Welcome to beautiful Alice Springs Northern Territory, Australia for the ANZAHPE Conference 2011. This conference will be launching the new look ANZAHPE and will provide a forum for robust debate and discussion regarding health professional education.

The conference theme is: LOCAL? GLOBAL? Health Professional Education for Social Accountability. Amidst the inspiring landscape of central Australia this is an opportunity for communities, health professionals and educators to showcase innovative approaches that address the priority health needs of our communities. Presentations were invited on the following fields of interest:

- Indigenous Health
- Cultural Safety
- Grass Roots or Global Connections
- Rural & Remote
- Environment and Health
- Ethics & Education

The people attending the conference are educators and health professionals who are creative, adventurous and with a genuine interest in social accountability through education.

Socially accountable health professional education is focused on teaching, research and community engagement activities that produce health professionals with sound values, knowledge and skills to work in underserved communities and addressing health workforce shortages. Strong community-based partnerships are the key to effective, socially accountable health professional education programs. We will learn how our communities can have a direct influence on the curriculum design, delivery and evaluation and how education programs can help to redress disparities in access to health in our cities, rural towns and remote areas.

Alice is an inspiring landscape like no other with beautiful desert flora and fauna, the MacDonnell mountain ranges outback adventures and Aboriginal culture. I hope that you have the opportunity to visit some of the amazing places, perhaps visit Uluru walk or cycle the Larapinta trail or camel riding and ballooning.

The Conference Committee is delighted there has been a high level of interest. We hope that you are inspired by the achievements of health professional educators. There will be plenty of conversations about the exciting things we are all working on and plans for the future.

Prof Jennene Greenhill
Convener, ANZAHPE 11 Conference
Flinders University Rural Clinical School started in 2001 because of the success of the Parallel Rural Community Curriculum (PRCC) which commenced in 1997. The PRCC was the first Longitudinal Integrated Clerkship in Australia.

In the PRCC, year 3 medical students relocate to the Riverland, Mount Gambier, Victor Harbor or Barossa Valley regions, for the academic year. They are based in General Practice and local health services. Their educational opportunities are determined by “what comes through the door”, they learn medicine in an integrated way throughout the year. Although students are allocated to a specific general practice and have a GP Supervisor, the year itself is NOT only a general practice experience. They will encounter patients in the general practices they are placed with and then follow them through primary care and the hospital system. At the end of the year the PRCC students sit exactly the same exams as their FMC-based colleagues in all clinical domains.

The Riverland Rural Paramedic Program (RRPP) is an innovative new program that sees metropolitan Flinders University Health Science (Paramedic) degree students undertake clinical placements in a rural setting within the South Australian Ambulance Service stations in the Riverland. At any one time there are an average of 5 students living and learning in the region, immersed in a rural community, with many of these students keen to relocate back to practice in a rural location. The RRPP comprises an operational team of a Program Administrator located at the Renmark FURCS campus, with a Rural Program Academic Director based in Adelaide. The success of the RRPP has now built a competitive profile, and much sought after places at Flinders University, as well as expansion to other regions within the state.

The Master of Clinical Education program is the symbiosis in action. Students not only learn about building relationships and integrating teaching and learning and healthcare, they experience firsthand the tools that will aid them to create effective, authentic learning environments wherever they are in clinical practice. This program is an articulated postgraduate course that offers faculty development for clinical educators who work in all health care settings across the spectrum from primary health care to hospitals. It is interdisciplinary and offers invaluable inter-professional learning for clinical educators who are medical practitioners, nurses, allied health professionals and paramedics. This is an innovative program and quite unique to anything else.

In 2002 Nursing & Midwifery began a 3 year bachelor degree program in the Riverland and currently has an intake of up to 30 new students per year who can work and study in their home region and many graduates continue to work in the area, enhancing our rural health workforce.

The FURCS Research Unit brings academics together to provide the evidence base for our programs and to serve our communities through developing a research culture to aid development in regional communities.

ABOUT ANZAHPE
ANZAHPE: Australian and New Zealand Association for Health Professional Educators
• Aims to promote, support and advance education in the health professions.
• Aims to facilitate communication between education in the health profession.
• Is about undergraduate and postgraduate training and continuing education.
• Aims to recognise, facilitate and disseminate high quality educational research in health professions education.
• Offers seedling grants and awards to encourage educators, researchers and students.
• Is the focal point for health professions education in western Pacific region.
• Publishes a peer-reviewed journal, Focus on Health Professional Education and a news bulletin.
• Holds an annual Conference
• Is managed by an elected Committee of Management.
• Is governed by Objects and Rules of association and a privacy statement. For more information go to www.anzahpe.org

THE ANZAHPE ANNUAL AWARDS
ANZAHPE invites nominations for its awards, which are presented yearly at the annual conference. Please refer to the ANZAHPE website for the submission criteria, conditions of Awards and nomination procedures at www.anzahpe.org
• The ANZAHPE Award
• The ANZAHPE Undergraduate Student Prize
• The ANZAHPE Postgraduate Student Prize
• ANZAHPE Honorary Membership

2011 ANNUAL GENERAL MEETING
As an incorporated body, ANZAHPE is legally required to hold an annual general meeting to enable members to review performance during the previous financial year.

The Annual General Meeting is called by the Committee and is held in association with the annual conference in late June. It is essential that members of ANZAHPE attend the AGM so that the following matters can be considered and discussed.

The business of the Annual General Meeting is to include the following:
• To confirm the minutes of the previous annual general meeting or any special general meeting held since then.
• To receive reports from the Committee on the activities of the association during the year.
• To elect the members of the Committee.
• To receive and consider the annual Treasurer’s report and financial statements of the association.
• To direct and review the general affairs of the association.
• To review the actions taken by the Committee between annual general meetings.
• To consider any other business.

For further information, please contact Toni McDonald at the ANZAHPE Office Ph: 0478 313 123 or email: anzahpe@flinders.edu.au
THE HOST CITY: Alice Springs

Confidence Organising Committee

Jennene Greenhill - Convenor
Pamela Stagg – Program Chair
Julie Ash
Barbara Beacham
Rachel Dyer
Kathy Gauci
Nina Kilfoyle
Odette Mazel
Dennis McDermott
David Prideaux
Dale Sheehan
Linda Sweet
Kerry Taylor
Susan Wearne
Antoinette Woods - Conference Manager

PO Box 298 Hyde Park Qld 4812
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ISBN: 978-0-9805787-2-0

Conferences Management

Antoinette Woods
Conference Manager
PO Box 298 Hyde Park Qld 4812
T: 07 4725 5019
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Below is a list of attractions, activities and entertainment in the Alice Springs region.

ACTIVITIES & ATTRACTIONS
1. Aboriginal Australia Art & Culture Centre Map A
2. Adelaide House Museum Map A
3. Alice Springs Cultural Precinct Map B
4. Central Australian Aviation Museum Map B
5. Alice Springs Desert Park Map B
6. Alice Springs Golf Club Map B
7. Alice Springs Reptile Centre Map A
8. Alice Springs RSL Club Map B
9. Alice Springs School of the Air Map B
10. Alice Springs Turf Club Map B
11. Alice Wanderer (pick-up) Map A
12. Central Australian Show Society Inc. Map B
13. Fred McKay Museum Map B
14. Frontier Camel Farm Map B
15. Kentworth Truck Museum Map B
16. Lasseters Hotel Casino Map B
17. Lightning Ridge Opal Mines Map A
18. Mbitantu Gallery Map A
19. National Pioneer Women’s Hall of Fame Map A
20. National Road Transport Hall of Fame Map B
21. National Trust of Australia (NT) Map A
22. Old Timers’ Traeger Museum Map B
23. Olive Pink Botanic Garden Map B
24. Red Centre Dreaming Map B
25. RFDS Visitor Centre & Café Map A
26. Sounds of Starlight Map A
27. Todd Mall Market Map A
28. Anzac Hill Oval Map A
29. Baseball Diamond Map B
30. Basketball Stadium Map B
31. Boxing Stadium Map B
32. Hockey Ground Map B
33. Netball Courts Map B
34. Swimming Pool / Map Skate Park Map B
35. Tennis Courts Map B
36. Velodrome Map B
37. Alice on Todd F-11 Map B
38. Quest Alice Springs F-11 Map B
39. Crowne Plaza Alice Springs G-12 Map B
40. Desert Palms Resort G-11 Map B
41. Lasseters Hotel Casino F-13 Map B
42. VEHICLE HIRE 74. Alice Camp N Drive F-11 Map B
75. Apollo Motorhome Holidays F-6 Map B
74. Britz Campervan Rentals D-1 Map B
77. Budget Car & Truck Rentals Map A
78. Europcar D-20 Map B
79. Hertz Map A
80. Johnny’s Campervans Alice Springs Map A
81. Kea Campers E-8 Map B
82. Maui Rentals D-1 Map B
83. Thrifty Car Rental Map A
43. ARRIVAL POINTS 84. Alice Springs Airport D-20 Map B
85. Coach Terminal Map A
86. Railway Station E-8 Map B
Aboriginal Culture
A rich tapestry of Aboriginal cultures can be found throughout the Northern Territory. There are hundreds of different languages, customs and laws, each woven together to tell a story thought to be more than 50,000 years old. Almost one quarter of the Northern Territory’s population are Aboriginal people and approximately 25% of the Territory is Aboriginal-owned land.

When dealing with Aboriginal people, there are some cultural considerations to remember:

• Some Aboriginal people have beliefs that they don’t like having their photo taken. It is courteous to ask for permission first
• Family business and ceremonies are an important part of life for Aboriginal people and these matters take priority, which can interrupt tours
• Access to some sites with spiritual significance may be restricted

Airport Transfers
The Alice Springs Airport is located 15 kilometres to the south of the township of Alice Springs. Taxis, bus shuttles and car rental are all available from the Airport to Alice Springs city can be booked and paid for on arrival, just look for the “Alice Springs Airport Shuttle” bus which is parked at the eastern and western end of the drop-off zone in front of the terminal. The driver remains with the bus and tickets can be purchased from the driver at the mobile ticket stand. Transfers from Alice Springs to the airport can be booked by calling 08 8953 0310. 08 8953 0310 or visiting www.buslink.com.au

Shuttle Bus
The Alice Springs Airport Shuttle service operates transfers to and from Alice Springs hotels, motels and private residences. Transfers from the airport to Alice Springs city can be booked and paid for on arrival, just look for the “Alice Springs Airport Shuttle” bus which is parked at the eastern and western end of the drop-off zone in front of the terminal. The driver remains with the bus and tickets can be purchased from the driver at the mobile ticket stand. Transfers from Alice Springs to the airport can be booked by calling 08 8953 0310. 08 8953 0310 or visiting www.buslink.com.au

Taxis
Taxis are available directly outside Alice Springs Airport Terminal, and you can expect to pay approximately $32 for a one-way trip to the central business district.

Alice Springs Taxis 61 8 8952 1877, 61 8 8952 1877

Child Care
Please note that no official arrangements have been made for child care during the Conference. We suggest you check with your accommodation provider who may be able to assist you further with babysitting services during your stay.

Climate
The following chart outlines Alice Springs’ monthly climate averages as an indicator for the Red Centre.

<table>
<thead>
<tr>
<th>Month</th>
<th>Min Average Temperature</th>
<th>Max Average Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun - Aug</td>
<td>-3C (37F)</td>
<td>20C (68F)</td>
</tr>
</tbody>
</table>

Clothing
In the Central Australia area the weather is always warm, so lightweight summer clothing like shorts, T-shirts and sandals are worn year-round. Sturdy shoes and long-sleeved shirts and trousers should be packed for time in the sun or in the bush. It can be cold during winter and at night-time in the Central Australian regions of Alice Springs, Tennant Creek and Uluru, so warmer clothing like jumpers and long pants is required. Travelling in the bush is more comfortable in jeans or similar practical clothing and strong shoes.

First Aid
First Aid will be located in the Secretariat office next to the Registration Desk. Should you require assistance of any kind during the conference, please notify one of the registration desk staff or venue staff.

Indemnity
In the event of industrial disruption or other unforeseen circumstances, the Host, Organising Committee and Tailored Statements accept no responsibility for loss of monies incurred by delay or cancellation.

Meals & Special Dietary Requirements
A variety of refreshment breaks and social functions will occur throughout the Conference. We recognise that some delegates may have special dietary requirements. Please advise the Conference Managers via the registration desk should you require alternative arrangements be made on your behalf.

Messages
Messages for delegates attending the conference will be placed on a message board at the conference registration desk. Please check these boards during your session breaks throughout the day.

Name Badges
Your name badge must be worn at all times, as it is your entry to all sessions and functions.

Photography
During the conference and social functions there may be a photographer and/or videographer present to record the events. After the event, images may be posted on the conference website or used in future promotional materials. Please indicate you have read and understood this statement on the registration form when you register.

Privacy
In registering for the Conference, relevant details may be forwarded to the Organising Committee, Members and Sponsors. It is also intended to provide a delegate list for networking benefits. If you do not wish your details to be forwarded, please indicate so by ticking the relevant box on the registration form when you register.

Safety
Like anywhere, Alice Springs is usually a pretty safe place. From time to time, Alice Springs does get a bad wrap from the media for crime, however it is generally a safe place - so long as you don’t leave your common sense at home!

If you decide to head out at night – don’t walk home in the dark alone or in a small group. Call for a taxi. The most expensive taxi fare in Alice Springs is about $30. Generally it will cost you about $20-$30 to get to most destinations in Alice Springs. It is recommended that delegates do not walk to their accommodation at night.

Smoking Policy
The Northern Territory Government imposes a strict no smoking policy in venues, restaurants, bars and shopping centres.

Special Needs
Every effort is made to ensure special needs are catered for. Should you require any specific assistance, please notify the registration desk.

Speakers Preparation Room
The Speakers Preparation Room is located in Boardroom 1 at the Alice Springs Convention Centre. Registration Desk Hours
The Registration Desk at the Alice Springs Convention Centre will be open as follows:

Tuesday 28 June 0730 – 1700
Wednesday 29 June 0800 – 1630
Thursday 30 June 0800 – 1700

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The Speakers Preparation Room is located in Boardroom 1 at the Alice Springs Convention Centre will be open as follows. Speakers are reminded to check into the Speakers Preparation Room at least 2 sessions prior to their speaking session.

Monday 27 June 1600 – 1830
Tuesday 28 June 0730 – 1700
Wednesday 29 June 0800 – 1630
Thursday 30 June 0800 – 1700

Water
In the Northern Territory’s climate, it is important to consume adequate amounts of water to prevent dehydration. People should drink at least two litres of water each day.

Water
VENUE: Alice Springs Convention Centre

Alice Springs Convention Centre
Barrett Drive, Alice Springs
Visit: www.aspcc.com.au

ALICE SPRINGS CONVENTION CENTRE FLOORPLAN

Key:
1: Boardroom One
2: Boardroom Two
3: Secretariat

SOCIAL PROGRAM

Welcome Reception  1700 - 1900

Monday 27 June, Alice Springs Convention Centre Courtyard
The welcome reception is a great opportunity to catch up with colleagues and old friends and also a wonderful opportunity to make new ones. The night will be designed for networking, meet and greet and a lovely relaxing way to start the conference.
Cost for this function is included in the full registration fee. Additional tickets can be purchased via the registration desk.

Conference Dinner  1900 – 2300

Wednesday 29 June, Alice Springs Convention Centre, MacDonnell Room B&C
The Conference Dinner will be held at the Alice Springs Convention Centre.
A networking opportunity for delegates, the conference dinner will provide a 3 course meal with beer, wine and soft drinks. The dinner will also include award presentations, the launch of the ANZAHPE 12 Conference and will showcase the ANZAHPE Band.
Cost for this function is included in the full registration fee. Intention to attend this function must be confirmed via registration. Additional tickets can be purchased via the registration desk.
PRE AND POST TOURING OPTIONS

Wednesday Afternoon Activities

Wednesday afternoon is both an opportunity to see Alice Springs or to continue in the learning of the Conference.

Recommended activities and highlights: Self Guided

Alice Springs Desert Park
Larapinta Drive, Alice Springs
www.alicespringsdesertpark.com.au

A must see for every visitor to Alice! In the space of just a few hours, you can discover many of the secrets of the Central Australian deserts at the Desert Park. Hundreds of species of plants and animals found across Central Australian deserts can be seen, smelt and heard. You will even have the opportunity to experience desert habitats as they are at night, seeing some of the animals near impossible to see in the wild.

Take an easy walking trail through three desert habitats and discover Desert Rivers, Sand Country and the Woodland habitat, witness free-flying birds of prey in the nature theatre, see rare and endangered animals in the spectacular nocturnal house, hear the insights into the interlinking world of plants, animals and people from our local guides and enjoy a cinematic journey through four-and-a-half billion years of desert evolution during the 20 minute cinematic journey of “The Changing Heart”.

When you leave the Desert Park you will go away with new stories, skills and some of the secrets of the desert.

Open: Mon – Sun 7.30am – 6.00pm

Alice Springs Telegraph Station Historical Reserve

Alice Springs Telegraph Station Historical Reserve

The Alice Springs Telegraph Station Historical Reserve marks the original site of the first European settlement in Alice Springs. Established in 1872 to relay messages between Darwin and Adelaide, it is the best preserved of the 12 stations along the Overland Telegraph Line. Construction of this Telegraph Station began in 1871. The township of Alice Springs takes its name from the waterhole a short distance to the east of the Station buildings. This Telegraph Station operated for 60 years, and then served as a school for Aboriginal children.

Open: Mon – Sun 8.00am – 9.00pm Reserve, 8.00am – 5.00pm Historical Precinct

Alice Springs School of the Air Visitor Centre

80 Head Street, Alice Springs
www.assoa.nt.edu.au

Visit a uniquely Australian school and take a virtual journey in “The World’s Largest Classroom”, more than 1.3 million square kilometres ad learn about the interactive education experience for which Alice Springs School of the Air is world-renowned.

Open: Mon – Sat 8.30am – 4.30pm,
Sun 1.30pm – 4.30pm

National Road Transport Hall of Fame
1 Norris Bell Drive, off the Stuart Highway
www.roadtransporthall.com

Situated approximately 8kms south of Alice Springs on the Stuart Highway the National Transport Museum provides the opportunity for the enthusiast and the visitor alike to see the vehicles and machines, read the stories and pictures and to learn about the people and the products that have made Australia’s land transport unique.

Open: Mon – Sun 9.00am – 5.00pm

Flying Doctors Service Museum – Alice Springs Visitor Centre

Stuart Terrace, Alice Springs
www.flyingdoctor.org.au

The Royal Flying Doctor Service (RFDS) Visitor Centre in Alice Springs, situated only 600m from the Post Office, commenced operations in the late 1970’s and since its inception it has become one of the most popular tourist attractions in Central Australia.

Take the RFDS Visitor Centre tour and learn about the incredible history that has shaped the RFDS of today. You will view some amazing footage and listen to some incredible stories. Following the tour, our friendly staff will direct you to the museum where you can wander at your leisure.

Open: Mon – Sat 9.00am – 5.00pm,
Sun 1.00pm – 5.00pm

Wednesday Afternoon Tours

For those delegates attending the Wednesday afternoon tours. Please see the registration desk for changes or updates.
The ANZAHPE 11 Organising Committee gratefully acknowledges the support of our Conference exhibitors.

**EXHIBITOR DIRECTORY**

The ANZAHPE 11 Organising Committee gratefully acknowledges the support of our Conference exhibitors.

**Exhibitor Hours**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
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<tr>
<td>Tuesday 28 June</td>
<td>0730 - 1530</td>
</tr>
<tr>
<td>Wednesday 29 June</td>
<td>0800 - 1500</td>
</tr>
<tr>
<td>Thursday 30 June</td>
<td>0800 - 1530</td>
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</table>

**PRE & POST TOURING OPTIONS**

Central Australia offers countless touring and adventurous experiences. For further information on full day or extended tours please visit the Pre & Post Touring Options page on the Conference Website.

For further information on full or extended tours please visit:
www.travelnt.com
www.territorydiscoveries.com
www.centralaustralianaturism.com
www.alicesprings.nt.gov.au/tourism/tourism

**EXHIBITION FLOORPLAN**

**EXHIBITOR LISTING**

<table>
<thead>
<tr>
<th>Booth Name</th>
<th>Booth Number</th>
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<tbody>
<tr>
<td>The Centre for Remote Health</td>
<td>1</td>
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<tr>
<td>ADInstruments Pty Ltd</td>
<td>2</td>
</tr>
<tr>
<td>NT General Practice Education (NTGPE)</td>
<td>3</td>
</tr>
<tr>
<td>PCC4U Project</td>
<td>4</td>
</tr>
<tr>
<td>Sage Publications Asia Pacific</td>
<td>5</td>
</tr>
<tr>
<td>ANZAHPE</td>
<td>6</td>
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**The course for aspiring leaders…**

**Graduate Certificate in Clinical Management**

Leaders and managers will benefit from the knowledge and confidence this course provides.

This course consists of four subjects studied over two semesters by distance education.

Further information on this course can be found at www.nursing.edu.au/pdf/GC_in_Clinical_Management.pdf

Applications close 27 June 2011
EXHIBITOR DIRECTORY

The Centre for Remote Health aims to contribute to the improved health outcomes of people in remote communities of the Northern Territory and Australia, through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.

ADInstruments has developed the innovative LabTutor Medical Laboratories to connect physiology theory with clinical practice. It links real patient data and videos with hands-on physiology experiments. ADInstruments also produces PowerLab, the world-leading data acquisition system for life science education and research. We are an Australian company supported by a global network of distributors. Visit our exhibit at booth #2.

The Palliative Care Curriculum for Undergraduates (PCC4U) project supports the inclusion of the principles and practice of palliative care in all health care training through the provision of a suite of evidence based student and facilitator learning resources and a range of capacity building and professional development activities in academic and clinical settings.

SAGE is the world’s leading independent publisher. Our portfolio includes more than 630 journals spanning the Humanities, Social Sciences, and Science, Technology, and Medicine, and more than 280 are published on behalf of 245 learned societies and institutions. We aim to be the natural home for leading, authors, editors and societies, and as such to be a leading provider of cutting edge, challenging and agenda-setting material.

NTGPE is the major provider of general practice education and training in the Northern Territory. We provide a unique and well supported general practice vocational experience for medical students, junior doctors and registrars and continuing medical education for independent general practitioners, international medical graduates and primary health workers. Visit us at: www.ntgpe.org

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• Is the focal point for health professions education in Western Pacific region.
• Publishes a peer-reviewed journal, Focus on Health Professional Education and a news bulletin.

Exhibition Booth: 1
The Centre for Remote Health
Jeanne Tahini
PO Box 4066
Alice Springs NT 0871
P: 08 8951 4700
E: Jeanne.tahini@flinders.edu.au
www.crh.org.au

Exhibition Booth: 2
ADInstruments Pty Ltd
Helen Lalevski
Unit 13, 22 Lexington Drive
Bella Vista NSW 2153
P: +612 8818 3400
F: +612 8818 3499
E: H.Lalevski@adinstruments.com
www.adinstruments.com

Exhibition Booth: 3
NT General Practice Education (NTGPE)
Adelia Mu-Prasad
PO Box U179
Charles Darwin University NT 0815
P: 08 8946 6935
E: Adelia-mu-prasad@ntgpe.org
www.ntgpe.org

Exhibition Booth: 4
PCC4U Project
Alison Farrington
60 Musk Avenue
Kelvin Grove Qld 4059
P: 07 3138 6132
E: Alison.farrington@qut.edu.au
www.pcc4u.org

Exhibition Booth: 5
Sage Publications Asia Pacific
Suriahni Kassani
33 Pekin Street #02-01
Singapore 048763
P: +65 62201800 (Ext 213)
E: suriahni.kassani@sagepub.co.uk
www.sagepublications.com

Exhibition Booth: 6
ANZAHPE
Toni McDonald
GPO Box 2100
Adelaide SA 5001
P: 0478 313 123
E: anzahpe@flinders.edu.au
www.anzahpe.org

Exhibition Booth: 7
The Palliative Care Curriculum for Undergraduates (PCC4U)
Jeanne Tahini
PO Box 4066
Alice Springs NT 0871
P: 08 8951 4700
E: Jeanne.tahini@flinders.edu.au
www.pcc4u.org

Exhibition Booth: 8
SAGE
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www.sagepublications.com

Exhibition Booth: 9
NTGPE
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Charles Darwin University NT 0815
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E: Adelia-mu-prasad@ntgpe.org
www.ntgpe.org

Exhibition Booth: 10
ANZAHPE
Toni McDonald
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www.anzahpe.org

Exhibition Booth: 11
The Palliative Care Curriculum for Undergraduates (PCC4U)
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www.pcc4u.org

Exhibition Booth: 12
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Exhibition Booth: 13
NTGPE
Adelia Mu-Prasad
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Charles Darwin University NT 0815
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www.ntgpe.org

Exhibition Booth: 14
ANZAHPE
Toni McDonald
GPO Box 2100
Adelaide SA 5001
P: 0478 313 123
E: anzahpe@flinders.edu.au
www.anzahpe.org

Exhibition Booth: 15
The Palliative Care Curriculum for Undergraduates (PCC4U)
Jeanne Tahini
PO Box 4066
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E: Jeanne.tahini@flinders.edu.au
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Exhibition Booth: 16
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Exhibition Booth: 17
NTGPE
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Charles Darwin University NT 0815
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E: Adelia-mu-prasad@ntgpe.org
www.ntgpe.org

Exhibition Booth: 18
ANZAHPE
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Exhibition Booth: 19
The Palliative Care Curriculum for Undergraduates (PCC4U)
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Exhibition Booth: 20
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Exhibition Booth: 21
NTGPE
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P: 08 8946 6935
E: Adelia-mu-prasad@ntgpe.org
www.ntgpe.org

Exhibition Booth: 22
ANZAHPE
Toni McDonald
GPO Box 2100
Adelaide SA 5001
P: 0478 313 123
E: anzahpe@flinders.edu.au
www.anzahpe.org

Exhibition Booth: 23
The Palliative Care Curriculum for Undergraduates (PCC4U)
Jeanne Tahini
PO Box 4066
Alice Springs NT 0871
P: 08 8951 4700
E: Jeanne.tahini@flinders.edu.au
www.pcc4u.org

Exhibition Booth: 24
SAGE
the natural home for authors, editors & societies
Suriahni Kassani
33 Pekin Street #02-01
Singapore 048763
P: +65 62201800 (Ext 213)
E: suriahni.kassani@sagepub.co.uk
www.sagepublications.com

Exhibition Booth: 25
NTGPE
Adelia Mu-Prasad
PO Box U179
Charles Darwin University NT 0815
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Exhibition Booth: 26
ANZAHPE
Toni McDonald
GPO Box 2100
Adelaide SA 5001
P: 0478 313 123
E: anzahpe@flinders.edu.au
www.anzahpe.org
KEYNOTE SPEAKERS

Dr Helen Milroy
Director
Centre for Aboriginal Medical & Dental Health
(CAMDH) University of Western Australia

Dr Helen Milroy works as a Consultant Child and Adolescent Psychiatrist at the Bentley Family Clinic and Families At Work residential programme, and as a Professor and Director for the Centre for Aboriginal Medical and Dental Health at the University of Western Australia. Key research areas: Holistic medicine, Child mental health, Recovery from trauma and grief, Application of Indigenous knowledge, Indigenous health curriculum development, implementation and evaluation, Aboriginal health Aboriginal mental health.

Dr Tracy Westerman
Managing Director
Indigenous Psychological Services

Dr Tracy Westerman, Managing Director of Indigenous Psychological Services (IPS) is of the Nyamal people near Port Hedland, WA. She founded IPS in 1998 to address the inequity between the high rates of mental ill health amongst Aboriginal people and low rates of access to quality services. Dr Westerman has a Post Graduate Diploma (Science, UWA) in Psychology, a Masters Degree (Clinical Psychology, Curtin University) and a Doctor of Philosophy (Clinical Psychology). In 2005 the Canadian government sent a delegation to Australia to explore Dr Westerman’s innovative approaches resulting in recommendations that the same approach be adopted for Canadian Aboriginal people.

Dr Rhys Jones
Senior Lecturer, Medical School of Population Health
University of Auckland, Faculty of Medicine and Health Sciences

Dr Rhys Jones is a Public Health Medicine Specialist and is currently Senior Lecturer (Medical) at Te Kupenga Hauora Māori. His research interests include Māori men’s health, child health, health care inequalities and Indigenous health education. Rhys is Principal Investigator of the Hauora Tane study, a national research project examining the health of Māori men. He teaches Māori health at both undergraduate and postgraduate level in the Faculty of Medical and Health Sciences. In 2005-06, Rhys was a Harkness Fellow in Health Care Policy based at Harvard Medical School in Boston, USA. His fellowship project examined interventions to reduce racial and ethnic disparities in health care using organisational case studies. He is also Māori Director of Training for the New Zealand Public Health Medicine training programme and past chairperson of Te Ohu Rata o Aotearoa (The Māori Medical Practitioners Association). Rhys received his medical degree and Master of Public Health from The University of Auckland.

