent opportunity for experienced nurses to apply their experiences and skills to simulated scenarios. This small preliminary study suggests experienced rural nurse specialists find the SECO experience acceptable and beneficial as a learning platform.

Conclusions:

Further work is needed to understand how the experience influences critical thinking and clinical decision-making skills in this group of health professionals.

Community postcards: sharing experiences of medical student learning in rural communities

Dr Justin Gladman¹, Prof Lucie Walters¹, Dr Emma Kennedy¹, Dr Leesa Walker¹, Janet Richards¹, Kat Cameron¹, Helen Wozniak¹, Heidi Hodge¹, Dr Debbie Hough¹, Dr Elena Rudnik¹, Narelle Campbell¹, Prof John Wakerman¹, Prof Jennene Greenhill¹

¹Flinders University, Adelaide,

Introduction/background:

Flinders University medical students can be immersed in rural or remote communities throughout South Australia and the Northern Territory during their MD course. These communities provide a rich context for the students to live and learn in.

Aim/objectives:

The aim of this study was to understand how medical students on rural placements add to the social capital of the community.

Methods:

Approximately 100 postcards were distributed to community stakeholders with an invitation to write to a conference delegate in Canada answering the question: **The value of medical students learning in my community is...** Postcards were answered by conference participants. Thematic analysis was performed until theoretical saturation was reached.

Results:

Themes identified from the Australian postcards included: (a) enriching close-knit communities; (b) meaningful medicine and (c) creating a work-ready future workforce. Reciprocal postcards were from the clinical educator perspective with themes: (a) creating a work ready future workforce, (b) enriching student learning and (c) the value of student-clinician relationships. These postcards also expressed (d) gratitude to the community members for supporting and medical students in their communities and valuing their contributions.

Discussion:

Medical students are perceived as valuable members of the communities they learn in and contribute in various ways. The relationships that develop are important to student success and endure beyond the clinical placement.

Conclusions:

Medical students add value to the social capital of the communities they learn in. An engaging audio-visual presentation of community members talking about their postcards is a useful way to exhibit this finding.

Public–Private Partnership: A model for allied health student clinical placement in a regional area

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²Department of Rural Health, University of Newcastle, Port Macquarie, Australia

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Background:

Increasing allied health student numbers has led to rising demands for limited clinical placements. Public health facilities have a finite capacity to increase placements, and it can be difficult for private practitioners to facilitate student learning in a financially driven setting. However, the allied health workforce is becoming increasingly privatised and with a significant portion of the allied health workforce in part time positions there is a need to explore novel placement models. This has potential to maximise placement opportunities and better prepare students for the current workforce.

Objectives:

A public-private partnership model has been developed in a regional setting in order to generate new placement opportunities. The perceptions of students who have undertaken these placements has also been explored.

Discussion:

Academic staff in the disciplines of physiotherapy and speech pathology, in partnership with local clinicians, have established placements partnering the public and private sectors. Placements are shared between two supervisors; one in the public and one in the private sector, with support and co-ordination by local academic staff. Students who have completed these placements felt the breadth of clinical experiences across the two settings provided excellent learning opportunities; and that the dual supervisors, working with the academic staff, were able to give constructive feedback to facilitate learning and improved performance.

Issues for exploration:

Challenges in establishing these placements will be discussed and methods to facilitate assessment and communication across a range of sites demonstrated.

4E Transition to Clinical

Challenges & tensions in the transition to clinical learning – influence on learning behaviour

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²Wilson Centre, University of Toronto, Canada

Introduction/background:

Previous studies have highlighted the complex nature of students' learning approaches in response to assessment. In particular, the influence of contextual and personal factors on student learning approaches is not well understood.

Aim/objectives:

This study aimed to explore medical students' learning approaches during their first clinical year.

Methods:

Semi-structured interviews were undertaken with 12 volunteer medical students from a variety of clinical school locations. Interview data was collected at the end of the academic year. Data analysis involved inductive and deductive thematic coding. Assessment and transitions literatures were used as sensitising concepts to aid interpretation.

Results:

Students describe an imperative to perform well on the novel assessment formats found in clinical learning. Students select learning approaches to meet this imperative with guidance from multiple sources (informal, formal, peer and tutor), while attempting to balance three key tensions. Firstly, they consider there is divergence in the learning activities resulting in academic success and those that will help them to become a good doctor. Secondly, they talk of conflict between university and hospital staff expectations. Thirdly, they attempt to balance their use of previously successful study habits with their need to adapt to their new learning environment.

Discussion & Conclusion:

Not surprisingly, medical students find the transition to clinical learning challenging. We suggest that educators and curriculum designers can assist students through this transition by focusing on key tensions in this environment. Understanding of these tensions can guide clarification of course expectations (to both students and hospital staff), presentation of useful study strategies for clinical learning; and careful consideration of the purpose and deployment of assessments.

Words, words, words: Using Blooms taxonomy to give direction during the transition from pre-clinical to clinical learning

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Introduction/background:

Modern medical education prides itself on encouraging self-directed learning. While most medical schools have a well-defined set of learning objectives for the pre-clinical years these diminish as students progress into the clinical years meaning that the students are left to undertake self-directed learning without any sense of where they are going or what is important.

Aim/objectives:

The aim of this project was to use Blooms taxonomy to give direction during the transition from the pre-clinical to clinical years in a medical program.

Methods:

Over a two year period online clinical modules were developed to highlight learning expectations and provide focus to learning in the clinical years. These clinical modules were evaluated using a 5 point likert scale at the conclusion of the clinical years (n=71). Results are presented as the percentage of students who agreed or strongly agreed.

Results:

Students found the clinical modules very relevant to their level of learning (82%). It was useful to have assumed knowledge from previous stages linked to the clinical module (72%). Students valued having recommended resources available to guide the level of learning expected (87%).

Discussion and Conclusion:

The clinical modules incorporated Blooms taxonomy to demonstrate the increasing complexity and to match the increasing educational autonomy as students develop from knowledge acquisition and comprehension in the pre-clinical years to synthesis and evaluation in the clinical years. This guidance helps the students determine where to focus their learning approach in the later years of the medical programme.

Reflecting on transition to practice: what new graduates write

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¹Victoria University of Wellington, New Zealand,

²Royal Liverpool and Broadgreen University Hospital Trust

Introduction/background:

This study was born out of our experience as educators responsible for helping new graduate nurses transition into their first year of professional practice through a formal education programme. Impressed with the richness of material contained in their written reflections, we sought to analyse and share what we learned as we read their work.

Aim/objectives:

To identify the challenges and learning experiences revealed in reflective assignments written by new graduate nurses undertaking a postgraduate course as part of their transition to registered nurse practice.

Methods:

Fifty two reflective essays completed by twenty six participating students were collected and their contents analysed thematically.

Results:

The students' written work contained powerful descriptions of their struggle to practice with care and compassion, of the care and support they received at this critical time in their careers, and of their developing confidence and skill over time.

Conclusions:

The findings shed light on the experiences of new graduates and what helps them in persisting through this critical phase of career development. In addition, the reflective essay is shown to be a potent tool for assisting both new graduate nurses and their lecturers to reflect on the learning opportunities inherent in current clinical practice environments.

Transitioning from academic education to professional practice: a national residency program for pharmacy

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⁹National Australian Pharmacy Students' Association (NAPSA), Sydney, Australia.

Introduction:

Experiential learning is critically important for newly registered professionals to consolidate their education attained from formal academic programs and apply this knowledge in real and complex workplace settings. Unlike the USA, UK, Singapore, Canada and others, Australia has not yet introduced pharmacy residency programs as a core component of pharmacist professional development.

Objectives:

The Society of Hospital Pharmacists of Australia (SHPA) has implemented a structured, formalised, supported and accredited national residency program for early-career hospital pharmacists to begin in 2017. The SHPA residency will be a two-year professional development program designed to support pharmacist practice towards competence and performance aligned with the Advanced Pharmacy Practice Framework at Transition Level (Advanced- Stage 1).

Discussion:

SHPA has developed rigorous accreditation standards by which hospital pharmacy residency programs are to be designed and structured. The standards ensure that accredited sites are committed to SHPA's expectations for training pharmacists to deliver high quality patient-centred care and pharmacy services. Residents rotate through a diverse program curriculum, ensuring they gain the skills and knowledge of competent general level pharmacists. Evaluation, feedback, and reflection are integral components of the program.

Issues for exploration:

A formalised practitioner development framework defines the pathway from undergraduate through to registration and progression to advanced practice, and signifies a mature profession; such pathways are well established in other health professions.

The lack of structured experiential training programs post-registration for pharmacists has potentially been a barrier to strengthening pharmacists' roles and scope of practice.

Transition to practice: A programme to support allied health new graduates into the workforce

Name: e.g. Dianne Barnhill, Nancy Wright, Rebecca Maloney, Shona Paterson, Wendy McKinstry
Origin: All authors are employees at Counties Manukau Health, Auckland, New Zealand

Introduction/background:

The transition from student to allied health professional can be stressful and it has been suggested that this experience may contribute to decreased staff retention. New graduates are an increasing proportion of the Counties Manukau Health allied health workforce and it was agreed that more needed to be known about their experience. In early 2016 a new cohort of physiotherapy, occupational therapy and social work allied health new graduates participated in focus groups and many expressed a lack of support with their orientation and clinical practice. They often felt overwhelmed and at times confused.

Investigation with allied health managers and clinical leaders further identified that many of the orientation challenges were due to the organisational systems and processes

Aim/objectives:

We will present the problems identified by new graduates, managers and clinicians at Counties Manukau Health and describe how we are addressing these challenges.

Discussion:

In response to the challenges identified in 2016, a range of interprofessional initiatives are being introduced in January 2017 which will facilitate a safe and effective transition from student to novice practitioner. These include the introduction of best practice guidelines to support new graduates, allied health preceptor training and support, and a monthly new graduate supervision group. An evaluation of these initiatives will be reported and discussed.

Issues/questions for exploration or ideas for discussion:

- Where to from here?

Identifying effective transition support strategies for health professionals in their first year of practice

Jayne Hartwig¹, Sue McAllister²; Koshila Kumar³

¹Women's and Children's Hospital, Adelaide Australia

²Flinders University, Adelaide Australia,

³ Flinders University, Adelaide Australia

Introduction/background:

The transition to practice journey for new Health Professionals is complex, as they navigate various personal and professional changes. Accepting accountability and responsibility, and managing their own self care are just some of the issues faced in the first year of practice. Currently limited evidence is available to explain which strategies are most useful for graduates.

Aim/objectives:

This research aimed to enhance the evidence base of strategies which support new health professionals through investigating experiences of graduate Nurses. The specific research question was: ***What strategies assist RN's to navigate their first year of practice?*** This presentation will outline the results and associated implications. The audience will be encouraged to discuss the findings for transition support across all health professions.

Methods:

A qualitative method was used, involving individual interviews with Registered Nurses who had previously completed their first year of practice in a Paediatric acute care setting. Thematic analysis was then used to identify key strategies from the data.

Results:

Three main strategies were identified which helped individuals in their first year of practice. These were: 1. Peer support, 2. Practical Supports in the Clinical Environment, 3. An emotionally safe learning environment. These strategies will be explained in more detail during the presentation

Discussion:

The findings of this study will help to inform future curriculum planning for transitioning Nurses and their relevance for other health professionals will also be discussed

Conclusions:

This study has identified formal and informal strategies which are important for assisting new graduate Nurses to navigate their first year of work successfully

4F Vocational Education**Entrustable Professional Activities in General Practice Training**

Nyoli Valentine¹, Jill Benson¹

¹ModMed, Adelaide, Australia

Introduction/background:

Entrustable Professional Activities (EPAs) are widely used to assess performance in the workplace. EPAs are measurable discrete tasks which require specific knowledge, skills and attitudes. Currently there are no published EPAs for general practice training in Australia.

Aim/objectives:

To develop EPAs to be used in general practice training in Australia

Discussion:

In our development of EPAs for general practice training we reviewed the curriculum of the two general practice colleges, the RACGP and ACRRM, research done into EPAs in general practice training in NSW, EPAs used in family medicine and internal medicine in the USA and Canada, as well as research done internally at Sturt Fleurieu Education and Training.

12 EPAs were developed. These were reviewed by a team of educators and supervisors. Each EPA had a title, description, tasks associated with it, and suggested assessment tools. The EPAs were integrated into our programmatic assessment for learning program and education was given to assessors about EPAs. Registrars are required to complete a self-evaluation for each EPA and provide evidence about how they are progressing in the EPA.

It is hoped the EPAs will improve the quality of assessments provided in terms of depicting an accurate picture of a registrar's progress and the provision of quality feedback for the registrar to develop learning goals from and improve. It is also hoped the self-evaluation will assist registrars in their self-reflection and identification of areas to improve.

Issues/questions for exploration or ideas for discussion:

We are using EPAs to help trainees with their self-reflection as well as an assessment method. Are there other innovate ways EPAs could be utilised?

A qualitative exploration of anaesthesia trainees' experiences during transition to a children's hospital.

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²Flinders University Rural Clinical School, Flinders University, Adelaide, Australia

Background:

The stresses of starting a new job can make anyone feel tired and inefficient. In health care, this may impair the ability to learn at a time when there is most to learn, and increase the risk of error in a context where errors may lead to patient harm.

Aim:

We present findings of a qualitative study investigating anaesthesia trainees' transition to a paediatric setting. We used in-depth semi-structured interviews to gather data from thirty-one anaesthesia trainees who had commenced work at a tertiary children's hospital between four and six weeks previously. Data were examined using thematic analysis.

Discussion:

Two key themes were identified: feeling ineffective, which appeared to have both a cognitive component (feeling disoriented) and an emotional component (feeling useless), and feeling anxious or afraid. Trainees found the paediatric environment highly unfamiliar, which made them feel disoriented, inefficient and at times incompetent. Many experienced difficulty identifying a useful role in a highly specialised area of practice, leading to loss of identity as an expert clinician. Most described an ever-present fear of making an anaesthetic error or being unable to manage a rapidly evolving clinical situation. Some trainees developed a negative mindset, which was reinforced by subsequent perceived failures. Overall, these experiences impeded trainees' ability to concentrate and learn.

Issues for exploration:

What strategies might help trainees adjust to a new work environment? What are the broader benefits of improving their transition experience?

An innovative intervention to develop the Self Efficacy of Clinical Teachers in Australian General Practice.

Dr Lawrie McArthur¹

¹Adelaide Rural Clinical School, University of Adelaide

Background:

The clinical teacher role in rural practice is complex, demanding, and underpins all the learning that occurs. International literature identifies the attributes of an excellent clinical teacher, though scant research about the impact of non-cognitive attributes like self-efficacy of the clinical teacher in medical education.

Applying Bandura's psychological construct of self-efficacy to the educational act of teaching in a clinical medical environment leads to the compelling notion that a teacher's belief in their ability to impact student learning makes a difference in their teaching and in their students' learning.

The specific aim was to test whether mental imagery would enhance the self-efficacy and quality of clinical teaching in rural general practice.

Intervention:

An extensive literature review around self-efficacy in teaching and mental imagery informed and guided the development of the intervention. This intervention used the following protocol:-

- regular measurement using a validated Self Efficacy in Clinical Teaching tool,
- control and intervention groups with pertinent participant's information,
- interactive short workshop learning visualization with a mental imagery script, applied to clinical teaching situation, practiced and shared with peers for feedback and refinement, and
- triangulation with learners assessment of the quality of clinical teaching.

Results:

General Practitioners, who were active clinical teachers within the Adelaide to Outback General Practice Training network were allocated into intervention (n=47) or control groups (n=39). There was an increase in the self-efficacy in clinical teaching of both the control and intervention groups after twelve months. Further analysis showed the largest increase in factor one (customized teaching) over

the twelve months, followed by factor three (impact on learner) and then factor two (teaching prowess). The timeline effects on the three self-efficacy of clinical teaching subscales were highest one month after the intervention and then gradually decreased.

Discussion:

Visualisation and use of mental imagery scripts were shown to increase the self efficacy of the clinical teacher. The use of mental imagery and visualisation to develop self-efficacy in clinical teaching, was innovative and simple, well suited to rural and resource poor locations . It indicates a dimension that can increase the quality of clinical teaching. It provided a new, engaging and interactive clinical teacher professional development activity.

AOA - Transforming Orthopaedic Surgical Education and Training in Australia

Ian Incoll¹, Omar Khorshid¹

¹Australian Orthopaedic Association, Sydney, Australia

Introduction/background:

From 2012-2013, the Australian Orthopaedic Association (AOA) undertook a global strategic review of our education and training program in order to ensure that the AOA trains to a modern, best practice educational model. Key challenges facing AOA training highlighted by the review included the prominent gap between the designed vs. implemented curriculum, pressures to deliver clinical training and service components, and the subjective nature of in-training assessment practices, including minimal formative assessment. The final phase of the strategic review produced a comprehensive two-stage eight-year roadmap of activities to address identified challenges.

Aim/objectives:

In March 2014, the AOA launched the 'AOA 21' Project, which aims to pursue improved quality and patient care through the delivery of a world recognised orthopaedic surgical education and training program by December 2021.

Since the launch of the Project a streamlined competency-based curriculum which articulates the key abilities of an orthopaedic surgeon on his or her first day of specialist practice has been prepared; stages of training clearly defined and assessment requirements for progression developed; unique workplace-based assessment tools designed and implemented; and a AOA Training App created to facilitate feedback and documentation of every-day trainee performance in the clinical setting.

Discussion:

The transition from an apprentice-style training program towards competency-based training has been a stepwise process. AOA is undertaking a phased approach to implementation of the Project's initiatives to assist in managing the change. Transformation will require extensive engagement and commitment from all consultants involved in training and their trainees, including an appreciation of the rationale behind the revised approaches, in order to achieve successful implementation.

Using a model of 'overs and unders' to determine alignment of New Zealand medical student intentions with workforce needs.

Warwick Bagg¹, Emmanuel Jo², Fiona Hyland³, Simon Paterson³, Joy Rudland³, Antonia Verstappen¹, Tim Wilkinson³, Phillippa Poole¹

¹University of Auckland, Auckland, New Zealand

²Ministry of Health, New Zealand

³University of Otago and the

Introduction/background:

Ensuring an adequate number of doctors in disciplines of need is challenging. Shaping the medical workforce is complex.

Aim/objectives:

To determine if graduating medical students' workforce intentions match predicted future workforce needs.

Methods:

The NZ Ministry of Health (MoH) modelled the workforce needed in 2026 and identified specialties where the proportion of all new doctors had to increase or decrease by > 1%. These were compared with student intention data from the 2012-2014 NZ Medical Schools Outcomes Database (MSOD) exit questionnaires.

Results:

To maintain current levels of health provision, by 2026 the ratio of all new doctors to current doctors would need to drop in Emergency Medicine (EM) 1.5%:3.8%; Paediatrics 1.9%:3.5% and Psychiatry 4.9%:6%. In contrast, an increase in the ratio of new doctors to current doctors is needed in General Practice 38.4%:33.6% and General Surgery 4.2%:2.9%. From MSOD exit data (n=975) 44.4% of students had decided on specialisation. Choices were EM 4.7%, Paediatrics 7.5%, Psychiatry 2.3%, General Practice 19.1% and Surgery (all disciplines) 21.7%. Similar workforce intentions were reported for undecided students, with GP at 21.4%.

Discussion:

Some mismatch exists between workforce intentions of students and predicted workforce needs. While workforce intentions do not necessarily translate into practice, these data argue for interventions to redirect intentions. Also, fluctuations in international medical graduates may distort predictions.

Conclusions:

Efforts are needed to increase intention to specialise in General Practice and Psychiatry, and decrease intention to specialise in Surgery, EM and Paediatrics. Undecided students are important targets in workforce shaping.

Factors influencing Australian General Practice Registrar Fellowship assessment performance – the Hallmarks of Education and Learning Progress and Examination Results (HELPER) project

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⁴University of Tasmania, Hobart, Australia

Introduction:

Certified competence for independent general practice in Australia requires satisfactory summative examination performance with respect to the RACGP and/or ACRRM. The predictive value of formative assessments and remediation processes on examination performance is unknown. Previous research suggests GP Registrars' attributes such as being overseas-trained; taking leave early in training, and having had unsatisfactory evaluations in either 360-degree feedback or direct observation of practice, are associated with requiring remediation. Remediation predictors however, may not necessarily be determinants of examination performance.

Objectives:

To determine which demographic and/or in-training feedback and formative assessments may be predictive of performance in GP Fellowship examinations.

Methods:

The HELPER project is a quantitative retrospective cohort study of GP Registrars in active training with two Regional Training Organisations between 2010 and 2014. Demographic information and performance in education assessments was analysed using multivariate regression models, against continuous and dichotomous outcomes of performance in GP Fellowship exams.

Results:

A preliminary univariate analysis defined three demographic variables as predictors of assessment performance. Of note, in-training formative assessments were not indicative of performance. Formal multivariate analysis is currently being finalised.

Discussion and Conclusions:

Fiscal and workforce determinants contribute to policies requiring that GP Registrars' progress expeditiously through their training. The descriptive analysis shows that the tools traditionally used to inform progress and remediation are not predictive of final assessment outcomes. Mapping of demographic and education activities that can predict the final outcome of assessment performance (and practice competency) is integral to providing consistent education and training in Australian general practice that is financially viable, trainee acceptable and safe for patients.

4G HPE Research Transitions

My transition – Navigating the journey from clinician to qualitative researcher and some pit stops in between

Josephine Thomas¹

¹Flinders University PhD candidate, South Australia

Introduction/background:

I am a clinician educator and researcher, with interests in General Internal Medicine, Clinical Pharmacology and Interprofessional learning.

Aim/objectives:

To describe my experience of becoming a qualitative researcher, from the background of clinician and educator; and discuss strategies for managing the transition.

Discussion:

I originally qualified and worked as a General Practitioner. I later pursued training in Specialty General Medicine and Clinical Pharmacology. Thus I was indoctrinated and invested in the positivist paradigm of quantitative research. Throughout my career, I have also undertaken a wide variety of clinical education roles.

I am currently undertaking a PhD in Clinical Education (interprofessional learning). The use of mixed methods has enabled me to gain experience and training in qualitative research methods. The experience has been rewarding and enjoyable but undoubtedly the journey includes some dissonance around my values and attitudes to levels of evidence and the inherent value of randomised controlled trials. There has also been dissonance between my changing identity and roles as expert clinician, experienced educator and novice higher degree candidate. Strategies for resolving this dissonance, included: reflection; discussion with experienced researchers; looking to the qualitative research literature.

Issues/questions for exploration or ideas for discussion:

1. How can clinicians and clinical educators, transitioning to qualitative researchers, be helped to recognise and articulate these dissonant moments?
2. What supports or strategies are required to resolve clinician/researcher dissonance?
3. Future strategies might include more exposure to qualitative research in the undergraduate curriculum; and providing faculty development in qualitative research.

Developing professional touch – transitioning from laity to health professional: A qualitative research synthesis using Threshold Concept Framework

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Introduction/Background:

Students and practitioners use touch for assessment, delivery of care and treatment. This context is different from normal social touch interactions, requiring students to become both competent and comfortable with professional touch (PT). However, PT includes social touch in relationship-building and empathy. We propose that PT could be usefully viewed through Meyer and Land's Threshold Concept Framework (TCF).

'Touch' is rarely addressed explicitly within health professional curricula. Limited synthesis and guidance on developing this capability exists in the literature.

Aims/Objectives:

Identify features that assist/interfere with the development of PT.

Methods:

Qualitative research synthesis approach was used. A search of health professional literature was performed, limited to the last decade. Abstracts were read against criteria and a final set agreed. Analysis and synthesis were according to Major & Savin-Baden. TCF was used for first order analysis and subsequent analysis sought to define the key themes.

Results:

Our initial analysis of twenty papers identified frequent and complex examples of the characteristics of TCF, particularly the transformative, troublesome, integrative, discursive and reconstitutive features. Boundedness was seen in the form of implicit/explicit rules. Irreversibility and liminality are features of TCF, but were less obvious; maybe because touch is a 'given' for practice. Emerging themes are; historicity, gender, discipline specificity, sexuality, power, age and psychological impact.

Discussion & Conclusions:

Touch can be usefully considered and constructed as a TC. We will share the findings of our analysis, showing how using a TCF lens can highlight issues that merit wider discussion and offer insights and ideas for future practice and curriculum design.

Using longitudinal audio diaries to study professional identity formation of the clinician to clinician-supervisor transition

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Introduction/background:

Supervisors are fundamental to work-based training in health care settings. Becoming a supervisor necessitates an expansion of a clinician's professional role and identity to accommodate the new role of educator. Little is known about this transition. Understanding this transition is essential to effectively engage, retain and support clinicians in becoming supervisors.

Aim/objectives:

To explore the experiences of new General Practice (GP) supervisors as they transitioned into the role of supervisor, focusing on identification of factors that facilitate or impede this transition.

Methods:

Exploratory multiple-case study design was used. 7 GP supervisors participated. Data were regular reflective audio-diaries, semi-structured interviews at the beginning and end of semester, and two focus groups. Data was analysed thematically using a community of practice theoretical framework.

Results:

Transitioning into the role of supervisor involved significant changes, with conflicting demands of clinical work and supervision. Factors impacting the transition included preparedness for the task, support received, and level of engagement by their learner, their clinical practice/workplace, the training organisation and the broader community of supervisors. Face-to-face workshops with other new supervisors was particularly valued and contributed to an increase in confidence, engagement, and emerging identity. Experiences during this transition impacted willingness and interest to make an ongoing commitment to the role.

Discussion:

Becoming a supervisor is a significant and potentially difficult transition. There are important factors that workplaces or training organisations can attend to that impact the success of this transition.

Conclusions:

New supervisors benefit from meaningful preparation, accessible advice and meaningful engagement during the first months of their role.

I know what I want! A grounded theory of what interns want to learn and how during their first year transition from medical school.

Mark Hohenberg¹

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Introduction/background:

Educational objectives have been well-defined by educators for Australian and International medical internships. There has been little research on intern perspectives of what they feel would be important to learn during their internship, and how they wish to learn.

Aim/objectives:

To develop a grounded theory of what interns wish to learn during their internship year, alongside defining their learning preferences.

Methods:

Twenty-two interns at St Vincent's Hospital Sydney completed a 30-minute semi-structured interview where three educationally significant experiences during their internship were explored. An unstructured discussion completed the interview, which explored any missed educational topics. Interviews were recorded, transcribed and manually coded using a validated open axial approach by a single researcher. Emerging themes formed the basis of results, validated through member checking. Ethical approval was granted by the parent institution and University.

Results:

Interns highlighted numerous areas of importance to their chosen careers. Three educational areas were cited significantly or frequently: leadership/ teamwork skills (73%), conflict management skills (55%), and managing aggressive patients (24%). Interns highlighted educational methods of significance to them: reflective practice (100%) and improving self-educational proactivity (86%); however 50% of interns felt they lacked understanding of how to learn from a negative experience.

Discussion:

This study developed a grounded-theory of perceived intern educational needs. This has relevance for curricula designed to improve transition from medical student to independent practitioner.

Conclusions:

This study demonstrates the value of considering feedback from interns completing their first year to improve curricula for new doctors transitioning to practice from medical school.

A realist review of successful research environments in Medical Education

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Background:

Despite pressures on conducting excellent research, how to promote successful research environments is not yet clearly delineated. Although the UK Research Excellence Framework 2014 identifies features of successful environments (e.g. research strategy, people, income, collaboration), it is unclear how these are best achieved.

Aim/objectives:

Our research questions were: (1) What are the key mechanisms that influence the success of research environments? (2) In what ways do interventions enable or inhibit successful research, for whom and in what contexts?

Methods:

Realist synthesis is a theory-driven approach seeking to unpack the mechanisms of how complex programmes work (or fail) in particular contexts. Our approach (still in progress) follows five stages: 1) clarifying scope 2) searching for evidence 3) quality assessment 4) data extraction and 5) synthesis. Methodological study quality is being assessed using CASP (qualitative and mixed-methods) and the MERSQI (quantitative).

Results:

The initial search of databases from 1992-2017 identified 8,527 papers. Irrelevant titles and abstracts were excluded with articles coded for disciplinary group (medical education, medicine or education), leaving 326 papers. Early coding of contexts, mechanisms and outcomes for interventions like leadership suggest that 'carrot and stick' (i.e. reward and punishment) approaches (*mechanisms*) can lead to disenfranchisement (*negative outcomes*) within managerialist cultures (*contexts*).

Discussion

This realist synthesis will show the interaction between context, mechanisms and outcomes for various interventions meant to enhance the success of medical education research environments.

Conclusions:

Further research should capitalise on the strengths of realist approaches in order to disentangle more fully the features of successful research environments.

Balancing healthcare trainee education with patient care delivery: a realist synthesis

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Background:

Patient care activity has recently increased without a proportionate rise in workforce numbers, impacting negatively on healthcare workplace learning. Healthcare trainees are prepared in part by spending time in clinical practice, which also contributes to service. However, when services are under pressure, time and resources for education are often the first to be sacrificed. While achieving balance is a high-priority, very few reviews to date have been conducted on this topic.

Aim/objectives:

Our research questions were: (1) What are the key workplace-based interventions that influence the balance between healthcare trainee education and patient care delivery? (2) In what ways do interventions enable or inhibit this balance within the workplace, for whom and in what contexts?

Methods:

We conducted a realist synthesis of the UK literature based on our published peer-reviewed protocol. The protocol is underpinned by Pawson's five stages of realist review: 1) clarifying scope, 2) searching for evidence, 3) assessment of quality, 4) data extraction, and 5) data synthesis.

Results:

The most common interventions were ward round teaching, protected learning time and continuous professional development. Of these, only ward rounds attempted to simultaneously balance healthcare trainee education with patient care delivery, whereas the other two tried to balance education and service by keeping the two activities distinctly separate. The most common mechanisms through which interventions worked were organisational funding, workload management and support.

Discussion

Our findings suggest that the service-education tension persists partly from a privileging of formal rather than informal education within the workplace, alongside a privileging of service rather than education by hard-pressed healthcare professionals, many of whom are not trained as educators.

Conclusions:

Further research should capitalise on the strengths of realist approaches in order to evaluate such complex healthcare education interventions.

4H Educational strategies for learning

Taking sexual and reproductive health teaching for doctors from a didactic, lecture based approach to multimodal teaching and learning activities.

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¹True, Relationships and Reproductive Health, Queensland, Australia

Introduction/background:

Sexual and reproductive health has been taught at True, Relationships and Reproductive Health (previously Family Planning Queensland) for 40 years. True is part of the Family Planning Alliance Australia (FPAA). The FPAA certificate course for doctors has a nationally agreed curriculum, learning outcomes and assessment. In the last 12 months the course at True has transitioned from lectures and pre reading to an online component followed by face to face interactive learning.

Purpose/objectives:

To outline the changes being made in Queensland to the FPAA Certificate course for doctors using the existing curriculum and assessments. The course will become multimodal with online, face to face and practical components. To explore the benefits of this transition and discuss how the changes being made can be shown to be effective in terms of teaching and learning.

Issues/ questions for exploration or ideas for discussion:

As the teaching and learning activities progress to involve online, face to face and practical components we would like to evaluate and validate the changes that are being made. How can we use the feedback we receive to ensure we continue to make positive changes? How can we assess the new teaching and learning activities to see if they are more effective than the previous lecture based programme?

Transition from High School to Medical School – a pragmatic approach to the development of case-based and self-directed learning.

Judith Nairn¹

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Introduction/background:

Students enrolling in school-entry medical programs face many transitional challenges. For most, it is their first experience of self-determination of what, how and when to learn. Transition pedagogy suggests that students benefit from early support. We introduced a modified version of case-based learning (CBL) in the first semester of first year, which explicitly addresses development of the attributes needed for success in a self-directed learning environment, while preserving the integrity of CBL philosophy.

Aim/objectives:

The session will outline the modified CBL program and how it aids the development of self-directed learning.

Summary of work:

The traditional CBL approach of small groups (8-10 students) is maintained. Sessions (3/week) are held in a large space with eight small groups. A lead facilitator, and 3 assistant facilitators explicitly assist with CBL process. Our approach is novel in its mix of small and large group discussions. Students learn that although each group has a different dialogue, the main concepts are covered by all groups. This builds confidence in CBL and reassurance that the process works. Groups that are unsure of their approach can “calibrate” with other groups by observing both process and content. Evaluation indicates that students feel comfortable with CBL after semester one. A decline in the number of students seeking help with CBL process has been noted.

Conclusion:

School-entry medical students benefit from guidance during the transition from school to a case-based and self-directed learning environment.

Lecturer experience of flipping the classroom in teaching Child and Adolescent Health

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Background:

To improve student engagement in learning, the Child and Adolescent Health specialty block of Sydney MD program introduced a flipped classroom approach to its guest lecturer program. Academics worked with lecturers to develop online materials for student preparatory learning. New face-to-face teacher-led interactive sessions were introduced, requiring students to apply clinical reasoning skills and knowledge from preparatory learning to patient cases.

Aim:

We explored lecturers' experience of transitioning to teaching using a flipped classroom approach.

Methods:

The redeveloped block was implemented from July 2015. We held 30 minute semi-structured interviews with lecturers (December 2015 - March 2016). The interviews were recorded and transcribed, and data analysed thematically.

Results:

The nine lecturers interviewed were overwhelmingly positive about the flipped classroom approach. They felt re-energised by the interactive face-to-face format and the opportunity to highlight new developments and emphasise key points. All reported sufficient time and support for preparation; initial apprehensions about recording pre-lectures proved unfounded. The main themes were change and confirmation of teachers' beliefs and practice, advantages and concerns regarding the implementation of the new teaching format, enablers of change, and teacher feedback about further development and additional applications.

Discussion:

The flipped classroom approach increased lecturer engagement. Lecturers identified improvement with assessing student learning, student interaction and engagement, and time efficiency. There was enthusiasm to further revise content and improve teaching, taking a learning-centred focus.

Conclusions:

Although challenging, teaching innovations can be introduced with guest lecturers over short timeframes, with appropriate staff development and support.

The learning environment and students' learning strategies: a multi-sited ethnographic study

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Introduction:

The medical school's learning environment exercises a powerful influence on students' development of professionalism. The existence of hidden and informal curricula has been invoked to explain this relationship.

It is clear that the learning environment conveys messages to students regarding the culture of medical education and the profession. So far, little research has been devoted to examining the content of these messages, other than in relation to professionalism. The influence of the learning environment on medical students' learning strategies has been underexplored.

Methods:

A multi-sited ethnography has been conducted to describe and compare the learning environments of two medical schools, which deliver the same program at two separate locations. Particular emphasis has been placed on the study of curricular learning activities and students' learning strategies. Thirteen interviews of first- and second-year students and seventy-two hours of observation of learning activities were conducted.

Results:

Thematic analysis provides insight into the students' development of learning strategies during the first two years of medical training, and on the elements of learning environments that have an effect on this process. The comparison of the two locations allows for context-specific elements to arise and be separated from the influence of the formal curriculum.

Discussion:

This study expands current understandings of learning environments and of the messages they contain and convey to students. Findings may assist medical schools and regulatory bodies to more accurately assess and modify the learning environment in order to facilitate effective learning strategies.

Medical students' transition to practice telephone referral skills: a simulation-based study pre and post clinical ward immersion

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Introduction:

Telephone referrals form a core part of interns' clinical communication, yet final year medical students receive little formal preparation for this task. Limited research exists on students' telephone referral skills.

Objectives:

To investigate final year medical students' telephone referral skills before and after ward immersion.

Methods:

The study was mixed methods with pre- and post-clinical ward immersion, and voluntary participation. The setting was the final clinical semester at two clinical schools. Prior to clinical immersion, students completed a survey on their experiences of telephone referrals before making a simulated referral call. Calls were scored using an assessment rubric. A task load questionnaire was completed post-referral. All activities were repeated after eight weeks of ward immersion.

Results:

Sixty students participated in the study pre-ward immersion with 31 of these participants completing the post-immersion component. Most students reported that they only had carried out a simulated referral call pre-immersion, reporting finding the telephone referral task challenging. While many students followed the ISBAR protocol, their skills were variable with many lacking efficiency, reporting quantities of information rather than synthesising and prioritising. Post immersion, the majority of students reported having made telephone referrals, and while their skills had improved, the tendency to only report clinical information rather than synthesise persisted.

Discussion:

Clinical ward immersion afforded students opportunities to practise making referral calls, leading to improvement in overall skills, although problems with efficiency persisted.

Conclusions:

Students find telephone referrals cognitively challenging and performed variably in a simulated setting. This important skill warrants attention in clinical learning with opportunities for feedback.

“Enabling Practice”: Evaluation of a guided transition to a clinical learning program for medical students

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Introduction:

The Enabling Practice Program (EPP) is a learning and mentorship program to support transition of medical students into the first clinical year. Seventy students piloted EPP at Eastern Health Clinical School (EHCS) in 2016, attending EPP sessions in their groups: 5 in semester 1; 1 in semester 2. Each group was allocated an academic guide, and sessions were conducted as facilitated discussions. Discussions were planned to sequentially explore issues students face during transition, including: fears/concerns, clinical roles, situation awareness, rotation handover, conflicts/boundaries, critical incidents, and managing stress.

Objectives:

This evaluation aimed to determine the student view of effectiveness of EPP and determine further development for 2017.

Methods:

Late in semester 2 students were invited to complete an on-line survey rating the effectiveness of each session using a Likert scale, and added comments.

Results:

Fifty-six (80%) students completed the survey. Eighty percent of items had similar numbers of positive and negative responses, with the remainder skewed positively (12%) or negatively (8%). Most popular segments concerned the clinical environment; least popular concerned group dynamics. Students valued the facilitated opportunity to debrief with peers.

Discussion:

Despite the end of year timing for evaluation, with students well past transition, about half still considered EPP sessions had been effective. Further refinements recommended include: increased hospital context information, less group dynamics content, and flexibility about duration of sessions. The immediate benefits of EPP are not understood from this evaluation.

Conclusions:

EPP is of benefit to at least 50% of students in the transition to clinical learning.

Concurrent Sessions 5A-5H**5A Symposium****Longitudinal and integrated assessment programs in the GP training domain: does it work and why?**

Nyoli Valentine¹, Neil Spike², Janice Bell³, Lambert Schuwirth^{1,4}

- 1 ModMed, Adelaide, Australia, SA
- 2 Eastern Victoria GP Training, Hawthorn, Australia, VIC
- 3 WAGPET, Bentley, Australia, WA
- 4 Flinders University Prideaux Centre, Adelaide, Australia, SA

Introduction/background

Programmatic assessment for learning, or longitudinal integrated assessment, has rapidly gained ground in basic medical training. The idea of monitoring students' progress on a continuous basis and integrating assessment information from various sources is appealing. Especially in more domain independent abilities - professionalism, self-regulation of learning and critical thinking - a process of continuous assessment with feedback and opportunities for improvement is indispensable. Although this is still new, early experiences around the world are highly promising. It would be logical then to apply a similar principle to General Practice training. Yet, the context in which GP training takes place is entirely different from the undergraduate education context. So, although the concepts of longitudinal integrated assessment may be logical this does not mean that it can be simply 'transplanted' to the postgraduate training arena.

Aims/objectives

To present and discuss successes and challenges of implementation of longitudinal, integrated assessment programs in GP.