Professor Roger Strasser
Founding Dean and CEO
Northern Ontario School of Medicine

Prof Roger Strasser is Founding Dean and CEO of the Northern Ontario School of Medicine. Roger has numerous awards in recognition of his outstanding contribution to rural health and education, including Honorary Fellowship of the Royal College of General Practitioners, the Louis Ariotti Award, Fellow of WONCA, the Small, Rural & Northern Award of Excellence by the Ontario Hospital Association of Canada and the Australian College of Rural and Remote Medicine Life Fellowship Award. Roger was Chair of the Working Party on Rural Practice of WONCA, and was formerly Head of Monash University School of Rural Health.
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>0730 - 1700</td>
<td>Delegate Registration</td>
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<td>Speakers Preparation Room</td>
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<tr>
<td>0830 - 0930</td>
<td>Opening Ceremony Welcome to Country</td>
<td>Ghan Foyer</td>
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<tr>
<td>0830 - 1030</td>
<td>Plenary Session:</td>
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<tr>
<td>0930 - 1030</td>
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<td>1000 - 1100</td>
<td>Morning Tea</td>
<td>Ghin Foyer</td>
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<tr>
<td>1130 - 1230</td>
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<tr>
<td>1130 - 1230</td>
<td>Concurrent Session 2: (60 min)</td>
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<td>1230 – 1330</td>
<td>Lunch</td>
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<td>1330 - 1500</td>
<td>Concurrent Session 2: (60 min)</td>
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### 1330 – 1500 | Concurrent Session 2: (90 min)

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<thead>
<tr>
<th>Room: MacDonnell Room C</th>
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<tbody>
<tr>
<td>4315: Adaptation and use of the miniCEX in Midwifery Education</td>
<td>Linda Sweet</td>
</tr>
<tr>
<td>4316: On the Road: Developing a New and Confident Midwifery Workforce</td>
<td>for Queensland and Michelle Malerne</td>
</tr>
<tr>
<td>4298: What is a Clinical Educator? A Comparative Analysis of Three Health Professional Groups</td>
<td>Peter Harris, Keri Moore</td>
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<tr>
<td>4299: A Hands on Introduction to the Flinders Program of Training in Chronic Condition Management</td>
<td>Peter Stewart</td>
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<thead>
<tr>
<th>Room: MacDonnell Room A</th>
<th>Session Chair: Susan Weare</th>
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<tbody>
<tr>
<td>4155: Language as a Component of Cultural Safety</td>
<td>John Hamilton</td>
</tr>
<tr>
<td>4188: Management of a Human Bequest Program at a Rural Medical School</td>
<td>Claudia Diaz</td>
</tr>
<tr>
<td>4190: Creating an Environment for Improving Social Accountability in Health Professional Education</td>
<td>Iris Lindeman, Helen a Ward, David d'Prideaux, Sarah Larke, Robyn Preston, Simone Ross</td>
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<thead>
<tr>
<th>Room: Ellery Room A</th>
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<td>3834: Cont.</td>
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<td>4163: Cont.</td>
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<tr>
<th>Room: Ellery Room B</th>
<th>Session Chair: Jackie Bens</th>
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<tbody>
<tr>
<td>4254: Wither Student Feedback</td>
<td>Eve da Silva</td>
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<tr>
<td>4256: Is Community Based Medical Education a Transformative Learning Experience?</td>
<td>Jan et Richards</td>
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<tr>
<td>4256: An Ethical Approach to Developing a Community-Based Program for Teaching Sensitive Examination</td>
<td>Techniques in Men's Health Neil Sefton</td>
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<tr>
<th>Room: Ellery Room C</th>
<th>Session Chair: Robert Carey</th>
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<tbody>
<tr>
<td>4257: Children's Travel to School: Environmental and Family Considerations</td>
<td>Karina Pont</td>
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<tr>
<td>4086: Rethinking Medical Education: which Way do we Turn Now?</td>
<td>Stephen Lofthus</td>
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<thead>
<tr>
<th>Room: Ellery Room D</th>
<th>Session Chair: Dennis McDermott</th>
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<tbody>
<tr>
<td>4258: Are we Achieving Cultural Competency in Nurses through Distance Education?</td>
<td>Rob in Cross</td>
</tr>
<tr>
<td>4222: Clinical Diagnostic Radiography Education: an Evidence-Based Approach to Assessment of Competence and Ability</td>
<td>Pavani Kurra</td>
</tr>
<tr>
<td>4295: Demonstrating Cultural Safety in Communication through Standardised Role Plays</td>
<td>Courtney Ryder</td>
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</table>

| 1500 – 1530 | Afternoon Tea Exhibition, Posters and networking | Ghan Foyer |

### 1530 – 1700 | Concurrent Session 3: (90 min)

<table>
<thead>
<tr>
<th>Room: MacDonnell Room C</th>
<th>Session Chair: Kathy Gauci</th>
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<tbody>
<tr>
<td>4245: Consistency in Delivery of Clinical Skills Training in Distributed-Campus Primary Care Teaching Settings</td>
<td>Kate Manderson</td>
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<thead>
<tr>
<th>Room: MacDonnell Room A</th>
<th>Session Chair: Lyn Gum</th>
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<tr>
<td>4193: International Students and Sensitive Male Examinations: Implications for Teaching Men’s Health</td>
<td>Richard Turner</td>
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<thead>
<tr>
<th>Room: Ellery Room A</th>
<th>Session Chair: Jenny Barrett</th>
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<tr>
<td>4055: Patients as Teachers: are we Taking Advantage of Patients in the Education of Medical Students?</td>
<td>Pamela Stagg</td>
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<tr>
<td>4058: Student Views on Dissection and their Changes in Attitude to Death and the Cadavers: can Dissection be a Scape into the Concepts of Death and Dying?</td>
<td>Helen Nicholson</td>
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<tr>
<th>Room: Ellery Room B</th>
<th>Session Chair: Loni Tietz</th>
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<tr>
<th>4276: Technology and Trainee Interns: is Obstetrics and Gynaecology Teaching going the Distance?</th>
<th>Peter Gaugher</th>
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<tr>
<td>4761: The Aboriginal Health Teaching Survey: a Student's Perspective of an Award Winning Curriculum</td>
<td>Matthew Trinder</td>
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<tr>
<th>4191: Learner Support at the Northern Ontario School of Medicine’s (NOSM) Community-Engaged and Distributed Model of Undergraduate Medical Education</th>
<th>Tracy Al-idrissi</th>
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<tr>
<td>4365: Visitor or Inhabitant? The Needs of Undergraduate Transnational Medical Students</td>
<td>Jennifer Lindsay</td>
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<tr>
<td>4057: Medical Students “Dialogue on the Seat of the Soul and how this Affects their Dissection Experience”</td>
<td>Helen Martin</td>
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<tr>
<th>4358: Developing Grass Roots Clinical Education</th>
<th>Dale Sheahan</th>
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<tr>
<td>4264: Empowering Medical Students through Mentoring: a Pilot Program that Provides a Mentoring Service to Rural and Indigenous High School Students</td>
<td>Sunitha Nanayakkara</td>
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</table>

| 4292: “Actors as Simulated Patients/Parents – Considering the Ethics” | Jen ny Barrett |

| 4295: Demonstrating Cultural Safety in Communication through Standardised Role Plays | Courtney Ryder |

### Venue:
- Session Chair: Pippa Craig
- Session Chair: Ian Wilson
- Session Chair: Jackie Bens
- Session Chair: Robert Carey
- Session Chair: Dennis McDermott

**Session Chair:** Lyn Gum

**Session Chair:** Jenny Barrett

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<td>0945 - 1000</td>
<td>Undergrad Prize Winner</td>
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<td>1000 - 1045</td>
<td>Concurrent Session 4: (45 min)</td>
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<tr>
<td>Ethics &amp; Education</td>
<td>Room: MacDonnell Room C Session Chair: Pamela Stagg</td>
<td>Grass Roots 45 Min Workshop</td>
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**Wednesday 29 June 2011**

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<tr>
<td>Time</td>
<td>Concurrent Session 4 (45 min)</td>
<td>Room: MacDonald Room A Session Chair: Julie Pyle</td>
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<td>1000-1045</td>
<td>4079: More Than Money Towards Student Placement and Saving the Needs of Tomorrow’s Health Professional Educators</td>
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<td>1115-1135</td>
<td>4380: Cultural Safety in Medical Schools: How Can It Be Done?</td>
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<td>1135-1200</td>
<td>4381: Cultural Safety in Medical Schools: Can it Be Done?</td>
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<td>1200-1245</td>
<td>4382: Cultural Safety in Medical Schools: Necessary or Optional?</td>
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<td>1245-1300</td>
<td>4383: Cultural Safety in Medical Schools: How Can It Be Done?</td>
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<td>4384: Cultural Safety in Medical Schools: Can it Be Done?</td>
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<td>1555-1600</td>
<td>4395: Cultural Safety in Medical Schools: How Can It Be Done?</td>
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**WEDNESDAY**
### Concurrent Session 6:  (90 min)

**Room: Ellery Room A**  
Session Chair: Robert Carey

- **4244:** Are the Principles of Biomedical Ethics Culturally Unsafe?  
  Ben Gray

- **4252:** Improving Medical Students’ Research Capacity through Community-Based Projects  
  Peter McLennan

- **3809:** Boundary Crossers: Skills for Transdisciplinary Practice with Small Populations  
  Julaine Allan

- **4744:** The Experience of Rural Origin Students of the WIRHE Scholarship Programme at Wits: Enabling and Disabling Factors  
  Lilo du Toit

**Stretch-Break-Move**

- **4258:** Improving the Human Elements of Urinary Catheterisation Training – a Randomised Study of a New Wearable Catheterisation Trainer  
  Gary Rogers

### Concurrent Session 6:  (90 min)  
**Alternative to Free time**

**Room: Ellery Room B**  
Session Chair: Jackie Bens

- **4342:** Student Self Reflection of Food Service Dietetic Competencies in Higher Education  
  Judy Appleton

- **4189:** Building a Suburban Community based Clinical Education Program for Australian Medical Students  
  Sarah Mahoney

- **4177:** Factors Influencing a School of Medicine’s Efforts to Become More Socially Accountable  
  Iris Lindemann, Helena Ward

- **4746:** Expectations among Existing Healthcare Workers of the Role of the Clinical Associate  
  Lilo du Toit

**Room: Ellery Room C**  
Session Chair: Nina Gilfoy

- **4298:** Incorporating Intellectual Disability Health into the Medical Curriculum – why, how and when?  
  Lucie Walters

- **4084:** The Rural Communities Program (RCP): Understanding Health Care at the Grass Root’s Level  
  Craig Zimitat

- **4079:** Clinical Compliance with Proven Safety Systems in Health Care  
  Craig Webster

- **4178:** Implementing the “Framework for Evaluation of Social Accountability in Health Professional Education”: The Flinders University Experience  
  Iris Lindemann, Helena Ward

**Room: Ellery Room D**  
Session Chair: Pavani Kurra

- **4166:** Developing an ANZAHPE Policy on Social Accountability  
  Rufus Clarke

- **4165:** Developing a Suburban Community based Clinical Education Program for Australian Medical Students  
  Sarah Mahoney

**Room: Ellery Room E**  
Session Chair: Pavani Kurra

### Concluded Session

- **4165:** Developing an ANZAHPE Policy on Social Accountability  
  Rufus Clarke

**Room: Ellery Room F**  
Session Chair: Pavani Kurra

- **4178:** Implementing the “Framework for Evaluation of Social Accountability in Health Professional Education”: The Flinders University Experience  
  Iris Lindemann, Helena Ward

**Room: Ellery Room G**  
Session Chair: Pavani Kurra

### Afternoon Tea  
1445 - 1500  
Afternoon Tea  
Exhibition, Posters and networking  
Ghan Foyer
### Concurrent Session 7: (60 - 90 min) Alternative to Free Time

**Room: Ellery Room B**  
**Session Chair: Janet Richards**

#### 4213: The Northern Clinical Training Network and Social Accountability in Medical Training  
Rebecca Evans

#### 4214: Using Mobile Devices to bring Learning to the Students - wherever and whenever  
Marianna Koulias

#### 4215: Rural High School Top Achievers: Factors Hindering Taking the Step to Tertiary Education: Feedback from those Attending Lifeskills Workshops  
Glova Tol

#### 4216: Health Literacy: Possibilities, Pitfalls and Accountability  
Ellen Ennever, Craig Zimitat

**Room: Ellery Room C**  
**Session Chair: Pamela Tagg**

#### 4057: Professional Development for Registrars – how do we Make it Transition to the Workplace?  
Alison Jones, Geoff Thompson, Andrea Lloyd

**Room: Ellery Room D**  
**Session Chair: Lori Tietz**

#### 4217: How do Supervisors of Junior Doctors Provide Feedback and Assessment on Cultural Competence  
Gabrielle Berger

#### 4218: Games for Learning and Teaching Transcultural Awareness: can we Create a Shared Bank of Resources?  
Gillian Laven

#### 4160: Integrating the Preclinical Years in the Medical Curriculum: Experience Overseas  
Samy Azer

#### 4162: Question: which is More Effective for Experiential Learning Gains – a Full Time Block Placement or a Sequential Series of Weekly Placements?  
Leigh McKague
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Venue/Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 - 1700</td>
<td>Registration Open</td>
<td>Alice Springs Convention Centre - Ghan Foyer</td>
</tr>
<tr>
<td>0800 - 1600</td>
<td>Speakers Preparation Room</td>
<td>Boardroom 1</td>
</tr>
<tr>
<td>0845 - 0945</td>
<td>Plenary Session: Sarah Strasser Indigenous Health in Health Professional Education: from Lip Service to Genuine Commitment Rhys Jones</td>
<td>MacDonnell Room C</td>
</tr>
<tr>
<td>0945 - 1030</td>
<td>Concurrent Session 8: (45 min)</td>
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</tbody>
</table>

### Ethics & Education

**Room: MacDonnell Room C Session Chair: Linda Sweet**

- **4794:** A Framework for Post-Graduate Training for Extended Scope Physiotherapists Jo Morris

**Room: MacDonnell Room A Session Chair: Kathy Gauci**

- **4097:** Assessing Communication Skills in an Early Clinical Skills Program: a Comparison of Two Rating Methods in an Objective Structured Clinical Examination Ruth Sutherland

**Room: Ellery Room A Session Chair: Lucie Walters**

- **4216:** Assessing the Value of Audience Feedback Systems for an Improved Student Learning Experience in the Joint Medical Program Joerg Mattes

### Ethics & Education 45 Min PeARL

**Room: Ellery Room B Session Chair: Ian Wilson**

- **4064:** Ethical Considerations in Surgical Training: a Qualitative Study Tracy Morrison

### Rural & Remote 45 Min PeARL

**Room: Ellery Room C Session Chair: Lyn Gum**

- **4176:** Building Authentic and Sustainable Collaborative Learning and Practice in Rural Communities: using Community-Engaged Approaches and Strategies Nicole Ranger, Sue Berry

### Grass Roots 45 Min PeARL

- **4171:** Community Based Medical Education Program Administrators – More than Mother Hens Emma Mackenzie

- **4177:** Cont.

### Ethics & Education 45 Min Workshop

**Room: Ellery Room D Session Chair: Dave McNaughton**

- **4281:** Continuity as a Vehicle for Community Based Health Education Nicky Hudson, John Bushnell

### Concurrent Session 8: (45 min)

**Room: MacDonnell Room C Session Chair: Linda Sweet**

- **4280:** A Critique of GP Training through the Lens of Conversational Frameworks Susan Wearn

**Room: MacDonnell Room A Session Chair: Kathy Gauci**

- **4008:** Academic Standards Designed to Develop Professional Values Edwina Adams

**Room: Ellery Room A Session Chair: Lucie Walters**

- **4308:** Community Based Medical Education for the Quality Assurance, Development, Reporting and Analysis of Assessment Craig Zimmat

### Concurrent Session 9: (90 min)

**Room: MacDonnell Room C Session Chair: Susan Wearn**

- **4291:** Writing Medical Education Research Papers: does Writing Styles Matter? Patrina Caldwell

**Room: MacDonnell Room A Session Chair: Pippa Craig**

- **4194:** An Innovative Systems Approach to the Delivery of Curriculum in Distributed Medical Education Tarig Al-idrissi

**Room: Ellery Room A Session Chair: Jackie Bens**

- **4258:** Embedding a Grass Roots Community Based Approach to Mental Health Support in the MBBS Eve De Silva

**Room: Ellery Room B Session Chair: Pavani Kurra**

- **4174:** Developing Nurses Territory Style: Developing Values, Knowledge and Skills at a Distance Helen Wozniak

**Room: Ellery Room C Session Chair: Lyn Gum**

- **4151:** Cont.

### Grass Roots 30 Min PeARL

- **4179:** Cont.

- **4156:** An Exploration of the Benefits and Challenges of using a Student-Led Approach to Enhance Medical Students’ Development of Teamwork Skills Chinthaka Balasooriya, Edna Kortitchoner, Asela Olupellyawa

### Ethics & Education 30 Min PeARL

- **4164:** Learning Styles in First Year Medical Students Ian Wilson

- **4330:** Engaging Remote Clinical Precipitators in a Northern Australian Medical Program Susanne McKenzie, Louise Young

- **4324:** Core Competencies for Prescribing Charles Mitchell

### Concurrent Session 10: (30 min)

**Room: MacDonnell Room C Session Chair: Jennene Greenhill**

- **4311:** Social Accountability through Medical School Admissions David Marsh

**Room: MacDonnell Room A Session Chair: Susan Wearn**

- **4305:** Moving Beyond the Traditional Public Teaching Hospitals - Training Specialists in Extended Healthcare Settings Priya Khanna

### Grass Roots 30 Min PeARL

- **4306:** An Introduction to Medical Education in Rural Australia: A Qualitative Study of Impact on Clinical Practice and Professionalism Rhys Jones

### Ethics & Education 30 Min Workshop

- **4307:** Cont.

### Concurrent Session 11: (60 min)

**Room: MacDonnell Room C Session Chair: Dave McNaughton**

- **4308:** Community Based Medical Education for the Quality Assurance, Development, Reporting and Analysis of Assessment Craig Zimmat

- **4309:** A Critique of GP Training through the Lens of Conversational Frameworks Susan Wearn

### Grass Roots 30 Min PeARL

- **4164:** Learning Styles in First Year Medical Students Ian Wilson

### Ethics & Education 30 Min PeARL

- **4174:** Developing Nurses Territory Style: Developing Values, Knowledge and Skills at a Distance Helen Wozniak
<table>
<thead>
<tr>
<th>Time</th>
<th>Concurrent Session 9: (90 min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 – 1230</td>
<td>Room: MacDonnell Room C Session Chair: Susan Wearne</td>
</tr>
<tr>
<td></td>
<td>4323: “Fair Enough.” Students’ Responses to Changing the OSCE</td>
</tr>
<tr>
<td></td>
<td>Room: MacDonnell Room A Session Chair: Pippa Craig</td>
</tr>
<tr>
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<td>4077: Identifying Common Learning Outcomes in Health through Cross-Disciplinary Collaboration</td>
</tr>
<tr>
<td></td>
<td>Room: Ellery Room A Session Chair: Jackie Bens</td>
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<tr>
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<td>4322: A Better Way to Learn? using Certainty-Based Assessment in the Latter Years of Clinical</td>
</tr>
<tr>
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</tr>
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<td>4273: Can Student Health Professionals really be Competent on Initial Registration?</td>
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<tr>
<td></td>
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<td>4069: How do Contextual Issues Influence Social Accountability in Medical Education?</td>
</tr>
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<td>Room: Ellery Room D Session Chair: Jennene Greenhill</td>
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<td>4175: A Guide for Growing your own Male Clinical Teaching Associates</td>
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<td>4121: Clinical Experience and Clinical Reasoning in Medical Students</td>
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<td>Room: Ellery Room A Session Chair: Jackie Bens</td>
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<tr>
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<td>4072: The Ecological Validity of Simulation Settings for Training and Research in Teamwork</td>
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<td>4176: Is Medical Student Performance in an Endocrine OSCE Assessment Better if Students are</td>
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<td>Randomized to Access Videos of the Endocrine Clinical Tasks in Revision? Emily Hibbert</td>
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<td>Room: Ellery Room C Session Chair: Robert Carey</td>
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<td>4269: Outcomes of a Randomized Educational Trial of Extended Immersion in Medical Simulation</td>
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<td>4173: Design Based Research a Grass-Roots Methodology for Investigating Real World Educational</td>
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<td>Problems Helen Wazniak</td>
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<td>Room: Ellery Room C Session Chair: Robert Carey</td>
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<td>4241: Student What Makes a Good Doctor? How would Patients like us to Select Medical Students?</td>
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<td>4063: From Awareness to Accountability: Designing a Student Selected Activity for Authentic</td>
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<td>Social Engagement Wendy Hu</td>
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<td>Room: Ellery Room C Session Chair: Robert Carey</td>
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<td>4271: Demonstrating Outcomes of Socially Accountable Health Professional Education: Moving</td>
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<td>Beyond Graduate Outcomes Sarah Larkins</td>
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1030 – 1300 | ANZAME General Meeting                                                                      |

<table>
<thead>
<tr>
<th>Time</th>
<th>Concurrent Session 10: (90 min)</th>
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</thead>
<tbody>
<tr>
<td>1300 – 1500</td>
<td>Room: MacDonnell Room C Session Chair: Jackie Bens</td>
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<td>Indigenous Health &amp; Cultural Safety 30 Min PEARL</td>
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<td>4276: Ethics and Qualitative Data Collection: Minimising Power Differentials when Conducting</td>
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<td>Focus Groups Involving Students Peter Gallagher, Michael Chen-Xu</td>
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<td>4194: Sensitive Male Examinations: Better Experience and Supervision at Rural Sites</td>
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<td>4161: Message Makers: Students as Partners in Health Literacy</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>4333: What the Dietitian Said: Is Medical Humanism Relevant to Nutrition and Dietetics and</td>
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<td>4159: Constructing Problem-Based Learning Cases: Hands-on Training</td>
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<td>4243: Evaluation of Continuing Education Programs (CEPs) for Allied Health Professionals</td>
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<td>4099: Tuning Rough Diamonds into Ambassadors for Men’s Health: Teaching for Training</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>Community-Sourced Male Clinical Teaching Associates Richard Turner</td>
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<td>4251: Invitation to Join the “This is Public Health Sticker Campaign”</td>
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<td>4220: The use of An ‘Expert Patients Programme’ to Recruit and Train ‘Patients’ to</td>
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<td>Take Part in Various Clinical Skills Sessions with 1st and 2nd Year Medical Students</td>
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<td>3952: Investing in the Future: Promoting the Mental Wellbeing of Medical Students</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>4150: Linking Community Engagement, Social Accountability, and Rural Clinical Teaching: a</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>Methodology for Defining Integrated Clinical Learning Sue Berry</td>
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<td>4270: Connecting Teachers for Curriculum Delivery in Diverse Settings across Australia</td>
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<td>Julie Ash, Anna Smedts</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>4347: How do we Teach and Engage Students in Reflective Practice in a Medical Curriculum?</td>
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<tr>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>4344: Taking Indigenous Health Curriculum to a Practical Level</td>
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<td>Room: Ellery Room D Session Chair: Linda Sweet</td>
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<td>Della Yarnald</td>
</tr>
</tbody>
</table>

36
| Room: MacDonnell Room C | Session Chair: Jackie Bens
| Stretch-Break-Move |
| Room: MacDonnell Room A | Session Chair: Dave McNaughton
| Stretch-Break-Move |
| Room: Ellery Room B | Session Chair: Jennene Greenhill
| 4270: Cont. |
| Room: Ellery Room D | Session Chair: Nina Gilfoy
| 4344: Cont. |
| Room: Ellery Room C | Session Chair: Linda Sweet
| 4292: The New ANZAHPE Website, how Should it Look, how can we make it Better? Anthony Ali, Pippa Craig |

**4322: Transformation of Student Academic Regulation over a Problem-Based Learning Year**
Sarah Hyde

**4326: Looking Both Ways: Accountability and Health Literacy**
Ellen Ennever

**4075: Changing Horses Mid-Stream: the Experience of Novice GP Academics at a New Australian Regional Medical School**
Russell Pearson

**4327: Open or Closed? Medical Curriculum Maps Online**
Ellen Ennever

**4184: Integration of Practical Experiences Based in a University Clinic throughout a Nutrition and Dietetics Degree**
Katherine Hanna

**4070: Perceived Educational Value of a Rural Clinical Rotation for Medical Students**
Ben Marais

**ADInstruments Presentation**
(10 Minutes)

| Room: MacDonnell Room C | Session Chair: Jackie Bens |
| Stretch-Break-Move |

| Room: MacDonnell Room A | Session Chair: Dave McNaughton |
| Stretch-Break-Move |

| Room: Ellery Room B | Session Chair: Jennene Greenhill |
| 4270: Cont. |

| Room: Ellery Room D | Session Chair: Nina Gilfoy |
| 4344: Cont. |

| Room: Ellery Room C | Session Chair: Linda Sweet |
| 4292: The New ANZAHPE Website, how Should it Look, how can we make it Better? Anthony Ali, Pippa Craig |

| 1500 - 1530 | Afternoon Tea | Ghan Foyer |
| 1530 - 1630 | Plenary Session: Session Chair: David Prideaux |
| Transforming Health Professional Education through Distributed Community Engaged Learning |
| Roger Strasser |
| Room: MacDonnell Room C |

| 1630 - 1700 | Closing Ceremony |
| Session Chair: Jennene Greenhill |
| Ian Wilson |
| Room: MacDonnell Room C |