List of presentations

- | | |
|--------------------|--|
| Nyoli Valentine: | the case of GP 365 in GP training in SA |
| Neil Spike: | longitudinal assessment in GP training in Victoria |
| Janice Bell: | GP 365 in a different training organisation in WA |
| Lambert Schuwirth: | why longitudinal and integrated assessment programs? |

Discussion:

We want to discuss the perceptions around changing assessment in GP training, specifically those that would hamper or facilitate a nationwide collaboration and implementation. We seek to create a better understanding of how longitudinal integrated assessment can be a solution to the currently perceived concerns around GP training.

5B Feedback**Radiography Student Preferences Regarding Assessments and Feedback**

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Background:

Assessment and feedback is pivotal to learning. In higher education students report general dissatisfaction with the feedback they receive. As students are the main beneficiaries of assessment and feedback practices it is important to consider their preferences in these matters. This study investigated the preferences of Radiography students for different types of assessments and feedback they experienced during their degree program.

Methods:

Radiography students were asked to complete a survey which asked them to rank the assessment tasks and type of feedback according to “what they liked most” and “what they learned most from”. Open text responses for each question provided qualitative data. Final-year students were asked an additional question on their perceived readiness to meet professional standards.

Results:

The survey was completed by 129 Radiography students. The assessment most favoured by students was Computer-based Image Analysis (mean rank 4.99/6.00) while Practical Assessment was ranked most for learned from (4.12/6.00). Students were critical of written exams (3.53/6.00) for testing recall and the lack of feedback. Feedback preferences differed depending on the setting; detailed written comments were most preferred on-campus (4.88/6.00) while individual verbal feedback was most preferred during clinical placements (4.54/6.00). Final-year students gave positive ratings of their preparedness to meet professional standards (3.2-3.4/4.00).

Discussion:

Our findings provide a greater understanding of Radiography student preferences in assessment and feedback which can guide curriculum design. Students valued the assessment of real-life radiography skills and preferred assessments with clear learning objectives, and feedback which was detailed and timely.

The unseen motor movements when teaching and learning a complex psychomotor skill: is physical guidance and modelling the “Holy grail”?

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Introduction:

The execution of many complex psychomotor skills involves large visually discernible motor movements followed by, or interleaved with, small visually imperceptible actions that may not be apparent. The current pedagogical approach does not take this into account, so it warrants reconsideration when teaching these skills.

Objectives:

To present the instructional approach and rationale for using physical guidance and modelling to teach the fine motor skills required for the competent execution of psychomotor skills, such as complex procedural or clinical skills.

Discussion:

A demonstration of a task does not reveal the magnitude and combination of finger, hand, and wrist movements needed to execute the task, as they are visually imperceptible. The instructional approach of modelling through physical guidance (a type and form of feedback), “communicates” or explicates the nuanced, sequenced, and small magnitude motor movements required for task execution.

Issues/questions for exploration or ideas for discussion:

There is contention in the literature about the provision of concurrent feedback (for example, the quantity and frequency of information provided to the learner) when a complex task is being taught.

Physical guidance is a form of concurrent feedback. For complex skills, it is suggested that the provision of feedback is faded over the period of time that the skill is being taught and practiced. It is asserted that this pedagogical approach expedites a learner's initial skill acquisition trajectory. However, what is not known is whether this pedagogical approach mitigates against the effects of the learner prioritising one form of sensory information over another and/or becoming reliant upon the guidance to perform the task.

From traditional teaching to blended learning in a community-engaged placement program

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Introduction:

The Medicine in Context (MiC) program is a 10-week community placement program in the 3rd year of Western Sydney University's 5-year medical curriculum. MiC exposes students to social determinants of health through community-immersed learning. Apart from opportunistic learning during placements, MiC used to rely on face-to-face teaching (tutorials and lectures) while online components were restricted to readings and lecture notes. Following student and staff feedback, a blended learning approach was adopted to better scaffold students' learning and increase their engagement.

Aim:

To discuss steps taken and planned to bring a classic community placement program into the blended learning sphere.

Discussion:

Blended learning, particularly flipped classroom, enabled more effective use of limited face-to-face time for more engaging learning activities. Weekly online study guides gave all students a structured direction for their self-directed learning, which they need to apply in their various community placement sites (totalling 85 community organisations). This scaffolding has reduced uncertainty of opportunistic learning. Student feedback indicates better engagement with teaching materials and an appreciation of the blended learning approach. Moving paper-based evaluation to an electronic platform greatly reduced administrative load and improved timeliness for analysis and feedback to students and community supervisors. By implementing blended learning strategies, the MiC program has transitioned from a traditional placement program to a more effective, efficient and overall positive learning experience.

Issues for discussion:

Strategies and ideas to further develop blended learning approach to strengthen the MiC program and similar community placement programs.

Remediation and reporting poor trainee performance: Avoiding 'failure to fail' through timely feedback from confident supervisors

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Introduction/background:

Physicians act as educational supervisors to RACP trainees and have a dual role of educational mentor, and assessor of trainee skills and abilities, in work-based training settings. The literature reports a range of factors which may affect supervisor willingness to provide negative feedback, attempt remediation or report unsatisfactory progress, including personal, professional and trainee considerations, assessment tools and institutional culture.

Aim/objectives:

To understand RACP educational supervisor perspectives on 'failure to fail' through qualitative analysis of 368 open responses to a supervisor survey item.

Results:

Themes identified indicated a rich interplay between trainee and supervisor characteristics, and broader system elements. With regards to providing negative feedback, supervisor characteristics included avoidant, reticent and confident behaviors towards trainees falling along a continuum of a trainee in difficulty, to 'a difficult trainee'. Broader system components also contributed such as time and support restraints, adequate assessment tools and also employment and training tensions, pipeline pressures and support mechanisms.

Discussion:

Supervisors who genuinely want to support underperforming trainees may fall into the trap of giving them 'the benefit of the doubt' believing their performance will improve in subsequent rotations. Timely support through early identification of difficulties and provision of feedback is essential, although supervisor role ambiguity in assessment and educational mentorship may compound this.

Conclusions:

Improved institutional support and medical education practices, including targeted supervisor training, will enable reticent supervisors to become more confident. Improved practices will facilitate timely and effective remediation of trainee difficulties, assessment, and reporting of unsatisfactory performance, with confidence.

The experiences of clinician teachers dealing with conflict with their students; a phenomenological inquiry.

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Introduction:

Despite clinicians being central to the educational experience of medical students, there is a dearth of literature on the impact on the lives of clinicians of conflict between these parties. What do clinicians perceive to be major causes of these conflicts? How do they react when and after conflict occurs? What are their motives for staying involved in teaching even after these conflicts occur? This phenomenological inquiry was undertaken in order to explore these questions.

Methods:

A phenomenological inquiry exploring the lived experience of 12 clinician teachers in medical schools in Australia was performed. The clinicians were selected using purposeful sampling and snowballing techniques. Semi structured interviews were performed and an analysis based on the methods described by Hyener was undertaken. The interviews revolved around discussions based on episodes of conflict with medical students that the clinicians considered significant. The analysis and emergent themes were partially constructed around and informed by theories of conflict, conflict management and role conflict.

Results:

A number of themes emerged which describe the phenomenon from the clinicians' experience. These themes included the following; clinicians perceived that many of the major student/clinician conflicts involved students with significant psychological and behavioural problems; the conflicts had a significant emotional impact on clinicians; though the responses to conflict varied, "avoidance" was a mechanism commonly used by clinicians and; the assessment of attitudinal and behavioural professional issues in the workplace was problematic for many clinicians. However, despite these issues clinicians remain deeply committed to the education of medical students.

Conclusions:

This phenomenological inquiry brings a clear clinician perspective to challenging student/clinician encounters which may help medical schools and medical educators better understand the lives of clinician teachers. It offers some insights as to how clinicians might be assisted in their teaching role.

Enhancing students' feedback literacy in the workplace: a learner-centred approach

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Introduction:

Healthcare students want more feedback from clinical supervisors, employers and peers on their placement performance. Students' role in feedback processes tends to be overlooked with most educational interventions focusing on educators' skills in 'feedback delivery'. Addressing learners' roles in feedback - as seekers, processors and users of performance information - offers opportunities to improve clinical placement experiences, and support transitions to practice.

Aim/objectives:

This study aimed to evaluate an educational intervention designed to augment students' feedback engagement during and after their clinical placements at a major hospital.

Methods:

The learner-centred feedback model, Feedback Mark 2 (Boud & Molloy, 2013), formed the basis of a multifaceted intervention to support students' engagement in feedback processes. An interprofessional student group (n=35) engaged in the intervention including an e-learning module, a face-to-face workshop and a reflective journal. Evaluation included surveys, immediately post workshop, and interviews after students' placement experience.

Results:

Thematic analysis of survey and interview data indicated the intervention contributed to improved student understanding of their role in feedback processes which they had not previously considered. Students reported being actively engaged in feedback both during placement and at university. They attributed these changes in their feedback approach to being comfortable in requesting feedback and in clarifying strategies to improve their work.

Conclusions:

These findings suggest that supporting student engagement in feedback processes may make an important contribution to improving placement learning. This interprofessional intervention could be applied in other settings to improve learner engagement in feedback.

5C PeArLs**Is the medical curriculum really 'full' and could 'open-internet' exams be part of the solution?**

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Background:

Whenever additions to the medical curriculum are raised – palliative care and patient safety are recent examples – the discourse that the curriculum is 'already too full' ensues, with inevitable questions about 'what you going to remove' to accommodate the new 'material'.

Medical curricula are certainly extensive – our own senior years map comprises almost a thousand ‘learning items’ – but we wonder whether the ‘fullness’ discourse is based on a view of curriculum that understands ‘knowledge’ as a series of facts to be learned, in a bankable yet fragmented format, rather than a network of interwoven understandings, developed from dialogical pedagogies, that enable practitioners to inquire, reason, postulate and then *look up* any ‘facts’ they require.

Indeed, now that high-quality, up-to-date clinical guidance is available on mobile devices in every doctor’s pocket, we argue that it borders on the unprofessional to rely on the fallible human memory for the detailed information required to guide practice decisions.

Attempts to shift medical curricula to a focus on higher-order capabilities over fact recall to date have been impeded by the reality that ‘assessment drives learning’ and students still feel that they are rewarded for memorising.

Questions for exploration:

Would allowing access to electronic resources during medical exams facilitate the assessment of higher order ‘whole’ learning outcomes and better emulate the utilisation of knowledge and understanding in clinical practice?

Would a more contemporary view of how practice is enacted have the potential to change our conception of the medical curriculum’s ‘fullness’ and facilitate curricular renewal?

5D PeArLs

Transitioning from Student to Effective Prescriber – Effective Prescribing Insight for the Future (ePIFFany)

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Introduction/Background

Medication safety and junior doctor prescribing is a priority internationally. In 2016 a collaboration was established with the Universities of Leicester and Nottingham to trial the successful UK programme ePIFFany in New Zealand. The ePIFFany approach demonstrated a 53% reduction in prescribing errors. There are two underpinning theories:

1. Self-regulated learning
2. The principle of marginal gains

Key education design components in the NZ pilot are:

1. Simulation at the beginning and end of the 3-month rotation.
2. The use of carefully selected recent ward patients playing themselves in the simulations.
3. A delayed and extended debrief in the workplace using video recordings as prompts.
4. Feedback and support from a clinical pharmacist (as a near peer) about complex prescribing tasks on the ward over three months

The success of the project is being measured through impact on prescribing practice on the wards. Data is collected by the pharmacy audit team for 6 months, the first 3 months providing the baseline data.

This presentation will share the interprofessional team’s experience of implementing ePIFFany in the southern hemisphere using two sites.

Purpose /objectives

The introduction to this PeArLS will share the features of the successful UK program, the trial in NZ, the lessons and challenges arising. This programme is proving highly successful but resource intensive. Discussion will focus on sustainability and spread, key factors for success and options for the future.

Issues/ questions for exploration:

What are the key features of the programme that can transfer to other educational interventions?
What possibilities can others see?

Could this programme be implemented across a full cohort of junior doctors in a hospital?
What are the resourcing implication for pharmacy departments and medical education units?
What factors may influence acceptability of this interprofessional programme delivery within our hospitals?

Career transitions and the presentation of self

Natalie Lindsay¹, Jo Ann Walton¹,

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Introduction/background:

People judge us by the way we look, act and behave. Professional socialisation may be recognised as part of undergraduate education for students entering health professions, but we suspect little attention is paid to personal/professional comportment in postgraduate or continuing professional education as careers develop. In this session we draw on insights gained in several research and teaching projects in which we have been either intrigued or concerned (or both) about how to ensure that education is appropriate and helpful for health professionals facing the personal challenges that career transitions present. One aspect of personal development particularly relevant is the presentation of self in the work environment.

Purpose/objectives:

To define what we mean by self-presentation and identify relevant theoretical ideas
To identify major points of career transition for health professionals
To explore the particular challenges these transitions present in terms of self-presentation.
To begin an agenda for research and teaching development in this area

Issues/ questions for exploration or ideas for discussion:

In preparing nurses and other health practitioners for major career transitions such as the transition from student to registered practitioner, from team member to a leadership role, from clinician to academic, or from practitioner to retiree what should we teach, and how?
Are there other points of career transition we should consider?
What research questions can we pose that would be useful to inform this educational agenda?

5E PeArLs

“Please keep talking” understanding the various methods of conducting Think Aloud Interviews

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Introduction/background:

Understanding how students think and their associated thinking strategies have been a long held goal for educational research into learning. Methods to investigate these cognitive and metacognitive processes range from eye tracking to neuroimaging which provides quantitative data through to

student 'Think Aloud' (TA) interviews thus providing qualitative verbal data. TA is a non-invasive inexpensive neuroimaging validated means to assess thinking. However in the literature authors are rarely explicit about how they conducted TA other than reference to the validated TA protocol of 'Please keep talking'. It is therefore difficult to learn this method and appreciate how TA can be adapted to rigorously explore a range of cognitive phenomena.

A short introduction will orientate participants by presenting the various types and rationale to implement a TA process that ranges from concurrent, retrospective and video stimulated recallTA.

Purpose/objectives:

The purpose of this PeArLs format is to draw upon the audience's experience of the range of TA approaches and identify what aspects were essential to ensure methodological or analytical rigor. The objective is to share knowledge about conducting TA and its potential applications. New, novice and experienced TA researchers are encouraged to participate.

Issues/ questions for exploration or ideas for discussion:

Do we all mean the same thing by TA?

What are the various methods predominantly used and why?

Is it more than just asking 'please keep talking'?

What are the ways in which you adapted TA and why?

Support for doctoral candidates in HPE? How can we help?

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Introduction/background:

Clinicians frequently require postgraduate qualifications to deliver education at both undergraduate and postgraduate levels. Hence, doctoral offerings in health professional education (HPE) are increasing worldwide. These conditions have led to a broad range of clinicians enrolling in Higher Degree by Research (HDR) studies, with varying prior academic experience and time since they last completed university study. Despite meeting threshold standards for admission into a HDR, candidates may have done their basic clinical training at a time when academic writing and research skills were less prioritised in HPE. Therefore, standard university HDR supports may be insufficient for these clinicians returning to university for HDR study.

Purpose/objectives:

As current and former leaders of a HPE doctoral group we have found clinicians to have unique support requirements. This PeArL forms part of a realist evaluation of HPE HDR support programs. We hope to explore this topic in a facilitated open discussion and collect the groups' perceptions on the mechanisms that contribute to successful HDR student support. Ethics approval will be sought to collect this data. Results of this discussion will be thematically analysed and presented to the HPE community and will contribute to improving the quality of HPE PhD programs.

Issues/ questions for exploration or ideas for discussion:

This project asks: What support should we offer HDR students in HPE research, and how do we maximise the benefits of this support? We invite all those involved in PhD programs; including current and prospective PhD students, supervisors and administrators to join the discussion.

5F Learning Active

Reimagining case based learning: a learning-through-practice process integrating Science and Practice

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Introduction:

The Department of Medical Imaging and Radiation Sciences employs a learning-through-practice design process to engage student radiographers and radiation therapists in professional issues encountered in clinical practice. Combining case-based learning principles and reflective practice in an online environment, the program integrates scientific knowledge with clinical practice requirements and is known as integrating Science And Practice (iSAP).

Objectives:

iSAP's current goal is to authentically re-create the emotive experience of the work environment through the use of various media techniques.

Discussion:

The integration of iSAP into the university learning management system allows teachers to assess students using authentic and work relevant case based learning which emphasises the strengthening and refining of cognitive skills in critical thinking, analysis, problem solving and judgment. iSAP cases particularly focus on developing work skills of professional conduct, communication and teamwork to prepare students for clinical practice. This program serves the dual function of providing students with a platform on which to develop and practice reflection and model behaviours based on the articulation of their reflection in comparison with the report from an expert. Supported with audio/video interviews, expert responses provide the learner with pseudo expert engagement while at the same time evoke the sense of tensions and pressures of the work environment. Intrinsic feedback received via the expert responses allow the student to modulate their understanding of concepts and practice via completing a reflective, comparative report.

Issues/questions for exploration or ideas for discussion:

How to keep cases current. Exploring how to involve final year honours students in creating authentic cases reflecting their recent clinical experiences.

Problem-based learning (PBL) versus Team-based learning (TBL) in Year 1 of a medical program

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Introduction/background:

Team-based learning (TBL), has gained recent popularity in medical education. TBL maintains the advantages of small group teaching and learning, but in contrast to Problem-based learning (PBL), does not require large numbers of tutors. In 2016, we introduced TBL to Year 1 of the Sydney Medical Program.

Aim/objectives:

To compare first year students' experience, and preferences, with TBL to PBL.

Methods:

In 2016, 169 Year 1 students completed three PBL and three TBL sessions during one of the following teaching blocks: Musculoskeletal (n=56), Respiratory (n=59) or Cardiovascular (n=54). Mixed methods, including questionnaires and focus groups were used. Data were analysed using descriptive statistics and thematic analysis.

Results:

In total, 146/169 (86%) of participants completed a questionnaire regarding PBL, and 150/169 (89%) completed a similar questionnaire regarding TBL. 34/169 (20%) of students attended one of five focus groups. The use of smaller groups, the readiness assurance tests, immediate feedback from expert clinician, as well as time efficiency, were all aspects of the TBL experience that students found

positive. In PBL, students reported that variable experience of tutors; limited direction; and large group size hindered their learning.

Discussion:

Students found the structure and format of the TBL sessions more conducive to learning, engagement and participation than PBL sessions.

Conclusions:

We found that our Year 1 students prefer TBL over PBL, as the optimal teaching strategy. Although the use of TBL required an instructional approach, needing direction from the tutor, it remained student-centred, generating a range of positive outcomes.

Transition to a Case-Based Learning Model

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Introduction/background:

Problem-Based Learning (PBL) has been the cornerstone of teaching and learning in the Clinical Science Courses at The University of Queensland medical program. However, following concerns that students developed 'tunnel-vision' to the particular condition used in their PBL case for any given week, and were disengaging from the PBL process by the end of Year 2, a change from Problem-Based to Case-Based Learning (CBL) was piloted in 2012. Following overwhelmingly positive feedback from both students and tutors, the approach was refined in subsequent years and ultimately adopted in Years 1 and 2 of the MD program which began in 2015.

Aim/objectives:

This initiative aimed to develop an effective alternative to the PBL model which would broaden our student's exposure to a range of conditions relevant to their future clinical practice, and increase their engagement through the four semesters of the Clinical Science courses.

Discussion:

While CBL is not a new pedagogical practice, it is a distinct change from the PBL model used at many institutions worldwide. By providing students with directed resources prior to their first weekly tutorial and by increasing the number of cases covered each week, our CBL model maintains many of the benefits of PBL, but has resulted in deeper and more informed discussion of the material during tutorials, and has provided additional opportunities to apply developing clinical reasoning skills to other related scenarios in the same allocated time as PBL. Qualitative and quantitative data from surveys of students and tutors will be provided.