| 1700 | Conference Close |

**SPEAKER LIST**
<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Title</th>
<th>ID</th>
<th>Presentation Title</th>
<th>Allocated Session</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Edwina</td>
<td>Dr</td>
<td>4008</td>
<td>Academic Standards Designed to Develop Professional Values</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>214</td>
</tr>
<tr>
<td>Altherson</td>
<td>Rosslyn</td>
<td>Ms</td>
<td>4293</td>
<td>Beneath the Surface - Exploring Child Protection Practice with Aboriginal Families in a Rural Setting</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>13</td>
</tr>
<tr>
<td>All Craig</td>
<td>Anthony</td>
<td>Mr</td>
<td>4292</td>
<td>The New ANZAHPE Website, how should it Look, how can we make it Better?</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>272</td>
</tr>
<tr>
<td>Ali冲刺</td>
<td>Tariq</td>
<td>Mr</td>
<td>4199</td>
<td>An Innovative Systems Approach to the Delivery of Curriculum in Distributed/Medical Education</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>223</td>
</tr>
<tr>
<td>Ali冲刺</td>
<td>Tracy</td>
<td>Mrs</td>
<td>4191</td>
<td>Learner Support at the Northern Ontario School of Medicine’s (NOSM) Community-Engaged and Distributed Model of Undergraduate Medical Education</td>
<td>Tuesday 28 June 1330 - 1700</td>
<td>110</td>
</tr>
<tr>
<td>Allan</td>
<td>Julaine</td>
<td>Dr</td>
<td>3809</td>
<td>Boundary Crossers: Skills for Transdisciplinary Practice with Small Populations</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>182</td>
</tr>
<tr>
<td>Allan</td>
<td>Julaine</td>
<td>Dr</td>
<td>3808</td>
<td>Soft Entry: a Community Controlled Approach to Healthcare Delivery</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>190</td>
</tr>
<tr>
<td>Allnutt</td>
<td>Rebecca</td>
<td>Ms</td>
<td>4249</td>
<td>National Standards for Teaching Indigenous Health</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>57</td>
</tr>
<tr>
<td>Allnutt</td>
<td>Rebecca</td>
<td>Ms</td>
<td>4246</td>
<td>Indigenisation before Internationalisation</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>60</td>
</tr>
<tr>
<td>Appleton</td>
<td>Judy</td>
<td>Mrs</td>
<td>4342</td>
<td>Student Self Reflection of Food Service Dietary Competencies in Higher Education</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>188</td>
</tr>
<tr>
<td>Ash Smedts</td>
<td>Julie Anna</td>
<td>Dr</td>
<td>4270</td>
<td>Connecting Teachers for Curriculum Delivery in Diverse Settings across Australia</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>264</td>
</tr>
<tr>
<td>Aqzpath</td>
<td>Jenny</td>
<td>Dr</td>
<td>4149</td>
<td>Rural and Indigenous Case Exposure during Community Placements by Medical Students: where are the &quot;Location-Specific&quot; Gaps in the Students' Experience?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>159</td>
</tr>
<tr>
<td>Azer</td>
<td>Samy</td>
<td>Prof</td>
<td>4160</td>
<td>Integrating the Preclinical Years in the Medical Curriculum: Experience Overseas</td>
<td>Wednesday 29 June 1100 - 1230</td>
<td>203</td>
</tr>
<tr>
<td>Azer</td>
<td>Samy</td>
<td>Prof</td>
<td>4159</td>
<td>Constructing Problem-Based Learning Cases: Hands-on Training</td>
<td>Thursday 30 June 1330 - 1700</td>
<td>271</td>
</tr>
<tr>
<td>Balasaooiya Kortischoner Olupeliyawa</td>
<td>Chinthaka Edna Aseta</td>
<td>Dr</td>
<td>4156</td>
<td>An Exploration of the Benefits and Challenges of using a Student-Led Approach to Enhance Medical Students' Development of Teamwork Skills</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>243</td>
</tr>
<tr>
<td>Barrett</td>
<td>Jenny</td>
<td>Ms</td>
<td>4202</td>
<td>&quot;Actors as Simulated Patients/Parent’s - Considering the Ethics&quot;</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>127</td>
</tr>
<tr>
<td>Beamy</td>
<td>Margaret</td>
<td>Dr</td>
<td>4325</td>
<td>Clinical Educators’ Strategies for Working with Poorly Performing Learners</td>
<td>Tuesday 28 June 1330 - 1700</td>
<td>261</td>
</tr>
<tr>
<td>Berger</td>
<td>Gabriella</td>
<td>Ms</td>
<td>4747</td>
<td>How do Supervisors of Junior Doctors Provide Feedback and Assessment on Cultural Competence?</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>198</td>
</tr>
<tr>
<td>Berry</td>
<td>Sue</td>
<td>Ms</td>
<td>4510</td>
<td>Linking Community Engagement, Social Accountability, and Rural Clinical Teaching: A Methodology for Defining Integrated Clinical Learning</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>259</td>
</tr>
<tr>
<td>Caldwell</td>
<td>Patrina</td>
<td>Dr</td>
<td>4209</td>
<td>The Training Needs and Main Barriers to Success for Clinician Early Career Researchers</td>
<td>Wednesday 29 June 0945 - 1030</td>
<td>212</td>
</tr>
<tr>
<td>Caldwell</td>
<td>Patrina</td>
<td>Dr</td>
<td>4291</td>
<td>Writing Medical Education Research Papers: does Writing Styles Matter?</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>240</td>
</tr>
<tr>
<td>Carr</td>
<td>Sandra</td>
<td>A/</td>
<td>4236</td>
<td>Junior Doctor Performance: Linked to Academic Performance in Medical School?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>81</td>
</tr>
<tr>
<td>Cavanagh</td>
<td>Joe</td>
<td>Mr</td>
<td>4010</td>
<td>Medical Deans – AIDA National Indigenous Health Review: Setting National Recommendations on Indigenous Health Content and Student Recruitment and Retention to Best Cater for Diverse Australian Medical School Contexts</td>
<td>Tuesday 29 June 1130 - 1500</td>
<td>101</td>
</tr>
<tr>
<td>Church</td>
<td>Rohan</td>
<td>Mr</td>
<td>4214</td>
<td>Code Green Climate Emergency: Core Competency or Optional Extra?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>161</td>
</tr>
<tr>
<td>Darro</td>
<td>Rufus</td>
<td>Prof</td>
<td>4165</td>
<td>Developing an ANZAHPE Policy on Social Accountability</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>195</td>
</tr>
<tr>
<td>Dearry</td>
<td>Gillian</td>
<td>Ms</td>
<td>4353</td>
<td>Planning, Implementing and Evaluating an Interprofessional Learning Pilot Project in an Established Curriculum</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>146</td>
</tr>
<tr>
<td>Cometford</td>
<td>Clarissa</td>
<td>Mrs</td>
<td>4082</td>
<td>Educating Registered Nurses and Aboriginal Health Workers Together; what did we Learn?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>121</td>
</tr>
<tr>
<td>Cooling</td>
<td>Nick Kim</td>
<td>Dr</td>
<td>4203</td>
<td>How to “Grow Global” in the Medical School Curriculum: Developing a Cultural and Social Awareness Program from the Ground up</td>
<td>Tuesday 28 June 1000 - 1045</td>
<td>152</td>
</tr>
<tr>
<td>Cormack</td>
<td>Mark</td>
<td>Mr</td>
<td>4191</td>
<td>Health Workforce Australia</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>NA</td>
</tr>
<tr>
<td>Craig</td>
<td>Pippa</td>
<td>Dr</td>
<td>4133</td>
<td>Evaluating Interprofessional Shared Practical Placements in Rural and Remote Settings</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>73</td>
</tr>
<tr>
<td>Cross</td>
<td>Robin</td>
<td>Ms</td>
<td>4298</td>
<td>Are we Achieving Cultural Competency in Nurses through Distance Education?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>132</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
<td>ID</td>
<td>Presentation Title</td>
<td>Allocated Session</td>
<td>Page #</td>
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<td>Dalziel</td>
<td>Bronwen</td>
<td>Dr</td>
<td>4234</td>
<td>Sharing and Repurposing of Online Medical Education</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>270</td>
</tr>
<tr>
<td>Dannenfeldt</td>
<td>Gudrun</td>
<td>Dr</td>
<td>4719</td>
<td>Can Competence be Assessed?</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>141</td>
</tr>
<tr>
<td>De Silva</td>
<td>Eve</td>
<td>Mrs</td>
<td>4254</td>
<td>Wither Student Feedback</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>89</td>
</tr>
<tr>
<td>De Silva</td>
<td>Eve</td>
<td>Mrs</td>
<td>4258</td>
<td>Embedding a Grass Roots Community based Approach to Mental Health Support in the MBBS</td>
<td>Thursday 30 June 1100 - 1210</td>
<td>230</td>
</tr>
<tr>
<td>Doane-Hyde</td>
<td>Sally Sarah</td>
<td>Dr</td>
<td>4314</td>
<td>Preparing Professional Practitioners: a Pilot Study of Signature Pedagogies in the Health Professions</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>157</td>
</tr>
<tr>
<td>Diaz</td>
<td>Claudiia</td>
<td>A/ Prof</td>
<td>4818</td>
<td>Management of a Human Bequest Program at a Rural Medical School</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>95</td>
</tr>
<tr>
<td>Diaz</td>
<td>Claudiia</td>
<td>A/ Prof</td>
<td>4812</td>
<td>New Pro-Active Approaches to Teaching Anatomy in a Regional Medical School</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>130</td>
</tr>
<tr>
<td>Ditton-Phare</td>
<td>Philippa</td>
<td>Mrs</td>
<td>4034</td>
<td>How to Effect Culture Change in a Psychiatry Medical Workforce: a Five Year Retrospective Review</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>171</td>
</tr>
<tr>
<td>Dutoit</td>
<td>Lilo</td>
<td>Ms</td>
<td>4746</td>
<td>Expectations among Existing Healthcare Workers of the Role of the Clinical Associate</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>193</td>
</tr>
<tr>
<td>Dutoit</td>
<td>Lilo</td>
<td>Ms</td>
<td>4744</td>
<td>The Experience of Rural Origin Students of the WRHE Scholarship Programme at Wilts: Enabling and Disabling Factors</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>183</td>
</tr>
<tr>
<td>Dutoit</td>
<td>Lilo</td>
<td>Ms</td>
<td>4745</td>
<td>Rural High School Top Achievers: Factors Hindering Taking the Step to Tertiary Education: Feedback from those Attending LifeSkills Workshops</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>199</td>
</tr>
<tr>
<td>Egan</td>
<td>Tony</td>
<td>Mr</td>
<td>4414</td>
<td>How to Get a Manuscript Published</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>164</td>
</tr>
<tr>
<td>Egan</td>
<td>Tony</td>
<td>Mr</td>
<td>4416</td>
<td>How to Review a Manuscript</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>194</td>
</tr>
<tr>
<td>Elliott</td>
<td>Kristine</td>
<td>Dr</td>
<td>4144</td>
<td>Electronic Health Records in Clinical Education: Enhancing Benefits, Reducing Risks</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>167</td>
</tr>
<tr>
<td>Ennever</td>
<td>Ellen</td>
<td>Ms</td>
<td>4326</td>
<td>Looking Both Ways: Accountability and Health Literacy</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>260</td>
</tr>
<tr>
<td>Ennever</td>
<td>Ellen</td>
<td>Ms</td>
<td>4327</td>
<td>Open or Closed? Medical Curriculum Maps Online</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>261</td>
</tr>
<tr>
<td>Ennever</td>
<td>Craig</td>
<td>Ms</td>
<td>Prof</td>
<td>Message Makers: Students as Partners in Health Literacy</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>263</td>
</tr>
<tr>
<td>Ennever</td>
<td>Craig</td>
<td>Ms</td>
<td>Prof</td>
<td>Health Literacy: Possibilities, Pitfalls and Accountability</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>200</td>
</tr>
<tr>
<td>Ennever</td>
<td>Ellen</td>
<td>Dr</td>
<td>4250</td>
<td>Case-Based Learning - Making the Most of what we have</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>63</td>
</tr>
<tr>
<td>Evans</td>
<td>Rebecca</td>
<td>Dr</td>
<td>4213</td>
<td>The Northern Clinical Training Network and Social Accountability in Medical Training</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>196</td>
</tr>
<tr>
<td>Fitch</td>
<td>Joanna</td>
<td>Dr</td>
<td>4196</td>
<td>Enhancing Education for First Year House Officers at Counties Manukau District Health Board</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>80</td>
</tr>
<tr>
<td>Fitch</td>
<td>Joanna</td>
<td>Dr</td>
<td>4195</td>
<td>Medical Student Peer-evaluation During a Centralised General Surgery Objective Structured Clinical Examination (OSCE)</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>227</td>
</tr>
<tr>
<td>Foster</td>
<td>Kirsty</td>
<td>Dr</td>
<td>4241</td>
<td>Building Critical Care Capacity in Timor Leste through Education</td>
<td>Tuesday 26 June 1530 - 1700</td>
<td>115</td>
</tr>
<tr>
<td>Fraw</td>
<td>Alexandra</td>
<td>Miss</td>
<td>4255</td>
<td>Global Health Education - Meeting the Demands</td>
<td>Tuesday 26 June 1530 - 1700</td>
<td>134</td>
</tr>
<tr>
<td>Gallagher</td>
<td>Peter</td>
<td>Dr</td>
<td>4275</td>
<td>Technology and Trainee Interns: Is Obstetrics and Gynaecology Teaching going the Distance?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>109</td>
</tr>
<tr>
<td>Gallagher</td>
<td>Peter</td>
<td>Dr</td>
<td>4273</td>
<td>Can Student Health Professionals Really be Competent on Initial Registration?</td>
<td>Tuesday 30 June 1100 - 1230</td>
<td>241</td>
</tr>
<tr>
<td>Gallagher</td>
<td>Chen-Xu</td>
<td>Peter Michael</td>
<td>Dr</td>
<td>4276</td>
<td>Ethics and Qualitative Data Collection: Minimising Power Differentials when Conducting Focus Groups Involving Students</td>
<td>Thursday 30 June 1330 - 1500</td>
</tr>
<tr>
<td>Gascoine</td>
<td>Sue</td>
<td>Ms</td>
<td>4212</td>
<td>Exploring Experienced Doctors’ and Nurses’ Perceptions and Experiences of Professional Identity, Interprofessional Collaboration and Leadership</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>205</td>
</tr>
<tr>
<td>Giles</td>
<td>Abrecht</td>
<td>Eileen</td>
<td>Ms</td>
<td>Developing Professional Behaviour - the Perspectives of Clinical Educators</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>93</td>
</tr>
<tr>
<td>Graves</td>
<td>Berry  Marsh</td>
<td>Lisa</td>
<td>Sue David</td>
<td>Advancing an Interprofessional and Integrated Clinical Learning Framework in Rural Community-Based Teaching Settings</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>154</td>
</tr>
<tr>
<td>Gray</td>
<td>Ben</td>
<td>Dr</td>
<td>4244</td>
<td>Are the Principles of Biomedical Ethics Culturally Unsafe?</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>180</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
<td>ID</td>
<td>Presentation Title</td>
<td>Allocated Session</td>
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<td>Groves</td>
<td>Michele</td>
<td>A/Prof</td>
<td>4226</td>
<td>Fostering Clinical Reasoning in Medical Students</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>84</td>
</tr>
<tr>
<td>Gum</td>
<td>Lyn</td>
<td>Mrs</td>
<td>4091</td>
<td>Interprofessional Learning - &quot;I've not Heard that Term before&quot;: what does it Really Mean and how does it Link with Collaborative Practice?</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>145</td>
</tr>
<tr>
<td>Hamilton</td>
<td>John</td>
<td>Mr</td>
<td>4154</td>
<td>Language as a Component of Cultural Safety</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>87</td>
</tr>
<tr>
<td>Hamilton</td>
<td>John</td>
<td>Mr</td>
<td>4366</td>
<td>Challenges and Achievement in Africa for Social Accountability</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>91</td>
</tr>
<tr>
<td>Hanna</td>
<td>Katherine</td>
<td>Dr</td>
<td>4184</td>
<td>Integration of Practical Experiences based in a University Clinic throughout Nutrition and Dietetics Degree</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>255</td>
</tr>
<tr>
<td>Hanna</td>
<td>Katherine</td>
<td>Dr</td>
<td>4333</td>
<td>What the Dietician Said: is Medical Humanism Relevant to Nutrition and Dietetics and other Health Disciplines?</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>268</td>
</tr>
<tr>
<td>Harris</td>
<td>Peter</td>
<td>Dr</td>
<td>4286</td>
<td>What is a Clinical Educator? a Comparative Analysis of Three Health Professional Groups</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>79</td>
</tr>
<tr>
<td>Harrison</td>
<td>Amanda</td>
<td>Dr</td>
<td>4348</td>
<td>&quot;The 21st Century Stethoscope&quot; - An Experiential Workshop in Ultrasound for Pre-intern Students</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>176</td>
</tr>
<tr>
<td>Hibbert</td>
<td>Emily</td>
<td>Dr</td>
<td>4175</td>
<td>Is Medical Student Performance in an Endocrine OSCE Assessment Better if Students are Randomized to Access Videos of the Endocrine Clinical Tasks in Revision?</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>226</td>
</tr>
<tr>
<td>Horton</td>
<td>Graeme</td>
<td>Dr</td>
<td>4198</td>
<td>Medical Student Attitudes to Climate Change in the Medical School Curriculum: a Qualitative Study</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>96</td>
</tr>
<tr>
<td>Hu</td>
<td>Wendy</td>
<td>A/Prof</td>
<td>4039</td>
<td>Student Support at a New Medical School: Activity Theory as a Framework for Analysis</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>92</td>
</tr>
<tr>
<td>Hu</td>
<td>Wendy</td>
<td>A/Prof</td>
<td>4063</td>
<td>From Awareness to Accountability: Designing a Student Selected Activity for Authentic Social Engagement</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>245</td>
</tr>
<tr>
<td>Hudson</td>
<td>Nicky</td>
<td>Prof</td>
<td>4272</td>
<td>A Social Accountability Grid: Useful to Measure the Social Accountability of your School?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>163</td>
</tr>
<tr>
<td>Hudson</td>
<td>Nicky</td>
<td>Prof</td>
<td>4321</td>
<td>Continuity as a Vehicle for Community Based Health Education</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>219</td>
</tr>
<tr>
<td>Hughes</td>
<td>Maeline</td>
<td>Dr</td>
<td>4239</td>
<td>Engaging with the Community to Widen Participation of Indigenous Students in Dentistry and Medicine</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>76</td>
</tr>
<tr>
<td>Hyde</td>
<td>Sarah</td>
<td>Ms</td>
<td>4322</td>
<td>Transformation of Student Academic Regulation over a Problem-Based Learning Year</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>253</td>
</tr>
<tr>
<td>Irvine</td>
<td>Susan</td>
<td>Mrs</td>
<td>4378</td>
<td>An Innovative Methodology for Teaching Medical Students to Perform Pelvic Examinations</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>192</td>
</tr>
<tr>
<td>Jain</td>
<td>Abhinav</td>
<td>Mr</td>
<td>4816</td>
<td>A Systematic Review of Factors Influencing Female Medical Students to Pursue a Career in General Surgery</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>228</td>
</tr>
<tr>
<td>Jansen</td>
<td>David</td>
<td>Dr</td>
<td>4221</td>
<td>Cultural Competence Online - the Challenges of Sticking a Balance</td>
<td>Tuesday 26 June 1110 - 1230</td>
<td>75</td>
</tr>
<tr>
<td>Jansen</td>
<td>David</td>
<td>Dr</td>
<td>4172</td>
<td>Cultural Competence Online - Tihei Mauri Ora!</td>
<td>Tuesday 26 June 1100 - 1230</td>
<td>120</td>
</tr>
<tr>
<td>Jones</td>
<td>Rhys</td>
<td>Dr</td>
<td>4207</td>
<td>Indigenous Health Education: are we Making a Difference?</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>59</td>
</tr>
<tr>
<td>Jones</td>
<td>Rhys</td>
<td>Dr</td>
<td>4057</td>
<td>Professional Development for Registrars - how do we Make it Transition to the Workplace?</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>202</td>
</tr>
<tr>
<td>Jones</td>
<td>Rhys</td>
<td>Dr</td>
<td>4305</td>
<td>Indigenous Health in Health Professional Education: from Lip Service to Genuine Commitment</td>
<td>Thursday 30 June 0845 - 0945</td>
<td>208</td>
</tr>
<tr>
<td>Janna</td>
<td>Priya</td>
<td>Dr</td>
<td>4305</td>
<td>Moving Beyond the Traditional Public Teaching Hospitals - Training Specialists in Extended Healthcare Settings</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>222</td>
</tr>
<tr>
<td>Kilgour</td>
<td>Andrew</td>
<td>Mr</td>
<td>4222</td>
<td>Clinical Diagnostic Radiography Education: an Evidence-based Approach to Assessment of Competence</td>
<td>Tuesday 26 June 1500 - 1630</td>
<td>135</td>
</tr>
<tr>
<td>Koulias</td>
<td>Marianne</td>
<td>Ms</td>
<td>4321</td>
<td>Using Mobile Devices to Bring Learning to the Students - wherever and whenever</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>197</td>
</tr>
<tr>
<td>Landau</td>
<td>Louis</td>
<td>Prof</td>
<td>4138</td>
<td>Career Intentions of Indigenous Medical Students</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>77</td>
</tr>
<tr>
<td>Landau</td>
<td>Louis</td>
<td>Prof</td>
<td>4134</td>
<td>Medical School Experience and Preparation for Internship.</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>112</td>
</tr>
<tr>
<td>Larkins</td>
<td>Sarah</td>
<td>Ms</td>
<td>4271</td>
<td>Demonstrating Outcomes of Socially Accountable Health Professional Education: Moving Beyond Graduate Outcomes</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>248</td>
</tr>
<tr>
<td>Laven</td>
<td>Gillian</td>
<td>Dr</td>
<td>4341</td>
<td>Games for Learning and Teaching Transcultural Awareness: can we Create a Shared Bank of Resources?</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>206</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
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<td>Presentation Title</td>
<td>Allocated Session</td>
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<td>Lindemann</td>
<td>Iris</td>
<td>Ms</td>
<td>4177</td>
<td>Factors Influencing a School of Medicines Efforts to Become more Socially Accountable</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>184</td>
</tr>
<tr>
<td>Lindemann</td>
<td>Iris</td>
<td>Dr</td>
<td>4178</td>
<td>Implementing the “Framework for Evaluation of Social Accountability in Health Professional Education”: The Rinders University Experience</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>187</td>
</tr>
<tr>
<td>Lindemann</td>
<td>Helena</td>
<td>Ms</td>
<td>4180</td>
<td>Creating an Environment for Improving Social Accountability in Health Professional Education</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>104</td>
</tr>
<tr>
<td>Lindemann</td>
<td>Helena</td>
<td>Dr</td>
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<tr>
<td>Lindemann</td>
<td>Iris</td>
<td>Ms</td>
<td>4185</td>
<td>Visitor or Inhabitant? The Needs of Undergraduate Transnational Medical Students</td>
<td>Tuesday 26 June 1530 - 1700</td>
<td>118</td>
</tr>
<tr>
<td>Ward</td>
<td>Helena</td>
<td>Dr</td>
<td>4186</td>
<td>Rethinking Medical Education: which way do we Turn now?</td>
<td>Tuesday 26 June 1530 - 1700</td>
<td>105</td>
</tr>
<tr>
<td>Ward</td>
<td>Marise</td>
<td>Ms</td>
<td>4187</td>
<td>What makes a Good Doctor? How would Patients like us to Select Medical Students?</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>242</td>
</tr>
<tr>
<td>Macienzie</td>
<td>Emma</td>
<td>Ms</td>
<td>4188</td>
<td>Community Based/Medical Education Program Administrators – More than Mother Hens</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>217</td>
</tr>
<tr>
<td>Mahoney</td>
<td>Sarah</td>
<td>Dr</td>
<td>4189</td>
<td>Building a Suburban Community based Clinical Education Program for Australian Medical Students</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>191</td>
</tr>
<tr>
<td>Malau-Aduli</td>
<td>Bunmi</td>
<td>Dr</td>
<td>4190</td>
<td>Peer Review Improves the Quality of MCQ Examinations</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>65</td>
</tr>
<tr>
<td>Malau-Aduli</td>
<td>Craig</td>
<td>Dr</td>
<td>4191</td>
<td>On-line Examiners Training for OSCE</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>88</td>
</tr>
<tr>
<td>Manderson</td>
<td>Kate</td>
<td>Dr</td>
<td>4192</td>
<td>Consistency in Delivery of Clinical Skills Training in Distributed Campus Primary Care Teaching Settings</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>108</td>
</tr>
<tr>
<td>Manderson</td>
<td>Jenny</td>
<td>Dr</td>
<td>4193</td>
<td>Case Based Learning in a Distributed Programme - how do we Engage Rural Clinicians in Curriculum Development?</td>
<td>Tuesday 26 June 1330 - 1500</td>
<td>103</td>
</tr>
<tr>
<td>Marais</td>
<td>Ben</td>
<td>Dr</td>
<td>4070</td>
<td>Perceived Educational Value of a Rural Clinical Rotation for Medical Students</td>
<td>Thursday 30 June 1230 - 1500</td>
<td>262</td>
</tr>
<tr>
<td>Marsh</td>
<td>David</td>
<td>Dr</td>
<td>4310</td>
<td>Social Accountability through Medical School Admissions</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>221</td>
</tr>
<tr>
<td>Martyn</td>
<td>Helen</td>
<td>Miss</td>
<td>4067</td>
<td>Medical Students’ Dialogue on the Seat of the Soul and how this Affects their Dissection Experience</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>126</td>
</tr>
<tr>
<td>Materne</td>
<td>Michelle</td>
<td>Mrs</td>
<td>4168</td>
<td>EPQ - Developing a Capable and Confident Nursing and Midwifery Workforce for Queensland</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>86</td>
</tr>
<tr>
<td>Mattes</td>
<td>Joerg</td>
<td>A/Prof</td>
<td>4216</td>
<td>Assessing the Value of Audience Feedback Systems for an Improved Student Learning Experience in the Joint Medical Program</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>211</td>
</tr>
<tr>
<td>Matthews</td>
<td>Donna</td>
<td>Mrs</td>
<td>4367</td>
<td>General Practitioners’ Understanding of Palliative Radiation Therapy</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>94</td>
</tr>
<tr>
<td>McConnel</td>
<td>Frederic</td>
<td>A/Prof</td>
<td>4166</td>
<td>Health Professional Education in Disc (Remote) Aboriginal Communities in Australia’s Northern Territory</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>90</td>
</tr>
<tr>
<td>McKague</td>
<td>Leigh</td>
<td>Ms</td>
<td>4123</td>
<td>Question: which is more Effective for Experiential Learning Gains - a Full Time Block Placement or a Sequential Series of Weekly Placements?</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>207</td>
</tr>
<tr>
<td>McKenzie</td>
<td>Suzanne</td>
<td>AProf</td>
<td>4330</td>
<td>Engaging Remote Clinical Preceptors in a Northern Australian Medical Program</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>237</td>
</tr>
<tr>
<td>McLennan</td>
<td>Peter</td>
<td>Prof</td>
<td>4252</td>
<td>Improving Medical Students’ Research Capacity through Community-based Projects</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>181</td>
</tr>
<tr>
<td>Mills</td>
<td>David</td>
<td>Dr</td>
<td>4313</td>
<td>Crossroads in 2010 at Spencer Gulf Rural Health School</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>165</td>
</tr>
<tr>
<td>Mills</td>
<td>Bronwyn</td>
<td>Emma</td>
<td>4312</td>
<td>Sharing University Curricula and Students: the Barossa PRCC Program</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>166</td>
</tr>
<tr>
<td>Mines</td>
<td>Sharyn</td>
<td>Ms</td>
<td>4349</td>
<td>Using On-line Interactive Simulation for Teaching Communication Skills for Medical Students in Urban and Rural Settings</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>131</td>
</tr>
<tr>
<td>Mines</td>
<td>Sharyn</td>
<td>Ms</td>
<td>4347</td>
<td>How do we Teach and Engage Students in Reflective Practice in a Medical Curriculum?</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>266</td>
</tr>
<tr>
<td>Milroy</td>
<td>Helen</td>
<td>Prof</td>
<td></td>
<td>Lateral Medicine: Indigenous Doctors, Indigenous Medical Education and Reflections on the Journey so far</td>
<td>Tuesday 28 June 0930 - 1030</td>
<td>56</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Charles</td>
<td>Dr</td>
<td>4324</td>
<td>Core Competencies for Prescribing</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>231</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Charles</td>
<td>Dr</td>
<td>4323</td>
<td>A Better Way to Learn? Using Certainty-Based Assessment in the Latter Years of Clinical Courses</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>238</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
<td>ID</td>
<td>Presentation Title</td>
<td>Allocated Session</td>
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<tr>
<td>Mitchell</td>
<td>Rob</td>
<td>Dr</td>
<td>4197</td>
<td>Socially-Accountable Training in Overseas Settings: the Guide to Working Abroad for Australian Medical Students and Junior Doctors</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>114</td>
</tr>
<tr>
<td>Morris</td>
<td>Anne</td>
<td>Dr</td>
<td>4238</td>
<td>Australian Aboriginal Child Health: E-learning Modules for Paediatricians, Medical Students and Remote Health Professionals</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>58</td>
</tr>
<tr>
<td>Morris</td>
<td>Jo</td>
<td>Ms</td>
<td>4794</td>
<td>A Framework for Post-Graduate Training for Extended Scope Physiotherapists</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>209</td>
</tr>
<tr>
<td>Morrison</td>
<td>Tracy</td>
<td>Dr</td>
<td>4064</td>
<td>Ethical Considerations in Surgical Training: a Qualitative Study</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>215</td>
</tr>
<tr>
<td>Morrison</td>
<td>Tracy</td>
<td>Dr</td>
<td>4054</td>
<td>Faculty Development, Leadership and Organisational Culture in a Rural Medical School: a Case Study</td>
<td>Wednesday 28 June 1500 - 1630</td>
<td>201</td>
</tr>
<tr>
<td>Nanayakkara</td>
<td>Budhima</td>
<td>Mr</td>
<td>4264</td>
<td>Empowering Medical Students through Mentoring: a Pilot Program that Provides a Mentoring Service to Rural and Indigenous High School Students</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>119</td>
</tr>
<tr>
<td>Nguyen</td>
<td>Minh</td>
<td>Ms</td>
<td>3952</td>
<td>Investing in the Future: Promoting the Mental Wellbeing of Medical Students</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>252</td>
</tr>
<tr>
<td>Nicholson</td>
<td>Helen</td>
<td>Ms</td>
<td>4068</td>
<td>Student Views on Dissection and their Changes in Attitude to Death and the Cadavers: Can Dissection be a Segue into the Concepts of Death and Dying?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>125</td>
</tr>
<tr>
<td>Nugent</td>
<td>Jane</td>
<td>Dr</td>
<td>4309</td>
<td>The Ethics of Nurse Prescribing - the Great Debate</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>137</td>
</tr>
<tr>
<td>Nugent</td>
<td>Jane</td>
<td>Dr</td>
<td>4308</td>
<td>Targeted, Planned Education to Maximize the Effectiveness of Rural Nurses</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>150</td>
</tr>
<tr>
<td>O’Keefe</td>
<td>Henderson</td>
<td>Prof</td>
<td>4077</td>
<td>Identifying Common Learning Outcomes in Health through Cross-Disciplinary Collaboration</td>
<td>Thursday 30 June 1000 - 1230</td>
<td>232</td>
</tr>
<tr>
<td>Olson</td>
<td>Rebecca</td>
<td>Dr</td>
<td>4071</td>
<td>A Reflective Learning Tool on Consumerism for Undergraduate Students of Public Health</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>68</td>
</tr>
<tr>
<td>Ourpelyaya</td>
<td>Asela</td>
<td>Dr</td>
<td>4142</td>
<td>Preparing Medical Students for Clinical Collaborative Competence as Interns: Development of a Work-Based Assessment to Drive Learning</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>113</td>
</tr>
<tr>
<td>Otieno</td>
<td>Pauline</td>
<td>Mrs</td>
<td>4074</td>
<td>Challenges Associated with Working as an Overseas Qualified Nurse with Indigenous Australians: a Personal Reflection</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>174</td>
</tr>
<tr>
<td>Outram</td>
<td>Sue</td>
<td>Dr</td>
<td>4340</td>
<td>Academic Performance of International and CALD Medical Students</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>82</td>
</tr>
<tr>
<td>Outram</td>
<td>Sue</td>
<td>Ms</td>
<td>4251</td>
<td>Invitation to Join the “This is Public Health Sticker Campaign”</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>251</td>
</tr>
<tr>
<td>Owens</td>
<td>Kimberley</td>
<td>Dr</td>
<td>4332</td>
<td>More than Monkey See, Monkey Do: Educating Student Teachers and Sowing the Seeds of Tomorrow’s Health Professional Educators</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>143</td>
</tr>
<tr>
<td>Pascoe</td>
<td>Deborah</td>
<td>Ms</td>
<td>4245</td>
<td>Evaluation of Continuing Education Programs (CEPs) for Allied Health Professionals</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>250</td>
</tr>
<tr>
<td>Paterson</td>
<td>Jenkins</td>
<td>Ms</td>
<td>4215</td>
<td>Small Group Learning via Web-Based Conferencing on Remote Placement</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>178</td>
</tr>
<tr>
<td>Pearson</td>
<td>Russell</td>
<td>Dr</td>
<td>4075</td>
<td>Changing Horses Mid- Stream: The Experience of Novice GP Academics at a New Australian Regional Medical School</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>254</td>
</tr>
<tr>
<td>Playford</td>
<td>Denese</td>
<td>Ms</td>
<td>4377</td>
<td>Diminishing the Distance: Rural Immersion to Aid Urban Students’ Grasp of Primary Health Care Principles</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>179</td>
</tr>
<tr>
<td>Pont</td>
<td>Karina</td>
<td>Mrs</td>
<td>4257</td>
<td>Children’s Travel to School: Environmental and Family Considerations</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>99</td>
</tr>
<tr>
<td>Presnell</td>
<td>Ian</td>
<td>Dr</td>
<td>4122</td>
<td>Is it Possible to give Specific Feedback on Formative Assessment without Compromising Learning?</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>71</td>
</tr>
<tr>
<td>Presnell</td>
<td>Ian</td>
<td>Dr</td>
<td>4120</td>
<td>What are the Best Summative Assessment Items?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>156</td>
</tr>
<tr>
<td>Preston</td>
<td>Robyn</td>
<td>Ms</td>
<td>4069</td>
<td>How do Contextual Issues Influence Social Accountability in Medical Education?</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>244</td>
</tr>
<tr>
<td>Pryor</td>
<td>Wendy</td>
<td>Dr</td>
<td>4345</td>
<td>Mind Mapping for Creativity in Learning, Teaching and Research</td>
<td>Wednesday 29 June 1500 - 1630</td>
<td>204</td>
</tr>
<tr>
<td>Quirke</td>
<td>Sarah</td>
<td>Ms</td>
<td>3833</td>
<td>Mixed Profession Assessors - what Effect on Student Score?</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>69</td>
</tr>
<tr>
<td>Ranger</td>
<td>Nicole</td>
<td>Ms</td>
<td>4151</td>
<td>Building Authentic and Sustainable Collaborative Learning and Practice in Rural Communities: using Community-Engaged Approaches and Strategies</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>218</td>
</tr>
<tr>
<td>Raw</td>
<td>Lynne</td>
<td>Mrs</td>
<td>4038</td>
<td>How do they Cope? Students Transitioning from Year 12 into Year 1, Case-based Learning (CBL) Medicine at the University of Adelaide</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>172</td>
</tr>
<tr>
<td>Richards</td>
<td>Janet</td>
<td>Ms</td>
<td>4266</td>
<td>Is Community Based Medical Education a Transformative Learning Experience?</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>97</td>
</tr>
<tr>
<td>Rienits</td>
<td>Helen</td>
<td>Dr</td>
<td>4062</td>
<td>Do Doctors have a Role in Public health Education</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>67</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
<td>ID</td>
<td>Presentation Title</td>
<td>Allocated Session</td>
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<td>Rienits</td>
<td>Helen</td>
<td>Dr</td>
<td>4061</td>
<td>Training our Future Doctors to Deliver Public Health Education</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>83</td>
</tr>
<tr>
<td>Rienits</td>
<td>Helen</td>
<td>Dr</td>
<td>4220</td>
<td>The use of an 'Expert Patients Programme' to Recruitment 'Patients' to Take Part in Various Clinical Skills Sessions with 1st and 2nd Year Medical Students</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>258</td>
</tr>
<tr>
<td>Rogers</td>
<td>Gary</td>
<td>A/Prof</td>
<td>4269</td>
<td>Outcomes of a Randomised Educational Trial of Extended Immersion in Medical Simulation</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>234</td>
</tr>
<tr>
<td>Rogers</td>
<td>Gary</td>
<td>A/Prof</td>
<td>4268</td>
<td>Improving the Human Elements of Urinary Catheterisation Training - a Randomised Study of a New Wearable Catheterisation Trainer</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>147</td>
</tr>
<tr>
<td>Ross</td>
<td>Lankins</td>
<td>Sim</td>
<td>4319</td>
<td>Making Health Professional Education more Socially Accountable</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>153</td>
</tr>
<tr>
<td>Preston</td>
<td>Simone</td>
<td>Ms</td>
<td>4300</td>
<td>THEnet Framework Pilot: the James Cook University Experience</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>64</td>
</tr>
<tr>
<td>Ryler</td>
<td>Courtney</td>
<td>Mrs</td>
<td>4295</td>
<td>Demonstrating Cultural Safety in Communication through Standardised Role Plays</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>136</td>
</tr>
<tr>
<td>Schiller</td>
<td>Matt</td>
<td>Mr</td>
<td></td>
<td>The Australian Medical Student Journal: the New National Peer-Reviewed Biomedical Publication for Students</td>
<td>Wednesday 29 June 0945 - 1000</td>
<td>NA</td>
</tr>
<tr>
<td>Scott</td>
<td>Karen</td>
<td>Ms</td>
<td>4210</td>
<td>How Health Professional Educators Develop Knowledge and Skills in Online Learning and Teaching: Improving Distance Education in Rural and Remote Areas</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>129</td>
</tr>
<tr>
<td>Scutter</td>
<td>Sheila</td>
<td>A/Prof</td>
<td>4206</td>
<td>Using the Virtual World to Provide Opportunities for Students to Practice Taking a Patient History</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>177</td>
</tr>
<tr>
<td>Serfson</td>
<td>Neil</td>
<td>Mr</td>
<td>4230</td>
<td>An Ethical Approach to Developing a Community-Based Program for Teaching Sensitive Examination Techniques in Men's Health</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>102</td>
</tr>
<tr>
<td>Serfson</td>
<td>Neil</td>
<td>Mr</td>
<td>4227</td>
<td>Developing a Community-Based Program for Teaching Sensitive Examination Techniques: Maintaining Ethics from Education to Practice</td>
<td>Tuesday 29 June 1530 - 1700</td>
<td>123</td>
</tr>
<tr>
<td>Shahi</td>
<td>Rashmi</td>
<td>Ms</td>
<td>4131</td>
<td>Clinical Experience and Clinical Reasoning in Medical Students</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>225</td>
</tr>
<tr>
<td>Sheehan</td>
<td>Dale</td>
<td>Ms</td>
<td>3958</td>
<td>Developing Grass Roots Clinical Education</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>111</td>
</tr>
<tr>
<td>Sheepway</td>
<td>Lyndal</td>
<td>Ms</td>
<td>4073</td>
<td>Introducing the Byalawa Project Resources: Teaching Health Professional Students how to Communicate Effectively with Indigenous People</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>106</td>
</tr>
<tr>
<td>Slater</td>
<td>Craig</td>
<td>Mr</td>
<td>4250</td>
<td>Cultural Safety in Academic Misconduct: can it be Done?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>175</td>
</tr>
<tr>
<td>Sowlis</td>
<td>Tina</td>
<td>Dr</td>
<td>4235</td>
<td>A Questionnaire to Evaluate Training Events for Improving Clinical and Interprofessional Practice by Health Practitioners Working in Queensland</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>144</td>
</tr>
<tr>
<td>Stagg</td>
<td>Rosenthal</td>
<td>Pamela</td>
<td>4066</td>
<td>Growing your Best Assets: Nurturing Community Engagement with Medical Schools</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>235</td>
</tr>
<tr>
<td>Stagg</td>
<td>Pamela</td>
<td>Ms</td>
<td>4065</td>
<td>Patients as Teachers: are we Taking Advantage of Patients in the Education of Medical Students?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>124</td>
</tr>
<tr>
<td>Stewart</td>
<td>Jenny</td>
<td>Ms</td>
<td>4256</td>
<td>How do we Overcome Students' Pre-Conceptions in Undergraduate Health Professional Education?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>169</td>
</tr>
<tr>
<td>Stewart</td>
<td>Peter</td>
<td>Mr</td>
<td>4278</td>
<td>A Hands on Introduction to the Flinders Program of Training in Chronic Condition Management</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>107</td>
</tr>
<tr>
<td>Strasser</td>
<td>Roger</td>
<td>Prof</td>
<td></td>
<td>Transforming Health Professional Education through Distributed Community Engaged Learning</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>273</td>
</tr>
<tr>
<td>Sun Bin O'Mara</td>
<td>Yu Deborah</td>
<td>Ms</td>
<td>4329</td>
<td>The Medical Schools Outcomes Database &amp; Longitudinal Tracking (MSOD) Project and rural/remote medical workforce planning</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>149</td>
</tr>
<tr>
<td>Sutherland</td>
<td>Ruth</td>
<td>Dr</td>
<td>4093</td>
<td>Teaching with Simulated Patients in a Rishbowl Tutorial: Sink or Swim?</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>128</td>
</tr>
<tr>
<td>Sutherland</td>
<td>Ruth</td>
<td>Dr</td>
<td>4096</td>
<td>How do Clinical Examiners Approach the Task of Communication Skills Assessment?</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>140</td>
</tr>
<tr>
<td>Sutherland</td>
<td>Ruth</td>
<td>Dr</td>
<td>4097</td>
<td>Assessing Communication Skills in an Early Clinical Skills Program: a Comparison of Two Rating Methods in an Objective Structured Clinical Examination</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>210</td>
</tr>
<tr>
<td>Sweet</td>
<td>Linda</td>
<td>Dr</td>
<td>4315</td>
<td>Adaption and use of the MiniCEX in Midwifery Education</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>78</td>
</tr>
<tr>
<td>Tietz</td>
<td>Loi</td>
<td>Ms</td>
<td>4204</td>
<td>Administrative Staff: Heaven Sent or Necessary Evil?</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>151</td>
</tr>
<tr>
<td>Towlie</td>
<td>Nick</td>
<td>Dr</td>
<td>4187</td>
<td>Peak Oil and Health: Preparing our Future Health Professionals for this Unprecedented Era of Change</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>162</td>
</tr>
<tr>
<td>Trinder</td>
<td>Matthew</td>
<td>Mr</td>
<td>4762</td>
<td>The Aboriginal Health Teaching Survey: a Student's Perspective of an Award Winning Curriculum</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>117</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
<td>ID</td>
<td>Presentation Title</td>
<td>Allocated Session</td>
<td>Page #</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
<td>-------</td>
<td>----</td>
<td>-------------------</td>
<td>------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Tuaupiki</td>
<td>Cherie</td>
<td>Ms</td>
<td>4265</td>
<td>Whakapai Cultural Clinical Framework &amp; Evaluation Tool</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>220</td>
</tr>
<tr>
<td>Tunny</td>
<td>Terry</td>
<td>Dr</td>
<td>4145</td>
<td>Do Emotional Intelligence Scores Correlate with Reasoning Skills in a Medical Student Cohort</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>66</td>
</tr>
<tr>
<td>Turner</td>
<td>Richard</td>
<td>Dr</td>
<td>4913</td>
<td>International Students and Sensitive Male Examinations: Implications for Teaching Men’s Health</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>116</td>
</tr>
<tr>
<td>Turner</td>
<td>Richard</td>
<td>Prof</td>
<td>4170</td>
<td>A Guide for Growing your Own Male Clinical Teaching Associates</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>247</td>
</tr>
<tr>
<td>Turner</td>
<td>Richard</td>
<td>Dr</td>
<td>4914</td>
<td>Sensitive Male Examinations: Better Experience and Supervision at Rural Sites</td>
<td>Thursday 30 June 1230 - 1500</td>
<td>256</td>
</tr>
<tr>
<td>Turner</td>
<td>Richard</td>
<td>Prof</td>
<td>4099</td>
<td>Turning Rough Diamonds into Ambassadors for Men’s Health: Strategies for Training Community-Sourced Male Clinical Teaching Associates</td>
<td>Thursday 30 June 1330 - 1500</td>
<td>257</td>
</tr>
<tr>
<td>Tweed</td>
<td>Mike</td>
<td>Dr</td>
<td>3832</td>
<td>Unsafe Responses and Actions in Summative Assessments</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>155</td>
</tr>
<tr>
<td>Tweed</td>
<td>Mike</td>
<td>Dr</td>
<td>3831</td>
<td>Personal Insightfulness: Important but Difficult to Assess?</td>
<td>Tuesday 28 June 1330 - 1500</td>
<td>100</td>
</tr>
<tr>
<td>Tyer/McCocker</td>
<td>Sharyn</td>
<td>Ms</td>
<td>3896</td>
<td>Building Capacity of Area Health Service Staff to Reduce Institutional Racism and Improve Health Outcomes for Aboriginal and Torres Strait Islander Peoples</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>74</td>
</tr>
<tr>
<td>Vhuk</td>
<td>Anna</td>
<td>Dr</td>
<td>4337</td>
<td>“You first”. Students’ Responses to Viewing and Marking their Communication Skills Video Performance before Review by Tutor</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>70</td>
</tr>
<tr>
<td>Vhuk</td>
<td>Anna</td>
<td>Dr</td>
<td>4336</td>
<td>“Fair enough.” Students’ Responses to Changing the OSCE</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>224</td>
</tr>
<tr>
<td>Walter</td>
<td>Rowan</td>
<td>Mr</td>
<td>4253</td>
<td>Rural Students Get Down and Dirty in Curriculum Grass Roots</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>138</td>
</tr>
<tr>
<td>Walters</td>
<td>Lucie</td>
<td>A/Prof</td>
<td>4225</td>
<td>Integrated Longitudinal Clinical Placements: Time for a theoretical framework?</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>160</td>
</tr>
<tr>
<td>Walters</td>
<td>Lucie</td>
<td>A/Prof</td>
<td>4288</td>
<td>Incorporating Intellectual Disability Health into the Medical Curriculum - why, how and when?</td>
<td>Wednesday 29 June 1315 - 1445</td>
<td>189</td>
</tr>
<tr>
<td>Ward</td>
<td>Helena Iris</td>
<td>Dr</td>
<td>4304</td>
<td>Exploring Tensions in Values within a SOM</td>
<td>Thursday 30 June 1130 - 1500</td>
<td>265</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Title</th>
<th>ID</th>
<th>Presentation Title</th>
<th>Allocated Session</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wamecie</td>
<td>Emma</td>
<td>Dr</td>
<td>4035</td>
<td>A Randomised Control Trial of Mindfulness Practice on Medical Student Stress Levels</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>170</td>
</tr>
<tr>
<td>Wamecie</td>
<td>Emma</td>
<td>Dr</td>
<td>4036</td>
<td>Do we have an Ethical Duty to Manage Medical Student Stress and/or how?</td>
<td>Thursday 30 June 1130 - 1500</td>
<td>267</td>
</tr>
<tr>
<td>Wanne</td>
<td>Susan</td>
<td>Dr</td>
<td>4280</td>
<td>A Critique of GP Training through the Lens of Conversational Frameworks</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>213</td>
</tr>
<tr>
<td>Webster</td>
<td>Craig</td>
<td>Dr</td>
<td>4079</td>
<td>Clinical Compliance with Proven Safety Systems in Health Care</td>
<td>Wednesday 29 June 1115 - 1445</td>
<td>186</td>
</tr>
<tr>
<td>Walker</td>
<td>Jennifer</td>
<td>A/Prof</td>
<td>4072</td>
<td>The Ecological Validity of Simulation Settings for Training and Research in Teamwork Behaviours in the Operating Room</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>233</td>
</tr>
<tr>
<td>Westerman</td>
<td>Tracy</td>
<td>Dr</td>
<td>4289</td>
<td>What we know, what we still don’t know about Best Practice with Aboriginal Australians</td>
<td>Wednesday 29 June 0845 - 0945</td>
<td>139</td>
</tr>
<tr>
<td>Wilkinson</td>
<td>Tim</td>
<td>Prof</td>
<td>3827</td>
<td>Observations by Peers to Inform Assessment of Professionalism</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>72</td>
</tr>
<tr>
<td>Wilkinson</td>
<td>Tim</td>
<td>Prof</td>
<td>3828</td>
<td>Standard Setting to Define Excellence</td>
<td>Tuesday 28 June 1130 - 1500</td>
<td>85</td>
</tr>
<tr>
<td>Wilson</td>
<td>Bruce</td>
<td>Dr</td>
<td>4285</td>
<td>Metaphysics and Medical Education</td>
<td>Tuesday 28 June 1130 - 1500</td>
<td>98</td>
</tr>
<tr>
<td>Wilson</td>
<td>Ian</td>
<td>Prof</td>
<td>4331</td>
<td>The Australian Medical School Assessment Collaboration (AMSAC): What do the Differences Mean?</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>62</td>
</tr>
<tr>
<td>Wilson</td>
<td>Ian</td>
<td>Prof</td>
<td>4154</td>
<td>Learning Styles in First Year Medical Students</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>229</td>
</tr>
<tr>
<td>Wolsey</td>
<td>Paul</td>
<td>Mr</td>
<td>4176</td>
<td>Exploring Integrated Longitudinal Education at a Global Level</td>
<td>Tuesday 28 June 1530 - 1700</td>
<td>NA</td>
</tr>
<tr>
<td>Wozniak</td>
<td>Helen</td>
<td>A/Prof</td>
<td>4174</td>
<td>Developing Nurses Territory Style: Developing Values, Knowledge and Skills at a Distance</td>
<td>Thursday 30 June 0945 - 1030</td>
<td>216</td>
</tr>
<tr>
<td>Wozniak</td>
<td>Helen</td>
<td>A/Prof</td>
<td>4173</td>
<td>Design Based Research: a Grass-Roots Methodology for Investigating Real World Educational Problems</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>239</td>
</tr>
<tr>
<td>Yarnold</td>
<td>Della</td>
<td>Dr</td>
<td>4346</td>
<td>Developing a Preparation for Medicine Program (PMP) for the Indigenous Entry Pathway</td>
<td>Tuesday 28 June 1130 - 1230</td>
<td>61</td>
</tr>
<tr>
<td>Yarnold</td>
<td>Della</td>
<td>Dr</td>
<td>4344</td>
<td>Taking Indigenous Health Curriculum to a Practical Level</td>
<td>Thursday 30 June 1130 - 1500</td>
<td>269</td>
</tr>
<tr>
<td>Surname</td>
<td>First Name</td>
<td>Title</td>
<td>ID</td>
<td>Presentation Title</td>
<td>Allocated Session</td>
<td>Page #</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
<td>-------</td>
<td>-----</td>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Yaxley</td>
<td>Jennie</td>
<td>Dr</td>
<td>4102</td>
<td>An Evaluation of ACT Health’s Allied Health Designated Clinical Education Model</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>168</td>
</tr>
<tr>
<td>Young</td>
<td>Louise</td>
<td>Dr</td>
<td>4228</td>
<td>Registrar Assessment Using Multi Source Feedback</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>142</td>
</tr>
<tr>
<td>Young</td>
<td>Louise</td>
<td>Dr</td>
<td>4231</td>
<td>Longitudinal Outcomes from the John Flynn Placement Program</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>148</td>
</tr>
<tr>
<td>Zhang</td>
<td>Jianzhen</td>
<td>Dr</td>
<td>4240</td>
<td>Clinical Performance and Professional Development as Newly Graduated Medical Student’s Progress through the Intern Year</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>148</td>
</tr>
<tr>
<td>Zimitat</td>
<td>Craig</td>
<td>Prof</td>
<td>4085</td>
<td>A Faculty Review of Indigenous Health</td>
<td>Wednesday 29 June 1115 - 1245</td>
<td>158</td>
</tr>
<tr>
<td>Zimitat</td>
<td>Craig</td>
<td>Prof</td>
<td>4084</td>
<td>The Rural Communities Program (RCP): Understanding Health Care at the Grass Roots Level</td>
<td>Wednesday 29 June 1000 - 1045</td>
<td>192</td>
</tr>
<tr>
<td>Zimitat</td>
<td>Craig</td>
<td>Prof</td>
<td>3828</td>
<td>What do Medical Students do on Paramedic Placements?</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>236</td>
</tr>
<tr>
<td>Zimitat</td>
<td>Craig</td>
<td>Prof</td>
<td>3825</td>
<td>How to Improve the Quality of Assessment Items and Examinations. a Workshop for Academic and Professional Staff who have Responsibilities for the Quality Assurance, Development, Reporting and Analysis of Assessment</td>
<td>Thursday 30 June 1100 - 1230</td>
<td>246</td>
</tr>
</tbody>
</table>
Title: Lateral Medicine: Indigenous Doctors, Indigenous Medical Education and Reflections on the Journey so far

Prof Helen Milroy

Over the past 30 years there have been considerable changes in the Indigenous health landscape including the rise of Indigenous medical graduates, the development of an Indigenous medical curriculum framework, a renewed focus on cultural safety training for clinicians and a hope that all of these initiatives will improve health outcomes for Indigenous peoples. The paper will reflect on the journey so far from personal, cultural and professional perspectives. There will be a discussion of the enablers and barriers to success, some lessons learnt along the way as well as some considerations for the road ahead. Given the level of health information, technology and evidence available, the gap in life expectancy and life outcomes remains. Hence some reflection on what is missing in the debate and the role of health professional education in addressing social accountability for Indigenous Australians will be discussed.

ID: 4249
Title: National Standards for Teaching Indigenous Health

Ms Rebecca Allnutt, Ms Faye McMillan

Introduction / Background:
Indigenous Allied Health Australia (IAHA) is the peak organisation representing the interests of Aboriginal and Torres Strait Islander allied health professionals and students. Its vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander people as that of other Australians. IAHA aims to do this through a number of key objectives, one of which is to advocate for excellence in tertiary allied health curricula addressing socio-cultural and economic determinants of Indigenous health.

Purpose / Objectives:
This presentation will give an overview of IAHA’s progress in developing a detailed plan of action to develop minimum national standards and guidelines for the teaching Indigenous health to allied health students, for incorporation into allied health course accreditation requirements in the not too distant future. Through the Committee of Deans of Australian Medical Schools, there are now national standards required of all Australian medical courses in teaching Indigenous health. The health workforce comprises doctors, nurses, allied health professionals and other health practitioners. IAHA believes that all health courses should meet national standards in teaching Indigenous health - that every member of the health team should have the same appreciation of the socio-cultural and economic determinants of Indigenous health.

Issues / questions for exploration or ideas for discussion:
1. What lessons can be learnt from the teaching of Indigenous health in the Australian medical courses?
2. How much might the guidelines and standards be equally applicable to all other health profession courses?
3. Isn’t this a perfect example of subject material ideal for inter-professional teaching and learning?
4. What are the barriers to implementing such national standards?
ID: 4238
Title: Australian Aboriginal Child Health: E-Learning Modules for Paediatricians, Medical Students and Remote Health Professionals
Dr Anne Morris, Dr James Fitzpatrick, Dr Megan Phelps, Mr Eamon Vale, Prof Elizabeth Elliott

Introduction / Background:
Paediatricians have little specific training in health issues facing Indigenous children. There is a need for improved cultural awareness in health care delivery and in understanding the role of culture and socio economic determinants in health outcomes.

Purpose / Objectives:
We are developing a 4-module on-line course available to trainees and Fellows of the Royal Australasian College of Physicians (RACP), students in the Sydney Medical School Graduate Medical Program and staff in the Nindilingarri Cultural Health Services (Fitzroy Crossing). Modules 1 and 2 use film and audio developed in the Fitzroy Valley with community members to introduce: i) cultural awareness with examples from the Fitzroy Valley, Kimberley WA; ii) the social determinants of Aboriginal child health. Modules 3 and 4 are case-based, interactive, with a question-answer format and links to relevant clinical images and guidelines to present; iii) the spectrum of common illnesses in Aboriginal children in remote and urban settings; iv) developmental problems, including Fetal Alcohol Spectrum Disorders, and the effects of early life trauma on development. The second phase of the project will include online forums facilitated by an Aboriginal Health Worker and/or Nindilingarri Cultural Health Services Officer and a medical expert, providing clinicians with the opportunity to further discuss clinical and other matters raised in the self-directed learning component of the course.

Issues / questions for exploration or ideas for discussion:
- Integration of community perspectives in development of medical education
- Potential challenges in engagement of clinicians in this on-line education program and ongoing on-line discussion forum.

Acknowledgement
Developed in partnership with Nindilingarri Cultural Health Services (Fitzroy Crossing). Supported by a Rural Health Continuing Education SubProgram grant [Committee of Presidents of Medical Colleges], an RACP Continuing Medical Education Grant and the Poche Centre for Indigenous Health, University of Sydney.

ID: 4207
Title: Indigenous Health Education: are we Making a Difference?
Dr Rhys Jones, Mr Shaun Ewen, Dr David Paul

Introduction:
Indigenous health education is mandated in many health science curricula throughout Australia and New Zealand, in part based on the assumption that it will improve health care outcomes for Indigenous people.

Purpose:
This paper examines Indigenous health education in the health sciences and its relationship to educational outcomes for students (health professionals), and health outcomes for patients.

Method:
A systematic literature review of Indigenous health curricular initiatives in health science education over the last decade was undertaken. Both descriptive and evaluative literature was included. We analysed the pedagogical approaches employed, and the impact of Indigenous health education on learners. We also analysed the rationale for developing the curricula, and looked to see whether the curricular aims were being met, in particular in relation to addressing disparity in health outcomes for Indigenous people.

Discussion:
Increasing resources are being directed to develop and implement Indigenous health curricula in the health sciences in the context of a field that is emerging and in which considerable capacity development is required. The efficacy of these educational interventions needs to be considered, and the link between education research and health services research further developed. From our work we acknowledge that much more is required to shift from just ‘doing’, to knowing that what we do is effective for both educators and patients. The Educating for Equity project, an international collaboration between research partners in Australia, New Zealand and Canada, seeks to address this knowledge gap. A clearer understanding of the relationship between education and patient outcomes will enable a clearer focus on addressing barriers to effective service provision through provider education.
SWAHPPE 2011 CONFERENCE HANDBOOK

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4246
Title: Indigenisation before Internationalisation
Ms Rebecca Allnutt, Ms Faye McMillan

Introduction / Background:
Internationalisation in tertiary teaching in Australia is promoted in the McKinnon Benchmark 10.2 Culture of Internationalisation:
- Internationalisation implies a welcoming and supportive culture. The test is that in fact there is a tolerant culture that recognises diversity and there are that structures in place, including cross-cultural training for both staff and students to promote intercultural understanding.
- It values diversity, understanding and responding positively to cultural difference, and developing a culture of tolerance, openness and inclusiveness. It acknowledges that Australian tertiary teaching is characteristically Western in essence and needs to be broadened and adapted for a changing world. But where are the benchmarks for welcoming and supporting First Australians and understanding the cultures of Australian Aboriginal and Torres Strait Islander peoples?

Purpose / Objectives:
In this paper the argument will be made that Tertiary Education Quality and Standards Agency (TEQSA), in its work with the higher education sector to develop objective and comparative benchmarks, needs to ensure the development of a benchmark on the Culture of Indigenisation. In particular, in the health science and medicine courses, IAHA believes there should be the same national standards in teaching Indigenous health.

Issues / questions for exploration or ideas for discussion:
The good practices encouraged in the “Culture of Internationalisation” benchmark, such as: “promote intercultural understanding, through training on cross cultural communications” and “ensure a tolerant culture and acknowledge and build on the diversity of students’ backgrounds and experiences” could be underpinned initially, by learning of our First Australian cultures, of the impact of colonisation and of the benefits of our belief systems lores.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4346
Title: Developing a Preparation for Medicine Program (PMP) for the Indigenous Entry Pathway
Dr Della Yarnold, Ms Courtney Ryder, Ms Bilawara Lee

Introduction / Background:
In recognition of an ongoing need to have increased representation within the Graduate Entry Medical Program (GEMP) at Flinders University of Indigenous communities from across Australia and particularly from within the Northern Territory (NT); a three stage Indigenous Entry Stream (IES) was developed. The IES has three stages, the first stage is an application process, the second an interview mirroring the GEMP “mainstream” interview but having expanded domains, and the third is based around an academic course of work. This presentation focuses on the third stage, the Preparation for Medicine Program (PMP). All stages are “hurdles” in gaining entry to the GEMP, but importantly, also offer the opportunity for the development of student supports prior to entering medical studies, enhancing the likelihood of successful completion.

Purpose / Objectives:
This presentation describes: the journey undertaken by Flinders Indigenous and non-Indigenous academics in developing the PMP; the key principles underpinning the PMP course; how cultural support is an integral component; an overview of the types of activities undertaken by participants; and the expanded domains of assessment.

Issues / questions for exploration or ideas for discussion:
It will include a preliminary discussion on the inaugural PMP held in 2010 and how a continuous quality improvement approach continues to inform the planned 2011 PMP.
SPEAKER PRESENTATION ABSTRACTS (CONT)

Concurrent Session 1  1130 – 1230  Grass Roots or Global Connections

ID: 4331
Title: The Australian Medical School Assessment Collaboration (AMSAC): what do the Differences Mean?
Prof Ian Wilson, Dr Deborah O’Mara, A/Prof Leo Davies

Introduction / Background:
The AMSAC project was established in 2008 to allow new and established medical schools to share assessment items enabling investigation of issues hitherto unexplored in Australian medical education. The project has involved 7 medical schools to-date. The assessment included 50 single best answer questions, of which 23 were common between the 2009 and 2010 administrations.

Purpose / Objectives:
To enable comparisons between medical schools that are valid, reliable and anchored in the performance of students.

Issues / questions for exploration or ideas for discussion:
To evaluate issues such as the ideal response time for SBA questions administered to medical students and the effect of size of medical school and entry requirement for which there is little previous research in Australian medical education. Entry requirement and size of a school were investigated as control as well as independent variables.

Results:
Significant differences have been identified in performance between schools across years that are not due to differences in student ability levels. ANOVA was used to assess the significance of observed differences in anatomy and physiology scores between the AMSAC medical schools. Although all independent variables were significant, the pattern of significance varied for each variable: size of medical school (large/small), entry requirement (graduate/undergraduate) and response time for each item (60/90 seconds). Rasch scaling was used to anchor items and account for differences in the number of questions administered.

Discussion:
The significant differences in key variables were compared for the two implementations to-date and considered in the context of curriculum changes, assessment administration and admission policies.

Conclusions:
AMSAC is a unique collaboration in Australia which provides an opportunity for monitoring the performance of medical schools in key areas and provides an opportunity for comparative and rigorous testing of assessment methodologies. This study provides the first Australian evidence that 90 seconds should be the standard time allocated per SBA in medical education assessments.

ID: 4260
Title: Case-Based Learning - Making the Most of what we have
Dr Judi Errey, Dr Anne-Marie Williams

Introduction / Background:
Whilst many Australian universities are giving priority to a problem-based learning program, the undergraduate course at UTas has chosen to utilise a case-based learning approach. This model has provided the clinical underpinning of the first two years of the teaching curriculum at the School of Medicine for the University of Tasmania.

Purpose / Objectives:
To analyse the pedagogical differences between Case-Based Learning (CBL) and Problem-Based Learning (PBL) and to utilise this information to provide an improved curriculum which will provide an engaging, interactive program for stimulating student contribution and learning. In 2011, a new format for the CBL cases has been implemented in the second year of the UTas course. The new format requires greater student involvement in the analytical and clinical reasoning processes. These cases necessitate a greater peer-teaching input from the students, with pairs of students presenting cases and specified tasks each week. Tutors will act as facilitators rather than teachers.

Issues / questions for exploration or ideas for discussion:
This presentation aims to identify the advantages and disadvantages of CBL and PBL in order to provide an engaging, interactive program for stimulating student contribution and learning which will provide a solid grounding and appropriate scaffolding for learning in the clinical years of the undergraduate program. How can we establish an effective program which enhances these objectives with the resources which we have available?
ID: 4300
Title: THEnet Framework Pilot: the James Cook University Experience
Ms Simone Ross, Ms Robyn Preston, A/Prof Sarah Larkins, Prof Richard Murray

Introduction / Background:
James Cook University (JCU) School of Medicine and Dentistry (SMD) is an inaugural member of The Health Equity Network (THEnet) a group of eight schools with a strong social accountability mandate, who over the past two years have developed an Evaluation Framework, with the goal of the framework to address the needs of underserved communities. In 2010 the Framework was pilot tested at 6 Schools, with the aim to assess the acceptability of the Framework’s applicability at each School and the wider community.

Purpose / Objectives:
The presentation aims to discuss the outcomes of JCU’s pilot study, and the results found through the use of existing data collection, and focus groups.

Results:
The School found that the Faculty/Staff, community members and students agreed that the Framework is a useful tool to measure our progress towards social accountability, with existing data collection measuring well against the framework, with few gaps. It was also identified that the program (with 20 weeks of placement in remote and/or small rural towns) is aiding keeping graduates in regional and remote areas meeting the needs of underserved communities.

Discussion:
The results showcased that social accountability is strong at the School, with rural communities appreciating the benefits that the School and students provide to the communities, not just clinically but also socially.

Conclusions:
We are continuing to test the Framework at the School. Together with all THEnet schools, we aim to have a consolidated Framework (an evolving tool) with guidelines to implement in all contexts.

ID: 4136
Title: Peer Review Improves the Quality of MCQ Examinations
Dr Bunmi Malau-Aduli, A/Prof Craig Zimitat

Introduction:
Evaluating the quality of any educational enterprise requires evaluation of the quality of the assessment within that system. Recommendations for collaborative review processes in test development as well as resources are available to support examiners to write quality MCQs. However, there is little empirical evidence that relates the use of educational and training resources and processes to the improvement of the quality of MCQs.

Objectives:
The aim of this study was to assess the effect of the introduction of peer review processes on the quality of multiple-choice examinations in the first three years of an Australian medical course. Ideas for discussion: A key matter to address in the design of an assessment system is the attention to validity and reliability.

Results:
Examination data generated in earlier years with those held under the new QA regime from the same blueprint were evaluated. The impact of peer review processes resulted in a decrease in the number of items with negative discrimination; increases in reliability, appropriate item difficulty, and numbers of items with significant discrimination. There was an associated improvement in the effectiveness of distractors for the MCQ items.

Discussion:
This study highlights sustained, positive impacts on MCQ quality arising from the introduction of peer review processes into the development of MCQ items for examinations.

Conclusions:
The introduction of QA processes, specifically peer review of MCQ items has resulted in a sustained improvement in the quality of MCQ items within our examinations.
ID: **4145**

**Title:** Do Emotional Intelligence Scores Correlate with Reasoning Skills in a Medical Student Cohort

_Dr Terry Tunny, Dr Michele Groves_

**Introduction / Background:**
Optimum curriculum delivery in a medical program is challenging and the development of a safe and effective clinician requires appropriate clinical reasoning skills and a high level of emotional intelligence in order to interact and engage with their community. The accurate quantification of emotional intelligence and its relationship to clinical reasoning skills in graduate-entry medical students at the start and end of their undergraduate training has not been previously investigated and is of great interest.

**Purpose / Objectives:**
This presentation will compare emotional intelligence levels in a volunteer group of our graduate-entry medical student population, (Year 1/2 and Year 3/4 cohorts) and correlate results with a standardized clinical reasoning test using script concordance testing. We will also examine differences in clinical reasoning scores between these test cohorts.

**Issues for exploration / ideas for discussion:**
Emotional Intelligence (EI) levels were assessed using an integrative on-line model of the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEITM, MHS). Script concordance testing, SCT, examined the degree of concordance between the judgments of a panel of clinicians compared to the judgments of the student. There was a strong improvement (p<0.007) in SCT scores between year 3/4 and the earlier years 1/2. We also tested possible correlations between overall and sub-scale branch EI scores and clinical reasoning scores. Study participants revealed the highest branch scores for the understanding of emotion section of the EI testing. Areas for discussion will include the trend for the higher branch score for understanding emotion and other possible correlations, and the future expansion to larger studies which might include extensions to postgraduate physicians and allied health professionals who have continuous daily experiences in the application of clinical skills in emotional settings as opposed to undergraduate medical students.

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ID: **4062**

**Title:** Do Doctors have a Role in Public Health Education

_Dr Helen Rienits_

**Introduction / Background:**
With the emphasis on Preventive Medicine it is imperative that all health professionals develop expertise in delivering effective health education. Doctors often assume that the health education they deliver is clearly understood by their patients and that their advice will be followed.

**Purpose / Objectives:**
To assess public health education by doctors. Attendees at doctor’s health talks were surveyed regarding knowledge and attitudes.

**Issues / Questions for exploration or ideas for discussion:**
How much do patients learn from a health talk by a doctor? How much effect does Health Education have on subsequent behaviour? How do the public view doctors as health educators compared with other sources of health information?

**Results:**
The surveys showed a good overall comprehension of the material presented with a significant improvement in health knowledge but they also confirmed that only a portion of health education imparted would result in behavioural change. Participants saw doctors as reliable, (but not easily accessible,) sources of health information.

**Discussion:**
Factors inhibiting doctors as public health educators need to be explored and addressed both for our existing and our future medical workforce.

**Conclusions:**
While doctors have significant potential as public health educators, there are a number of factors which prevent them realising this potential.
ID: 4071
Title: A Reflective Learning Tool on Consumerism for Undergraduate Students of Public Health
Dr Rebecca Olson

Introduction / Background:
Examining consumerism as part of a public health curriculum provides an opportunity to expose students to the web-like impact that culture and behaviour can have on health and the environment, locally and globally. Consumerism is “the cultural drive to procure more and more consumer items and define oneself in terms of one’s possessions” (Germov & Poole, 2007, p. 502). This topic shows how social forces shape individual behaviours and, in turn, how the cumulative force of these individual behaviours shape local, national and global economic, environmental and health patterns. Using a critical feminist approach (what Freire calls “praxis”) to teaching this subject, where power imbalances, affect and social change become the focus (Chavez, et al., 2006; Crawley, et al., 2008), can help facilitate reflective learning amongst public health students.

Purpose:
This paper reports on forthcoming student evaluations of a critical feminist public health teaching tool on consumerism. The teaching tool consists of a 1.5 page worksheet where students are asked to reflect on the products they buy over the course of one 24 hour period, to analyse their feelings and motivations to consume and to make recommendations for social change based on their analysis.