From medical student to a student doctor: medical students' perceptions of learning during initial exposure to ward rounds

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²Hutt Valley District Health Board, New Zealand

Introduction/background:

Medical students at the University of Otago spend three years learning subjects considered foundational to an applied medical degree. In those two years students have very limited exposure to hospital contexts and patients.

The medical students, who are the focus of our project, are senior medical students (year 4) who have completed a minimum of three years of study at university. However, their exposure to a hospital context and in particular the ward round for the majority will be a new experience.

Therefore to a greater or lesser extent for many, if not all of the medical students, the hospital will be an anxiety provoking environment and for some even a frightening environment. Such emotions may be a barrier to effective learning.

Aim/objectives:

To understand

This qualitative study explored what medical students learn about the non-technical and non-pathological aspects of being a doctor during their early exposures to ward rounds.

Issues/questions for exploration or ideas for discussion:

1. What did students learn from a ward round compare with what they thought that they would learn?
2. What was their role on the ward round?
3. Who engaged with students during the ward round?
4. Apart from knowledge about disease and the management of disease what else do students learn from the ward round?
5. How valuable was the ward round as a learning experience?
6. How could the learning experience of the ward round be improved?
7. Finally, how could a medical student maximise learning during ward rounds?

Transitioning from the classroom to the clinic: medical students' first move into clinical learning

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³Curtin Medical School, Faculty of Health Sciences, Australia

Introduction/background:

Clinical training relies heavily on immersion experiences in the clinical setting, which are known to have the ability to both foster and inhibit learning, depending on how students make sense of new events. The transition into this setting is a seminal point in medical student education and existing research has provided insights into certain aspects of transition experiences. One recent ethnographic study of medical students in early clinical placements explored the nature of unsupervised learning in this setting, and another used photo-elicitation to gain an insight into several aspects of the transition to clinical learning, including the influence of social factors, the use of so-called 'white space' and the importance of 'clinical firsts'. Both highlight some of the challenges which should be considered by medical educators and curriculum planners.

Purpose/objectives:

Using two illustrative studies involving about medical student transition to clinical learning, this session aims to explore a number of factors which may influence student learning in this setting and subsequently their development as they progress on their journey through medical school.

Issues/ questions for exploration or ideas for discussion:

- What factors help to ease the transition into clinical learning?
- How do unsupervised experiences during clinical placements influence student learning?
- How is built in 'white space' in the curriculum used by students and what do we need to be aware of as educators?
- Do we need to consider how 'clinical firsts' may impact the students learning experiences and professional identity development?

Transitioning from PBL to the clinical years in Med School: The experience of the lowest and highest academically ranked students.

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Introduction/background:

The transition from the early years in medical school (whether it's problem-based/team-based or case-based learning) to the clinical rotations in the later years is an important educational step. Students who struggle in these clinical years may continue to struggle with the next step in the transition to Internship.

Aim/objectives:

This study explored the experiences of 4th medical students when they transitioned to the clinical learning environment after three years in a PBL learning environment. The objective was to identify strategies that could assist students who were struggling early in the clinical years, to prepare them for the next transition to Internship.

Methods:

A qualitative research design framed this study. In-depth interviews were conducted with 12 Year 4 medical students purposefully selected as the lowest and highest academically ranked students from Year 3. The interviews were interpreted using a combination of thematic and constant comparison analysis underpinned by the socio-cultural theories of experiential learning.

Results:

While this study was framed by theories of experiential learning, the over-riding results showed a pattern emerged based on students' interpretations of their own personal epistemological beliefs i.e. the nature of knowledge and the nature of knowing. The highest ranking students described a 'sophisticated' epistemological approach to learning in the clinical environment and the lowest ranked retained the 'naïve' epistemological approach they used in the PBL years.

Discussion:

Should curriculum designers integrate the theory and application of the principles of personal epistemology into the important transitions stages in a medical course?

Conclusions:

This study found that the lowest ranked students followed a pattern of 'naïve' epistemological beliefs which were 'disabling' to their transition to the clinical environment and may have an impact on their later transition to Internship. These are significant early detection markers which can be incorporated by curriculum designers.

5G Inter-Professional Learning

A Three Year Evaluation of Team-based Interprofessional Dental Clinical Education at Griffith University

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Introduction/background:

The longitudinal impact of the interprofessional team-based treatment planning (TBTP) process at the Griffith University School of Dentistry and Oral Health (DOH) needed to be ascertained. Initially, the reliability and validity of an appropriate survey targeting students was established through a psychometric evaluation at DOH in 2012.

Aim/objectives:

This study aimed to investigate the association between student interprofessional TBTP processes and optimal clinical dental education (OCDE) including predictive effects as perceived by oral health students from 2012-2014.

Methods:

Prospective cross-sectional data were collected on-line by targeting 845 eligible pre-qualification oral health students. Informed consent and follow-up maximised response. Appropriate statistical analyses identified significant non-parametric correlations and partial correlations. Hierarchical multiple regression discovered the predictive utility and effect size of TBTP processes on OCDE.

Results:

Strong significant correlations existed between the factor interprofessional shared learning and OCDE in 2012 ($r= 0.642$, $p<0.000$), 2013 ($r= 0.678$, $p<0.000$) and 2014 ($r= 0.719$, $p<0.000$). Correlations between the factor assessment and OCDE were weaker but highly significant. A combined model consisting of six TBTP predictors explained 53% of the variance in OCDE in 2014, an increase from 40% in both 2012 and 2013, all with large effect.

Discussion:

504 students responding (59.6%) were deemed representative. Confounding did not affect any associations. Annual improvements to the TBTP process accompanied increasing correlations and predictive effects.

Conclusions:

Findings are supported within the literature. The TBTP model met DOH needs, however further study is required to assess these relationships over time within comparable national and international educational institutions.

Clinical Decision Making for Collaborative Practice

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Introduction/Background:

Understanding health practitioner's natural clinical decision-making (CDM) styles and factors influencing it are key to examining methods of enhancing CDM, and interprofessional practice (IPP). As well as exploring factors with clear theoretical relevance, this paper further examines a feasibility workshop using a cognitive CDM orientation framework aimed at improving understanding of, and the ability to collaborate and communicate CDM in interprofessional teams.

Aim/Objectives:

This paper aims to orientate health practitioner's CDM, and to enhance CDM communication and collaboration within interprofessional settings.

Methods:

This study quantitatively examined how health naturally made decision-making judgements along an intuitive/analytic continuum, and what factors influenced their individual CDM styles. Online surveys measured: demographics (e.g., age, experience), cognitive factors (intuitive and analytic decision-making styles), personality traits (Big 5), and interpersonal motivational factors (e.g., fear of negative evaluation). Effects of task structure on natural decision-making style were also examined. A feasibility study qualitatively and quantitatively examined an interprofessional educational workshop using a cognitive decision-making process orientation framework (Cognitive Continuum Theory: CCT).

Results:

Survey data were analysed using quantitative methods: multiple regression analysis, ANOVA, and path analysis. The main findings were; factors that influence CDM styles were associated with natural biases and errors; there was evidence of a complex picture, highlighting the need for a CDM orientation framework to attenuate biases and complexity. Workshop data were analysed using qualitative and quantitative methods: grounded theory; multiple regression, ANOVA, and path analysis. Findings to date include; CCT can effectively orientate health practitioners to their CDM; CCT has the potential to increase CDM communication and collaboration within interprofessional teams.

Conclusion:

The research examined expert and novice medical, nursing, and allied health professional CDM styles resulting in an unclear picture; probably due to the complex social and individual variables involved. Results supported the need for a CDM orientation strategy to help combat complexities, decision errors and biases. The development and feasibility of an interprofessional educational workshop in CCT, aimed at improving individual and team understanding of decision-making processes, and from such workshops, improve CDM communication and collaboration within interprofessional teams.

Immersion in interprofessional simulation for transition to clinical practice in rehabilitation.

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Introduction/background:

Interprofessional simulation provides clinical scenarios for interdisciplinary team members to work together with the client to address clinical care. Goal setting, discharge planning and family meetings are examples of collaborative teamwork situations in rehabilitation and aged care that are not frequently addressed in single discipline coursework. Interprofessional simulations provide an opportunity for students to understand roles and scope of practice, practise client centred care in a collaborative manner and embed professional behaviour.

Aim/objectives:

The aim is to describe the relevance and usefulness of interprofessional simulations to maximise teamwork, collaboration, knowledge sharing and problem-solving. Identification of students' ability to recognise and respond to patients' emotions, needs and wishes to support patient centred care in practice. Provide video examples of training scenarios.

Discussion:

Interprofessional simulation is complementary to clinical placement where students can practise an activity relevant to clinical teamwork. Scenarios can be deconstructed as required with immediate and targeted feedback to link to theory and knowledge translation. Skills practice in interpersonal communication is essential to produce clinicians who are both client centred and work ready. Self-efficacy questionnaires identify conflict management, client-centred communication and the opportunity to practice in a safe learning environment as the most useful learning.

Issues/questions for exploration or ideas for discussion:

Exploration of interprofessional simulation in settings other than rehabilitation

¹ School of Health Sciences, Flinders University, Adelaide, South Australia

A framework for culturally responsive collaborative learning

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Background:

It is increasingly important for universities to graduate flexible, broad-thinking, culturally-aware individuals who are equipped for the challenges of working globally. Student placements in developing countries may facilitate learning outcomes for students and provide health and education benefits to local partners. Physiotherapy, occupational therapy and speech pathology students in the School of Health & Rehabilitation Sciences at The University of Queensland (UQ), Australia have participated in interprofessional placements in Vietnam since 2011 and Timor Leste since 2014.

Aims:

Using an iterative process of planning, implementation and reflection, the current project has developed a framework for supporting students' development of interprofessional and cultural responsiveness skills in placements in developing countries. The development, implementation and outcomes of the framework model, lessons learned, and future recommendations are described.

Discussion:

From 2011-2016, approximately 17 clinical educators from UQ have supported the development of 67 students in interprofessional, intercultural placements in Vietnam and Timor Leste. Students work in interprofessional teams with in-country partners to identify and collaboratively deliver sustainable rehabilitation strategies and clinical services. The UQ framework supports three phases: preparation pre- placement, engagement in-country, and debriefing post-placement. Experiential learning within this model promotes interprofessional service delivery in communities where health care professions are limited, and allows students to experience diversity of health care demands and intercultural learning. This framework has potential application for other health and education professions seeking to support interprofessional student learning and benefits for local partners in intercultural contexts, especially in developing countries.

Transitioning into interprofessional practice: Lessons from an Aged Care IPE innovation

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Aim/objectives:

To support future health care professionals to transition and endure as valuable interprofessional team members in diverse health care settings and complex organisational cultures.

Discussion:

Organizations are responding to escalating aged health care demands with innovative service delivery models that diversify support personnel and professional teams. Effective collaborative practice can better manage the complexities presented by aging patients. However, transitioning, integrating and negotiating new and unfamiliar care contexts and health settings create challenges for graduating health professionals. This is specifically the case if managing aged care patients and their growing needs as students may hold preconceived stereotypes about working with an increasingly elderly and challenging patient population.

To interprofessionally and collaboratively transition as successful decision making practitioners, health professional learners gained insight into the information gathering methods and problem solving skills used by other disciplines. Interprofessional teams of Griffith Health students were immersed in actual residential aged care settings to engage with elderly residents. Cooperating through simulated conferencing, they integrated views and information by sharing individual findings. Learning with, from and about each other they consolidated their own professional identities and developed understanding and respect for the professional roles of others. Specific lessons gained included positive insights into the ageing process and communicating with older residents, coupled with a greater understanding of the importance of a team approach to deliver holistic care.

Issues/questions for exploration or ideas for discussion:

When students cooperate with other student disciplines in interviewing and assessing actual aged patients, how do they develop respect for other professional roles?

Does forming their own professional identity as team members support future transitions into aged care multidisciplinary, interprofessional practice?

The Link Model: Interprofessional opportunities in Community Health

Jennifer Newton¹, Fiona Kent¹, Nicole Mathews², Alison Webb², Richard Loiacono¹

Origin: ¹ Monash University, Melbourne, Australia, ²Link Health and Community

Introduction/background:

Student engagement in Community Health Centres aligns with the Australian National Health Workforce Innovation and Reform Strategic Framework for Action (2011), which identifies primary care as a priority focus for national action.

Aim/objectives:

This study sought to establish a volunteer interprofessional placement opportunity across three Community Health Centres for pairs of second year medical and nursing students over a 12 week period.

Methods

A mixed methods design was used. Quantitative and qualitative feedback was collected using the Interprofessional Clinical Placement Learning Environment Inventory (ICPELI)¹. Students ($n=40$) completed the ICPELI at the end of each clinic sessions. Two focus group interviews were undertaken with the health care practitioners ($n=8$) to gauge their experiences of the students' placements.

Results:

Analysis of the ICPELI indicated that students agreed or strongly agreed (95%) that this clinical placement was interesting, 74% found the placement provided them with sufficient learning opportunities, 90% indicated they belonged, 98% rated the placement had given them new insights into how community health is managed, and 93% indicated a better understanding of the patient's role in health care decision making. Thematic analysis of the reflective questions and the focus group interviews is being undertaken.

Discussion:

Interprofessional student placements in the community clearly provides an alternative to traditional clinical education and extends capacity for early clinical interprofessional opportunities beyond acute hospital placements.

Conclusions:

Innovative approaches to clinical education and learning are needed to prepare a healthcare workforce capable of working in a collaborative, interprofessional manner that is patient centred.

5H Clinicians as Educators

Development and validation of a measurement tool for Self-Efficacy in Clinical Teaching

Dr Lawrie McArthur¹

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Introduction:

Increasingly a General Practitioner (GP) is involved in teaching and training undergraduate and postgraduate students. The GP clinical teacher role is complex, demanding, and at times potentially conflicting. International literature identifies the attributes of an excellent clinical teacher, though the impact of non-cognitive attributes like self-efficacy in medical education has rarely been researched.

Self-efficacy has been correlated positively with a broad range of positive student outcomes, including teaching practices, teacher behaviours, and positive learner outcomes.

We developed an instrument to measure the self-efficacy of the doctor's clinical teaching

Methods:

Extensive literature search of measurement tools showed that there is no suitable tool to measure self efficacy in the GP clinical teacher. The literature informed the 25 item formation and guided the requirements for the development of the Self-Efficacy in Clinical Teaching (SECT) tool.

The SECT survey was constructed through consultation with expert clinicians, involved a self reporting seven point Likert response scale, and exploratory factor analysis was performed. Pilot testing of SECT with 50 clinical teachers, confirmed the development of an appropriate measuring tool for doctors who clinically teach in a community based General Practice setting.

Further validation studies were conducted across the Adelaide to Outback General Practice Training program with 86 community based GP clinical teachers. This was evaluated with Kaiser-Meyer-Olkin sampling adequacy, item uniqueness, exploratory factor analysis with oblique rotation and factor structure testing.

Results:

The SECT pilot showed excellent reliability (Cronbach's alpha - 0.92), content validity, internal consistency, construct validity, and significant item uniqueness.

In the validation study, 86 out of 97 invited clinical teachers in General Practice answered the questionnaire. The median of clinical teaching time was 9.5 years, with a rate of participation in external teacher development activities (conferences or university courses) lower than 10%.

Statistical analysis showed excellent sampling adequacy (KMO-0.91), indicated three different factors, with an excellent reliability (Cronbach alpha-0.95). Each item loaded strongly with score uniqueness < 0.60. The first factor and second factor included nine items each, and explained 53.7% and 49.2% of variance respectively. The third factor included six factors, with a total scale performance of 48.4%

There was a positive trend between the first factor (customized teaching) and second factor (teaching prowess) with the larger number of years of clinical teaching. Factor three (impact on learner) showed a positive significant association with the professional teacher development activities undertaken by the clinical teacher. ($p=0.003$)

Discussion:

The development and validation testing of the SECT scale provided an accurate measuring tool. It is authentic, robustly aligned to Bandura's psychological self efficacy construct, reflective of clinical teaching practice, realistic, and convenient to use.

It enables further research into the self-efficacy of clinical teachers in medical education through accurate measurement, impact of teacher development professional activities, and interventions to improve the self-efficacy of clinical teachers.

Conclusions:

In a world first, the development and validation testing of the SECT instrument confirmed an appropriate measuring tool for doctors who clinically teach in a community based General Practice setting.

General Practitioners' attitudes, beliefs and competency in evidence based medicine

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Introduction/background:

Evidence-based medicine (EBM) integrates evidence with patient values and clinical expertise in guiding medical decision making. Few studies have examined how general practitioners (GPs) value EBM and their competency in the principles of EBM.

Aim/objectives:

To examine GP attitudes, beliefs and perceptions on EBM and how these factors influence their competency in EBM.

Methods:

A mixed methods consisting of a questionnaire and focus group discussions was conducted. A total of 43 GPs participated in 6 focus group discussions. Focus group discussions were audio-taped and transcribed verbatim. GP competency, beliefs, confidence and implementation of EBM was recorded via psychometrically validated questionnaires.

Results:

A positive belief towards EBM was significantly correlated with a higher competency in EBM ($r=0.45$). No significant correlation was associated between frequency of implementation ($r=0.23$), confidence ($r=0.16$) or age ($r=-0.13$) and EBM competency. Overall GP competency in EBM equated to a 'novice' rating. Several key themes emerged from the discussions. Experience in clinical and research was viewed a key driver to being a successful practitioner of EBM. Clinical guidelines and published trials were seen to contribute to the 'evidence' aspect of EBM, but a premium was placed on clinician experience.

Discussion:

GPs in this study were typically not taught EBM during their training, as exhibited by their low competency in EBM. Given this deficiency in technical knowledge, a greater emphasis is placed upon the use of synthesised evidence and the communication between patient and doctor to inform decision making.

Conclusions:

EBM specific training opportunities are required to build capacity in EBM within mid and senior career GPs.

Features and strategies identified by clinical supervisors to a clinical education scenario prior to and following a professional development workshop.

Stacie Attrill¹, Brenton Kortman¹, Amanda Wray¹

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Introduction/background:

Professional placements are a critical component of health professional programs that facilitate students to develop skills for practice. Students are supervised in placements by practitioners who require access to quality training to develop skills as workplace educators and to ensure positive learning experiences for students. Whilst universities frequently offer clinical education training, little research exists about the learning objectives or outcomes of this training, or how clinicians apply this knowledge with students.

Aim/objectives:

This study used critical incident theory as a lens to identify how health professionals who participated in a two-day professional development workshop applied knowledge about clinical education prior to and following their participation.

Methods:

A scenario was developed as a critical incident that included elements identified in clinical education practice. Fifty-six participants provided written responses to this scenario at the beginning and end of a two-day clinical education workshop, responding to prompts to identify the critical features of the

scenario, the steps or actions they would undertake and their hypotheses about the outcomes of these.

Results and Discussion:

Through an inductive process, participants' responses were categorised into a taxonomy to describe how they used the scenario to apply knowledge about clinical education practice prior to and following their participation in the workshop. This described participants' salient learning outcomes and provided insights into how they modified their approach to the scenario following professional development. The nature of the strategies applied and hypotheses about how the workshop learning may translate to professional placement contexts will be discussed.

Intellectual Streaking: teachers exposing their minds in educational encounters

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Introduction/background:

Typically teachers are seen as high status experts, delivering pre-prepared and pre-rehearsed slides, or spiels, to audiences both big (e.g. lectures) and small (e.g. face to face feedback sessions in the workplace). Simultaneously teachers expect learners to take intellectual risks on a regular basis such as revealing their reasoning in front of an audience, which may consist of patients or those who have responsibilities for assessment or seniors who may one day recruit them into their team. We actively encourage learners to publically make leaps between concepts and to state their intellectual positions. And yet as teachers, we rarely model or reciprocate this vulnerability.