Results:
Preliminary findings indicate that critical feminist andragogies can be successfully applied to undergraduate teaching environments.

Discussion / Conclusion:
However, the nature of the cohort, the teaching environment and the size of the class need are necessary considerations in the extent to which these andragogies should be incorporated into one’s teaching.
Title: “You First”. Students’ Responses to Viewing and Marking their Communication Skills Video Performance Before Review by Tutor

Dr Anna Vnuk, Dr Helena Ward, Dr Alicia Ward, Prof Hyun-Hee Kong, Dr Maria Perez-Marrero

Introduction / Background:
In 2010, we introduced the Calgary Cambridge method of communication skills teaching [Silverman et al., 2005] into our first year clinical skills course. Assessment of students’ communication skills was done by videotaped interview with standardised patients. Students were expected to view their video, mark themselves against a checklist (the same checklist as their tutor) and develop learning objectives from their performance. This information was sent to their tutor who was able to compare the student’s assessment with their own checklist and then to discuss both at the review session.

Purpose / Objectives:
To determine students’ opinion on the following:
1. Videotaping of communication skills
2. Viewing themselves on video
3. Self assessment before tutor feedback

Issues / questions for exploration or ideas for discussion:
Qualitative and quantitative data was collected on students’ opinions of these novel experiences and the data was analysed.

Results:
Students expressed initial discomfort in all three areas but this improved as their experiences increased. They also commented on the value of this educational method.

Discussion:
Overall, students were very positive about the experiences with the use of videotaping and reviewing their performances after overcoming their initial hesitancy.

Conclusions:
We will continue to look at ways to improve the experience for all students and this research will be repeated on the new cohort of year 1 students in 2011.

ID: 3827
Title: Observations by Peers to Inform Assessment Of Professionalism
Prof Tim Wilkinson, Dr Mike Tweed, Dr MaryLeigh Moore

Introduction / Background:
Peer assessment in increasingly used formatively and informally. For many components of professionalism, peers often have the most exposure to behaviours, including those of concern. However, peers may struggle with the conflict of roles they may have in being a friend and colleague vs. “police” and “judge”.

Purpose / Objectives:
To share our thoughts on peer assessment in the assessment of professionalism and to learn about the experiences of others.

Issues / questions for exploration or ideas for discussion:
Who is using peer assessment in the assessment of professionalism?
What elements are peers being asked to assess?
Are these judgements being used to inform summative decisions?
Should the process be anonymous and/or confidential?
Is the process acceptable to faculty and students?

ID: 4133
Title: Evaluating Interprofessional Shared Practical Placements in Rural and Remote Settings
Dr Pippa Craig, A/Prof Amanda Barnard, Mrs Jennifer Elliott

Introduction / Background:
The Health ‘Hubs and Spokes’ Project is a collaborative partnership between the Australian National University (ANU) and the University of South Australia (UniSA) offering opportunities for ANU medical and UniSA allied health, nursing and pharmacy students to undertake IPL together in rural and remote settings in south east NSW, the Spencer Gulf region of South Australia and the Northern Territory. Implementation involves students undertaking localised IPL teamwork experiences benefitting students, supervising health care professionals, local health services and communities. The process of establishing and implementing IPL is a complex one, as is that of developing a suitable evaluation strategy. Hammick (Hammick et al 2007) has proposed an adaptation of Kirkpatrick’s 4-level model (Kirkpatrick 1996) for evaluating IPL outcomes. This model considers students’ reaction, knowledge and attitude change, application/behavioural change, and impact on organisational practice/benefit to patients. Evaluation becomes more important, but more difficult, as it progresses from levels 1 to 4 (Kirkpatrick 1996); thus the majority of reports on IPL evaluations have been at lower levels (ie. 1 and 2) (Hammick et al 2007).

Purpose:
To develop a robust and feasible model for evaluating outcomes of shared IPL practical placements in rural and remote settings.

Issues / questions for exploration or ideas for discussion:
To discuss the practicality of using the adapted 4-level evaluation model for IPL; To share experiences in evaluating higher level IPL outcomes; To explore alternative evaluation models, particularly those addressing higher level IPL outcomes.
Building Capacity of Area Health Service Staff to Reduce Institutional Racism and Improve Health Outcomes for Aboriginal and Torres Strait Islander Peoples

Ms Sharyn Tyter, Ms Tracey McCosker

Introduction / Background:
Numerous barriers exist to Aboriginal and Torres Strait Islander peoples accessing “mainstream” health services, including institutional and personal racism, and culturally inappropriate service models. These barriers result in delay and non-presentation to services, which contribute to greater prevalence of preventable morbidity, mortality and reduced quality of life. Similar barriers also impact recruitment, retention and workplace safety of Aboriginal and Torres Strait Islander staff within health services. Evidence supports the need for inclusion of Aboriginal and Torres Strait Islander peoples in the health workforce and the need for culturally competent non-Indigenous health staff to ensure services are culturally appropriate and effective for Aboriginal and Torres Strait Islander peoples. Building cultural competence of health professionals is a shared educational responsibility between the individual, educational facilities and employers. The benefits of this approach include increasing the reach of such education and providing organisationally tailored professional education that meets the needs of the local Aboriginal and Torres Strait Islander population.

Purpose / Objectives:
Hunter New England Local Health Network is implementing a Cultural Redesign Program to address institutional and personal racism within the organisation. The focus on building sustainable cultural competence of staff and organisational systems aims to increase access to culturally appropriate services and safe work environments for Aboriginal and Torres Strait Islander community members, staff and visitors. To achieve cultural competence, the Program will implement ongoing staff education and support aiming to result in an organisation made up of individuals who share values of social justice and accountability and who are equipped with knowledge and skills to translate theory into effective practice.

Issues for discussion:
Challenging institutional and personal racism means challenging individual beliefs and values. What are strategies which support achieving this?

Cultural Competence Online - the Challenges of Striking a Balance

Dr David Jansen

Introduction / Background:
Mauri Ora Associates have developed several online training courses. The author has previously presented and published on the importance of the setting of health professional education (“Maori health professional education; the importance of a culturally appropriate setting” in Focus on Health Professional Education 4(1) 2002). Developing online training for a broad interprofessional audience has multiple challenges - in terms of content, style, interactivity, assessment activities, as well as the time, expertise and cost of developing online training for health professionals. Mauri Ora Associates has developed online training for health professionals on the Treaty of Waitangi, Tikanga in Practice and a Foundation Course in Cultural Competence. The development of the cultural competence online training programme was informed by an online survey of health professionals about their preferences for content and style of learning resources. The workshop will be an opportunity for the author and participants to share experiences and insights into development of online learning resources.

Discussion:
Balancing competing demands - edutainment versus academic rigour. Balancing content variety - video, graphics, text and audio. How do we assess online learning?

1. Participants will have a brief orientation to the learning programme and be invited to discuss this programme in light of their own experience and insight.
2. The participants will then explore the assessment components and generate some alternative assessment activities. (In small groups if sufficient attendees) Participants will be invited to discuss the data gathering that they would consider useful to evaluate the programme. (Time permitting)
**Title:** Engaging with the Community to Widen Participation of Indigenous Students in Dentistry and Medicine  
**Authors:** Dr Louise Alldridge, Ms Maxine Hughes, Dr Jane MacCleod, Ms Nicole Jones de Rooy, Ms Gail Van Zant, Ms Leonie Short

**Introduction / Background:**
Indigenous students continue to be under-represented in Medicine and Dentistry. Current allocations are rarely taken up for these programmes at Griffith. In the long-term increasing the numbers of Indigenous Doctors and Dentists will contribute greatly to improving Indigenous health and wellbeing. Seven months ago Griffith University Schools of Medicine and Dentistry and Oral Health formed a partnership with Education Queensland to pilot the prospects and outcomes of bringing together Indigenous community leaders, local schools and AIDA/IDDA to seed and nurture aspirations of young Indigenous people and their families. All the school students and staff who connected with this project have commented with enthusiasm about the positive impact it has had on their students both within the project and back in the classroom.

**Purpose / Objectives:**
The overriding purpose of this project was to identify and implement strategies to encourage and support the aspirations of young Indigenous school students and their families ensuring that Medicine and Dentistry are regarded as realistic and achievable career options. The main objectives were to:

1. Establish networks and role models
2. Raise aspirations and confidence in Indigenous students
3. Raise educational outcomes for Indigenous students
4. Increase the uptake of Indigenous students to the Medicine and Dentistry pathways at Griffith University.

**Issues / Questions for exploration or ideas for discussion:**

1. Developing and maintaining productive relationships with schools, parents/carers and community leaders.
2. Which age groups should be targeted?
3. Coping with “busy” school staff.
4. Developing appropriate activities.
5. Bringing in families and communities to support aspirations.

**Title:** Career Intentions of Indigenous Medical Students  
**Authors:** Prof Louis Landau, Mr Nick Kominos, Ms Bal Kaur

**Introduction / Background:**
There has been an initiative across Australia to recruit increased numbers of indigenous students into medical schools for many reasons including equity, contribution to indigenous health and as positive role models. The Medical Schools Outcomes Database (MSOD) is a resource providing data on demographic, training experience and career intentions for students enrolled in all medical schools in Australia and New Zealand. This report covers data collected from the 133 indigenous students enrolled in first year in medical schools between 2005 and 2009.

**Purpose / Objectives:**
To assess career objectives of indigenous students at commencement of medical school and subsequently track these intentions and eventual outcomes to contribute to addressing some of the indigenous health care needs questions. Data are available from indigenous students who commenced in 17 medical schools between 2005 and 2009. Career intentions of these students were analysed.

**Results:**
The number of indigenous students enrolled in first year has increased from 6 in 2005, to 20 in 2006, 34 in 2007, 37 in 2008 and 38 in 2009. Career preferences indicated by these students were 24% surgery, 20% general practice, 13% paediatrics, 4% each for internal medicine, emergency medicine and obstetrics/gynaecology, 2% each for public health and rural and remote medicine and 16% undecided.

**Discussion:**
Career choices on commencement of medical school are the same for indigenous as for non indigenous students. These intentions will be tracked through medical school years.

**Conclusions:**
The recruitment of more indigenous students into medical schools is progressing. Even though, there are no differences to other students in career intentions related to indigenous health, they are still likely to contribute to indigenous health indirectly. Solutions to indigenous health issues must involve all medical students, indigenous and non indigenous. Indigenous students must be able to aspire to any chosen career but factors that may motivate them to take on a more active role in indigenous health, could add value.
Adaption and use of the MiniCEX in Midwifery Education

**Dr Linda Sweet, A/Prof Pauline Glover**

**Introduction / Background:**
Midwifery education has undergone significant change with the implementation of an undergraduate three year Bachelor of Midwifery. Students in this program enter the health workforce with no nursing background and are often new to health-care services. These midwifery students and clinical educators have identified the need for improved feedback whilst on clinical placement, and in particular formative assessment. The miniCEX is an ideal way for ongoing assessment and formative feedback and ensures that the clinical skills of students are actually observed and evaluated rather than assumed or perceived. It is well used and validated in medical programs and this project aims to adapt it and evaluate its use for midwifery.

**Purpose / Objectives:**
The purpose of this presentation is to report on the first phase of the project, including (1) the adaption of the existing medical miniCEX assessment forms to suit midwifery; and (2) the development of performance guidelines/criterion matrix to provide guidance for assessors of students at the different year levels. Key aspects of discussion from the midwifery staff during the focus groups regarding workplace based assessment will also be presented.

**Issues / questions for exploration or ideas for discussion:**
The miniCEX is such a new approach for midwifery profession - how best to deal with resistance to change.

**Results:**
The midwives taking part in this project see the miniCEX as a valuable and exciting opportunity to improve teaching and learning in the workplace, and have alluded to its potential for postgraduate peer review and professional self development.

**Discussion:**
The results of this study to date highlight the willingness of midwifery clinicians to engage in research, consider innovative new ways of working and to improve student assessment.

**Conclusions:**
An effective clinical learning environment requires clinicians to consider their assessment of student performance and ability and practice of providing formative feedback.
**ID: 4196**

**Title:** Enhancing Education for First Year House Officers at Counties Manukau District Health Board

**Dr Joanna Fitch, A/Prof Andrew Hill**

**Introduction / Background:**
The Medical Council of New Zealand (MCNZ) has outlined topics which should be covered in teaching for Post-Graduate-Year One (PGY1) as well as advising hospitals to provide protected teaching time. Weekly lunchtime teaching sessions aimed at PGY1s at Counties Manukau District Health Board (CMDHB) have been sporadic and often poorly attended.

**Purpose / Objectives:**
To develop and implement a new programme for PGY1s to enhance their education, which is relevant, interesting and meets guidelines.

**Methods and Results:**
The syllabus was revised then updated in line with MCNZ guidelines. An audit was carried out on attendance of 31 PGY1s for the first 9 teaching sessions from the start of their year December 2009. A prospective audit was undertaken of 33 PGY1s attendance for the first 9 weekly sessions from December 2010. Attendance improved significantly from mean 19.7% (95% CI 14.8% to 24.6%) to 41.1% (30.7% to 51.5%) p-value <0.001. Evidence from feedback forms has rated the teaching as excellent and clinically relevant. In addition four 2-day modules were proposed. The first was a House-Officers-as-Teachers workshop, previously successfully run the previous year at orientation, which again was well received by PGY1s. The second 2-day module focused on procedural skills and included the Advanced Cardiac Life Support course. The third module will be a Health and Wellbeing module called and the final module a Preparation for practice and career development.

**Conclusions:**
A change in PGY1 education with relevant topics, increased interaction and protected teaching time in the weekly sessions has been well received. It is hoped the modules will provide better opportunity for skills practice, stress management, reflection time and career development.

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**ID: 4236**

**Title:** Junior Doctor Performance: Linked to Academic Performance in Medical School?

**A/Prof Sandra Carr, Prof Tony Celenza, Prof Fiona Lake**

**Introduction / Background:**
While preparing graduates for the role of the junior doctor is the aim of Australian medical schools there has been limited opportunity to link performance as a medical student with that of the junior doctor. In recent years, assessment of the junior doctor performance on their clinical, communication, procedural and professional skills has been conducted up to five times in their pre-registration year.

**Purpose / Objectives:**
This study describes the performance of junior doctors in the first postgraduate year (PGY1) and explores correlations between junior doctor performance and performance as a medical student.

**Results:**
Of the 303 participants, 237 (78%) consented to participate in the study resulting in 960 individual assessments. Initial analysis identified highest mean scores for performance in the communication/teamwork (m= 4.66, SD= 0.50) and professional behaviour (m= 4.57, SD= 0.52) domains and lower scoring for the procedural skills domain (m=3.96, SD=0.95). Thematic analysis of assessor comments identified communication and teamwork as the recurring area of concern when junior doctors were not performing well. The preliminary analysis supports links between performance as students and junior doctors.

**Discussion:**
Findings from the content analysis of assessor comments suggest the communication and teamwork domains as discriminators in identifying the junior doctor in difficulty. Of interest is the possible link between limited experience with procedures as students and lower performance scores as a junior doctor.

**Conclusions:**
The thematic analysis together with correlations with performance measures of medical students will be explored fully at presentation. The practical implications of the findings will be discussed with the audience.
ID: 4340
Title: Academic Performance of International and CALD Medical Students
Dr Sue Outram, Dr Joanna Mesure, Dr Patrick McElduff

Introduction / Background:
Medical students from culturally and linguistically diverse (CALD) backgrounds, whether international or domestic students, may be disadvantaged academically in Australian universities. Almost one in five students currently entering the Newcastle campus of the Joint Medical Program are international students, and twice that number are of CALD backgrounds, but little information is available about their performance throughout the medical degree. Australian medical schools increasingly rely on funds from international medical students.

Purpose:
A cohort study to assess the academic performance of international and CALD medical students commencing from 2005-9 and identify stages and subject areas within the program where academic disadvantage may exist.

Issues for exploration:
Academic disadvantage may be greater in the initial years with gaps later narrowing as acclimatisation occurs regarding language and culture. CALD students may have greater difficulty with teaching methods that depend on communication skills that are strongly influenced by both language and culture (for example problem-based learning, or subjects with clinical interactions).

Results:
Significant differences in academic performance were found between international and domestic students throughout all stages of the course. Greater differences were found in courses that emphasize professional skills over medical sciences. A smaller, but statistically significant, difference was found when considering CALD students. One of the five cohorts assessed did not demonstrate any difference in academic performance in first and second year assessments.

Discussion:
The finding that one cohort has so far experienced no academic disadvantage warrants further investigation, both to see whether this persists throughout the program, and to identify how this cohort differs from the other four. Is enough being done to assist international students? What strategies have other medical programs used to reduce academic disparities and how successful have they been?

Conclusions:
International and CALD medical students are disadvantaged in terms of academic performance throughout the five year medical program, particularly in courses with a focus on clinical or professional skills. The greater difference in academic performance in clinical and professional skills courses suggests that greater support is required in these areas, for international and CALD domestic students.

ID: 4061
Title: Training our Future Doctors to Deliver Public Health Education
Dr Helen Rienits

Introduction / Background:
Studies show that motivating people to change health behaviour is difficult. Doctors are seen by the general public as being reliable sources of health information. They are an underutilised resource.

Purpose / Objectives:
To determine the factors limiting the effectiveness of health education delivered by doctors. To define important aspects that should be covered in medical student education to improve their future potential as health educators.

Issues / questions for exploration or ideas for discussion:
How do current medical curricula teach patient health education? Overview of the GSM medical student training in health education delivery: is this adequate? Is training in patient health education important for future preventive health? How could this subject be better taught in our medical schools?
Fostering Clinical Reasoning in Medical Students
A/Prof Michele Groves, A/Prof Ray Peterson

Introduction / Background:
Diagnosis based on sound clinical reasoning lies at the heart of medical practice; and consequently, medical schools focus on the development of their students’ clinical reasoning in more or less explicit ways. However, it is often not until the final years of medical school when students spend the majority of their time in direct contact with patients, that they begin to recognise the vital importance of clinical reasoning in the diagnostic process. Even then, diagnostic skill is often acquired more by a process of osmosis than actively within a broadly applicable framework.

Purpose / Objectives:
This presentation will describe the development, trial and initial evaluation of an interactive web-based application to foster and complement the experiential learning occurring in the later years of undergraduate medical training. The resource consists of a number of Clinical Reasoning Problems (eCRPs) that focus on the cognitive processes involved in clinical reasoning and provides immediate feedback on performance on the completion of a set of 10 problems.

Issues / questions for exploration or ideas for discussion:
Further studies will be aimed at exploring the potential of the eCRPs to:
1. Quantitatively assess clinical reasoning skill across a range of expertise from students and novices to experienced clinicians.
2. Identify and remediate specific defects in clinical reasoning at the individual level.

ID: 3828
Title: Standard Setting to Define Excellence
Prof Tim Wilkinson, Dr Mike Tweed

Introduction / Background:
Criterion referenced standard-setting is increasingly used in high stakes assessments. There has been good progress and some success in defining such standards for pass/fail decisions. Our Faculty recognises excellence in student performance by including an assessment result of “distinction”. Less has been written on setting standards for pass/distinction decisions or similar.

Purpose / Objectives:
To outline our experience to date in trialling some standard setting processes for distinction in a written exam and an OSCE.

Results:
We used an extension of the borderline regression method to define excellence in an OSCE. When we made such standards more explicit to staff members, the standard rose to largely unattainable levels for students. We used the modified Angoff method to define excellence for a MCQ exam. Once again, staff members set standards that were largely unattainable for students. We have refined both methods, maintaining criterion referenced standards, and now the number of students achieving distinction seems to be more consistent with expectations.

Discussion:
While staff members seem to identify the correct standard for pass-fail decisions using commonly used standard-setting procedures, they seem to overestimate the abilities of distinction students.

Conclusions:
Standard setting is more difficult in defining excellence. We share some methods we have tried with some expected and unexpected consequences.
ID: 4168
Title: EPIQ- Developing a Capable and Confident Nursing and Midwifery Workforce for Queensland
Mrs Michelle Materne, Ms Nicole Coogan

Introduction / Background:
Recommendations from the Ministerial taskforce (2006) and the Phillips KPA consultative review of Nursing and Midwifery clinical education and training in Queensland (2008) have provided a great opportunity for setting a modern direction for nursing and midwifery education and training for the future. Our mission is to build and foster the skills, knowledge and capacity of our nursing and midwifery workforce through a suite of modern, contemporary, clinically focused online education and training programs. This work will foster a culture of learning assisting with development of a competent nursing and midwifery workforce to deliver safe patient care, in specialised areas, to meet future health care needs and capital builds in QH.

Purpose / Objectives:
This descriptive paper will provide the early findings on a contemporary and innovative online education program known as Education for Practice in Queensland (EPIQ), that is currently being implemented across Queensland Health. The programs focus is to assist in the development of competent and safe workforce to address the skills, knowledge and capacity in preparing for the predicted workforce shortages in Qld.

Issues / questions for exploration or ideas for discussion:
Moving to a blended learning model encompassing E-learning activities and face-to-face educator/facilitator contact to enhance learning, forms the basis of the online programs. This is a significant body of work which will impact upon the delivery of postgraduate nursing and midwifery education across the healthcare continuum throughout Queensland. The program commences with non specialist, scenario-based, foundation modules to facilitate the application of theory to practice. The nurse/midwife moves onto core and specialist modules within their skill domain. Advanced standing into relevant postgraduate tertiary programs will be conferred on successful completion of the programs. The success of the project will be evidenced by an increase in the flexibility and sustainability of a specialist nursing and midwifery workforce. The program is currently being piloted with go live early 2011. It is anticipated that some early results will be available by June 2011.

ID: 4154
Title: Language as a Component of Cultural Safety
Mr John Hamilton

Introduction / Background:
Patient and practitioner language are both key influences on clinical communication. Language influences not only the quality of communication in terms of information transfer, but also the capacity of practitioners to establish rapport and maintain a culturally safe approach.

Purpose / Objectives:
This presentation reports on research conducted with final year medical students of Monash University’s Jeffrey Cheah School of Medicine and Health Sciences in Malaysia, operating in a culturally and linguistically diverse clinical setting. It investigated their perceptions of how the language they used influenced their interactions with patients as well as the nature of their learning within the clinical environment. This was in a setting where many of both the students and patients were to an extent multi-lingual, and in which both the students and patients varied considerably in their proficiency in the national language, Bahasa Malaysia.

Ideas for discussion:
The presentation explores how the language used to initiate clinical interactions may influence the nature of the communication. It reports briefly on a language program developed specifically to prepare students linguistically for their clinical learning in this context.
On-Line Examiner Training for OSCE

Dr Bunmi Malau-Aduli, Ms Sue Mulcahy, Prof Richard Turner

Introduction:
Objective structured clinical examinations (OSCEs) have gained wide popularity in the assessment of clinical competence in healthcare education. However, with the busy schedule of clinicians (examiners), it is usually difficult to organise examiner training sessions prior to the OSCE exams and this reduces inter-rater reliability.

Objectives:
The aim of this study was to improve OSCE examiners’ marking skills and reduce inter-rater variability. Ideas for discussion: The need for medical schools to ensure high inter-rater reliability, particularly in high stakes OSCEs.

Results:
An e-scoring program was developed, set up in a secure intranet site and used for examiner training for an Australian medical school 3rd year OSCE. Three out of the twelve OSCE scenarios were video-taped with interns roleplaying as students. Co-examiners assessed students’ performances, compared their scores, reflected on their judgements and chatted on-line about their decisions. Analysis of student results showed higher inter-rater reliability and lower differences in the spread of scores from the mean on the stations where the examiners had on-line training compared to the others. Survey results showed that examiners valued the process because it allowed them set the “expected standard” for the station prior to the actual exam.

Discussion:
This process helped examiners reach a consensus about their scoring techniques. Furthermore, given the busy schedule of examiners and the challenges of getting away from their activities to attend examiner-training sessions, the e-scoring package allowed examiners to use it in their own time.

Conclusions:
The e-scoring program has the potential to enhance inter-rater reliability in OSCEs.

Student Evaluation of Learning and Teaching for the MBBSI programme revealed two main areas for significant improvement: the usefulness and timeliness of feedback.

Introduction / Background:
MBBSI students were surveyed about feedback processes, their effectiveness and deficiencies.

Issues / questions for exploration or ideas for discussion:
Do students recognise how feedback is provided?
How to address the lack of written feedback so it is more useful?
Should the “worried well” have different feedback to the borderline students?
Which types of feedback are most effective, and why?
Is there a correlation between feedback preferences and grades?

Results:
Results revealed that the feedback that was most useful was that which was immediate, individual and verbal. Quantitative feedback on exams did not aid in further learning. Students reported:
1. Viewing exam papers and assignments assisted knowledge regarding expectations and correction of errors.
2. Verbal feedback in clinical skills encouraged more practice and enhanced desired timeframe of feedback.

Discussion:
The types of feedback were well acknowledged by students. A key issue is the provision of quality of written feedback according to the student desires.

Conclusions:
Whilst the principles of effective feedback are simple, the provision of feedback and its use is a complex process. To understand how best to provide written feedback, we need to understand better the concrete and cognitive processes students employ to apply feedback to learning.
ID: 4166
**Title:** Health Professional Education in Discrete (Remote) Aboriginal Communities in Australia’s Northern Territory

*A/Prof Frederic McConnel*, Prof Rose McEldowney

**Introduction / Background:**
Aboriginal people in remote communities exemplify the intractable discrepancies in health in Australian society. These are the majority of Aboriginal people in the Northern Territory. Their health services rely on non-indigenous health professionals, raising issues of cultural competence, community knowledge, and high turnover. Demographic changes in health care demand could thwart any increases in HP staff. These communities have not engaged well with the education system, with limited educational achievement, and low levels of English literacy and numeracy. Reluctance to leave the community for training perpetuates the dependence on non-indigenous health professionals, and ongoing refractory health outcomes.

**Purpose / Objectives:**
This paper posits a model of health professional education in this context, which recognises the need for “home grown” professionals and the actions for achieving this. It is a grass-roots solution with global application for transformational health professional education.

**Issues / questions for exploration or ideas for discussion:**
A community based model of training is presented commencing with Aboriginal Health Worker (AHW) training in schools leading to Aboriginal Health Professional development and streaming in a VET model. Achieved competencies provide RPL into higher education courses with supported distance learning and continued negotiated progression to full professional recognition in all health and related professions. Registration at each stage of progress provides for progress at the learner’s rate, to the learner’s desired level of attainment while maintaining professional employment in the learner’s community.

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ID: 4366
**Title:** Challenges and Achievement in Africa for Social Accountability

*Mr John Hamilton*

**Introduction / Background:**
This presentation will survey personal and institutional experience over three decades in medical schools in Nigeria, South Africa and Botswana as it relates to Social Accountability in medical and health professional education. Challenges and achievements will be compared with comparable initiatives in other continents. The benefits and risks of international co-operation and the lessons developing countries provide to developed countries will be highlighted. Issues that will be explored will include the impact of substantial US funding for Medical education building on the President’s Emergency Program for AIDS Research and the challenges in matching educational ideals to health service realities. The answer in part is to educate out in the community, beyond the medical boundary.
**ID: 4039**

**Title:** Student Support at a New Medical School: Activity Theory as a Framework for Analysis  
**A/Prof Wendy Hu, Prof Jennifer Reath, Prof Ian Wilson**

**Background:**  
Calls for increased accountability in medical education to produce practitioners who will meet explicit standards of professionalism and avoid patient harm have led to the development of fitness to practice policies in most medical schools. [1] Implementation of these policies has tended to overlap with strategies to support students in academic difficulty, influencing the development of these programs from an educational focus [2] to a regulatory function. This illustrates how medical education is embedded within particular historical and sociocultural contexts, which are implicit in debates concerning “what works” in education. Given this, Activity Theory is potentially a useful analytic framework to better understand and aid the development of student support programs.

**Purpose:**  
Using an action research approach, we examined activities related to student support in a new Medical School.

**Results:**  
Analysis of 49 key informant interviews and 8 group discussions with Medical School and University staff, students and others, supported by document analysis of University, state health and national policies, confirmed the complexity, dynamism and multiplicity of activity systems at work in “supporting students”.

**Discussion / Conclusions:**  
By acknowledging the socio-cultural nature of medical education Activity Theory has much to offer researchers and teachers. As an analytic framework it helps to make explicit the values which underpin the design of specific curricular programs.

**Questions for exploration:**  
What is the utility of Activity Theory as a theoretical framework for complex activities in health professional education? What are the implications if learning and pastoral support has more than an educational remit?


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**ID: 4302**

**Title:** Developing Professional Behaviour - the Perspectives of Clinical Educators  
**Ms Eileen Giles, Ms Trenna Albrecht, Ms Denise Ogilvie, Dr Sheila Scutter, Mr Tim Sawyer**

**Introduction / Background:**  
Recent research has demonstrated that undergraduate students have a well developed understanding of professional behaviour [1]. In contrast, anecdotal evidence has indicated that clinical educators are often concerned about aspects of student professional behaviour while completing clinical placements.

**Purpose / Objective:**  
The objective of the study was to compare the perceptions of clinical educators to the students regarding their professional behaviour in clinical placements.

**Issues / questions for exploration:**  
Generational difference between clinical educators/clinicians and students How do students learn professional behaviour? How do we assess professional behaviour?

**Results:**  
Students and clinical educators were given a questionnaire depicting professional scenarios and were asked to rate that scenario as to its level of professionalism. The clinical educator responses revealed that many views of students were similar to their own. Five out of the possible thirty questions however, did reveal differences in interpretation of whether the scenario represented professional, unprofessional or irrelevant behaviour. The second stage of the study involved interviewing clinical educators about their professional perceptions. Common themes relating to this interview will be discussed in the presentation

**Discussion:**  
The possible disconnect between clinical educator and student professionalism perceptions

Reference: (1) Stupans, I et al (in press) Advances in Health Sciences education
ID: 4367  
**Title:** General Practitioners’ Understanding of Palliative Radiation Therapy  
*Mrs Donna Matthews*

**Introduction / Background:**  
The General Practitioner (GP) plays a major role in the palliative treatment process. In order to provide the best opportunity for rural cancer patients to access appropriate care the GP must be aware of and well educated in the benefits and utilisation of palliative radiation therapy (PRT).

**Purpose / Objectives:**  
Data was obtained from South Australian GPs from both urban and rural areas, on their understanding and utilisation of PRT. The aim of the study was to determine the factors that influence a rural GP’s decision to refer a patient for consideration of radiation therapy (RT). Furthermore, the study obtained a baseline understanding of the effectiveness of RT amongst rural GPs.

**Issues / questions for exploration or ideas for discussion:**  
What tools are being utilised by GPs or medical schools in Australia to provide RT education? Do medical schools access radiation oncologists to assist with RT education?

**Results:**  
South Australian GPs have poor knowledge of RT for many cancer related problems that are deemed palliative. Urban GPs in this study tend to show a higher knowledge level of radiation therapy effectiveness compared to rural GPs.

**Discussion:**  
These results may indicate limited opportunities for patients to be referred to a radiation oncologist for PRT; in particular patients with common tumours, as treatment is often effective and it would be preferable for GPs to be aware of this.

**Conclusions:**  
This increased understanding that may lead to improved referrals to radiation oncologists for consideration of radiation therapy will ultimately lead to an improved treatment service to the patient.

ID: 4188  
**Title:** Management of a Human Bequest Program at a Rural Medical School  
*A/Prof Claudia Diaz, Ms Yissu Martinez*

**Introduction / Background:**  
Human anatomy is traditionally taught using human cadaveric material. However, establishing a human bequest program is a significant task, particularly at a rural medical school.

**Purpose / Objectives:**  
At James Cook University (JCU) revamping of the Human Bequest Program has occurred over 3 years and involved a series of policy and procedural changes to accommodate rural community needs. The anatomy department has attempted to establish facilities and resources of an international standard to service both the student and professional bodies of North Queensland (NQ). This is consistent with the social accountability mandate of our School.

**Issues / questions for exploration or ideas for discussion:**  
Communication and feedback from the local community has been a major focus and guide in revamping the Bequest Program. We have organized public talks and extensive media coverage that have enhanced our relationship with the local community.

**Results:**  
Improvements to the program have made a significant difference to the donation patterns in North Queensland. We have seen an exponential increase in donations, going from 0-2 donations per year pre-2008, to 20-30 donations per year in 2008-10. This has had a profound effect on the quality of anatomy classes that we provide to all students and to the professional community, including surgical trainees, chiropractors and surgeons.

**Discussion:**  
The establishment of a successful Human Bequest Program in rural areas must involve major community engagement. The effect on the education of students and professionals cannot be underestimated.

**Conclusions:**  
A functional human Bequest Program is an essential part of any anatomy program, and it can be achieved at all universities, including those in rural Australia.
Title: Medical Student Attitudes to Climate Change in the Medical School Curriculum: a Qualitative Study

Dr Graeme Horton, Dr Parker Magin, A/Prof Grant Blashki, Prof Dimity Pond, Dr Malcolm Ireland

Introduction / Background:
Climate change has been described by the World Health Organisation as the defining issue for public health during this century. Australia and New Zealand have been identified as vulnerable to heat and agricultural related impacts, as well as to alterations in transmission zones of vector-borne diseases. There are calls in the literature and from professional organisations for climate change health topics to be included in health education curricula. The input of students in shaping curricula is important and there is little available data about the views of medical students on this topic. 24 medical students from the University of Newcastle and the University of New England were interviewed in four focus groups in order to explore their attitudes on the incorporation of “Health impacts of climate change” in the medical school curriculum. A range of views were expressed on whether climate change is occurring as a result of human activity, Perception of the inferiority of scientific evidence derived from studies other than RCT’s appeared to influence the opinion of some students about climate science. Some expressed preference for both sides of the climate “debate” to be presented as part of their learning activity. Many saw this as an important health topic which had a place in the curriculum but concerns were raised about the cost of reducing time of other topics. A number of suggestions on how these issues could be best incorporated in the curriculum were made, including problem based learning, ethical debates and presentations by experts.

Title: Is Community Based Medical Education a Transformative Learning Experience?

Ms Janet Richards, Julie Ash, Helena Ward, Narelle Campbell

Introduction / Background:
Mezirow’s transformative learning theory offers a theoretical foundation for the changes seen in medical students as they move from theory-based knowledge to novice clinician during a longitudinal integrated placement. Mezirow suggests adults move through three broad phases as they learn. Initially, there is a “disorienting dilemma” prompting an immediate need to learn something new accompanied by an unsettled sensation. This is followed by a reintegration phase where old assumptions are challenged and new knowledge and actions are developed. Thirdly, there is a phase of assimilation and reintegration such that the person is fundamentally changed. Three conditions are required for this process of transformative learning to occur: a) the context must be appropriate for transformative learning; b) the learner must engage in self-reflection; c) the learner must engage in critical discourse.

Purpose / Objectives:
This presentation of preliminary research data explores the medical students’ expectations of the 3rd year clinical experience and examines how the “disorienting dilemma” arises during a longitudinal integrated clinical placement in the Flinders University Parallel Rural Community Curriculum.

Issues / questions for exploration or ideas for discussion:
What is the nature of a “disorienting dilemma” in the learning journey of medical students in the Flinders University PRCC?

Results:
Analysis of initial interviews with medical students conducted at the end of year 2 and early in year 3 to seek understanding of how students develop knowledge, clinical skills and professional values in the first few months of clinical training across 3 medical program settings.

Discussion:
Preliminary evidence that describes the distinctive aspects of the Flinders University PRCC learning journey.

Conclusions:
Does preliminary analysis support the theory that the PRCC engenders a transformative learning experience in contrast to other Flinders University medical programs?
**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4285**  
**Title:** Metaphysics and Medical Education  
**Dr Bruce Wilson**

**Introduction / Background:**  
Medical education is now suffused with concepts which have their source outside the traditional scientific and medical disciplines; concepts such as holism, connectedness, and reflective practice. Teaching of these, and other problematic concepts such as medical uncertainty and error, has been defined more by the challenge they pose to the standard model rather than being informed by a strong positive understanding. This challenge typically involves a critical engagement with the idea of objectivity, which is rarely acknowledged as an inherently metaphysical critique. Consequently these ideas prove to be difficult to teach well.

**Purpose / Objectives:**  
I suggest that the lack of an integrating, positive narrative is the reason for teaching difficultly, and propose that what is needed is an explicit commitment to teach the metaphysics of medicine. An acknowledged metaphysical narrative will encompass the typical scientific realism that most medical students bring to their tertiary education, and at the same time enable a bigger picture to be drawn which puts the newer and more problematic concepts into context. A beneficial side-effect is that standard explanations of medical ethics become better integrated into the larger curriculum.

**Issues / questions for exploration or ideas for discussion:**  
Candidate metaphysical approaches include process philosophy, pragmatism, and Aristotelian metaphysics. Crucially, no single metaphysical system should be mandated as the sole source of an integrating narrative - the critical point is that although each generates diverse concepts, it is in their various critiques of objectivity that a certain convergence occurs. I will conclude with some thoughts about the necessary limitations of an explicitly metaphysical approach to teaching medicine.

**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4257**  
**Title:** Children’s Travel to School: Environmental and Family Considerations  
**Mrs Karina Pont, Prof Jenny Ziviani, Dr David Wadley, Dr Rebecca Abbott**

**Introduction:**  
Active Travel (AT) to school has been identified as a way embedding physical activity into children’s everyday lives. To promote AT among children in an informed way, however, requires consideration of: environmental factors, individual family circumstances and, the decision-making processes that underpin children’s engagement in AT.

**Objective:**  
To investigate the environmental and family factors that influence parents’ decision-making in respect of their children’s participation in AT to school.

**Questions for exploration:**  
Is there a difference in rates of AT for children on their basis of their residence in areas determined to provide high or low physical environment supportiveness. Furthermore, to what extent do parents’ perceptions, and evaluations of, environmental attributes, child and family characteristics contribute to children’s engagement in AT to and/or from school?

**Results:**  
43% of a total sample of 206 children used AT to and/or from school in the week prior to data collection. Significantly more of these children live in environments considered environmentally supportive ($\chi^2 = 11.68, p < 0.01$). Increasing distance to school, parental concerns about traffic were associated with lower rates of AT. Increasing presence of footpaths, and children’s involvement with the decision-making process were associated with higher rates of AT.

**Discussion and Conclusions:**  
In isolation, individual environmental or family factors do not influence the decision-making process regarding children’s AT. Instead, it is part of a complex and dynamic process. The physical environment, parents’ perceptions of this and of their children, alongside children’s involvement in decision-making are important considerations if rates of AT are to be increased for the purpose of enhancing health promoting behaviours.
ID: 3831
Title: Personal Insightfulness: Important but Difficult to Assess?
Dr Mike Tweed, Prof Tim Wilkinson

Introduction / Background:
A competent practising healthcare professional will be insightful into their own limitations and the potential consequences of their actions. They will realise when they have reached their limit of scope or expertise and will defer to another healthcare professional or seek further information. They will balance risks and benefits of actions. Deficits in this attribute will lead to overconfidence or underconfidence in personal ability and a disregard for consequences in the wellbeing of others. How can insightfulness be assessed to produce valid outcomes, in a reliable manner, that is acceptable to staff and candidates, and practical to run?

Purpose / Objectives:
We would like to share our thoughts on these issues and hear the thoughts of others: To discuss the concept of personal insightfulness To propose processes that might inform assessment of personal insightfulness.

Issues / questions for exploration or ideas for discussion:
Is personal insightfulness generalisable or case specific?
What processes might be useful in assessing personal insightfulness?
Can it be assessed in undergraduates?
If we assessed insightfulness in undergraduates, would it predict subsequent performance, including postgraduate performance?

ID: 4040
Title: Medical Deans – AIDA National Indigenous Health Review: Setting National Recommendations on Indigenous Health Content and Student Recruitment and Retention to Best Cater for Diverse Australian Medical School Contexts
Mr Joe Cavanagh

Introduction / Background:
The Medical Deans - AIDA Indigenous Health Review emanated out of the 2008-2011 collaboration agreement between the two organisations. The Review seeks to audit and assess the implementation of the CDAMS (now Medical Deans) Indigenous Health Curriculum Framework and the AIDA’s Healthy Futures Report within Australian medical schools. The final report will include a set of tailored recommendations based on the findings which will be put forward to all Deans of medicine. These recommendations will act to promote medical school’s successful achievements, and address barriers involved in implementing the Healthy Futures Report and the Indigenous Health Curriculum Framework.

Purpose / Objectives:
The objective of the session will be to discuss the construction of the Review’s recommendations.

Issues / questions for exploration or ideas for discussion:
The influence of national recommendations and standards to effect positive change in Australian medical education. The findings of the research (not yet available) and possible recommendations will be explored in relation to the above issue.
SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4230
Title: An Ethical Approach to Developing a Community-Based Program for Teaching Sensitive Examination Techniques in Men’s Health

Mr Neil Sefton, Prof Richard Turner, Prof Craig Zimitat

Introduction / Background:
The University of Tasmania School of Medicine has recently extended its Clinical Teaching Associates (CTA) program to include men from the community who are trained to teach students the necessary skills for appropriate sensitive examinations (i.e. genital examinations and digital rectal examinations). Learning sensitive examination techniques is acknowledged as a difficult set of professional skills to acquire for the healthcare student. However, the development of the program also presents considerable challenges.

Purpose / Objectives:
The purpose of this session is to discuss key steps and ethical decision making processes during the planning and development of the program. We will also draw upon our experiences with the long running women’s health CTA program.

Issues / questions for exploration or ideas for discussion:
What are the ethical dilemmas in developing such a program?
How, and who, do we recruit community members to participate in such programs?
How do we avoid exploitation of CTAs as bodies for hire?
How do we manage privacy and confidentiality in a small[ish] community?
How do we prepare CTAs for understanding and teaching sensitive examinations?
Who owns / controls the CTA program and its development?
How do we value and support our CTAs in a sustainable program?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4183
Title: Case Based Learning in a Distributed Programme - how do we Engage Rural Clinicians in Curriculum Development?

A/Prof Lyndal Parker-Newlyn, Dr Jennifer Asquith, Dr Ian Hoult, Dr Helen Maloof, Dr Kate Manderson, Dr Alexander Petersen, Dr Salvatore Sanzone

Introduction / Background:
All students at the UOW GSM undertake a long term community based integrated placement for 40 weeks in Phase 3 of the MBBS programme (following 35 weeks of hospital specialty rotations in Phase 2). During this integrated placement our students are distributed in twelve regional, rural and remote hubs across NSW. A goal in our curriculum design has been to develop and deliver engaging and realistic integrated Case Based Learning in this dispersed environment. Through a series of challenges, both educational and logistic, we have developed a successful model to deliver clinical cases with problem based learning pedagogy centrally in an electronic format with the students undertaking group work at their regional hubs. The ongoing challenge now is that to keep these cases current and accurate we require continuing review and input from the clinicians in the regions we serve, doctors who are time poor and at the coalface of clinical care.

Purpose / Objectives:
In this PeArL we wish to explore some of the challenges of coordinating widely dispersed professionals (geographically, clinically & philosophically) to deliver Case Based Learning in an integrated community based curriculum. We would be keen to learn of others’ experiences in engaging, training and utilising the experience of clinicians in rural contexts.

Issues for exploration:
Challenge of engaging with busy specialists/GPs to gain input and feedback
Challenge ensuring the content is current and appropriate to students’ educational level
Evidence-based challenges with resolving the conflict between points of view on best management

Questions for discussion:
1. Who is the best person to develop a case - specialist vs. generalist?
2. How do you keep rural practitioners engaged in curriculum development?
3. How do you deliver appropriate faculty training and development to dispersed staff?
ID: 4180
Title: Creating an Environment for Improving Social Accountability in Health Professional Education

Ms Iris Lindemann, Dr Helena Ward, Prof David Prideaux, A/Prof Sarah Larkins, Ms Robyn Preston, Ms Simone Ross

Introduction / Background:
For the past two years, a consortium of eight medical schools have collaborated as THEnet [Training for Health Equity Network] to develop a framework for identifying and measuring socially accountable practices within health professional education (HPE). This draft evaluation framework was pilot tested at six schools during 2010 which provided some experience in factors which enhance and which discourage socially accountable practice within a HPE context. This workshop aims to encourage participants to consider the implementation of THEnet draft Evaluation Framework within their own health education context and to identify the barriers to and enablers for improving socially accountable practices. The workshop will facilitate sharing of experiences between participants and provide suggestions for those organisations who want to implement strategies to become more socially accountable. The draft THEnet framework for evaluating Social accountability in HPE will be presented and discussed on and discuss the factors which would enable and discourage implementation of these key components within their own health education context. This information will be shared towards the end of the workshop, common themes collated and the “ideal environment” for implementing more socially accountable practices will be agreed on.

Issues / questions for exploration or ideas for discussion:
What are the key barriers and enablers within your own HPE context to moving towards more socially accountable practices within your organisation?
What is the “ideal environment” for implementing change towards more social accountability?

ID: 4086
Title: Rethinking Medical Education: which way do we Turn Now?
Dr Stephen Loftus

Introduction / Background:
In the scholarship and research of medical education there are a number of avenues and discourses we can use to expand the ways in which we think through the issues we face. These include a number of so-called “turns”, such as the linguistic turn, the practice turn, the ethical turn, and the postmodern turn to name a few.

Purpose / Objectives:
In this PeARL, participants will explore, with the presenter, the advantages and disadvantages of the various “turns” and what they offer the scholarship of medical education.

Issues / questions for exploration or ideas for discussion:
What “turns” do participants know about?
What advantages and disadvantages do participants believe are offered by the various “turns”?
Can they be combined in useful and interesting ways?
Concurrent Session 2  1330 - 1500  Cultural Safety Workshop

ID: 4073
Title: Introducing the Byalawa Project Resources: Teaching Health Profession Students how to Communicate Effectively with Indigenous People

Ms Lyndal Sheepway, Dr Tricia McCabe, Ms Sally Farrington, Dr Belinda Kenny, Dr Lisa Pont, Dr Lynette Mackenzie, Ms Susan Morrison, Ms Louise Brown, Dr Lilon Bandler, Mr Adrian Miller

Introduction / Background:
The Byalawa Project was funded by a two year Australian Learning and Teaching Council (ALTC) Competitive Grant and brought together academics from a wide range of health disciplines across two universities. The purpose of the Byalawa Project was to develop high-quality, research-based teaching and learning materials to facilitate the acquisition of appropriate, culturally-safe interviewing and case-history taking skills of health profession students. The materials have been designed for use by academics and clinical teachers in a broad range of health professions either in single-profession or interprofessional learning contexts. The materials consist of a website, case studies, learning goals and learning objectives, and are freely available at www.byalawa.com.

Purpose / Objectives:
1. To introduce the materials and how to access them
2. To demonstrate possible uses of the materials through worked examples
3. To allow participants opportunities to explore the materials for their own use
4. To brainstorm and discuss uses of the materials with other participants

Issues / questions for exploration or ideas for discussion:
1. What are your needs for teaching students about communication/interviewing (both generic and with Indigenous people)?
2. How could you incorporate the Byalawa materials into your teaching?

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:
- Demonstration - Posing questions to the group of participants - Brainstorming - Small group work - Personal reflection

ID: 4278
Title: A Hands on Introduction to the Flinders Program of Training in Chronic Condition Management

Mr Peter Stewart

Introduction:
Supporting self-management is a vital element of care for chronic medical conditions. The Flinders Program of chronic condition management, developed in the Department of Psychiatry at Flinders University is now being used in Asian and Western countries and has shown effectiveness in increasing self-management skills by people with chronic conditions and comorbidities, including mental health conditions and medical illnesses. However, even proven self-management support interventions are ineffective if barriers, either in the patient’s own circumstances or in the health service, prevent self-management. Training in the Expanded Flinders Program of Chronic Condition Management is available to Aboriginal Health Workers, General Practitioners, Registered Nurses and allied health professionals who deliver health services for Aboriginal and Torres Strait Islander patients. The Expanded Flinders Program provides between 1-4 days of training that includes learning the principles of chronic disease support and practicing the Flinders tools of chronic condition management, in particular skill in care planning. The aim of the program is to enable Indigenous Australian people greater personal self-management of their chronic health conditions. Nested in the 4 day program is a 1 day program for General Practitioners.

Purpose:
Participants in this workshop will have an introduction to and the opportunity to practice the Flinders tools for the development of care plans: Partners in Health Scale - the person’s self-assessment of their strength, The Cue and Response - the yarn they gave with their HQ about this Problems and Goals-the main concerns they have and how they want to address them, The Flinders Care Plan - the shared plan of support.

Questions for discussion:
Could the Flinders Program assist primary health services achieve better health outcomes for people with chronic conditions?
**Concurrent Session 3  1530 - 1700  Grass Roots**

**ID: 4245**

**Title:** Consistency in Delivery of Clinical Skills Training in Distributed Campus Primary Care Teaching Settings

*Dr Kate Manderson, A/Prof Lyndal Parker-Newlyn, Dr Jennifer Asquith, Dr Sal Sanzone, Dr Helen Maloof, Dr Alexander Petersen, Dr Ian Hoult*

**Introduction / Background:**
Clinical skills is a core component of medical education, ensuring students develop into doctors with sufficient competence and confidence to practice the “laying on of hands” at an acceptable standard. Primary care skills are different to those required for hospital medicine, and need to be taught in the primary care setting. A distributed campus such as at the University of Wollongong engages the support of multiple different clinicians in many different environments. While this provides a great breadth of teaching experience, it may lead to groups of students having a better (or worse) quality of skills training than that of their counterparts in other locations.

**Purpose / Objectives:**
To discuss the methods by which the different characteristics of different primary care skills teaching environments can be used while ensuring that the skills teaching and learning experience meets the educational outcomes required for all students at all sites.

**Issues / questions for exploration or ideas for discussion:**
How the unique teaching opportunities for one setting can be translated and delivered at other settings with different resources and facilities. How a standard skills curriculum can be delivered in different ways to best use the available facilities and educators at different sites. What is the minimum level and standard of teaching facility and educator qualification that is need to ensure all sites can deliver skills curriculum at the expected standard.

**ID: 4275**

**Title:** Technology and Trainee Interns: is Obstetrics and Gynaecology Teaching Going the Distance?

*Dr Peter Gallagher, Dr Diane Kenwright*

**Introduction / Background:**
Many sixth year (Trainee Intern) O & G medical students are placed in provincial centres. Previous feedback surveys suggested that these students felt disadvantaged using distance education. Currently distance education is delivered using traditional methods (textbooks, DVDs) and “Web1.0” software (emails, static material on BlackboardTM).

**Purpose / Objectives:**
Using structured interviews and a survey we asked how staff and students would prefer to access distance education, how familiar they were with “Web2.0” software (wikis, podcasts, blogs and social networking), and what is required to make distance education work well.

**Issues / questions for exploration or ideas for discussion:**
Do we need to invest more in “Web 2.0” technologies to improve distance education?

**Results:**
“Web 2.0” technologies were used by students socially but not academically - except for Wikipedia. Both staff and students felt competent using web1.0 (“the internet”) but many students did not access BlackboardTM for information, citing the limited material there as a reason. Both groups highly valued face-to-face contact and distant students were frustrated by the inability to attend tutorials.

**Discussion:**
Universities should consider investing in and encouraging videoconferencing and better use of current technology, rather than implementing “Web 2.0” technology. The latter will likely move from the social to academic arenas in future, but development of this is not immediately necessary to meet students learning needs.

**Conclusions:**
A blended learning delivery comprising videoconferencing combined with better use of BlackboardTM would meet students learning preferences.
**Title:** Learner Support at the Northern Ontario School of Medicine’s (NOSM) Community-Engaged and Distributed Model of Undergraduate Medical Education  

*Mrs Tracy Al-idrissi,* Dr Gerry Cooper

**Introduction / Background:**  
Medical learners are typically bright, driven and accomplished. As adult learners, they likely have many familial, financial and/or social obligations; at times, these may compete with one’s ability to focus on academia. Not surprisingly, many experience significant stress concurrent to their medical education. Demanding academic programs are thus compounded by such stress levels. Consider how this might be exacerbated if such an individual were geographically separated from their natural community engaged distributed model of undergraduate medical education. The picture is further complicated by LCME/CACMS accreditation requirements MS-27 and MS 27A which respectively dictate that medical students must have access to effective health services while those who provide the services ought not to have involvement with the student’s academic program; significant challenges when the students are located in small/rural communities.

**Purpose / Objectives:**  
This paper presents an innovative model of learner support services highlighting two pilot projects underway to address the above mentioned issues: a collaborative effort between NOSM and the Centre for Addiction and Mental Health (CAMH); and a second student assistance program offered through NOSM’s East Campus Employee Assistance Program (EAP) provider, Shepell*fgi. The presentation will provide a roadmap of critical events that have led to the present state where the programs are being piloted.

**Issues / questions for exploration or ideas for discussion:**  
Participants will be able to suggest ideas that may be helpful to the program’s overall design as well as prompt the presenters with challenges that may have yet to be explored.

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**Title:** Developing Grass Roots Clinical Education  

*Ms Dale Catherine Sheehan*

**Introduction / Background:**  
Teaching is a critical part of health professional education, and patient teaching is a key element in patient centred care, yet those who teach in the community get limited access to research and education that can assist them in their teaching role.

**Purpose / Objectives:**  
In 2010 an inter-professional group of health professional educators from across the health sector held a forum to bring together health professionals with a teaching, supervision or patient educator role in order to promote and share innovation in teaching and learning. The planning group included representatives from primary care, community health promotion and education agencies, Maori health providers, private and public hospitals and agencies and local tertiary institutions. It was important to the planning group that all voices were heard and that the design and format of the forum attracted a wide range of participants and in particular those under represented at academic forums. To ensure the widest participation we took an approach to programme design and creation that encouraged wide and varied opportunities for participation. The outcome of was an interactive, interprofessional forum for clinical educators from all disciplines and, with 120 full day participants with numbers sublimated by those who attended short sessions.

**Issues / questions for exploration or ideas for discussion:**  
We ran this forum on a very small budget three weeks after the Christchurch earthquake, an achievement in itself! This paper will share the process, programme design and the evaluations from this highly successful day and explore how others may adapt this approach. A link to the website where presentations and outputs from the day can be accessed will be provided.
ID: 4134
Title: Medical School Experience and Preparation for Internship
Prof Louis Landau, Mr Nick Kominos, Ms Bal Kaur

Introduction / Background:
The Medical Schools Outcomes Database (MSOD) is a resource providing data on demographic, training experience and career intentions for students enrolled in all medical schools in Australia and New Zealand. This report covers data collected from the first pilot cohort at the end of their internship.

Purpose / Objectives:
Previous reports of training on preparation for internship have been focussed on individual school populations, but the MSOD will allow assessment of the training experiences in all medical schools on preparation for the intern year and the impact of both on career intentions.

Questions:
Pilot data are available for the first 3 schools in MSOD, from the first year of enrolment in medical school to the end of internship. These schools included 2 capital city and one regional school. Linkages between demographic data, training, intern experience and career intentions were analysed.

Results:
At the end of internship, 79% of doctors from school 1, 73% from school 2 and 72% from school 3 felt that they were prepared for internship. The course in school 1 had 31% of clinical placements in the community, school 2 had 27% and school 3 had 22% in the community. School 1 had 43% electives in clinical disciplines and 57% in non-clinical disciplines, whereas schools 2 and 3 had 100% of electives in clinical disciplines.

Discussion:
The number of interns who indicate that they were not adequately prepared for internship remains unacceptably high. Many of the skills for internship may be acquired better in non traditional placements and not necessarily in a teaching hospital.

Conclusions:
Factors between schools and between placements that help develop the skills for internship will need to be further analysed.

ID: 4142
Title: Preparing Medical Students for Clinical Collaborative Competence as Interns: Development of a Work-Based Assessment to Drive Learning
Dr Asela Olupeliyawa, Dr Chinthaka Balasooriya, A/Prof Chris Hughes, A/Prof Anthony O’Sullivan

Introduction / Background:
Learning to collaborate effectively within health care teams is critical in the transition from student to intern, with significant implications for patient safety. These professional attributes are important throughout the career of a medical professional.

Objectives:
The objective of this research is to develop a focussed assessment approach to support medical students’ learning in the collaborative competencies required for effective performance as interns.

Issues for exploration:
The validity, reliability and feasibility of a work-based assessment for intern collaborative competencies, as well as its impact on student learning was investigated through the design of the assessment instrument and its trialling among senior medical students.

Results:
To build the validity of the instrument, the items to be assessed were developed through thematic analysis of interviews with clinical supervisors (n=14) in Australia and Sri Lanka and validated through exploratory factor analysis and consensus selection in a modified Delphi study with clinical supervisors of interns across Australia (n=103). Intern collaborative competencies are represented by the constructs of safe communication, responsible action and team relationships, and include behaviours such as appropriately liaising with other health professionals, knowing your own responsibilities and limitations, and communicating succinctly and with appropriate urgency. An encounter specific work-based assessment focused on these behaviours, similar in format to the Mini-CEX (Norcini et al, 1995), was designed. Important intern tasks, such as clinical handovers, requesting consults, and patient management and discharge discussions, were identified through the interviews as potential assessment encounters. The assessment was trialled at the University of New South Wales (n=29) and University of Colombo, Sri Lanka (n=25). Reliability studies suggest that around 8 encounters are required to achieve a generalizability co-efficient in excess of 0.8. Further analysis of the assessment forms, focus groups with students (n=55) and interviews with assessors (n=6) suggest that the assessment could be conducted within 15-20 minutes, that the focussed behaviours could be observed and rated, and that constructive feedback could be given.

Discussion:
The findings suggest that intern collaborative competencies can be effectively assessed in the workplace, with validity and reliability on par with literature on work-based assessment. Students found the targeted practice of the clinical tasks, the focus on the specified competencies and the feedback received to be of positive educational impact, and these aspects may need to be emphasized in work-based assessments to maximize the potential of assessment to drive learning.

Conclusions:
Contextualised assessment of collaborative competencies, with feedback, may have a significant impact on the preparation of medical students for their role as interns.
**ID: 4197**

**Title:** Socially-Accountable Training in Overseas Settings: the Guide to Working Abroad for Australian Medical Students and Junior Doctors  

*Dr Rob Mitchell, Dr Jake Parker*

**Introduction / Background:**

As global health consciousness in the Australian community grows, medical students and junior doctors are increasingly interested in overseas training opportunities. While many undergraduates use their elective placement for this purpose, postgraduates tend to assume positions in foreign hospitals, research institutes, or humanitarian and development programs. Organising an overseas placement is a complex task however, and locating concise and reliable information can be difficult. There is also a paucity of information on how placements abroad can be conducted in a socially-accountable manner. On this background, the Australian Medical Association and the Australian Medical Students’ Association developed the ‘Guide to Working Abroad for Australian Medical Students and Junior Doctors.

**Purpose / Objectives:**

The Guide was designed to provide trainees with practical advice about organising meaningful overseas placements, which are beneficial to their own personal and professional development as well as their host community. While it is applicable to all international settings, the focus is on under-resourced environments. Recognising that working overseas has the potential for harm, the Guide also set out to detail the important social and ethical issues that trainees need to consider before arranging a placement. It is prefaced with ten principles to this effect.

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

This presentation will highlight these principles and provide a walk-through of the Guide. Discussion will focus on how educators of undergraduate and postgraduate trainees might utilise this resource to assist with the co-ordination of overseas placements.

**Conclusions:**

‘The Guide to Working Abroad’, which has been well-received to date, is a comprehensive tool-kit that will be of interest to students, junior doctors and educators alike. It will assist in the delivery of socially-accountable placements in overseas settings.

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**ID: 4241**

**Title:** Building Critical Care Capacity in Timor Leste through Education  

*Dr Kirsty Foster, Dr Roger Harris, Dr Lyndal Trevena, Dr Andrea Marshall, Dr Anthony Delaney, Ms Rebecca Riordan, Ms Leila Kuzmiuk, Dr Dilhani Bandaranayake*

**Introduction / Background:**

Timor Leste is a fledgling nation recovering from a violent recent past. Lack of basic infrastructure has significant impact on the health of her one million people. The Timorese Ministry of Health identified the need to build critical care capacity in an overburdened and under-resourced health system.

**Purpose:**

Interprofessional collaboration between Australia and Timor Leste led to the development of a Critical Care Skills Workshop for medical and nursing staff at the National Hospital in Dili. Run by doctors and nurses, the workshops focus on assessment and immediate management of severely ill patients. SCORPIO was used to teach clinical skills and scenarios were used to develop clinical reasoning, decision-making and effective teamwork. As part of the sustainability strategy six Timorese tutors were trained in practical teaching methods in addition to workshop content.

**Results:**

Two three-day workshops were run six months apart at the National Hospital in Dili involving 52 emergency, intensive care and operating theatre staff. Evaluation was positive and participants enjoyed the interactive, practical program. On a third visit a combined Australian and Timorese teaching team ran a workshop for fifteen doctors and nurses at a rural referral hospital. Timorese tutors successfully led this workshop supported by their Australian colleagues.

**Discussion:**

The ongoing relationship fostered by repeat visits has facilitated openness about challenging areas such as interprofessional teamwork in a traditional hierarchical setting. Involvement of local staff at all stages of planning has made tailoring a useful program possible.

**Conclusion:**

Challenges faced by health professionals in developing countries are often different from those familiar to westerners. A flexible, responsive, collaborative approach and mutual respect are essential when planning and providing educational experiences in developing countries.
Introduction / Background:
International students (IS) face many challenges when studying at Australian medical schools, including communicating in English as their second language and overcoming cultural barriers to optimise learning from patient interactions.

Objective:
This study aimed to compare the knowledge, attitudes and experiences of IS and domestic students (DS) in performing sensitive male examinations (SME) to inform the development of a Men's health curriculum.

Issues:
What issues, if any, need to be addressed to maximise learning opportunities for all students in the new curriculum?

Method:
An anonymous questionnaire given to clinical year students studying at the University of Tasmania in 2010. SME were defined as testicular (TE), inguinal (IE) and digital rectal examinations (DRE).

Results:
166 of 201 students responded (83%); 33 (20%) were IS. IS performed significantly fewer SME (all p<0.01) than DS. Most IS (85%) had experienced limitations to performing SME, most commonly from a lack of skill and confidence (36% compared with 15% of DS).

No differences were found regarding the importance of screening and knowledge of male genitourinary cancers.

Discussion:
Knowledge of men's health issues is consistent between IS and DS. Nearly half of all students lack confidence and skill in performing SME, which may persist into their early medical career.