Purpose/objectives:

In this session, we discuss the notion of 'intellectual streaking' and problematise the status quo, where teachers are untouchable experts. We consider ways in which teachers exposing their dilemmas and uncertainties 'on the run' may reap benefits for learners, patients, and their own educational practice. Participants will generate case studies, and through these we will develop questions to guide the evolution of this area of research.

Issues/ questions for exploration or ideas for discussion:

Questions to be posed:

- What are the advantages and disadvantages of modelling vulnerability and reflection in action?
- How might we navigate the complexities of expertise, with its implicit remit of certainty and decisiveness, for patients, learners and educators alike?
- How might the application of Intellectual Streaking influence educational practice in your own context?

Concurrent Sessions 6A-6G

6A Symposium

Our OSCE runs very well, except for ... - four commonly seen OSCE issues that keep us awake at night, discussed from a national perspective

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on behalf of the ACCLAIM Consortium

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Introduction/background:

Objective Structured Clinical Examinations (OSCEs) have been the mainstay of clinical assessment in medicine since the 1970's. They are increasingly used in nursing, physiotherapy, optometry, medical imaging. Yet OSCE discussion inevitably turns to the same set of "difficult problems".

Aim/ objectives:

The ACCLAiM (Australian Collaboration for Clinical Assessment in Medicine) consortium of 15 Australian medical schools provides OSCE national benchmarking and quality assurance. This symposium covers four “difficult problems” - defined and illustrated with cases and data, to stimulate discussion with participants.

List of presentations:

- 1) **Students have seen the stations** before. Data presented will promote group discussion on whether student results differ if students are familiar with the material being tested from previous OSCEs. Should there be a “kill switch” for certain material being reused?
- 2) **Examiners have not undertaken training** before the OSCE. Barriers and enablers to examiners watching training videos will be presented to facilitate discussion on best practice examiner training programs.
- 3) **Need to accommodate a range of examiners within the OSCE** representing different subspecialised disciplines. Do they bring their specific knowledge with them – does this affect their marking of students?
- 4) **When a rogue examiner is detected ...** How do you spot one? Is it related to behaviour or marks? What do you do? Can this be remediated with training? Case studies will be discussed.

Discussion:

The ACCLAiM group will present from their data and experience on these four topics, and then open the floor for group discussion on these common and vexing issues.

6B Towards Cultural Equity**Student perceptions of factors that influence entry to the speech pathology program for Aboriginal and culturally linguistically diverse students**

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Introduction/background:

The Speech Pathology (SP) workforce lacks diversity (Byrne, 2015a), consisting largely of females born in Australia, with few people from Aboriginal (i.e. 0.2% of workforce) or non-English-speaking backgrounds (Health Workforce Australia, 2014). Speech Pathology aspires to have a “profession as diverse as the community”, however there is currently poor understanding of factors that influence the lack of diversity, and even less understanding of potential strategies that could be implemented.

Aim/objectives:

The study aimed to identify perceived facilitators and barriers for entry to a SLP program and how these may vary for certain groups (i.e. Aboriginal, Culturally and Linguistically Diverse (CALD) students) and to identify potential strategies to redress the current lack of diversity.

Methods

14 semi-structured interviews were conducted. SP students were asked about their perceptions of factors that may influence Aboriginal and CALD students and potential strategies to encourage a more diverse student cohort.

Results:

Qualitative analysis was used to identify key themes in the data. Students perceived that there were barriers and facilitators for all students. However, Aboriginal and CALD students were perceived to have both a greater number of, and additional barriers (e.g. intelligibility, cultural needs) and potentially less facilitators (e.g. role models).

Discussion

Students identified a number of strategies that could be undertaken (e.g. University, professional association) including wider public knowledge targeting specific groups (e.g. Aboriginal communities) and supporting students entering the program.

Conclusions:

This project will have positive benefits to other similar allied health professions which also lack diversity (e.g. occupational therapy) (Byrne, 2015b).

Transitions aren't easy: Developing Allied Health students into interprofessional-ready practitioners in an urban Indigenous health setting

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² School of Public Health, The University of Queensland, Brisbane, Australia;

³ The University of Queensland Health and Rehabilitation Clinics (UQHRC), Brisbane, Australia.

Introduction/background:

A service delivery gap for urban Indigenous children with developmental vulnerabilities led to the CoE and UQHRC establishing a weekly student-assisted interprofessional (IP) clinic to provide new Allied Health student placements and paediatric services (occupational therapy, speech pathology, physiotherapy). Establishment funding was provided in 2015 by Queensland Regional Training Networks.

Aim/objectives:

We evaluated the clinic in terms of student and Clinical Educator (CE) perceptions of learning, and CoE client and staff satisfaction with the clinic.

Methods:

Students (n=15) submitted weekly reflective journals; and parents/carers of paediatric clients (n=14), UQHRC CEs (n=5), CoE paediatricians and administrative staff (n=6) participated in semi-structured interviews. The data were analysed thematically.

Results:

The placement evolved in response to client and CoE needs. Factors contributing to IP-readiness among the students include: the creation of a supportive IP learning environment in the CoE; seeing value for clients in IP practice; learning about how other health professionals work; and learning team work skills. Constraints, including academic schedules, space and client socioeconomic circumstances, provided opportunities to develop an appropriate model.

Discussion:

Outcomes from the first semester enabled a second placement to follow and emphasised the importance of coordination and partnership. Effective use of available resources to enhance the student learning and client outcomes influenced the clinic's sustainability.

Conclusions:

Students demonstrated transitioning to an appreciation for IP practice and paediatricians and parents witnessed its benefits. Transition to a new model of placement and paediatric care in the CoE was facilitated by the responsive partnership.

Building Cultural Capabilities in Teachers and Students of Aboriginal and Torres Strait Islander Health

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¹ Monash University Clayton, Australia,

Introduction/background:

For the past two years an Indigenous Health Curriculum Committee, comprised of interdisciplinary representatives, has overseen the development and implementation of scaffolded novice, intermediate and advanced Indigenous health learning outcomes into the health science curriculum at Monash University.

Aim/objectives:

This project will analyse results of the approach taken within the School of Medicine, with a particular focus on embedding and assessing novice Indigenous Health curriculum for medical students and course tutors.

Method:

Various teaching methods were employed including case based videos featuring local Aboriginal people with real life health service experiences, experiential activities and online activities. Tutors were trained in the delivery of the case scenarios and experiential activities. In consultation with existing literature around health professional education, minor changes and improvements were made in response student and tutor feedback.

The data was collected via anonymous online survey using Qualtrics and deidentified student cohort exam assessment.

Discussion:

Analysis of results will guide us toward improved teaching and learning of the embedded Indigenous health curriculum as described by the Aboriginal and Torres Strait Islander Health Curriculum Framework released in 2016. We will also use the data to refine our assessment methods, aiming to establish validated faculty-wide assessment tools.

Issues/questions for exploration or ideas for discussion:

How well did students achieve the novice learning outcomes?

What challenges were faced in delivering the newly developed curriculum in the school of medicine?

How did student performance in assessment tasks inform refinement of the curriculum in the second and third year of delivery?

Cultural influences on small-group learning for health professional education

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²Chang Gung Medical Education Research Centre, Chang Gung Memorial Hospital, Linkou, Taiwan (ROC);

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Background:

Education of healthcare professionals is significantly impacted by the globalisation of health problems, workforce and students. In this transition to globalised education, well-established institutions are transplanting packages of developed curricula, but implementation in a new context is challenging.

This study investigates the impact of culture when an educational design is imported from one geographical and educational context to another. Problem-Based Learning is a pedagogical method developed in a Western context. There has been little systematic examination of this type of small-group learning in non-Western countries or synthesis of results.

Aim:

To describe how dimensions of culture influence the application of small-group learning in health professional education.

Methods:

A systematic review of empirical studies according to narrative synthesis methods. Studies investigating the application of small-group learning for undergraduate health professional education in non-Western cultures from 1996-2016 were included. Study findings and cultural commentary

were coded according to an inductively developed thematic framework. Cultural features were described using a cultural dimensions approach.

Results:

Searching major databases identified 66 relevant articles. Studies had been conducted on most continents. Common themes included the impact of Power Distance and Uncertainty Avoidance on small-group learning, the effect of previous educational experiences, difficulties adapting to a new learning style, and the need for adequate staff training.

Conclusion:

Appropriate transfer of curriculum models into new contexts requires careful consideration of local contextual factors, an appreciation of dominant cultural dimensions and their impact on the pedagogical method, and staff training to support educators in its application to ensure best educational outcomes.

“One goal”: learning to work together in interpreted consultations.

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⁴ NAATI Professional Interpreter & Translator, Educator, Queensland, Australia

Introduction/background:

Patients from culturally and linguistically diverse (CALD) backgrounds may require interpreter support to communicate effectively with healthcare professionals (HPs). Many HPs are reluctant to engage with interpreters, and receive little training in this area. Interpreter training is also variable.

Aim/objectives:

Our aim was to engage collaboratively with stakeholders to identify key learning outcomes for training HPs to work effectively with interpreters.

Methods:

Focus groups (FGs) and semi-structured interviews were conducted with CALD community representatives and bilingual support workers, interpreters and HPs, exploring their experiences of interpreted consultations, and their views about optimising their effectiveness. Thematic analysis of transcripts and notes was undertaken by the investigators. HP educators will assist in developing learning outcomes based on these emerging themes.

Results:

Four FGs and two interviews were conducted with a total of 7 representatives from diverse CALD communities, 8 interpreters, and 12 nurses and doctors working in diverse general practice and/or hospital settings. Most community representatives had some interpreting experience. Learning issues were identified in the areas of embracing interpreted consultations, facilitating effective communication, recognising dysfunctional communication, and identifying particular healthcare contexts which may present additional challenges.

Discussion and Conclusions:

A collaborative approach proved successful in identifying key learning issues in the areas of knowledge, skills, attitudes and values to inform HP training. HPs should learn techniques which facilitate effective interpreted consultations, and understand interpreter roles and professional codes. Learning to work with interpreters also builds on general communication and inter-personal skills, respectful attitudes and an openness to ongoing learning.

Growing Indigenous Health Professionals

Karen Adams¹

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Introduction/background:

The Australian Government's National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework's first key performance area is to increase Aboriginal and Torres Strait Islander peoples working across all the health professions. The Rural Health Multidisciplinary Programme specifically identifies that Universities should have Indigenous student enrolments and completion numbers as key performance indicators. The Australian Medical Council and the Australian Nursing and Midwifery Accreditation Council standards also refer to enrolment and retention of Indigenous students. To date numbers of Indigenous people completing University health courses and registering as health professionals have fallen short of population parity and equity targets. Universities have taken various approaches to addressing this gap.

Aim/objectives:

The aim of this presentation is to describe how evidence informed a transition implemented by Monash University's Faculty of Medicine, Nursing and Health Science (FMNHS) to increase Indigenous student enrolment and retention.

Discussion:

Universities, particularly those in the Group of Eight, focus on attracting high quality students characterised by competitive academic achievement. In contrast evidence to increase Indigenous health professional graduates recommends a pipeline approach involving academic and pastoral interventions and institutional changes to ensure safer environments. Monash University's FMNHS has been transitioning to implement this evidence with some success. This has included changing admissions processes, improving environment and inclusion of opportunities to develop confidence to walk in two worlds.

Issues/questions for exploration or ideas for discussion:

How do we increase numbers of Indigenous Health professionals?

Transitioning from a western orientated to an integrated and globally recognised clinical communication skills model

Johanna Jordaan¹, Zhi Yao Tan¹

¹Flinders University, South Australia, Australia

Introduction/background:

With the current transition in medical education toward increased global engagement (specifically non-Western countries), the importance of creating a better understanding of Clinical Communication Skills (CCS) in a global health setting is evident.

As current CCS models, underpinned by a predominantly Western belief system, may not adequately equip medical students to effectively communicate in the global healthcare environment, we believe there is an emerging need for a CCS model more applicable to the global context.

Aim/objectives:

- (1) To develop a deeper understanding of what constitutes good communication skills in the healthcare environment, from a non-Western perspective.
- (2) To develop a culturally inclusive model reflective of the global health community to better prepare and equip health professionals for the diverse and changing nature of the global healthcare environment.

Discussion:

Through thematic analysis of semi-structured interviews, Flinders University medical students, from both western and non-western backgrounds, agree that current models are comprehensive and lay a

good foundation for future practice. However, students felt that to communicate in a global healthcare environment, it was important to (1) understand the motivation behind asking questions, (2) phrase questions appropriately to ensure mutual understanding and (3) communicate in a professional manner that accommodates the patients' cultural perceptions without compromising their own beliefs.

Issues/questions for exploration or ideas for discussion:

- (1) How can cultural competence and knowledge development contribute to further development of current models?
- (2) What is the role of Standardized Patients in the development of a culturally inclusive clinical communications model?

6C Curriculum Development

Thinking outside the square: Changing from an MBBS to an Doctor of Medicine using innovation in an Australian Medical School.

Janie Dade Smith¹, Elizabeth Edwards¹; Peter Jones¹

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

Background:

There is a trend globally to change from the traditional Bachelor of Medicine, Bachelor of Surgery (MBBS) program to a Doctor of Medicine program. Many Australian Universities have made the shift, mostly from graduate entry programs.

For the past decade, Bond University in Australia has conducted an MBBS program with undergraduate entry at the Australian Qualifications Framework (AQF) Level 7. In 2015, Bond University Medical Program was accredited by the Australian Medical Council to implement a Doctor of Medicine program, using a 3+2 model where the first three years are at undergraduate level and the following two years of the program at masters level (AQF level 9 extended).

Aims and objectives:

The aim was to develop an MD model was innovative and walks students through the whole research process from developing a research question, undertaking a project through to finishing with an end of year medical student conference.

Outcomes:

The model is a flexible, fully integrated program that allows students to choose from a variety of final year projects – a research project, or a professional project or a capstone experience. It includes a points system whereby students must achieve a total of 100 points, which they collect in an electronic portfolio.

Discussion:

This paper provides an overview of the innovative Bond University Medical Program that resulted in a masters level program with undergraduate entry, and the processes involved in its successful implementation.

Identifying Threshold Concepts in the pre-clinical years to better integrate basic science education in the clinical years

Iman Hegazi¹, Michael Leitch¹ and Elizabeth O'Connor¹

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Introduction:

Basic biomedical science education differs among medicine courses, especially as traditional and integrated problem-based learning curricula teach basic sciences in distinctly different ways. Although the literature shows no clear differences in the performance of students of these different educational

philosophies, there have been observations of students in the foundation years prioritising clinical knowledge over basic sciences in PBL curricula.

It has been suggested by medical students on several occasions, that the addition of more biomedical sciences within the clinical years, would be advantageous. However, it is not feasible to teach all the basic biomedical sciences in the clinical years. Thereby, it would be more realistic to focus the teachings on the fundamental teaching blocks in basic sciences known as the “Threshold Concepts” (TCs).

Threshold concepts are crucial in deciphering core disciplinary knowledge and can be challenging and troubling but are finally transformative. TCs were recently identified by the Open University, UK, as one of 10 new pedagogies with the potential to provoke major shifts in educational practice.

Aim:

This research aims at identifying TCs in basic biomedical sciences in the foundation years of an Australian undergraduate medical school to use in the development of basic sciences teaching modules, delivered in foundations years and accessible for revisiting throughout clinical years.

Discussion:

Threshold concepts are necessary to achieving mastery of a subject. By identifying threshold concepts, we can better focus and structure student learning around these transformative and conceptually difficult ideas.

Issues/questions for exploration or ideas for discussion:

How to identify the most important and clinically relevant TCs in basic sciences? Can we use exam papers as a method of identifying TCs?

Latent Class Analysis of Climate Change Curriculum Survey Respondents

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²University of Melbourne, Australia

Introduction/background:

As a key environmental determinant of health, climate change is increasingly relevant to health professional education and promoted by peak bodies for inclusion in curricula. Divergent community opinions about climate change have also been found in studies of health practitioners and students.

Aim/objectives:

To determine how respondents to a climate change medical curriculum survey clustered in groups with distinct attitudinal and demographic characteristics.

Methods:

Responses of 283 students (RR=8.8%) from four universities to a survey in 2013 were analysed using Latent Class Analysis, a method for identifying class membership among subjects, derived from their responses to survey questions. Demographic differences between the classes were explored by multinomial logistic regression.

Results:

Respondents clustered into four classes: Class 1 (Climate Action Advocates); Class 2 (Climate change in curricula supported but not in a doctor's role); Class 3 (Climate change accepted but seen as separate to medicine); and Class 4 (Climate Change Sceptics). Compared to Class 1, males were more likely to belong to Class 3 (OR = 2.47) and Class 4 (OR = 3.67). Older students were less likely to belong to Class 2 than Class 1 (OR = 0.92).

Discussion:

Understanding how beliefs of groups of students differ from each other may allow educators to deliver interventions which best address the needs of learners whether relating to understanding evidence in general or how climate change is relevant to the workplace.

Conclusions:

Latent class analysis can provide insights into the characteristics of learners which may facilitate development of targeted educational experiences.

An evaluation of strategies for teaching threshold concepts in large undergraduate courses in medicine and science

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Introduction/background:

Threshold concepts have a transformative effect on student understanding and are critical to the teaching of medicine and science. These concepts are difficult for many students but are often taught in large undergraduate course in which students receive little individual assistance. However, there is little published work on the teaching of threshold concepts in large courses, and the most effective teaching approaches in this context are unresolved.

Aim/objectives:

In this study we aimed to identify the most effective approach for teaching a genetics threshold concept (Hardy-Weinberg equilibrium) in large undergraduate medicine and science courses at UNSW.

Methods:

Undergraduate medicine and science students were taught Hardy-Weinberg equilibrium using a 'live' lecture-based simulation, small group tutorials and a computer simulation. A student survey, tutorial quiz and examination were used to evaluate each teaching approach. The results were then analysed by exploratory factor analysis and qualitative analysis of student comments.

Results:

Factor analysis on responses from medicine students (n=181) identified three factors or 'subgroups' of students: pro-live simulation, pro-tutorial and anti-simulation. The first two factors were also identified amongst science students (n = 539), but the third was replaced by a subgroup that supported the use of live simulations to enhance understanding. These factors were supported by qualitative student comments.

Discussion:

Students divided into distinct subgroups favouring the teaching of Hardy-Weinberg equilibrium in tutorials or lecture-based simulations.

Conclusion:

The teaching of threshold concepts in large classes is enhanced by simulation and is likely to require the use of several integrated teaching approaches.

Use of a conceptual model and a theoretical framework to inform processes of transformative learning in interprofessional practice

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Introduction/background:

In the context of interprofessional (IP) education and collaborative practice, the process of assisting learners to transition from profession-centricity to incorporate an expanded health perspective, often blurred practice roles and most importantly an axial shift towards patient or client-centrality, is variable, uncertain and often seen as “messy” or troublesome. Threshold Concepts Theory (Meyer & Land, 2003) provides a theoretical framework for considering how learning occurs in the IP context. As an interprofessional educator in a diverse health faculty, I am challenged by the variable nature and timing of students learning to work in collaborative teams. I propose Thresholds Concept Theory is useful in positioning IP learning activities that assist students to integrate known with new knowledge and skills, towards a transformed understanding of collaborative practices that are patient or client-centric.

Purpose/objectives:

The session will commence with viewing a conceptual model I have previously developed of health science graduates’ emergent interprofessionalism, now viewed through the lens of Threshold Concepts Theory to expose where the process of transformative learning may have occurred, over time. This will be followed by discussion on how the conceptual model could be reconfigured to represent undergraduate learning opportunities for developing graduate capability for interprofessional practice.

Issues/ questions for exploration or ideas for discussion:

When is the optimal timing for introducing interprofessional practice experiences in undergraduate study programmes and what transitional learning activities are shown to be effective in assisting students to develop IP understanding and capability.

**Putting patients, families and communities at the centre of medical education:
Designing a framework for improving patient centred care and consumer engagement**

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¹The Royal Australasian College of Physicians (RACP)

²Health Issues Centre, Melbourne Australia

Introduction/background:

Traditionally, educational models and approaches in specialist medical education have been defined exclusively by specialist groups. The consumer of medical education has been considered to be the trainees. Recently, consumer and patient advocates have questioned this traditional model. Accreditors of medical education have also set standards to strengthen the consumer and patient voice and focus medical education outcomes on the end goal of improving patient experiences and health outcomes.

Aim/objectives:

The RACP has sought to develop a systematic, best practice approach to improving Patient Centred Care (PCC) and Consumer Engagement (CE) across its 61 training pathways. Central to the development of this framework was to review nationally and internationally and most importantly to open dialogue with the profession and consumers through interviews, workshops and surveys.

Results:

The majority of physicians consulted reported a sound knowledge of PCC and identified areas where the RACP could provide practical support. The majority of those consulted felt that improving CE would involve a significant cultural shift for the College and the health industry. Consumers showed great interest in helping doctors better understand their experiences and need to adopt a strengths and system approach to improvement.

Qualitative themes emerging from analysis and Bolman and Deal’s (2013) four frame model of leadership were utilised to help identify strategies the College can adopt to optimise improvement and system-wide change.

Discussion:

This session raises the challenge of how stakeholders across the continuum of medical education can improve PCC and CE through implementation of practical strategies.

Learning thresholds for early career occupational therapists in response to troublesome aspects of knowledge and practice

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Introduction/background:

Whilst early career occupational therapists (ECOTs) have the knowledge to meet the expectations for professional registration, further learning is expected in the workplace. Responses to troublesome aspects of knowledge and practice may influence this learning.

Aim/objectives:

This research sought to explore the learning from the perspective of what ECOTs find troublesome. The aim was to develop a theory of ECOTs learning-to-practice occupational therapy.

Methods:

A constructivist grounded theory methodology was employed. In depth interviews were conducted with 8 experienced occupational therapists (over 10 years) and 10 ECOTs (under 4 years). Theoretical sampling included interviews with 2 occupational therapists employed to support new graduates. Lengths of interviews ranged from 30 minutes – 96 minutes. Participants were recruited through advertising with OT Australia. Data from all participant groups were combined and analysed inductively using constant comparison of existing with incoming data.

Results:

There were 20 participants with mean years of experience ranging from 1 year to 35 years. Ages ranged from 23 years – 55 years. ECOTs appeared to cross seven learning thresholds including; respecting limitations on knowledge and scope of practice, recognising and engaging with the ambiguities of knowledge and practice, gathering and synthesising information, taking responsible action, asserting autonomy, developing confidence, and evaluating performance.

Discussion/Conclusion:

Engagement in meta-cognition and reflection supports transformative learning and development of autonomy. ECOTs have a responsibility for building their knowledge through crossing learning thresholds. Universities can prepare graduates for being resilient, assertive and politically aware to advance knowledge and values once working.

The impact of increasing nutrition in a medical curriculum on on summative exam assessment

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Introduction/background:

Nutrition is under-represented as a content area in Australian medical courses. We have been actively increasing the nutrition content of Deakin University's medical curriculum since 2011 and wanted to explore if this translated into assessment content.

Aim/objectives:

To identify assessment questions on nutrition in the summative examinations administered between 2013-2015 within the post graduate Bachelor of Medicine Bachelor of Surgery (BMBS).

Methods:

Multichoice (MCQs) and short answer questions (SAQs) were assessed for nutrition content in mid-year and final examinations between 2013-2015.

Results:

Nutrition related MCQs represented 2.1%-5.7% of the total number of MCQs in years 1 and 2 of the course. These proportions did not change between 2013 and 2015, Only 0% –2.7% of nutrition related questions were included in years 3 and 4. Nutrition related SAQs on the other hand in years 1 and 2 increased. In 2013 they represented 8.1% and 6.9% of all year 1 and 2 SAQs respectively. In 2014, nutrition related questions represented 12% and 25% respectively and 12% and 30% respectively in 2015.

Discussion:

In year 1 and 2 the proportion of nutrition related MCQs did not change over the 3 year period, however there was a notable increase in the number of SAQs in the last 2 years. Lower numbers of nutrition related questions were present in years 3 and 4. These areas deserve further exploration.

Conclusions:

This increase resulted from increased involvement by nutrition teaching staff in collaboration with medical educators in developing relevant nutrition curriculum within the medical course.

6D Organisational transitions**Managing the transition of a medical program from an MBBS to MD**

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Background:

In 2014 Wollongong University decided to pursue the option of a MD program, to be implemented in 2017, to replace the existing MBBS.

Objectives:

The aim of this presentation is to explore the “Plan-Do-Check-Act” (PDCA) model of change management as it applies to the transition to the MD.

Discussion:

The first stage was the “planning” phase which began a 2-year process of consultation and preparation with school, faculty and University. The focus was to provide information, while alleviating concerns about the impact of the MD and obtaining information about how the transition would be managed. The next stage was to “do”, which took the most time and energy. This phase took about 9 months and required thorough mapping of the curriculum, to meet AQF requirements at Level 9, consultation with key stakeholders from the University and application to the AMC. Once approval was obtained the “checking” phase began. During this phase the consequences of the change needed to be managed prior to implementation, these required strong collaboration between academic and professional staff. Finally the “act” phase is about to be begin with the first enrolments into the MD in January 2017.

Issues/ ideas for discussion:

Every Phase of this process required strong working relationships between Academic and Professional staff and a strong focus on the objectives of the exercise. We hope that by sharing this knowledge, we can help others navigate change while providing quality medical programs.

The Northern Territory Medical Program: Transitions in the Top End

Sneha Kirubakaran¹, Jennene Greenhill¹, Paul Worley¹, Koshila Kumar¹, Narelle Campbell¹, John Wakerman¹

¹Flinders University, Adelaide, Australia

Introduction/background:

What does it take to transition from a rural clinical school into a full medical school? Especially in a relatively remote area such as the Top end of Australia?

In 2011, the Northern Territory Medical Program (NTMP) launched as a full medical school in Darwin as a distributed site of the Flinders University School of Medicine. It required a transition from the pre-existing Northern Territory Clinical School (NTCS) and collaboration with several organisations such as Charles Darwin University, the Northern Territory and Commonwealth governments, Australian Indigenous Doctors Association, etc.

Aim/objectives:

To present an overview of the transition from the NTCS into the NTMP.

Methods:

The establishment of the NTMP was researched as a Case Study. Key locations in Darwin and Palmerston were visited. Semi-structured interviews with key staff leaders were conducted. Documents, reports and audio-visual material were collected and analysed.

Results:

Key events, people, organisations and partnerships in the transition were identified. Key themes emerged around social and political imperatives, funding, curriculum, technology and accreditation. Key challenges were regarding buildings, staffing, student selection, technology and parent university policies.

Discussion:

Much was learned in the first few years especially regarding attracting indigenous students and the importance of the enterprise to the local Territorian community. The challenges cannot always be predicted and the ability to recognise strengths and harness opportunities is crucial.

Conclusions:

A complex array of inter-related factors impact the transition from a rural clinical school into a full medical school. It necessitates an intricate, non-linear, iterative transformation of the involved organisations into a learning community.

Student led preschool motor-skill screening clinics: a solution for building sustainable clinical placements and meeting a need in the health/education sector

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Introduction/background:

With growing student numbers, the need to develop sustainable placements is imperative and paediatric physiotherapy is an area with limited placement options. Approximately 5% of children will demonstrate delays in motor-skills not related to a medical diagnosis that impact on their activities of daily living. Early identification/management minimises the effects of such delays.

Aim/objectives:

The aims of this study are to identify if a student led motor-skills screening clinic is a feasible university generated clinical placement option for physiotherapy students and to identify if the motor-skills screening service is a needed service in South Australia.

Methods:

All third year UniSA physiotherapy students provide a motor-skills screening service to metropolitan preschools - supervised by a clinical educator. Metropolitan preschools are invited to participate in the program, nominating between 2-4 children to be assessed. Parents and teachers of nominated

children complete screening questionnaires and the children are assessed using a standardised objective measure. Management plans are formed following assessment.

Results:

Between March 2011 and June 2016 363 children were screened by ~726 physiotherapy students (363 occasions of service). Forty-five percent of males and 37 percent of females were referred for follow up health services as a result of this motor-skills screening program.

Discussion:

University generated clinics appear to be a feasible option for clinical placements if matched with a needed service.

Conclusions:

Motor-skill screening programs are a needed service in South Australian preschools and physiotherapy students are able to effectively provide a feasible service of this type in university generated clinics.

Evaluating current Communities of Practice (CoP) in the clinical environment with the intention to steer workplace direction.

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¹Alfred Health Radiation Oncology, Melbourne, Australia

Introduction/background:

On recently commencing the management of an education program over two separate sites it was evident the established communities of practices (CoP) surrounding learners were quite different. One site had the clinical educator directly mentoring and educating learners and the other uses the educator primarily as a facilitator, identifying supervisors in a department and aiding them to develop a learner.

Purpose/objectives:

To compare and contrast the two environments offering different CoPs, identifying a direction in which the education program can be steered towards over the next 5 years. Participants to gain a greater awareness of the challenges in establishing and maintaining a positive CoP. To evaluate the current direction of the education program and see if this trajectory is to the benefit or detriment of either sites CoP.

Issues/ questions for exploration or ideas for discussion:

What is your (the participant) current education structure in the clinical environment?

How does this CoP impede learner development?

How does this CoP facilitate learner development?

What would you adjust or change in your CoP to better enrich your learner development?

What strategies have you employed or could you employ to change CoPs?

What are your thoughts on having varying CoPs within the one organisation?

The cost of student underperformance in health professional clinical education

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Introduction:

Clinical education provides important knowledge transfer and professional socialisation vital to producing work-ready health professionals. Capable students undertaking clinical education can positively impact on health service delivery and quality of patient care, however, the opposite may be true for the underperforming student.

Aim:

To determine the additional economic costs associated with student underperformance in health professional clinical education.

Results:

Physiotherapy student performance within a single 5-week clinical placement model with student supervision provided by health service clinicians was examined. Student underperformance (repeat placement required) within our primary analysis resulted in an additional cost of \$6,266 to the student, \$1,256 to the placement provider, and \$173 to the clinical educator. Compared to an adequately-performing student, the underperforming student resulted in a decrease of 2.5 patients seen/day, decrease in quality of care (rated 0-10) of 2 intervals, and an increased consumption of clinical educator time of 91 minutes/day.

Discussion:

The costs of underperformance are predominantly the result of lost productivity and time consumed. Costs will vary based on the clinical education model used, however, cost types are likely to be similar. The use of front loaded strategies to reduce the impact of underperformance may optimise the cost-efficiency of health professional education.

Conclusions:

This study provides an evidence-base which assists with decision making around how resources are allocated to initiatives aimed at addressing student underperformance in clinical education. However, decisions should not be based on cost alone, but through careful consideration of all relevant factors, of which cost is one.

Applying Scott's Professional and Graduate Capability Framework to an MIT degree in New Zealand

Joanna Thorogood¹ Sharon Sitters¹ Dale Sheehan¹

¹ Unitec Institute of Technology, Auckland, New Zealand

Introduction/background:

The Medical Imaging Programme at Unitec is introducing a significant change to the current curriculum model moving from an embedded model to longer block placements. We have partnered with two large stakeholder to ensure consensus approach to developing standards and graduate profiles with a focus on ensuring that education providers produce work ready graduates as defined by our placement providers.

After attending a workshop with Emeritus Professor Geoff Scott on the flipped curriculum convened by Ako Aotearoa we are using the Professional and Graduate Capability Framework developed by Scott and colleagues to identify the attributes and capabilities of a Medical Imaging Technology graduate. We will ask employers (Head of Departments and all clinical educators in a placement region) to rate their top 12 attributes for a new graduate.

Programme level outcomes will be validated using the method and reference points identified in the Office for Learning and Teaching (OLT) inter-university moderation project and endorsed during the National Teaching Fellowship workshops.

Aim/objectives:

This presentation will share:

1. our approach to using Scott's graduate capability framework developing the partnership with our vocational stakeholders
2. our experience and the outcomes achieved

Discussion/questions:

Can the development of a graduate capability framework change the relationship between tertiary education providers and service providers to advance work based learning?
Is this work necessary given registration boards set competencies and standards to guide curriculum development?

HTAG – Australian and New Zealand University Health Clinics Consortium

Keri Moore¹

¹Clinical Education Specialist and Consultant

Background:

Eighteen academics from sixteen universities who are directly involved in organising the education of pre-professional health, medical and nursing students in University Health Clinics (UHS) have met regularly for the past year under the ANZAHPE HTAG umbrella.

The objective is to investigate the extent to which university health clinics support students' acquisition of the desired graduate competencies. In particular, the objective is to strengthen the capacity of curriculum designers in health and medical programs to improve graduate outcomes from pre-professional educational activities undertaken in university health clinics. Through the symposia, we seek to discuss our activities and to gather input from our colleagues.

Aim:

Our aim is to present our preliminary findings and considerations for discussion.

To this end, we invite senior clinical educationalists, from all disciplines, to confirm or refute our assumptions and to guide our Team as we add value in terms of our intended research activities.

Ideas for discussion:

Presentations during the Symposium will offer a working definition of a University Health Clinic and outline their unique features and educational opportunities. We will outline our list of current research priorities which includes: An exploration of the university health clinical educational environment; clinical and clinical education outcomes; patient case-mix; and quality assurance frameworks.

Facilitated discussions will explore the extent to which stakeholders believe the educational opportunities available in UHC are being realised, add to our existing knowledge of enablers and challenges, stimulate interest in partnering or leading research.

List of Presentations:

Dr Keri Moore, leads the Australian and New Zealand University Health Clinics Collaborative. She holds Associate Fellowship with ANZAHPE, membership with the Association of Medical Educators Europe, is a member of the editorial committees Focus on Health Professional Education. Keri has 20 years' experience in organising allied health students' placements in university health clinics.

Dr Louise Horstmanshof, a registered psychologist and higher education teaching and learning specialist, has extensive experience delivering teaching and training materials tailored to a range of learning needs. She has assessed and reported on curricula, programs and interventions. Louise is postgraduate framework lead in the School of Health and Human Sciences at Southern Cross University.

Associate Professor Rachel Bacon, (Adv. APD) was a leader in the establishment of the student-led clinics at the University of Canberra. She is the dietetic placement coordinator and Health Faculty convenor for work-integrated learning, UC

Dr Cherie Wells, Senior Lecturer in Physiotherapy at Griffith University. She has extensive experience in clinical education across multiple states and territories and has a keen interest in assisting graduate readiness for clinical practice through placement experiences, Griffith.

Professor Andrea Bialocerkowski, Head, School of Allied Health Sciences, Griffith.

Mr Thomas Bevitt, Occupational therapy practice educator coordinator at the University of Canberra. His PhD studies is on student competency development in diverse practice education models. He has diverse practice experience working with people with disabilities and national and international community development, UC.

Brooke Sanderson, Deputy Director Practice & Interprofessional Education | Learning and Teaching, Curtin.

Natalie Ciccone, Edith Cowan.

Professor Fiona Naumann, Discipline Leader Exercise and Movement Science, QUT.

6E Symposium

Sociomateriality in clinical education: research in action

Margaret Bearman¹, Rola Ajjawi¹, Anna Vnuk² Debra Nestel^{3,4}

¹Centre for Research in Assessment and Digital Learning, Deakin University

²School of Medicine, Flinders University

³Department of Surgery, University of Melbourne

⁴Monash Institute of Health and Clinical Education, Monash University

Introduction/background:

Sociomaterial approaches to educational research explore the relationships between people, objects and environments. Learning is framed as situated and social; the focus is on interactions rather than individual understandings or behaviours. Research methodologies draw from a range of traditions including: actor-network theory, practice theory and activity theory. This symposium offers the opportunity for researchers to share some of their insights into the practical value of working with a range of sociomaterial perspectives.

Aim/ objectives:

This symposium aims to 1) explore the practical value of the research which draws from sociomaterial traditions and 2) compare and contrast a range of sociomaterial research methodologies

List of Presentations

Margaret Bearman, *Working with practice theory in qualitative analysis*.

This presentation explores how Schatzki's practice theory was used to examine assessment design.

Rola Ajjawi, *Problematizing standards: representation and performativity*.

This presentation critiques the stable, representative view of standards and explores the gaps or spaces between the formal standard and its enactment using insights from Actor-Network Theory.

Anna Vnuk, *Activity Theory and Physical Examination*

This presentation explores three aspects of physical examination: learning, assessment and practice and uses Activity Theory to highlight the discrepancies between them.

Debra Nestel, *Actor-Network theory and surgical training*

This presentation offers one view of surgical training using Actor-Network Theory.

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

- This symposium seeks to explore:
- What are the key concepts underpinning a range of sociomaterial approaches to educational research?
- What can be learnt about learning and teaching from employing these approaches?
- Why researchers might choose a particular sociomaterial approach?

6F PeArLs

Bias or blessing - can information about prior student performance improve quality of clinical placements?

Williams, Jill¹, Radford, Tracey¹, Gill, Robyn², Garner, Jill¹, Smits, Irene¹

¹ Flinders University South Australia, Adelaide, South Australia

² Country Health South Australia Local Health Network/ Flinders University South Australia, Adelaide, South Australia

Introduction:

The Flinders University Physiotherapy program utilises a clinical education model where University Clinical Educators (CE) support clinical staff at each site who directly supervise students. A key and consistent theme in feedback gathered from supervisors is that they require more information regarding student's prior placement performances and learning strategies in order to efficiently and effectively prepare for and facilitate students learning on placement. This is particularly pertinent in relation to supporting the challenging or marginal student. However, assessment judgments may be biased by a number of factors including supervisor's recent experiences and expectations related to prior performance.

Purpose and objectives:

The purpose of this session is to explore participant's experiences and opinions regarding sharing information of a student's prior performance with future placement supervisors.

Strategies used to facilitate provision of relevant information to supervisors regarding students' strengths and areas requiring further development, whilst minimising risk of bias, will be considered.

The objective of the session is to determine how information sharing can facilitate the transition between clinical placements to provide the best learning opportunities while allowing fair and accurate assessment of student competence.

Issues/ questions for exploration or ideas for discussion:

Is it appropriate to share information about student's prior performances with supervising staff? If so, whose responsibility is this? What information should or shouldn't be shared from one placement to the next? What does the literature tell us about how this might be achieved and would this work in all settings?

Non-cognitive assessment for selection in health professional education

Deborah O'Mara¹ Chris Roberts¹

¹Sydney Medical School, Sydney, Australia

Introduction/background:

There is increasing research to support the use of non-cognitive assessment formats such as Situational Judgement tests (SJTs) and Multiple Mini Interviews (MMI) in the selection of applicants for undergraduate and post graduate training in medicine, dentistry and other health professions. There is equivocal evidence that SJTs are less influenced by socio-economic status, resulting in a more diverse set of applicants, whilst MMIs may not increase diversity. However, the development, implementation and maintenance of these types of selection techniques is resource intensive.

Purpose/objectives:

The purpose of this Personally Arranged Learning Session (PeArL) is to briefly outline our experiences in implementing a SJT trial at the University of Sydney alongside the existing MMI for applicants to the MD and DMD programs. We discuss with participants on how medical and other health professional schools could make selection processes sustainable.

Issues/ questions for exploration or ideas for discussion:

Issues to be discussed in both break out groups and as a large group, include: What are the MMI and SJT measuring? Does the SJT offer anything above the MMI – eg is it less coachable? Can the SJT be used to longlist applicants prior to sitting the MMI? What are the benefits of medical and health professional programs collaborating on selection processes and research? How can we better engage faculty in the development of MMIs and SJTs? Could SJTs or MMIs be used within assessment programs for measuring Personal and Professional Development?