Conclusion:
The Men's health curriculum design needs to find ways to address the most common barriers for both IS and DS.
Visitor or Inhabitant? the Needs of Undergraduate Transnational Medical Students

Ms Jennifer Lindley, Ms Louise McCall, Ms Adela Abu-Arab

Introduction / Background:
We conducted this research to identify key issues and their impact upon undergraduate students at a large Australian university delivering an undergraduate medicine course in Australia and Malaysia. The bi-national setting provided a unique opportunity to explore issues for a single medicine course delivered in two culturally and geographically distinct locations, extending the relevance of this study to other (non-Australian) providers of transnational medical education.

Purpose / Objectives:
This study was undertaken to identify key issues for undergraduate medical students undertaking their course in both on and offshore settings and the impact of these issues on the students’ ability to learn.

Issues / questions for exploration or ideas for discussion:
Impact students moving into cultures which are not familiar to them. Approaches to program implementation that are sensitive to the diversity of their students and responsive to the future needs of graduates. Challenges to implementing appropriate programs to ensure cultural safety.

Results:
The data mapped to a Maslow’s hierarchy of needs affecting students’ ability to learn. These were categorized under four major themes: context and culture; language and communication; relationships; and coping.

Discussion:
The results highlight the complexities of migration from one learning environment to another and suggest the need for a cohesive institutional approach to support medical student movement between culturally diverse settings as well as the translation of medical curriculum from one cultural context to another.

Conclusions:
This research suggests that to meet the challenges of transnational education, institutions require a customized approach.

Empowering Medical Students through Mentoring: a Pilot Program that Provides a Mentoring Service to Rural and Indigenous High School Students

Mr Budhima Nanayakkara, Mr David Phillips

Introduction / Background:
Health and education are intimately related. Increasing the educational levels of a community will increase their health outcomes. Indeed, regions in Australia that fall behind in education also fall behind in health. This is true for rural and Indigenous Australia. We have started two programs: a rural mentoring service for the Monaro region and a mentoring program for Indigenous students. The rural mentoring service aims to increase student awareness of tertiary education, increase study skills and exam technique and provide specialist tuition. The ultimate goal is to increase student numbers enrolling in university. The Indigenous mentoring program seeks to advice koori students of pathways that are available after high school and improve high school retention rates. The rural and Indigenous mentoring programs have been running for two years and one year, respectively, with positive feedback from tutors, students and teachers. As a result of their success, both programs are continuing on into 2011. The tutors are medical students with a passion for education and improving the outcomes of rural and Indigenous health.

Purpose / Objectives:
The purpose of this presentation is to highlight the importance of instilling a culture of education in rural and indigenous students. We propose that medical students can play a pivotal part in a program aimed at raising awareness of the importance of education. In addition, through participation in our program, we believe that our tutors are left feeling empowered and are more likely to pursue careers in rural and Indigenous health.

Issues / questions for exploration or ideas for discussion:
We will discuss both programs. We will focus on the difficulties of providing mentoring to a diverse group of students. In addition, we will contemplate the difficulties of providing mentoring to koori students with personal reflections.
ID: 4127

Title: Cultural Competence Online - Tihei Mauri Ora!

Dr David Jansen

Introduction / Background:
The legislative context for cultural competence was established in the Health Practitioner Competence Assurance Act 2003 which requires health professional registration authorities to set standards of cultural competence (section 118 i)#1. However, there is no single standard of cultural competence for all health professionals in Aotearoa/NZ. Mauri Ora Associates worked with the Medical Council of New Zealand to develop the “Statement on cultural competence” #2 and the “Statement on best practices when providing care to Maori patients and their whanau.” #3 These statements establish the standard expected of medical practitioners when working with indigenous people and Aotearoa/NZ’s culturally diverse population. Other registration authorities have developed their own standards de novo or based on the Medical Council resources. Mauri Ora Associates have developed an online cultural competence training tool under contract to the New Zealand Ministry of Health. The online training will be provided to nearly 80,000 New Zealand health professionals and health workers. We report on the development and delivery of this important cultural competency training tool.

Purpose / Objectives:
To review the background and context for developing cultural competence training courses in Aotearoa/NZ.
To describe the development of an innovative online cultural competence training tool.

Issues / questions for exploration or ideas for discussion:
Assessment and evaluation of online learning.
Access and engagement of health professionals in online learning.
Designing and building online learning resources.


ID: 4082

Title: Educating Registered Nurses and Aboriginal Health Workers Together: What did we Learn?

Mrs Clarissa Comerford, Ms Melinda Hassall

Introduction:
Aboriginal Health Workers in the Northern Territory are ideally situated to ensure vaccination compliance in their communities. Prior to 2010 the About Giving Vaccines (AGV) program had been run as a separate (five day) course for Aboriginal Health Workers and Registered Nurses (three days). When successfully completed participants can administer vaccinations in the Northern Territory. Aboriginal Health Workers and Registered Nurses are meant to work together as a team, but training has usually been separate. Prior to the workshop, there was an apparent lack of awareness amongst Registered Nurses regarding the scope of practice of Aboriginal Health Workers and a mistrust of their capacity to deliver in the clinical setting.

Purpose:
This paper will describe the outcome of the decision to offer joint training; the expected and the unexpected outcomes, and will discuss the implications for further training including challenging assumptions about how and who we learn with.

Ideas for discussion:
The successful completion of two combined About Giving Vaccines courses enabled Registered Nurses and educators to reflect on attitudes related to working with Aboriginal Health Workers. to explore flexible innovative and culturally safe strategies to meet the learning needs of course participants and ensure an assessment framework that met course requirements whilst catering for individual needs. This paper would be relevant to all educators and health professionals who are working in culturally diverse environments, or those who are interested in the integration of post-graduate training of Aboriginal Health Workers with that of other health professions.
ID: 4240

Title: Clinical Performance and Professional Development as Newly Graduated Medical Student’s Progress through the Intern Year

Dr Jianzhen Zhang

Introduction / Background:
The Postgraduate Medical Education Council of Queensland and Medical Board of Queensland have developed state-based assessment forms that must be completed for removal of internship conditions on registration. The assessment form provides performance based assessment. This has never been formally examined.

Purpose / Objectives:
The aim of this study was to examine how well newly graduated medical students perform in the workplace during their intern year.

Methods:
We examined interns’ assessment results using a de-identified retrospective data analysis of the Assessment Form collected from the Princess Alexandra Hospital. Participants were 152 medical graduates from the School of Medicine, the University of Queensland, who were in their first internship training year from 2005 to 2007.

Results:
The average score for all interns for all domains across the whole year was 3.9/5 (individual intern score range 2.9-5). For the clinical domain the average score was 3.8 (2.9-4.7), for the communication domain it was 4.0 (2.9-4.9) and for the professionalism domain it was 4 (3-5). Paired comparisons of the interns’ skills between terms indicated that the intern’s performance improved over terms in knowledge base, clinical skills, clinical judgement and decision-making skills, medical records and clinical documentation, professional responsibility, and teamwork skills (p<0.05).

Conclusions:
Interns performed better in most of skills with teaching, emergency, procedure at an inadequate level. These findings provide significant reassurance about graduate quality but also indicate a need to identify poorly performing interns at medical school.

ID: 4227

Title: Developing a Community-Based Program for Teaching Sensitive Examination Techniques: Maintaining Ethics from Education to Practice

Mr Neil Sefton, Prof Richard Turner, Prof Craig Zimitat

Introduction / Background:
The University of Tasmania School of Medicine has recently extended its Clinical Teaching Associates (CTA) program to include men from the community who are trained to teach students the necessary skills for sensitive men’s health examinations (i.e. genital examinations and digital rectal examinations). Learning sensitive examination techniques is acknowledged as a difficult set of professional skills to acquire for the healthcare student. However, the development of the program also presents considerable challenges to staff.

Purpose / Objectives:
The presentation presents key steps and ethical decision making processes during the planning and development of the program.

Issues / Questions for Exploration or Ideas for Discussion:
The main focus of the presentation is on ethical issues, principles and considerations that were a necessary part of the planning of this Men’s Health initiative. Issues include; confidentiality, informed decision making, introducing sensitive examination practice to “a group of blokes” from diverse backgrounds, and preparing them to work with students and those in the Women’s Health program.

Results:
Following the planning development and recruitment process, 20 men were selected with an age range from 22 to 70. A 6- week teaching program was developed with an underpinning goal of empowerment and building trust. The training process included communicating ethical issues to support the dynamic role required.

Discussion:
Developing a CTA training program requires attention to ethical issues to support student learning and practice. During the training process ethical issues emerged regarding confidentiality, informed decision making and the teaching and learning of sensitive examination methodology that need addressing. Students are well supported in the development of ethical based practice in these authentic learning situations by CTAs. We need to ensure that CTAs are also well supported, empowered and valued for the ongoing success of the program.

Conclusions:
Principles of patient-focused and community-based health care are a good foundation for thinking about how best to engage with community members in the development of such teaching programs.
ID: 4065
Title: Patients as Teachers: are we Taking Advantage of Patients in the Education of Medical Students?
Ms Pamela Stagg, Ms Linda Sweet, Mr David Prideaux, Mrs Jennene Greenhill

Introduction / Background:
Patients have always been involved in educating medical students. Traditionally this has been in tertiary teaching hospitals and more recently in private general practice and community hospitals as more medical schools adopt a community based curriculum. At Flinders University the 3rd year curriculum is delivered through 3 different models of medical education in 14 locations.

Purpose / Objectives:
This qualitative study seeks to understand what patients believe their role is in educating medical students, why they agree to be interviewed and examined by students and how they feel about their encounters with students in the clinical setting. We seek to understand if responses differ across the three models of medical education.

Issues / questions for exploration or ideas for discussion:
Do patients feel obliged to let students learn from them?
Under what circumstances will patients refuse to consent to being seen by a medical student?

Results:
Patients believe they have a real and valued role in the education and training of medical students. Patients in rural communities agree to be seen by medical students for different reasons than patients at the city based tertiary teaching hospital.

Discussion:
In the clinical setting patients are often mentally and physically vulnerable. As medical student numbers increase, how can medical schools and health services ensure that patients are valued and not exploited for their contribution to medical education.

Conclusions:
Patients are willing participants in the education of medical students. Patients value simple courtesies and good manners in return for contributing to the education of medical students.

ID: 4068
Title: Student Views on Dissection and their Changes in Attitude to Death and the Cadavers: can Dissection be a Segue into the Concepts of Death and Dying?
Prof Helen Nicholson, Miss Helen Martyn, Dr Paul Trotman, Mr Anthony Barrett

Introduction / Background:
Dissecting a human cadaver is a significant event in medical students’ education and is often a student’s first experience with death. Previous analysis of students perceptions of dissection have been mainly through questionnaires.

Purpose / Objectives:
The aim of this study was to use semi-structured interviews to obtain an in depth view of feelings towards the dissecting room and using cadaveric material and to identify any difficulties faced by students over the two year period that they undertook dissection.

Issues / questions for exploration or ideas for discussion:
We explored whether students’ attitudes to dissection, the cadaver and death changed over these two years.

Results:
Most students anticipated a negative experience in the dissecting room but reported it to be positive. The laboratory itself distressed many students and was described as “intimidating” and “scary.” Students initially viewed the cadaver as a formerly living person but over time saw it as “just a body.” At the end of two years, many commented on becoming more comfortable with death.

Discussion:
Most students found dissecting to be a positive experience. Those still having trouble after two years were more likely to make the dissections personal or consider the cadaver as a person rather than a “specimen.” These students may benefit from other forms of learning and need to be identified.

Conclusions:
Dissecting raised questions about life and death and is a tangible platform to initiate discussion around these issues.
**Title: Medical Students' Dialogue on the Seat of the Soul and how this Affects their Dissection Experience**

*Miss Helen Martyn, Dr Paul Trotman, Prof Helen Nicholson, Mr Anthony Barrett*

**Introduction / Background:**
Since the 5th century BCE there has been a debate over the origin of the soul. Some people believe that the brain is the seat of the soul and others that this role belongs to the heart. The brain and heart are both dissected by medical students during their gross anatomy teaching.

**Purpose / Objectives:**
The aim of this study was to assess student attitudes to the different organs and body parts dissected.

**Issues / questions for exploration or ideas for discussion:**
We explored where medical students' viewed the seat of the soul and how this affected their dissecting experience.

**Results:**
Some students had difficulty dissecting the brain because they perceived it as the organ that “made a person who they were.” Others commented on the emotional involvement when removing the heart which they saw as the “seat of emotion.”

Students also struggled with these dissections due to the tools used, the noises created and needing to work near the face of the cadaver.

**Discussion:**
These two dissections carried special meanings for students and led to some experiencing emotional and physical reactions. Anatomy faculty need to be aware that students may struggle when dissecting the brain and the heart.

**Conclusions:**
The debate on the seat of the soul was evident.
ID: 4093
Title: Teaching with Simulated Patients in a Fishbowl Tutorial: Sink or Swim?
Dr Ruth Sutherland, Dr David Kok, Dr Katharine Reid, Ms Margo Collins

Introduction / Background:
The fishbowl method is a small group teaching technique in which a number of students engage in a discussion, while observers sit around them in a fishbowl arrangement. We use this method to teach medical interviewing skills, with students interviewing a simulated patient (SP) with their peers and tutors observing. However, there is little evidence to guide teachers on how best to structure a fishbowl tutorial. Our aim was to assess preferred teaching approaches for all participants (students, tutors and SPs) in fishbowl tutorials, using questionnaires designed to seek participants’ opinions on different aspects of fishbowl tutorials. The questions integrated key areas of difficulty for tutors and SPs highlighted during SP and tutor training sessions. Across most items, there was a high degree of consistency in the preferences of different groups which enabled us to develop a set of guidelines for running a fishbowl tutorial to be used for our teaching program. We found this process to be acceptable to all parties and relatively simple to perform. It helped us to define our preferred teaching methods for teaching with the fishbowl method. The process of gauging participant opinion to develop teaching guidelines is appropriate for use by other institutions to inform their teaching practices in the fishbowl technique, though the nature of guidelines may differ across teaching settings. Further research is required to determine if the implementation of these guidelines improves student satisfaction with and behaviour during fishbowl tutorials.

ID: 4210
Title: How Health Professional Educators Develop Knowledge and Skills in Online Learning and Teaching: Improving Distance Education in Rural and Remote Areas
Ms Karen Scott

Introduction / Background:
Distance Education has long offered the opportunity for tertiary and continuing education of health professionals in rural and remote Australia. As new technologies have become available they have played an increasingly prominent role in distance education, most recently, the internet and Web 2.0 technologies. Yet as distance educators embrace new technologies, do they need to change their knowledge and skills, and consequently, their beliefs about learning and teaching? This longitudinal multiple case study explores how six university teachers in the health sciences change the way they teach online over two years. More importantly, the study investigates how this leads to changes in beliefs about online learning and teaching. Data was collected between February 2007 and October 2010 through semi-structured interviews with participants and observations of online resources. Following cross-case analysis key themes emerged, including: the importance of online communities and how to promote them; students’ focus on assessment and its significance for online learning; how to support students with new skills, such as online interdisciplinary group work and presenting arguments. In conclusion, institutional support is essential for health professional educators introducing new technologies into learning and teaching. This includes: providing ongoing educational design and academic support to teachers developing online resources; training new staff taking on existing online materials; the value of faculty-based elearning support. This research provides insight into the role of reflection and the need to support university teachers with online teaching.

Issues for discussion:
Teachers’ knowledge, skills and beliefs about online learning and teaching - The role of reflection - Institutional support.
ID: 4182
Title: New Pro-Active Approaches to Teaching Anatomy in a Regional Medical School
A/Prof Claudia Diaz, Mr Declan Tuttle

Introduction / Background:
A range of innovative, pro-active teaching activities are used to teach human anatomy and to complement “traditional” classes using donated cadaveric material. In this study we have explored the capacity of these new techniques to engage and inspire students and assist them in associating traditional wet anatomy with the living body.

Purpose / Objectives:
The use of cadaveric tissues in anatomy classes was integrated with a series of hands-on teaching techniques including using whiteboards as learning tools, building structures with play doh, the use of art, and surface anatomy, including body painting. For body painting, exhibition of fully painted models at anatomy classes was aimed to encourage student engagement and participation.

Issues / questions for exploration or ideas for discussion:
These activities were aimed at engaging and inspiring students and encouraging self-directed learning skills. Surveys (n=331) and focus groups were used to evaluate the impact of these techniques on student understanding and learning. If research data are to be presented, please include the following sections:

Results:
These simple, “hands-on” approaches allowed students to engage with the topic being studied and to learn in a very visual and tactile manner. Surveys at the end of the year indicated that these innovative techniques were popular, relevant, engaging and applicable to other components of their program. Students reported being enthused and motivated by the painted models, and by using these learning techniques themselves.

Discussion:
When used in conjunction with wet anatomy classes, these techniques appear to provide motivation that leads to deeper learning. Students reported body painting to be a fun, pro-active activity that focuses attention on living anatomy.

Conclusions:
These innovative approaches could be further explored in other settings.

ID: 4349
Title: Using On-Line Interactive Simulation for Teaching Communication Skills for Medical Students in Urban and Rural Settings
Ms Sharyn Milnes

Introduction / Background:
Deakin Medical School students spend all of the final 2 years of their degree in one of four clinical schools across Central and Western Victoria. Access of content and assessment must be equitable across all 4 clinical schools for each of the students. Teaching in Ethics, Law and Professional Development Theme (ELPD) in years 3 and 4 use students’ actual clinical experience to encourage reflective practice for life-long learning. The focus for ELPD the in the final year is End-of-Life discussions and decision-making which is difficult to ensure equity in educational experience. For this reason, four interactive on-line simulations have been developed for the four rotations in year 4 (Emergency Medicine, Intensive Care, Palliative Care and General Practice), which use current literature and real scenarios with the student in the role of the treating/communicating physician. Assessment is embedded into the simulations.

Purpose / Objectives:
To ensure equity in educational experience and embed world’s best practice in end-of-life discussions and decision making. Encourage students to engage in the simulations many times by linking assessment with the simulations. Ensure students recognise good role models for ethical end-of-life communication and decision-making.

Issues / questions for exploration or ideas for discussion:
Embedding evidence-based practice into interactive learning. Encouraging active learning and reflective practice in ethical communication in the clinical setting. Using assessment to encourage engagement and interaction with on-line simulation.
Introduction / Background:
The terms cultural safety and cultural awareness leading to cultural competency, have well-known origins in undergraduate nursing programs in New Zealand (NZ). Traditionally, cultural awareness training in NZ had an integrated approach throughout the Bachelor of Nursing three year program. In Australia, now almost three decades later, the Bachelor of Nursing program is offered by some tertiary institutions by distance education. Within distance education programs one of the questions raised is: “How is cultural competency met and measured in nursing students and are students upon graduation culturally competent and ready to deliver culturally safe nursing practice?” There is an abundance of research highlighting the importance of culturally safe healthcare across all levels of healthcare providers. Despite this, there is a lot less evidence demonstrating how we measure and evaluate culturally safe undergraduate nursing care. What evidence there is highlights that evaluation of culturally safe practice occurs at a postgraduate level in three hierarchical ways: 1. Self-assessment 2. Peer or mentor review 3. Patient reporting Self-assessment of culturally safe practice may not be the most appropriate way of evaluating culturally safe nursing practice. Based on Benner’s model of “Novice to Expert”, nurses’ fall under the umbrella of “novices” and “may not know” what they “do not know”. Therefore, self-assessment is not the ideal way of measuring culturally safe nursing practice. Peer or more specifically, mentor review, appears to be a much more favourable means of measuring cultural competency. Mentor review from Registered Nurses, Clinical Supervisors and Nursing Educators logically has more merit as health professionals can more objectively measure and evaluate culturally safe practice both formally and informally. However, another question that can be asked: “Are we measuring and evaluating culturally safe practice effectively using this approach?” Thirdly, patient reporting of culturally safe healthcare sounds the ideal method however, evidence suggests this approach is the least undertaken and the question must be asked “Whether this is the most appropriate method for undergraduate nurses?” It could be logically assumed the patient will be the “expert” agent for determining cultural competency in nurses, but how do we best adapt this approach? Finally, distance education has created yet another barrier when measuring and evaluating culturally competency in undergraduate nurses as it relies more on self-assessment, mentor review and subjective assessment from a clinical mentor or supervisor and formal assessment through formal learning environments. In this presentation, strategies to overcome these difficulties will be described and discussed including suggestions to improve evaluation of cultural competency in undergraduate students, and issues for further research identified.
Global Health Education - Meeting the Demands

Miss Alexandra Frain, Mr Rohan Church

Introduction / Background:
Since its inception in 2005, student interest in the Australian Medical Students’ Association Global Health Conference (AMSA GHC) has grown exponentially, attracting over 450 attendees to the most recent edition held in Hobart in 2010. The AMSA GHC aims to both inform students about health topics that often aren’t covered in the curriculum of their medical school and empower them to take action on pressing environmental and social justice issues. In 2010, over 60 speakers covered topics including the Millennium Development Goals, refugee and migrant health, climate change, water quality and access, Indigenous health, conflict and human rights. The conference is convened annually by medical students in the host city. Students from the organising committee in Tasmania have also engaged academics at the University of Tasmania to deliver a professional development session for peers on contemporary global health challenges.

Purpose / Objectives:
Whilst interest in global health issues is growing amongst medical students, it is unclear if this demand is adequately being met by the GHC. This workshop will discuss the role of the GHC in educating medical students on global health and examine whether more effective models may be used, for example being integrated into the curriculum of medical schools.

Issues / questions for exploration or ideas for discussion:
Where does the responsibility for providing global health education fall - on the shoulders of interested students or trained health educators? Furthermore, participants are asked for suggestions on how education on global health can be made accessible and relevant for students.

Clinical Diagnostic Radiography Education: an Evidence-Based Approach to Assessment of Competence

Mr Andrew Kilgour, A/Prof Tania Gerzina

Introduction / Background:
In health professional education there is strong educational value in clinical outplacement of students where externally-based supervisors supervise students learning. In diagnostic radiography, as in many health professions, assessment guidelines of competence are provided by the school but these guidelines are subject to supervisor’s own interpretation. The often ensuing inconsistent practice can lead to tension experienced by both students and supervisor alike. A question can be asked, “Is it ethical to grant a student health worker a “pass” when there are doubts about the reliability and validity of their competency assessment?”

Purpose / Objectives:
The purpose of this study is to design a clinical assessment framework that will be considered both reliable and valid by all users by applying evidence-based assessment principles that have been iteratively improved by supervisors and expert practitioners in the field of diagnostic radiography. The objectives include the engagement of supervisors particularly in outplacement in assessment development and design to enhance their ownership and consistent practices in assessment. The project also plans to raise the quality and prominence of clinical supervision in Australia by inviting broader discussion and collaboration on assessment design in diagnostic radiography by interstate engagement with a view to the development of standard-based assessment in this discipline.

Issues / questions for exploration or ideas for discussion:
Issues arising out of this study include the ethical issues in assessing students in the uncertainty of valid assessment practice; how to define the standards by which competence is assessed; and how to gain consensus among stakeholder groups about assessment design and practice.
**ID: 4295**
*Title: Demonstrating Cultural Safety in Communication through Standardised Role Plays*
*Mrs Courtney Ryder, Miss Tarni Wilson*

**Introduction / Background:**
Structured Clinical Instruction Modules are an innovative way for students to learn varying clinical skills in a safe friendly environment for both the patient and student. The mode of delivery and style was originally designed by academics at the School of Medicine Flinders University predominantly for education focussed on the clinical environment. The stations are generally an entirely simulated clinical situation designed to meet specific teaching and learning objectives. Each station is designed to give every student an equivalent range of clinical skills experience covering the main aspects of each system.

**Purpose / Objectives:**
Since 2008 this pedagogical approach has been adapted by the Flinders Indigenous Health team as a critical and interactive way to teach difficult concepts of cultural safety to second year medical students. Through this process students are able to develop cultural safety skills before clinical placement.

**Issues / questions for exploration or ideas for discussion:**
In 2010 a student evaluation was undertaken on this teaching method. This allowed Flinders Indigenous Health to gain further insight and understanding into what students are absorbing during these interactive sessions as well as how they find an interactive approach to learning cultural safety skills.

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience;

During this session the presenter will run a “hands on” standardised patient session taken from one of the structured clinical instruction model sessions. Volunteers from the audience will be asked to come and participate in this session as medical students would. Through this session the challenges and rewards of this method of teaching will be explored. Participants in this session should expect to leave understanding how to run their own standardised patient session in relation to cultural safety.

**ID: 4309**
*Title: The Ethics of Nurse Prescribing - the Great Debate*
*Dr Jane Nugent, Dr Greville Wood*

**Introduction / Background:**
Nurse prescribing is in its infancy in New Zealand. Opposition is coming not only from doctors, but also from some nurses, who question the ethics and accountability around this. A shortage of GPs and rural doctors mean that New Zealand needs to explore the option of nurse prescribing.

**Purpose / Objectives:**
A frank and open discussion about the pros and cons and ethics of nurse prescribing from a range of nurses’ perspectives, that I have been collecting for the last six months, through the use of anonymous questions and face to face discussions.

**Issues / questions for exploration or ideas for discussion:**
Should nurses have any, none, widespread or speciality specific prescribing privileges?
Why are some nurses resistant to the idea of any nurse having any prescribing privileges?
What do nurses really think of nurse prescribing?
Myths and misconceptions around nurse prescribing in New Zealand; the education required to ensure nurse prescribing is at least as safe as prescribing by doctors (or perhaps even safer). Who is currently accountable for drug errors, and who would be accountable if nurses were prescribing and administering drugs?
**Title:** Rural Students get Down and Dirty in Curriculum Grass Roots  

*Mr Rowan Walker,* Mr Alexander Whitfield, Miss Eliza Wziontek

**Introduction / Background:**  
This workshop is based on the very successful student initiated and student run Fixed Resource Session (FRS) Working Party (WP). The WP was generated to engage students in providing direct feedback in partnership with the faculty regarding the effectiveness of format, style and information presented in the theoretical, lecture orientated component of a rural based medical curriculum. Students analyse the semesters entire set of lectures presented to them, with the purpose of providing constructive feedback to the presenters to continuously look to improve the teaching provided. Issues raised include accessible structure of presentations, supportive content explanations, and for the presentations to be timetabled in a practical manner. The students’ work is valued by the Faculty JMP Committee and is used to triangulate with institutional data and program data regarding the students’ experiences, ensuring community engagement and accountability.

**Purpose / Objectives:**  
The purpose of this workshop will be for educators of all fields to appreciate what students’ desire from the presentations they receive and also to have a first-hand experience of how this particular FRS/lecture analysis occurs from start to finish.

**Issues / questions for exploration or ideas for discussion:**  
Do students at your institution take an active role in maintaining an effective curriculum?  
Do they have the opportunity to develop new skills to critique educational content?  
Do staff and students work together to ensure an effective curriculum, one that suits both the staff and the students?  
Does this method of curriculum analysis rapidly allow for an accurate and well researched evidence based approach to curriculum development?

**Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:**  
The audience will receive some background into the FRSWP design and purpose. They will then be broken into small groups and given a FRS/lecture to analyse. They must work together well as a group, to document their constructive criticism and encouragements. They will then present their findings back to the group, as if to feed back to the original presenter of the FRS/lecture.
SPEAKER PRESENTATION ABSTRACTS (CONT)

Concurrent Session 4  1000 - 1045  Ethics & Education

ID: 4096
Title: How do Clinical Examiners Approach the Task of Communication Skills Assessment?
Dr Ruth Sutherland, A/Prof Agnes Dodds

Introduction / Background:
Communication skills teaching and assessment are integral to undergraduate medical curricula and these skills are usually assessed in observed interactions with simulated patients. However, there is little research on how clinicians approach the task of communication skill assessment or which skills they think are most important to assess. The objective of this research was to explore examiners’ approaches to communication skills assessment and their opinions regarding which communication skills should be assessed. Data was obtained in focus groups that formed part of a project that compared two methods for assessment of communication skills in a diagnostic interview OSCE in an early clinical skills program. This research raises the question of which communication skills should be assessed with medical students and explores clinical teachers’ views on this issue. Forty-two clinical teachers participated in the study. Participants had varying definitions of communication skills and these differences were reflected in the variability in their marking. Many strongly valued interpersonal skills, such as the expression of empathy, over basic communication behavioural skills, such as questioning style. These findings highlight the varying definitions of communication skills held by clinical teachers and reveal that some clinical teachers prefer to assess more holistic interpersonal skills despite the trend to teach and assess communication as discrete skills. It is encouraging to learn that clinical teachers are strong advocates for assessing communication skills, since assessment can powerfully reinforce behaviours in students. These findings have helped to inform our approach to communication skills assessment in our early clinical skills program.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4179
Title: Can Competence be Assessed?
Dr Gudrun Dannenfeldt, Mrs Jackie McHaffie, Mrs Pam Williams, Mr Victor Fester, Dr Rose Hipkins

Introduction / Background:
In order to improve outcomes for students in the science modules of a Bachelor of Nursing programme, changes were made to teaching practices, but this did not improve the overall results. The question was raised - were the assessments in line with the changes in teaching strategies?

Purpose / Objectives:
One of the aims of the project was the development of a tool to assess all aspects of competence (knowledge, skills, attitudes, values and abilities). This was related to the concept that students would be learning to make links between science learning and nursing practice. Another aim was to determine students’ responses to the new format of assessment.

Methodology:
Questions determining aspects of competence were trialled and the final OSCE test was developed. The final questionnaire and focus groups were done in conjunction with the final OSCE test.

Results:
The initial data shows that the new OSCE test does cover all aspects of competence, while the old OSCE mainly assessed knowledge and skills. The students’ responses in the test were analysed using a four point Likert-type scale to determine their ability to link theory and practice. These results still need to be analysed. The focus group data indicated that students did understand the purpose of the test and were able to demonstrate their ability to link science to practice.

Discussion:
Students require explicit preparation for practical tests and realistic time allocation always remains an issue. The use of a Likert scale was problematic and many variables could have an effect on the students’ responses.

Conclusions:
It remains a difficult task to develop comprehensive assessment tools, more so when assessing developing competence.
Registrar Assessment using Multi Source Feedback

Dr Louise Young

Introduction / Background:
Feedback about performance is integral to a doctor's training and ongoing professional development. Usually this obtained from single source ratings from supervisors. However, clinical performance is multilevel as doctors in training work with supervisors, colleagues, junior medical staff, medical students, nurses, other health professionals and patients. Multi Source Feedback (MSF) is one way of assessing multilevel interactions at both the clinical competence and interpersonal levels.

Purpose / Objectives:
This presentation describes MSF and its use for summative assessment of registrars undertaking their General Practice training with the Australian College of Rural and Remote Medicine.

Issues / questions for exploration or ideas for discussion:
Does MSF validly assess both clinical competence and interpersonal patient skills for summative purposes during registrar training?

Results:
MSF using the Colleague Feedback Evaluation Tool (CFET) for colleagues and the Doctors’ Interpersonal Skills Questionnaire (DISQ) for patients was used to obtain feedback on both clinical competence and interpersonal patient skills from a sample of GP registrars. Feedback from 1355 colleague evaluations and 4505 patient evaluations for a sample of 101 registrars are described. Results for an Australian sample are compared with a UK cohort.

Discussion:
Nearly 50% of all evaluations are by clinicians and each doctor is rated by a minimum of seven different clinicians. The results confirm the validity of MSF using CFET as a summative assessment tool.