6G PeArLs

Not satisfied with just “satisfaction”? Transitioning from measuring staff satisfaction with faculty development to robustly demonstrating its impact.

Sharon Darlington¹

¹Faculty of Medicine, University of Queensland, Brisbane, Australia

Introduction/background:

Staff development programs are now a ubiquitous requirement across all professions, with health professions education being no exception. For clinicians, expert in their practicing fields, university faculty development programs may also represent their only exposure to developing knowledge and skills in teaching. However, designing, delivering and funding faculty development programs ideally requires robust evaluation of the impact of the program.

Purpose/objectives:

To collaborate in discussion around robust models for evaluation of faculty development initiatives.

Issues/ questions for exploration or ideas for discussion:

Clinical tutors facilitating case-based learning in the University of Queensland medical program are provided with faculty development activities including workshops, online/written materials and peer observation of teaching. Kirkpatrick’s model considers satisfaction with a program the base level of evaluation. Our post-activity surveys already demonstrate excellent staff satisfaction with the various interventions. Higher level evaluation would include demonstrating that, as a result of the intervention: (1) staff have learned new knowledge, skills or attitudes; (2) staff have changed their behaviour ie teaching practice; and ultimately (3) that teaching quality, and thus student experience, have been impacted. This interactive PeARL session will encourage participants to explore robust, preferably validated, potential ways to research the impact of faculty development activities beyond purely staff satisfaction. This session would be of interest to those developing, implementing and evaluating faculty development initiatives, but also those evaluating student learning modules, as the discussion of methods to demonstrate impact will benefit from a broad range of ideas and experiences.

To ISBAR or not to ISBAR that is the question. Whether it is nobler in the mind to teach and assess ISBAR in week 1 Year 1 or to wait until the clinical years of medical training.

Lisa Amey¹, Liz Fitzmaurice¹, Mark Frances¹

¹Griffith University School of Medicine

Introduction/ Background:

Accurate and timely clinical handover is known to be a crucial factor in the quality care of patients. Conversely, inadequate clinical handover is proven to be a significant cause of adverse patient events within the Hospital. Therefore, it is essential that graduating medical students are competent in delivering a safe and effective clinical handover.

After an OSCE station assessing clinical handover was performed poorly by a year 3 cohort of students, the academic team at Griffith University School of Medicine realised it is to leave the teaching of this essential clinical skill to the clinical sites. The ISBAR hand over process has been

introduced into Year 2 communications skills workshops as well as now being taught to Year 1 students in their first few weeks of the medical course as part of the clinical reasoning work stream. Problem based learning now incorporates a formal clinical handover of most cases.

Purpose/Objectives:

To discuss how and when clinical handover is best taught in the medical curriculum and whether this best fits into a clinical reasoning workstream.

Issues for exploration/ideas for discussion:

This session will incorporate a discussion about how and when various Medical Schools teach and assess clinical handover. How soon is too soon to learn how to give a safe effective clinical handover? Is this a skill to acquire in the clinical years, or a skill for week, one year one in medical training? Might the early introduction into the medical curriculum of clinical handover, with the inherent requirement for synthesising copious amounts of information, create harm or ensure safety?

Concurrent Sessions 7A-7G

7A Symposium

Making transition from a local to a nationally coordinated approach to the development of Australian interprofessional education – a report on progress

Roger Dunston, Carole Steketee, Monica Moran, Gary Rogers, Tagrid Yassine

University of Technology Sydney,
The University of Notre Dame Australia,
Central Queensland University,
Griffith University,
University of Technology

Introduction/background:

The symposium presentations will focus on a large scale and innovative Australian project, 'Securing an interprofessional future for Australian health professional education and practice' (the SIF project), funded to establish a national interprofessional education (IPE) framework and development process across the Australian higher education sector.

The SIF project builds on many national consultations, focus groups, surveys and interviews conducted in Australia during the past eight years and has a remit to move ahead in creating an enduring national interprofessional structure that brings all professions, all sectors and all relevant stakeholders together to advocate, lead and develop IPE as a key national practice, workforce and education priority.

Aim/ objectives:

1. Provide an overview of the design and implementation of the project. At the time of the presentation the project will be one year through its two-year life (Roger Dunston/Carole Steketee/Tagrid Yassine)
2. Introduce several innovative ideas, concepts and theorisations that have been taken up in the design and implementation of the project. These concepts challenge many dominant ideas about how professional education occurs. These Ideas are drawn from 'socio-cultural' theories. (Roger Dunston/Gary Rogers).
3. Suggest ways in which the SIF experience, its design and implementation can be applied across a range of diverse education and practice settings (All team members).

List of Presentations:

See above

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

The presenters will identify key issues relating to the development and future of the project, using these issues as an initial focus for participant and team discussion.

7B Educational Technology Impact

Graduate-entry MD PBL tutors reflections on smart Information-Communication Technology devices accessed during active-learning tutorials?

Gillian Kette¹, Lambert Schuwirth¹, Julie Ash¹

¹Prideaux Centre for Research in Health Professions Education, School of Medicine, Flinders University, Adelaide, South Australia, Australia

Introduction/background:

Students today utilise Information-Communication Technology (ICT) to support their learning. They access and share information as needed via smart ICT devices throughout PBL tutorials. Anecdotally PBL tutors are concerned that students' reliance on ICT affordances disrupts the active learning pedagogies imbedded in PBL. As a result some tutors ban ICT use during tutorials.

Aim/objectives:

The objective of this report is to analyse the reflections of PBL tutors on students accessing ICT formal and informal information during PBL and the impact on active learning; specifically construction of knowledge, collaboration and contextualisation.

Methods

This study is one component of a larger study. First year graduate-entry MD students in 10 established PBL groups volunteered to participate in PBL tutorial recordings. Tutors consented to audio-recorded semi-structured interviews, which had 3 purposes: to assess the impact of video recording on the groups function, to assess the tutors use of ICT for tutorial preparation and use during the tutorial and to determine the tutors assessment of ICT's impact on the PBL process. Each interview was transcribed verbatim and analysed utilising NVivo software. Ethics was obtained from the University and the School of Medicine ethics committees prior to commencement.

Results:

Preliminary results suggest PBL tutors have a range of concerns but also understand the benefits that ICT usage during PBL tutorials entail. These results will be presented and discussed.

Discussion

Rather than debate whether or not ICT devices should be used during tutorials the findings suggest that ICT devices enable learning affordances that challenge

Are you ready for your first clinical death? Analysis of reflective journals for insight into the student experience of simulated clinical death.

Kwong Chan¹, Linda Humphreys¹, Liz Fitzmaurice¹

¹School of Medicine, Griffith University, Qld.

Introduction:

Western trends see death hidden within specialized institutions such as hospitals, nursing homes and palliative care centres and as a result, most medical students feel inadequately prepared for their medical experiences involving end of life situations. The implications of experience with personal bereavement are varied, with reports of both negative and positive impacts on learning outcomes. Whilst a lack of experience can cause strong emotions that leave students unable to approach death in a calm, rational and supportive way there is the counter-belief that personal bereavement, if processed well, can be a positive learning experience.

On the basis of this we expose of our final (fourth) year students to a patient death in the safe and controlled environment of an in-school simulated clinical context. As part of this intensive week, students write daily journals reflecting on their affective response to the simulation experience and the

week is concluded with a debrief where the topic of clinical death is raised and discussed in the context of meaning and student preparedness.

Purpose/Objectives:

This research aims to analyse the text of student journal submissions to gain further insight into the student experience of clinical death, particularly with respect to the impact of affective domain learning and the implications for transitioning to internship.

Method or Issues for exploration/Ideas for Discussion:

Thematic analysis will be used to examine reflective journals texts of participating students.

Results:

Data collection ended in Semester 2, 2016 and thematic analysis is underway. Preliminary findings will be available for the conference presentation.

Conclusion:

Emergent themes will be identified and reported.

Effectiveness of the in-situ team-based simulation training for critically-ill patient transport: a qualitative analysis of multidisciplinary trainees' perceptions

Yu-Che Chang^{1,2,3}, Hui-Ling Lin⁴, Lan-Ti Chou⁵, Shu-Fen Huang⁵, Mei-Chuan Shih⁴, Mao-Chang Wu⁶, Chiao-Lin Wu², Chung-Hsien Chaou^{1,2,3}

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⁶Department of Medical Imaging and Intervention, Chang Gung Memorial Hospital, Linkou, Taoyuan City, Taiwan (R.O.C.)

Introduction/background:

Intrahospital transfers of critically ill patients is at risk of a significant number of unexpected or adverse events. Multidisciplinary teamwork can reduce this, but transfers are mainly performed by inexperienced juniors. Proficiency arises from deliberate practice through frequent interprofessional training. Simulation-based interprofessional training is one way forward. However, the composition, training and team assessment remain a matter of debate.

Aim/objectives:

To evaluate in-situ multidisciplinary simulation-training (MST) effectiveness for transport teams including junior colleagues. Cognitive load and transformative learning theories underpin design/evaluation. We examined team-members achievements, transformative learning events and patient safety during in-situ simulation training.

Methods:

A qualitative video-assisted debrief focus group method (n=15 multidisciplinary participants) following each training session. Video-debrief facilitated story-sharing and triggered discussions. Learning outcomes and patient safety measures were identified using thematic analysis.

Results:

We identified four major themes: facilitating/inhibiting professional identity formation (PIF); effective collaboration; patient transport factors; and experiential learning. Role-playing team-based tasks and clinical competence expectations enrich trainees' understanding of critical aspects for intrahospital transport. Inappropriate elevator control and unfamiliarity of environment/equipment compromised patient safety.

Discussion:

PIF is a dynamic process, affected by “who they are” and “who they wish to become”. Incremental practice of MST scenarios facilitates team interactivities: strengthening their understanding of limitations, responsibilities and stimulates reflection-on-training. Further strategy for enhancing patient safety should be developed.

Conclusions:

MST can enhance junior trainees’ development of non-technical teamwork skills and transform into clinical practice. This in-situ simulation model could also impact on trainees’ PIF and uncover system-threatening factors for intrahospital transport management.

The impact of face-to-face and web-based simulation on patient deterioration and patient safety

Simon Cooper¹, Leigh Kinsman²; Robyn Cant¹; Catherine Chung¹; and the First2Act-Intervention Team.

¹Federation University Australia, Churchill, Australia;

²University of Tasmania, Launceston, Australia;

Introduction/background:

There are significant patient safety concerns regarding nurses’ ability to identify and manage patients that are physiologically deteriorating. The degree to which face-to-face (F2F) and web based (WB) simulation programs impact on care is unknown.

Aim/objectives:

A mixed methods interventional cohort trial to compare the effectiveness of two forms of simulation education, F2F versus WB, on nurses’ ability to manage patient deterioration.

Methods:

Australian nurses in Victoria were trained in primary responses to emergencies in a public medical ward in two regional hospitals and two private hospitals using either F2F or WB versions of the patient deterioration program First2Act. Participant performance was rated, focus groups and cost benefit analyses completed, and patient vital sign charts reviewed (3 month pre and post intervention)

Results/Discussion:

A total of 129 nurses attended training from the four hospitals and 1,951 patient notes were reviewed. Knowledge, confidence/competence increased significantly ($p < 0.001$) in both F2F and WB programs. Sixty percent of patients met ‘clinical review’ criteria of which 12% were correctly reviewed pre-intervention and 27% post – with no difference in effect between F2F and WB interventions. The WB intervention had significant cost benefits and focus groups identified the benefits/limitation of the programs and concerns around the management of deterioration and the prescriptive nature of vital sign charts.

Conclusions:

Both F2F and WB programs had significant educational and clinical impact with cost benefits for WB training. To reduce the time it takes to reach competency and to reduce F2F time the use of BOTH programs is recommended i.e. ‘Blended learning’.

How to develop an online resource module (to support medical student placements in Aboriginal Health) on a modest shoe string budget

Noel Roberts¹, Chee Koh², Karen Donald¹, Jenepher Martin¹

¹Medical Student Programs, Eastern Health Clinical School, Monash University and Deakin University, ²General Practitioner and Clinical Affiliate, Medical Student Programs, Eastern Health Clinical School, Monash University and Deakin University

Introduction/background:

Since 2014 Eastern Health Clinical School has offered a selective placement in Aboriginal Health to final year medical students.

There are limited practical resources for students to apply in the clinical-community interface. Cultural awareness programs are being progressively implemented in the pre-clinical years and there is orientation at the placement. However consultations with previous students and staff involved indicate that a new resource is required that takes a strengths-based medical humanities approach and provides practical support for interactions with Aboriginal patients and the community.

It generally costs tens of thousands of dollars to develop an online resource module. However, we have developed ours on a modest shoe string budget under \$5000, with little need for technical skills.

With our modest budget, we developed the resource using a stepwise approach, with key spending in:

1. An external workshop to refresh and extend cultural awareness
2. Surveys of workshop participants to identify key skills, understandings and gaps
3. Development of a conceptual model of the resource
4. Creation of an online case-based 'virtual clinic'

Purpose and outcomes:

The workshop will have learning outcomes for participants and authors. Participants will view and discuss an innovative approach of an online case-based 'virtual clinic' to extending medical students' understanding of cultural and clinical issues in Aboriginal Health.

Issues for exploration or questions for discussion:

We will share how we developed the resource on a limited budget.

We will also share our methodology and outcomes so far with participants. Participants will have the opportunity to contribute to further development.

We look forward to gaining new insights into ways of enhancing immersive experiences for students and discussion of challenges, including challenges specific to developing our online resource module, such as stakeholder engagement in Aboriginal Health.

Outline of workshop activities:

Demonstration of the resource will be followed by facilitated small group discussion of key themes and a plenary summation.

Transition in Oral Health Education: from Face-to-Face to Blended Approaches

Ahmed Al-Humairi¹ , Carolyn Woodley²

¹School of Dentistry and Health Sciences; Charles Sturt University. Wagga Wagga, NSW

²Learning Academy, Charles Sturt University, Albury, NSW

Introduction:

Charles Sturt University (CSU) stresses the importance of engaging and connecting learners in its online teaching strategy. This focus on interactivity and connectedness between learners, teachers, content and the profession aims to enhance online programs and encourage blended learning approaches in face-to-face subjects. This discussion explores how four different online activities achieved a blended learning approach in dentistry.

Aim:

To justify the blended learning design based on constructivist and connectivist learning theories, assess the potential effectiveness of online tools in oral health education and consider how these tools can enhance the provision of meaningful and timely feedback to students, help identify 'at risk' students and improve learner-teacher interaction in the learning process.

Discussion:

The online learning activities in this study were designed for digitally literate second-year Bachelor of Oral Health students. Learning tasks used Blackboard wiki and discussion board functions,

PebblePad and online assessment were introduced. Discussion of these activities draws on CSU's online strategy and underpinning learning theories. It considers student participation in discussion and wiki activities, the multiple online assessments used to engage students with 'content' and student approaches to reflective learning in PebblePad.

Outcomes:

Compared to predominantly face-to-face teaching, this blended approach provides more opportunities for students to engage with teaching staff, course content, peers and each other. Online activities encouraged students to generate content, sometimes in collaboration, rather than only respond to teacher-generated content. This blended approach augurs well for developing digitally literate graduates with the skills to maintain professional networks online into the future.

7C PeArLs

Defining 'Low-Resourced' in Health Professional Education and Research

Sneha Kirubakaran¹, Jennene Greenhill¹, Paul Worley¹, Koshila Kumar¹

¹Flinders University, Adelaide, Australia

Introduction/background:

With the burgeoning importance of social accountability in health professional education (HPE), there is growing activity in HPE and HPE research in low-resourced settings. However, no formal definition for the term 'low-resourced' has been published. This phrase and related ones such as 'resource-constrained', 'resource-limited', 'resource-poor', 'under-resourced', 'under-served' or 'difficult circumstances' are frequently used in the literature without specific definition. Their meaning and scope are usually presumed.

What are 'low-resourced settings'? What features do they have? Are there any 'low-resourced settings' in rich economies – such as Australia? What implications and constraints do 'low-resourced settings' have for HPE and HPE research?

Purpose/objectives:

The primary author is a PhD student researching 'The Establishment of New Medical Schools in Low-Resourced Settings'. A formal definition of the phrase 'low-resourced setting' is important to delineate the scope and focus of her research.

Issues/ questions for exploration or ideas for discussion:

The author will present the existing definitions and descriptions of the above-mentioned related concepts and terms and will offer a definition for the phrase 'low-resourced setting'. These will be discussed and debated in order to refine and propose a formal definition relevant to HPE and HPE research.

Aboriginal Mnemonics: Embedding Indigenous Memorisation Techniques in the Tertiary Health Curriculum

Dr Tyson Yunkaporta¹

¹Monash University, Melbourne

Introduction/background:

Indigenous knowledge traditions are far more complex and rigorous than most people realise. While it is important to include cultural and historical content to promote awareness, Indigenous knowledge processes are overlooked in academic contexts. As the world's oldest sustained knowledge tradition, Aboriginal epistemologies can provide advantageous memorisation techniques and ways of organising information that can be beneficial to academics of all backgrounds. They can also stimulate innovations and inform frameworks for navigating complex systems.

Purpose/objectives:

Introduce five Indigenous orientations to memory.

Demonstrate these as participants utilise memory devices to internalise the content.
Engage with possibilities of engaging with Indigenous knowledge processes.
Provide an example of how these processes are embedded in Monash health curriculum.

Issues/ questions for exploration or ideas for discussion:

Were there Aboriginal memorization techniques before occupation and do they still exist?
What are the similarities and differences between Indigenous and customary academic memorization techniques?
What aspects of Indigenous memorization can be adapted to western academic contexts?
What are the potential applications of these innovations in the health curriculum?
Are these applications beneficial?

7D PeArLs

How best to collect student feedback on positive and adverse experiences within the learning environment?

Anthony Ali¹, Tim Wilkinson¹

¹University of Otago, Christchurch School of Medicine, New Zealand

Introduction/background:

There has been a lot of attention paid to various reports of adverse experiences of medical students within their learning environments. It is also likely that there are more adverse events occurring than we are aware of. There is therefore a need to gather this information in a more ongoing routine manner. It is also important we do not focus on just the adverse experiences of students but should also identify the positive incidents of student experience.

We developed two standard questions that we included in the 2016 module evaluation questionnaires, whereas the 2015 data did not include these questions. We collected data from thirty-six end of module student evaluation questionnaires over 2015-16.

Purpose/objectives:

We have been challenged to determine how we can best utilise the questionnaire data about positive and adverse learning environment comments made by students. We will share our experience and data in the session and also find out from others what they are doing in this respect.

Issues/ questions for exploration or ideas for discussion:

1. Are other schools routinely collecting data about their learning environments? If so, how?
2. How well are these methods working for others?
3. How can we best use the information we have collected?

Medical students requesting alternative arrangement and/or special considerations for assessments

Mike Tweed¹, Tim Wilkinson¹

¹University of Otago Medical School, New Zealand

Introduction/background:

There has been a significant increase in the numbers of undergraduate medical students applying for alternative arrangements and/or special considerations for assessments; these applications being related to long-term persistent factors. This may be related to an increase in awareness of factors that may influence learning and assessment performance especially during school education, support from disability support offices, and/or expectations of support. Balancing the needs of candidates in a fair and equitable way, whilst maintain the validity of the assessment decisions for all is difficult.

Whilst our experience is mostly with undergraduate medical students this issue is not restricted to this context, but is relevant to all assessments of healthcare professional at both undergraduate and postgraduate levels.

Purpose/objectives:

By the end of the session and associated discussion, we envisage that participants will share their experiences and solutions related to this issue.

Issues/ questions for exploration or ideas for discussion:

How do candidates apply for alternative arrangements and/or special considerations?
Who decides what alternative arrangements and/or special considerations are considered?
Who decides what alternative arrangements and/or special considerations are accepted?
On what grounds are alternative arrangements and/or special considerations are accepted or declined?
Are there instructive exemplars of applications that are considered, accepted or declined?
What happens if candidates apply for alternative arrangements and/or special considerations related to long-term persistent factors which were not declared on entrance to the course?
What are the implications for future practice if such applications are accepted?

7E Symposium**Graduate work-readiness for private practice: A collective responsibility?**

Wells, C.¹, Bialocerkowski, A.¹, Carroll, S.², Chipchase, L.³, Kent, F.⁴, Olson, R.⁵, Reubenson, A.², Scarvell, J.⁶

¹ Griffith University, Southport, Australia

² Curtin University, Bentley, Australia

³ Western Sydney University, Campbelltown, Australia

⁴ Monash University, Cheltenham, Australia

⁵ University of Queensland, St Lucia, Australia

⁶ University of Canberra, Bruce, Australia

Introduction/background:

In recent years, the majority of new graduate physiotherapists have transitioned directly into private practice work. Feedback from graduates and employers suggests that new graduate physiotherapists are not sufficiently prepared to take on private practice roles. This may mean clients receive inferior or unsafe treatments, employers become dissatisfied and lose business, and graduates burnout and leave the profession. A collaboration of 8 researchers across 6 universities and funding from the Physiotherapy Research Foundation has resulted in national research into the work-readiness of new graduate physiotherapists in private practice. Perspectives of academics, employers, and graduates have been explored through 3 surveys and 12 focus groups.

Aim/ objectives:

The aims are to discuss: (1) Definitions of work-readiness; (2) Challenges and opportunities in ensuring new graduate work-readiness; (3) Different stakeholder roles in new graduate work-readiness. Presentations will provide examples of work-readiness issues by drawing from research into the work-readiness of new graduate physiotherapists. This symposium will assist educators in understanding work-readiness and implementing strategies to improve new graduate work-readiness.

List of Presentations:

Dr Cherie Wells – What is graduate readiness and why is it important?

Dr Fiona Kent– What are the challenges and opportunities in ensuring graduates are work-ready?

Professor Andrea Bialocerkowski – Whose job is it to ensure graduates are work-ready?

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

What does graduate work-readiness mean in your profession?

What are the challenges and opportunities for your profession in ensuring graduates are work-ready?

What is the role of different stakeholders in ensuring graduates are work-ready?

7F Assessment in transition**Transitioning to programmatic assessment**

Janica Bell^{1,2}, Gemma Quayle¹, Shelley Beatty¹, Simone Gibson², Claire Palermo²

¹Edith Cowan University, Joondalup, Western Australia

²Monash University, Clayton, Victoria, Australia

Introduction/background:

Competency-based assessment (CBA) has focussed on psychometric qualities of individual instruments to achieve validity and reliability. A greater understanding for the complexities of CBA has led to criticism of this approach. A programmatic design is suggested to provide a more holistic view from which to judge competence, yet there is little evidence on methods to design and transition to this approach.

Aim/objectives:

(1) design a programme of CBA for dietetic students using a Working Group (WG) and (ii) evaluate the impact of the WG methodology.

Methods:

A participatory action research approach was applied. A WG of placement stakeholders participated in six focus groups (2 hours each) to design the programme of assessment and evaluate the impact of the WG approach on the programme design.

Results:

The perceptions of 9 experienced stakeholders were gathered (participation rates 75-100%). The resulting assessment programme was designed to be student centric and promote meaningful reflection for learning, use multiple high quality items to inform assessment decisions, develop the users as experts and separate the roles of teacher and assessor to avoid conflicts of interest. The WG approach created a shared vision for programmatic assessment design; leadership of the WG enabled ownership of assessment practices by members; and a philosophical shift in views occurred within WG members, supporting a positive culture change regarding CBA within the profession.

Discussion/Conclusions:

Engaging stakeholders in assessment design develops their abilities in best practice for CBA and produces champions for change, supporting a transition to a programmatic approach.

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Radiography assessment for practice: A critical practice enquiry

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Introduction/background:

Current assessment approaches of student learning and their capabilities for practice in workplace placements in the radiography profession follow largely psychometric principles, which do not adequately take into account the professional judgement of clinical supervisors. This paper critiques current practices drawing on the pertinent literature, and also on empirical data collected from radiographer participants to explore innovative practice approaches that help determine the clinical capability of radiography students.

Aim/objectives:

The aim of this enquiry is to inform the development of a new framework for assessing radiography student capability, which will be implemented in Australian university undergraduate programs in radiography.

Discussion:

Psychometric assessment strategies have been shown to assess knowledge retention, but are not suitable for clinical capability assessment (Dijkstra, Van der Vleuten, & Schuwirth, 2010). Contemporary research into assessment of workplace learning emphasises the accuracy and

importance of the professional judgement of clinical supervisors (Yorke, 2011). Professional judgment is bigger than rational, measurable evaluation because it also draws on practice experience, wisdom and cultural competence of assessors. This professional judgement must be incorporated into assessment for practice.

Issues/questions for exploration or ideas for discussion:

- What are the limitations of psychometric assessment for judging workplace learning performance?
- What is the role of professional judgement in assessing workplace learning performance?
- How can professional judgement be incorporated into assessment of workplace learning?

Dijkstra, J., Van der Vleuten, C. P. M., & Schuwirth, L. W. T. (2010). A New Framework for Designing Programmes of Assessment. *Advances in Health Sciences Education*, 15(3), 379-393.

Yorke, M. (2011). Work-engaged learning: towards a paradigm shift in assessment. *Quality in Higher Education*, 17(1), 117-130. doi: 10.1080/13538322.2011.554316

Identifying the narrative used by educators in registrar evaluations to assist in articulating judgment of performance

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Introduction/background:

Modern assessment in medical education is increasingly reliant on human judgment, as it is clear that quantitative scales have limitations in fully assessing registrars' development of competence and providing them with meaningful feedback to assist learning.

For this, possession of an expert vocabulary is essential. In the same way that a pathologist's narrative in a report provides credibility and justification for the pathologist's judgment, educators need appropriate narrative to give their judgment and evaluation credibility.

Aim/objectives:

This study explored the vocabulary used by expert medical educators in assessment.

Results:

Six experienced medical educators were purposefully selected. Each educator reviewed a registrar clinical case analysis in a think out loud manner. The transcribed data was analysed, codes were identified and ordered into themes. Analysis continued until saturation was reached.

Five themes with subthemes emerged. The main themes were:

1. Demonstration of Expertise
2. Personal Credibility
3. Professional Credibility
4. Using a Predefined structure and
5. Relevance.

Discussion:

Experienced medical educators normally verbalise their judgements using high-level semantic qualifiers. In this study, these were able to be unpacked. Although there may be individual variability in the exact words used, clear themes emerged. We hope to use the findings to develop a shared narrative for educators in observation-based assessment. This narrative will be able to be used to assist in providing credibility to the judgment made by educators, in the training of future educators and to provide clarity to registrar feedback with areas of weakness clearly articulated to improve learning and remediation.

The impact of using the Cohen method to set the passing standard of a medical program

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Introduction/background:

Standard setting is a process that establishes a pass mark on an assessment and is used to make decisions about student progression and certification. In the past the Sydney Medical Program (SMP) used the Hofstee and Angoff judgement methods of standard setting augmented with Rasch analyses. Angoff ratings were found to be inconsistent and most "expert" judges did not accurately estimate the difficulty level of a question and revert to a mean of 50%. In 2016, the Cohen method was introduced for a number of summative assessments in the SMP. The Standard Error of Measurement was applied around the cut-score to create a passing score and progression boundaries.

Aim/objectives:

The aim of this presentation is to describe how the SMP implemented the Cohen method and the way in which it was modified to deal with competency and programmatic assessments.

Discussion:

The application of the Cohen method to basic and clinical sciences assessments with a whole cohort has provided a transparent and stable method of setting pass marks. The application to competency based assessments and programmatic assessment resulted in a variation in the criterion used. The introduction of the Cohen method also impacted on the number of supplementary assessments required. Angoff estimates are no longer conducted.

Issues/questions for exploration or ideas for discussion:

Are the modifications we made to the Cohen method an improvement to this standard setting method? Is it a normative method than a compromise method? Can it be reliably used on small cohorts?

Would the adoption of clinical performance indices have the potential to influence patient outcomes? From a patient safety perspective? Is it time to take a fresh look at patient safety?

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Introduction/background:

The impact of hospital related adverse events and patient harm as a result of medical and healthcare worker error is well documented. However, while healthcare industries strive to improve patient safety (PS) there has been little practical guidance about how assessment and awareness of PS can be addressed at the individual clinician level.

Aims/objectives:

To develop and test the feasibility and acceptability of an evidence-based, standardized and patient safety focussed performance assessment tool or Patient Safety Mini-CEX (PSM).

Methods:

Three cohorts (N = 107) of Standard Pathway (SP) International Medical Graduates (IMGs) were recruited to participate in testing of the 13-item/ four clinical domain PSM across 476 individual or

group encounters within OSCE, High Fidelity Simulation and Workplace Based Assessment (WBA) environments. Experienced clinical assessors were recruited and participated in pre-testing training and standard setting sessions.

Discussion:

PSM ratings across the three testing environments suggested that participants' performance was Unsatisfactory with respect to the domains of Communicating Safely (31%); Practising Safety (Infection Control and Medication Safety) (44%); and, Clinical Practice and Using Evidence (29 – 44.2%). Overall ratings suggested that up to 30% of SP IMG participants would require various levels of direct supervision to practice safely. The poorly performing categories reflect those factors contributing to patient morbidity and mortality rates in developed countries.

Conclusion:

The PSM appears to facilitate assessor discrimination between safe and unsafe clinical practice. Adoption of regular formative PS assessments into clinical schedules for all PGY 1-3 doctors may offer reliable measures of PS competence and inform development of a standardized patient safety clinical performance or 'entrustability' index.

Using the Rasch model to identify and remedy rater severity, bias and other problems in performance assessment

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Introduction/background:

Scores collected from performance assessments contain multiple sources of measurement error introduced by adding multiple facets such as examiners, task variation and skills assessed. The Many Facet Rasch Model (MFRM) provides a framework for identifying and accounting for problems caused by phenomena such as rater severity: "hawk/dove", rater bias or differential task difficulty.

Purpose and outcomes:

This workshop will introduce the Rasch model and in particular the MFRM as applied to performance assessments. Participants will gain tools for improving the quality of assessments through identifying and correcting for common sources of measurement error. We will share what we have learnt through using the MFRM to investigate the utility of new performance scales used in a medical student OSCE.

Issues for exploration or questions for discussion:

What are the benefits of programs to modify rater behaviours in performance assessment versus the benefits of using MFRM transformed scores to correct for rater errors?

Outline of workshop activities:

The MFRM will be described to introduce participants to this conceptual measurement framework. Participants will experience interpreting output from MFRM analysis examples. Software for running MFRM analyses (FACETS) will be demonstrated. We will work through practical examples of identifying rater errors. We expect broad discussion of the common issues presented by assessments incorporating multiple facets.

7G Interprofessional transitions

Harnessing the potential of mobile learning in health practice Settings

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Introduction:

Recently the use of mobile health applications (apps) by health practitioners, patients and families has increased. As future health professionals, students need to become familiar with health apps for health practice and to guide patient self-care and monitoring. Mobile devices can also improve students' learning by linking web-based information with the immediacy of clinical experiences. However, this new mode of learning is accompanied by potential challenges, including patient confidentiality and consent, and perceptions of unprofessional behaviours and lack of student competence when dependent on mobile devices.

Aim:

To determine ways in which a multidisciplinary learning and practice hub comprising multiple hospitals may accommodate use of mobile devices for the learning and teaching of health professional students.

Methods:

Semi-structured interviews were conducted with key personnel and educators in the precinct to understand the issues and readiness of mobile learning and teaching. Interview data and institutional policies were analysed using thematic analysis.

Results:

Following interviews with 25 staff, emerging themes around use of mobile devices for learning and teaching: Challenges of institutional policies and procedures; Digitally mediated changes in clinical cultures; Current & potential uses.

Discussion:

There appears to be little coherent activity or leadership in mobile learning in this large health precinct. This represents a missed opportunity for health students.

Conclusions:

Within health settings, staff and students are limited in their use of mobile learning and teaching. Mobile devices do at times pose issues around patient privacy, data security and infection control, which can be accommodated in learning and teaching.

Making Sense of Interprofessional Community Based Education: Exploring the Opportunities and Barriers with Rural Clinicians.

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Introduction/background:

Clinical placements offer health students the opportunity to put theory into practice, transition to professional practice, understand the complexity of the clinical workplace and provide essential interaction with real patients in authentic settings. Typically placements involve students being supervised and assessed by their own discipline. Team-Based Interprofessional Practice Placements (TIPP) on the other hand, involve groups of students from different health disciplines learning and practicing together while being supervised and assessed by health professionals from disciplines other than their own. This model enables students from different health disciplines to participate in integrated team based health delivery education.

Aim/objectives:

To describe the outcomes of a process undertaken by rural health and education practitioners to make sense of and start to develop a local TIPP program. Discussion of the program concept including usual and altered roles and responsibilities, and the subsequent developmental phases required to provide health practitioners, educators and decision makers with a framework to enable the transition of TIPP in community settings.

Discussion:

Opportunities and barriers specific to the development and delivery of TIPP were identified during the workshop and evaluation. Pre and post self-efficacy questionnaires administered to participants identified positive shifts in attitudes, future behaviour and confidence including a feeling of greater support to implement change in Interprofessional education training and team based clinical support.

Issues/questions for exploration or ideas for discussion:

The authors would like to explore other people's experience in TIPP and the translation of Interprofessional Education into Practice.

Effectiveness of Multidisciplinary Integrated Anatomy Workshops – An audit of student evaluation.

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Background:

The pedagogical value of Integrated Anatomy Workshops (IAWs), comprised of prosected specimens, surface anatomy, clinical skills, pathology and radiology, was audited with respect to anatomy learning in a four-year graduate-entry medical program.

Objectives:

To examine the effectiveness of IAWs for improving students' learning of clinically applied anatomy.

Methods:

Both quantitative and qualitative student evaluations obtained between 2011-2016 were reviewed and analysed.

Results:

There was an average 45% response rate for each annual cohort (110-120 students). Both quantitative and qualitative data revealed a high measure of student satisfaction with an average Likert score of 4.2/5. Thirty percent of the qualitative feedback data reflected the students' requests for more interaction, more learning materials and amendments to the session timetables. Seventy percent of the qualitative data reflected an appreciation of the clinical relevance of the teaching and the excellent teaching of the faculty and near-peer tutor. The correlation of IAWs with improvements in the summative academic assessment results was strongly positive.

Conclusions:

The results indicated that our pedagogical approach to multidisciplinary IAWs enhances the effectiveness of anatomy learning as shown by improved students' satisfaction as well as the progressive improvement in their summative performances assessments in anatomy between 2011 to 2016.

Transitioning from silos to interprofessional communities of practice

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Introduction/background:

Unique barriers, such as power imbalances and organizational boundaries currently constrain rural health professionals from engaging in collaborative practice.

Aim/objectives:

To establish if and how interprofessional education (IPE) promotes interprofessional learning (IPL) to enhance collaborative practice in rural health settings.

Methods:

A case study methodology was used to undertake three phases of research in three rural hospitals in South Australia. Research methods included observing everyday practice and interviews, to examine the perceptions of health professionals. Work-based IPE activities were undertaken in collaboration with each rural hospital. Follow-up observation and interviews determined any impact of the IPE activities.

Results:

It proved difficult to analyse the impact of five different work-based IPE activities on collaborative practice. However, professional silos were found to exist in rural health and perpetuated significant barriers to collaborative practice. Profession-based communities of practice (CoPs) hindered the IPE-IPL-collaborative practice nexus.

Discussion:

Social learning and CoP theories are useful for considering the link between IPE-IPL and the transition to collaborative practice. Collaborative practice is socially constructed and therefore IPL can only be developed if it is supported by health services. Multiple overlapping CoPs in this study perpetuated status quo in power relations. Profession-based CoPs widened the gap for building relationships between health professionals and constrained collaborative practice.

Conclusions:

Building interprofessional CoPs would increase the participation of health professionals in social practices. Interprofessional CoPs would promote the transition from IPL to collaborative practice by encouraging its members to accept differences and place value on interprofessional relationships.

Evaluating interprofessional simulation for undergraduate and postgraduate Health Professions students: A systematic literature review.

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²The University of Western Australia, Crawley, Australia

Introduction/background:

Within health, a team work approach to care is essential to ensure patient safety and effective health care delivery. Interprofessional simulation is often used within undergraduate and postgraduate health professions education to teach an array of skills, these can be technical or non-technical.

Aim/objectives:

The aim of this review was to examine how we teach and evaluate interprofessional simulation of non-technical skills, including communication, team building and shared problem solving in undergraduate and postgraduate health professions education settings.

Methods:

A systematic review of current literature (2006-2016) utilising reputable databases was employed. Inclusion criteria included: a reported research study, utilising qualitative, quantitative and mixed methods research approaches with undergraduate or post graduate health professions students/health professionals. All studies focused on Interprofessional simulation of non-technical skills and demonstrated Kirkpatrick's level 2 evaluation. This resulted in 12 undergraduate and 14 postgraduate articles being included for further detailed analysis.

Discussion:

Although interprofessional simulation is used to teach non-technical skills in both undergraduate and post graduate health professions courses, most of the evaluation reported short term outcomes in student learning. There was minimal evidence of long term evaluation, including how these skills are transferred to clinical practice.

Conclusions:

Interprofessional simulation is an effective tool to teach non-technical skills to health professionals at an undergraduate and postgraduate level. Further evaluation and longitudinal research is required to provide evidence of transferability of non-technical skills to future clinical practice.

Breathing life into IPE - integrating OT into a medical student Virtual Hospital

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Introduction:

Interprofessional learning (IPL) is proposed as one way of improving patient outcomes. The challenge is to provide authentic and sustainable IPL in full curriculums. Integrating Occupational Therapy (OT) into an existing Medical student virtual hospital has been introduced at Bond University as one way of enhancing IPL.

Aim:

To trial and evaluate an integrated OT and medical approach to IPL in a virtual hospital environment.

Discussion:

The Bond University Medical program developed a simulated virtual hospital in 2013, called the Bond Virtual hospital (BVH). BVH extends paper patients to virtual patients accompanied by multi-media resources. Medical students form clinical teams to conduct a virtual ward round and then meet in a larger group lead by a clinical facilitator. This structure is a successful part of medical student learning. In 2016 a Masters of Occupational Therapy program commenced at Bond University. Enhancing the BVH experience by the inclusion of OT students in both the clinical teams and the facilitated tutorials was introduced. Specific cases were selected for consideration and input by the OT students and OT clinical facilitators assisted in the combined facilitated tutorials. Early evaluation has identified some valuable findings which will be presented.

Issues for discussion:

The BVH experience has demonstrated that meaningful IPL is possible, however requires a commitment across professions. By partnering; IPL takes on a more realistic environment and gives students and facilitators some unique insights into the roles that other team members play. Future refinements will include participation by additional allied health groups.

Plenary Session 4**Leadership in transition**

In this final plenary session Emeritus Professor Geoff Scott will summarise the key lessons from 40 years experience as a change leader in higher education and the results of research on effective approaches to change management in our universities and colleges. He will address two key themes:

- Good ideas with no ideas on how to implement them are wasted ideas
- Change doesn't just happen but must be led, and deftly

Particular attention will be given to the distinguishing capabilities of effective higher education change leaders; to proven approaches to addressing common implementation challenges when seeking to engage colleagues with a desired innovation or quality improvement; and to the various ways in which the conference theme of 'transitions' relates to these issues.