Conclusions:
Results indicate that CFET is a reliable and valid summative assessment instrument for Australian GP registrars and provides an accurate synthesis of their clinical competence and their interpersonal patient skills from multiple perspectives.
A Questionnaire to Evaluate Training Events for Improving Clinical and Interprofessional Practice by Health Practitioners Working in Queensland

Dr Angela Chang, Dr Jennifer Sturgess, Dr Tina Souvlis, Dr Steven McPhail

Introduction / Background:
Educational interventions such as workshops and forums are commonly used to improve clinical skills and knowledge in health care practitioners. To date, no reliable and valid tool has been developed to evaluate the impact of training programs to improve clinical practice and education, despite being the most common form of continuing education for medical practitioners including courses and workshops (Brown CA et al, BMJ 2002).

Purpose / Objectives:
The primary objective is to develop a reliable and valid questionnaire tool to assess health practitioner knowledge, skills and attitudes following educational sessions regarding clinical and interprofessional practice. The secondary objective is to evaluate the impact of these educational sessions on health practitioner knowledge, skills and modification of attitudes regarding practice.

Issues / questions for exploration or ideas for discussion:
The key discussion points include: the development of a reliable and valid tool using the Kirkpatrick model to evaluate the impact of educational interventions across four specific domains (reaction, learning, behaviour and results); the development of a common tool that can be used across all Allied Health disciplines and for professional development courses for entry level to advanced practitioners will be explored; and the suitability of existing tools to improve interprofessional education and practice in a Queensland Allied Health setting will also be considered.

Interprofessional Learning - “I’ve not Heard that Term before”: What does it Really Mean and how Does it Link with Collaborative Practice?

Mrs Lyn Gum, Prof David Prideaux, Prof Jennene Greenhill, Dr Linda Sweet

Introduction / Background:
If you were asked, “what do you understand about the terms “working collaboratively” or “interprofessional learning”?”, what would your response be? This question was asked by one researcher to health professionals who were interviewed one-on-one, as part of a PhD research project. This presentation reports on findings from Stage One of an ethnographic collective case study undertaken in 2010. Preliminary data has been collected and analysed to explore the influence of interprofessional learning on the collaborative cultures in three South Australian rural hospitals. Findings revealed that health professionals believe that collaborative practice is something that we are striving for and therefore, not always achieved. Very few participants knew what was meant by the term “interprofessional learning”. Interprofessional learning, interprofessional education and collaborative practice are not always easy concepts to explain, understand and implement (WHO 2010). The only way health professionals can achieve an understanding of how collaboration applies to healthcare, is to participate in interprofessional education which will enable them to be collaborative-practice ready (WHO, 2010). What are the implications for clinical educators and/or health leaders? As was echoed in this study, the World Health Organisation (2010) report that many health professionals believe themselves to be practising collaboratively because they work together with other disciplines. Any IPL facilitation strategy in the workplace requires a shared understanding of the meaning of interprofessional learning. Further work is needed to assist educators to support collaborative practice through interprofessional education. WHO (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Switzerland, World Health Organization, Department of Human Resources for Health.
**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4353**

**Title:** Planning, Implementing and Evaluating an Interprofessional Learning Pilot Project in an Established Curriculum  
**Ms Gillian Cleary,** Ms Sandra Carr, Ms Rosemary Saunders, Ms Pam Nicol, Mr Paul Ichim, Ms Paula Johnson

**Introduction / Background:**  
Interprofessional Education (IPE) is an educational approach encompassing principles that facilitate students of different but related professions to learn “with, from and about each other to improve collaboration and the quality of care.” The aim of learning interprofessionally in the health and social care context is ultimately to improve health care service and delivery for patients by graduating new practitioners competent in the capabilities associated with interprofessional learning. These capabilities include (but are not limited to) knowledge and respect of each profession and the role each plays in care delivery, an awareness of the needs of direct and indirect service users, and skills in effective communication, teamwork, and reflective practice. Although IPE has been used in internationally recognised curricula for many years, adoption by Australian institutions had been limited, constrained at UWA, for example, by established curricula for each discipline, logistical difficulties of interdisciplinary liaison and lack of dedicated IPE resources. Recently government policy has advocated IPE, citing this approach as a means of improving patient outcomes through the delivery of safer and more effective patient-centred care. Accordingly an interest group comprising representative members from all disciplines of the Faculty of Medicine, Dentistry and Health Sciences at the University of Western Australia was formed and an IPE framework facilitating the embedding and integration of interprofessional learning in these courses was developed. Two programmes that engaged students in IPE activities were then developed and the first of these, a Simulated Ward event was piloted.

**Purpose / Objectives:**  
To present an overview of the challenges faced and solutions adopted in developing and implementing an intra-faculty IPE experience, the simulated ward event, and to examine in detail the evaluation of the pilot project, incorporating available quantitative and qualitative data. This evaluation culminates with strategies to refine and further develop the experience for future participants.

**Issues / questions for exploration or ideas for discussion:**
1. What strategies are useful when implementing Interprofessional Learning experiences that align with existing learning outcomes?
2. What processes are effective in implementing IPE experiences in established curricula?
3. What evaluation activities are useful in determining whether student experiences meet the planned IPE learning outcomes?

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**ID: 4268**

**Title:** Improving the Human Elements of Urinary Catheterisation Training - a Randomised Study of a New Wearable Catheterisation Trainer  
**A/Prof Gary Rogers,** Ms Nicole Jones de Rooy, Ms Marise Lombard, Mr Daniel Della-Bosca, Ms Christine Saul

**Introduction / Background:**  
Training in practical procedures has traditionally taken place in public hospitals where patients from disadvantaged backgrounds may be less empowered and feel compelled to accept procedure performance by beginners. Part task trainers provide some opportunity for learners to master the psychomotor components of skills but their “disembodied” nature may lead to neglect of the critical human dimensions of procedures, especially those that are uncomfortable or intimate.

**Purpose / Objectives:**  
To trial newly-developed urinary catheterisation trainers aiming to offer both improved fidelity through the use of a novel elastomeric polymer that approximates the characteristics of human skin and wearability by a simulated patient to allow attention to the human dimensions of the procedure.

**Methods:**  
Year 2 medical students were invited to participate in the study. Participants were randomised by coin-toss to practice with either a prototype new trainer first, then a traditional part-task trainer, or vice versa. They completed questionnaires before and after each practice session.

**Results:**  
105 students participated. Participants rated the new trainer as much more accurately simulating performing the procedure on a real patient (mean score 7.3cm vs 3.3cm on a 10cm visual analogue scale, p<0.0001) and randomisation arm did not impact on participants’ ratings. Among 91 participants who offered an opinion on which better simulated the human dimensions of the procedure, 100% nominated the new trainer.

**Discussion:**  
Other data to be presented and participants’ textual comments indicate that both better simulation of human tissues and wearability by a simulated patient contributed to participants’ preference for the new trainer. The improved simulator offers the potential for healthcare students who perform the procedure for the first time on hospital patients to be better prepared and more conscious of the human aspects.

**Conclusions:**  
The new trainer offers better simulation of urinary catheterisation especially in relation to the human dimensions of the procedure.
**Title:** Longitudinal Outcomes from the John Flynn Placement Program  
**Dr Louise Young**

**Introduction / Background:**
The John Flynn Placement Program (JFPP) is an initiative of the Australian Government as part of its longterm strategy to increase the number of doctors in rural and remote Australia. It was established in 1997 and has been managed since 2002 by the Australian College of Rural and Remote Medicine.

**Purpose / Objectives:**
Each year 300 JFPP placements are made available for medical students to undertake a placement in the same rural community for two weeks a year over four years. The program finances student travel and accommodation, student stipend, and mentor and community contact honoraria. The aim of the program is for medical students to experience both rural medicine and rural life during two week placements over four consecutive years. The program is not a component of university clinical rotations.

**Issues / questions for exploration or ideas for discussion:**
Do longitudinal student placements in the JFPP influence workforce recruitment into rural and remote medicine? Evidence for the longterm outcomes for JFPP will be presented.

**Results:**
Data is presented highlighting student and mentor perceptions of the clinical and social experiences of the program. Over the four years of JFPP placements student intent for rural practice increases from 9% after one placement to nearly 20% after four placements. JFPP is attracting and providing an experience for those students who are primarily from an urban origin and not necessarily involved in Rural Clinical School experiences at medical school.

**Discussion:**
Outcomes from the JFPP longitudinal tracking indicate that continuity of placement in the same rural community has positive and beneficial effects on the recruitment of a future rural medical workforce. A JFPP experience is translating into the future rural workforce following medical school for a significant number of students.

**Conclusions:**
Longitudinal experiences such as JFPP are influencing medical students to undertake further training and careers in rural and remote Australia. It is working as a valuable alternative to Rural Clinical Schools as a positive way of increasing Australia’s rural medical workforce.
**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4308**  
**Title:** Targeted, Planned Education to Maximize the Effectiveness of Rural Nurses  
**Dr Jane Nugent, Dr Greville Wood**

**Introduction / Background:**  
One of the difficulties around maximizing the effectiveness of rural nurses is the lack of relevant and easily accessible education. Rural nurses may need to travel long distances or rely upon extra-mural courses that although worthwhile are one-offs rather than delivering ongoing education that ensures nurses keep up-to-date with best practice.

**Purpose / Objectives:**  
As part of the solution to the shortage of rural doctors, the West Coast District Health Board (WCDHB) is both recruiting and looking to be socially accountable to their current staff.

**Issues / questions for exploration or ideas for discussion:**  
Social accountability is reflected in planning with education sessions containing an element of how knowledge/skills would be used by: doctors, nurses, rural nurse specialists and nurse practitioners. It is hoped that mentoring of nurse practitioner and rural nurse specialists can further increase, so that all local nurses who have the relevant education and interest can continue to work locally whilst being mentored into their new roles. The WCDHB uses their collegial ethos in developing and implementing targeted ongoing professional development for nurses and (student) doctors, utilizing in-house medical student workshops and additional education sessions, which are open to all staff. These sessions can be requested by a ward or group of wards in any of the hospitals. The use of a current knowledge survey and observations of nurses at work is going to further influence the types of education sessions on offer. The goals of this are to provide a robust framework for ensuring nurses, rural nurse specialists and nurse practitioners in this large rural area* are well supported to keep their skills up to date and provide real career choices.

* The West Coast Region (Te Kaunihera Whakakotahi o Te Tai Poutini) extends over a distance of 600 km from Kahurangi Point in the north to Awarua Point in the south - greater than the distance between Auckland and Wellington. It is bounded in the east by the Southern Alps and in the west by the Tasman Sea and has a land area of 23,000 square kilometres, or 8.5% of New Zealand’s land area, but with only 1% of New Zealand’s population. By area this makes the West Coast the fifth largest region in New Zealand. However, health board funding is per capita creating extraordinary financial pressures for the WCDHB, who need to use innovative strategies to deliver health care over this huge area, whilst recruiting and retaining and up-skilling staff.

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**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**Concurrent Session 4 1000 - 1045 Grass Roots PeARL**

**ID: 4204**  
**Title:** Administrative Staff: Heaven Sent or Necessary Evil?  
**Ms Lori Tietz, Mrs Emma Mackenzie**

**Introduction / Background:**  
The role of the administrator is twofold. One the one hand, they are the glue between the students and teachers that hold the program together. They provide student support, pastoral care and a regular point of contact for students and staff alike, ensuring that problems are solved and teaching and learning objectives are met. The other role is that of governance - ensuring that university and government funding body requirements are met. This role is critical to the sustainability of rural clinical schools and programs but is often invisible and its value under rated.

**Purpose / Objectives:**  
The objective of this presentation is to raise the profile of administrative work and highlight the significant role undertaken by administrative staff. If we can start the conversation, we might encourage other administrative staff to be more upfront about the essential work that they do.

**Issues / questions for exploration or ideas for discussion:**  
One of the points that has come up when discussing this presentation is that “is it harder or easier to carry out administrative tasks in a Rural Clinical School?” Do we tend to get more things done because we are passionate and believe strongly in the fundamentals of a Rural Clinical School? Do we have more autonomy due to geographical isolation?
ID: 4203
Title: How to “Grow Global” in the Medical School Curriculum: Developing a Cultural and Social Awareness Program from the Ground up

Dr Nick Cooling, A/Prof Kim Rooney

Introduction / Background:
Internationalisation is the integration of international, intercultural and global dimensions into the overall student and staff experience and into the teaching and learning, research and service functions of the University. Many Australian universities are giving priority to internationalisation in their strategic plans. In addition, some schools of medicine now have specific well developed global health programs embedded in their curriculum, which often underpin an overseas elective experience in final year. But how do you establish a program from the ground up when you don’t have one? Developing a program that incorporates enduring contribution, professional philanthropy, social and cultural competency and safety, is a real challenge.

Purpose / Objectives:
To develop a road map for meaningfully internationalising the curriculum in the context of: contemporary global issues, refining the distinction between “voluntourism” and valid educational experience, and making an ethical contribution.

Issues / questions for exploration or ideas for discussion:
1. How can the curriculum be internationalised? What are the opportunities and steps?
2. What is a valid educational experience in an elective - clinical, cultural, health systems?
3. How can the student or partnering institution make a relevant and enduring contribution to the health care of the host institution?
4. What ethical issues need to be considered on electives for students and the partnering institution?

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience.

Introduction Powerpoint 5 min - Background and issues for exploration. Break up the attendees into 4 groups based on their interest in the 4 issues above. Brainstorm solutions. 20 min. Each group summarises to the plenary discussion. 10 min. Establish a simple road map for internationalising the curriculum - on white board. Offer to follow up discussion and refinement of the road map on line.

Concurrent Session 4 1000 - 1045 Grass Roots Workshop

ID: 4319
Title: Making Health Professional Education more Socially Accountable

Ms Simone Ross, A/Prof Sarah Larkins, Ms Robyn Preston, Dr Helena Ward, Prof David Prideaux, Ms Iris Lindemann, Prof Richard Murray

Introduction / Background:
For the past two years, a consortium of eight medical schools have collaborated as THEnet (Training for Health Equity Network) to develop a framework for identifying and evaluating socially accountable practices within Health Professional Education (HPE). This draft framework was pilot tested at six schools during 2010 which resulted in clearer definitions of key components of the framework and in the initial identification of data sources and tools for measuring practices which enhance social accountability.

Purpose / Objectives:
This workshop aims to challenge participants to consider how they would evaluate gains in socially accountable practice within their own health education context. It will also facilitate sharing of potential data sources and tools for measuring socially accountable practices within HPE.

Issues / questions for exploration or ideas for discussion:
1. Are the key components of the THEnet Draft framework applicable to your own health education context?
2. How would you evaluate gains in socially accountable practices within your own educational context?

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:

The draft THEnet Framework for Evaluating Social Accountability in HPE will be presented briefly with a focus on key components and data sources / measurement tools used to evaluate gains in social accountability. Participants will be asked to select areas of the framework most applicable to them. In small groups they will reflect on and discuss how to measure gains in socially accountable practice in these areas within their own health education context. Information from each group will be collected and collated for distribution post-workshop.
Concurrent Session 4  1000 - 1045  Rural & Remote Workshop

ID: 4163
Title: Advancing an Interprofessional and Integrated Clinical Learning Framework in Rural Community-Based Teaching Settings
Dr Lisa Graves, Ms Sue Berry, Ms Siobhan Farrrell, Dr David Marsh

Introduction / Background:
Evidence suggests that there are both enablers and challenges in embedding interprofessional and integrated clinical learning (ICL) into rural health delivery and teaching settings. Integrated learning involves elements of a collaborative environment for health care professionals, patients and families to learn with and from each other and enhance patient care through effective team learning practices. The Northern Ontario School of Medicine (NOSM) provides and supports a variety of interprofessional and integrated clinical learning (IPL) activities. It is however, more challenging at the community level, where both learners and clinicians may be neither abundant nor stable. In addition, as it is recognized that no single profession or individual can meet the needs of patients, their families, or the community, the shift to team practices is creating new learning cultures and resources for health sciences learners. In 2009, consultation took place in 91% of NOSM’s 43 distributed teaching sites. Data revealed that clinical teachers embrace learners in their practices, in clinical learning as a member of the health care team, and in the culture of their community.

Purpose / Objectives:
Participants in this workshop will: a) Learn what health care providers have suggested in Northern Ontario; b) Explore the dynamics and diversity of collaborative teaching cultures by reviewing some of the existing opportunities and challenges in advancing a rural integrated and interprofessional teaching model; and c) Identify education plan/strategies to implement or embed successful IPL in curricula.

Issues / questions for exploration or ideas for discussion:
Exploration of educational plans and strategies for implementation of IPL in curricula.
Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:
This interactive workshop will include a brief introduction by workshop leaders. Small group discussions based upon case scenarios and authentic issues of interprofessional learning and practices will provide both explorations of participants’ experiences in relation to the model, and identification of key elements to ensure success across rural settings.

Concurrent Session 5  1115 - 1245  Ethics & Education PeARL

ID: 3832
Title: Unsafe Responses and Actions in Summative Assessments
Dr Mike Tweed, Prof Tim Wilkinson

Introduction / Background:
During summative assessments candidates may suggest unsafe actions that if extrapolated to real practice would be of serious concern. If they occurred in practice some consequences might be avoided through the actions of other healthcare team members or by the processes of the healthcare system, but it is still probable that some adverse events could occur. Some of these unsafe responses or actions may be just guesses in an attempt to increase a score or only made in the context of the assessment and therefore would not be valid to authentic practice. However some will be a true reflection of developing practice.

Purpose / Objectives:
We would like to share our thoughts on these issues and hear the thoughts of others: What should we do if the responses or actions of a candidate in an assessment are considered unsafe?

Issues / questions for exploration or ideas for discussion:
1. Should our assessments take note of unsafe responses and actions at all?
2. Could assessment be developed that exclude any responses and actions that may not reflect real practice?
3. Who decides what is unsafe?
4. Is it fair to expect students, trainees or healthcare professionals to be equally safe in all contexts?
5. Should we develop assessments that specifically assess “safety”?
6. Current assessments are of individuals, but safety is often a function of a team. What components of safety are within the control of an individual and thereby able to be assessed at the level of the individual?
ID: 4120
Title: What are the Best Summative Assessment Items?
Dr Ian Presnell

Introduction / Background:
The purpose of summative assessment is to make progression decisions based on a
sample of knowledge and/or skill. The two key assumptions relating to this sample are
that it accurately reflects the learning objectives of the particular area of knowledge
or expertise being assessed and that an individuals' performance is an accurate
reflection of their overall knowledge and/or skill relating to that area. Using the
above definition, summative assessment is most effective where questions predict a
students performance on the test overall. In other words, assuming that the complete
assessment is representative of the area in question, the statistical performance of
individual questions is more important than their content. In fact, many questions
relating to what might be regarded as key learning areas do not contribute to
progression decisions. This is because such a high proportion of students get them
correct, they do not help distinguish between students who should pass and students
who should fail the assessment. It is also noted that a student can pass any assessment
regardless of how critical the knowledge or skill assessed by that item is considered to be.

Purpose / Objectives:
This paper concludes that summative assessments should consist of a representative
sample of questions that discriminate between pass and fail students [i.e. should be
selected on the basis of their psychometric performance] and that content
knowledge should be assessed as a hurdle requirement. This is particularly relevant
where the curriculum being assessed is being delivered in clinical contexts that have
substantial differences, while still allowing overall learning objectives to be achieved.
It is argued that progression decisions should be based on generic skills and
knowledge that can be acquired in any setting and could reasonably be assessed in
a single high stakes summative assessment. Hurdle requirements comprise necessary
skills or knowledge that could reasonably be assessed over multiple attempts.

Issues / questions for exploration or ideas for discussion:
1. Is summative assessment conducted primarily to make progression decisions or to
   assess content knowledge?
2. Should summative assessment items be chosen primarily on their statistical
   performance rather than specific content?
SPEAKER PRESENTATION ABSTRACTS (CONT)

Concurrent Session 5  1115 - 1245  Indigenous Health PeARL

ID: 4085
Title: A Faculty Review of Indigenous Health
Prof Craig Zimitat, Mr Lyell Wilson

Introduction / Background:
Indigenous health remains a focus of commonwealth interests in health and education domains. The Australian Indigenous Doctors’ Association, Medical Deans of Australia & New Zealand, Congress of Aboriginal & Torres Strait Islander Nurses and Bradley Review all focus on improving access and participation of Indigenous people in higher education and health care.

Purpose / Objectives:
The goal of this session is to compare strategies and seek comment and advice on the most appropriate processes for planning and conducting a faculty level review of Indigenous health.

Issues / questions for exploration:
1. Who should be involved in setting the terms of the review? What are the possible frameworks for structuring the review? Who should do the review?
2. What consultation processes/formats are most appropriate? What are the limits of consultation?
3. What is the best strategy for finalising and reporting the review?

ID: 4149
Title: Rural and Indigenous Case Exposure during Community Placements by Medical Students: where are the “Location-Specific” Gaps in the Students’ Experience?
Dr Jenny Asquith, Dr Kate Manderson, A/Prof Lyndal Parker-Newland, Dr Sal Sanzone

Introduction / Background:
Medical students from University of Wollongong go to one of 12 “Hubs” in NSW for 40 weeks where they are exposed to cases via general practice and Emergency Departments. These locations vary in their degree of rurality with no students going to “remote” or “very remote” communities.

Purpose / Objectives:
Identify practical barriers to providing adequate rural and indigenous experience in the training of medical students. Discuss issues in regard to defining the problem of geographically varied placements Brainstorm solutions to potential gaps in the experience of medical students during their community placements.

Issues / questions for exploration or ideas for discussion:
Why is there a need to investigate the issue? Overcoming the difficulties in equitable placement of students investigating whether the students’ exposure to cases varies according to site How does the students’ case exposure compare to very remote locations? What is the variance in Indigenous versus non-indigenous cases between placements? How to “close the gap” in their learning in rural and indigenous health.
**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4225**  
**Title:** Integrated Longitudinal Clinical Placements: Time for a Theoretical Framework?  
**A/Prof Lucie Walters**

**Introduction / Background:**  
Strong justification for the development of longitudinal integrated clinical placements in medical education is now evident in the wealth of descriptive and natural research studies internationally. An extensive body of knowledge is emerging regarding medical students’ knowledge acquisition and clinical skills development, during longitudinal clinical placements.

**Purpose / Objectives:**  
This PeArL seeks to present the current evidence regarding longitudinal integrated clerkships published in the literature, and consider the educational theories that have been used implicitly in these studies. Themes such as: student performance, symbiosis, student values and career outcomes, and translation to other health professional groups will be presented. It will be argued that these measures implicitly assume learning theories including classical conditioning, experiential learning, situated learning and transformative learning. Each of these theories will be described and justified.

**Issues / questions for exploration or ideas for discussion:**  
1. How will grounding longitudinal integrated placements in education theory enable more international comparative research and in-depth analysis of how these models work?
2. How will theoretical frameworks enhance our understanding of continuity in health professional education?

**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4214**  
**Title:** Code Green Climate Emergency: Core Competency or Optional Extra?  
**Mr Rohan Church, Dr Nick Towle**

**Introduction:**  
Climate change has been described as “the greatest health threat of the 21st century” (Costello et al, 2009) and will exacerbate current health inequalities experienced by vulnerable populations. As such, social accountability is at the core of the need for meaningful action on climate change. Whilst the health risks and opportunities associated with climate change are well documented, the development of appropriate medical curricula has been ad hoc. Code Green is a student-initiated climate change and health campaign developed through an iterative process of implementation, evaluation and refinement. Campaign methods include peer-to-peer education and student-led group mentoring utilising printed materials (including action kits) and audio-visual media (http://www.youtube.com/watch?v=nIdeb9a_lI). A national week of action on climate change and health is planned for August 2011.

**Purpose / Objectives:**  
The objectives of Code Green are to enhance awareness amongst medical students and doctors of the health challenges posed by climate change and to facilitate medical student advocacy on climate change at a community and government level. The purpose of this PeArL session is to use the interactive format to develop ways to refine the strategies of the Code Green campaign and to examine if and how climate and advocacy education should be included in health curricula.

**Issues for exploration:**  
The session will explore whether climate change advocacy should be a core component of the health curriculum or an optional extra, and what models exist for teaching advocacy skills on issues of social accountability within health curricula. Is the current model of peer-to-peer teaching used in Code Green effective in engaging medical students and how are medical educators positioned to facilitate this process? The discussion will also consider how much health advocacy is it reasonable to expect of a clinician in the 21st century and whether Code Green could be expanded as a curriculum tool to help build advocacy skills for future health professionals.

**References**  
SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4187
Title: Peak Oil and Health: Preparing our Future Health Professionals for this Unprecedented Era of Change

Dr Nick Towle, Ms Sandra Murray

Introduction / Background:
Peak oil is a global phenomenon with major implications for health and health service delivery. Many historical public health improvements can be attributed to cheap, abundant fossil fuels. Our current health system is also critically dependent on petroleum for pharmaceuticals, equipment, supplies and transport, with many recognising there are no immediate substitutes. (1,2,3) Peak oil, coupled with climate change, will most severely affect the health of those who are already socially and financially disadvantaged. (4) and there is a deeper question of intergenerational equity; shaping the benefits derived from a one off geological endowment. The authors have embarked on the process of developing suitable curriculum material for medical and health science undergraduates. We believe these materials must go beyond “awareness raising” and engage deeper cognitive processes which develop systems thinking and unleash problem solving capabilities.

Purpose / Objectives:
We would like to engage colleagues in a discussion around the development of suitable curriculum materials, which might adequately address the unprecedented health challenges posed by peak oil. Developed materials will be available for distribution and critique.

Issues / questions for exploration or ideas for discussion:
1. How to create teaching and learning opportunities in a subject matter where there are few tangible precedents.
2. Is there an ideal level and theme area to introduce such curriculum materials?
3. What might constitute appropriate assessment?
4. Are medical school curricula capable of adapting at a time of such rapid change?


SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 4272
Title: A Social Accountability Grid: useful to Measure the Social Accountability of your School?

Prof Judith (Nicky) Hudson

Introduction / Background:
In response to international calls for better value from an ever increasing health care investment, all stakeholders are being asked how they will contribute to the health status of society. While stakeholders have different priorities and expectations, most have an obligation to be socially responsible and also accountable. In 1995, Boelen and Heck proposed a new definition of social accountability for one stakeholder, the medical school, as well as a social accountability grid for assessing a school’s progress in addressing this obligation. The grid provides a framework to measure the health care values of relevance, quality, cost-effectiveness and equity against the 3 domains for which an educational institution is responsible, namely education, research and service. With peers, workshop participants will debate whether the framework meets its purpose, whether it requires modification for use in other settings and use it to initiate an assessment of his/her school’s progress towards social accountability.

Purpose / Objectives:
To critique the definition of social accountability Explore the grid’s utility as a framework for assessing social accountability in his/her own, and other’s, contexts Establish a network of colleagues with commitment to social accountability and interest in a multi-centred research using the framework

Issues / questions:
1. Is the grid framework useful for assessment of a school’s social accountability?
2. Can it help to stimulate institutional action, or assist the school to shape the health service?
3. How can we share testing of the framework?
4. Should social accountability be a criterion for accreditation?

Strategies for a “hands on” experience:
Participants will engage in small group work to meet the workshop aims, using grids that have been pre-prepared for active use during the workshop.
ID: 4414
Title: How to get a Manuscript Published
Mr Tony Egan

Introduction / Background:
This workshop will be of particular interest to participants who: are contemplating writing up for intended publication a piece of research, a review or a theoretical paper; or, who have already embarked upon a draft.

Purpose / Objectives:
To encourage and support participants in preparing manuscripts To describe the processes between submission and publication of a manuscript

Issues / questions for exploration or ideas for discussion:
What to publish? Where to publish? Barriers and pitfalls

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:
Participants who have previously submitted manuscripts to any journal (whether successfully or not) will be asked to summarise their experiences particularly in terms of “What I wish I had known before submitting”. Members of the Editorial Board of FoHPE will comment and describe shortcomings and pitfalls commonly observed in manuscripts sent out for review. The Author Guidelines for FoHPE will be provided as a basis for a question and answer session and important issues arising will be explored, followed by a brief description of the usual processes between submission and publication. When appropriate, participants will have the opportunity of testing out and clarifying their ideas on titles, frameworks, key messages and so forth.

ID: 4313
Title: Crossroads in 2010 at Spencer Gulf Rural Health School
Dr David Mills, Prof Jonathan Newbury, Ms Bronwyn Herde

Introduction / Background:
Spencer Gulf Rural School (SGRHS) provides 12 month places for final (5th) year students in Adelaide University and is based in the North and West of rural South Australia. The specialist orientated program is ironically based in General Practice and follows strong themes of continuity with patients, clinical teachers, staff, communities and other students. Additional learning opportunities in Aboriginal communities and with the Royal Flying Doctor Service are available. The program has a curriculum that has undergone small changes as clinical capacity has grown, however it remains heavily dependent on specialist input. In 2010 Adelaide University accepted 200 students into first year medicine. This exceeds the capacity of SGRHS to provide teaching based on its current curriculum. Input was sought from SGRHS academics and its teaching staff on how to meet this challenge. Views were also sought from the specialist and GP teachers who are mainly overseas trained doctors and who are under their own unique set of pressures. Their input has been used to develop a new pathway, while maintaining adequate clinical exposure, providing access to new and multiple knowledge and learning resources, and providing good quality assessments. This change in the basis of the program has not been without its problems and the lessons learnt are presented. The specialist and GP perspectives of the program are outlined together with their suggested solutions. The insights and the process have been useful in dynamically changing the program delivery as it evolves in a rural context.
**ID: 4312**  
**Title:** Sharing University Curricula and Students: the Barossa PRCC Program  
**Dr David Mills, Ms Bronwyn Herde, Ms Emma Mackenzie,**  
A/Prof Lucie Walters

**Introduction / Background:**  
In 2008 the University of Adelaide and Flinders University commenced a shared rural medical education program in the Barossa Valley SA. The program placed Flinders University (post graduate) students with University of Adelaide (undergraduate) students for 12 months. The students are based in general practice with specialist interaction and tutorials on a weekly basis. Resources are shared and curriculum shared where-ever possible. The Flinders program is integrated over the university year and is dependent on general practitioners to deliver the program. The University of Adelaide program is heavily dependent on specialists to deliver a majority of the program over the University year. The program outcomes have demonstrated no difference in academic outcome despite differing curricula and assessments. Much care is required in developing these programs to avoid unsettling student expectations which are based around their barrier assessments. Focussing on the similarities within university curricula allowed greater interaction and tended to enrich the student learning. The study has also shown that a sympathetic approach to the history of the students learning creates less anxiety and greater benefits for both the students and the clinical academics involved in the success of student outcomes.

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**ID: 4144**  
**Title:** Electronic Health Records in Clinical Education: Enhancing Benefits, Reducing Risks  
**Dr Kristine Elliott, Dr Terry Judd, Prof Geoff McColl

**Introduction / Background:**  
Electronic Health Record (EHR) systems in clinical education provide equitable learning experiences for students placed across a broad range of clinical sites, allowing access to a shared repository of diverse patient encounters (stored in a secure networked database). Moreover, students develop expertise in the practice of creating and storing high quality electronic patient records, an increasingly important component of the national healthcare system. Data security and patient confidentiality are fundamental requirements of all EHR systems, and this raises complex practical and ethical issues for both designers and users.

**Purpose / Objectives:**  
As part of an innovative technology platform for the new Melbourne MD, we have developed and trialed an EHR system, using de-identified patient information, for clinical education. Perceptions of the system were sought from students and health practitioners with a view to optimising the educational benefits of the system without compromising patient confidentiality.

**Issues / questions for exploration or ideas for discussion:**  
Interviews showed students valued the system for the large database of “real patient” cases, allowing them to study exemplars from different clinical environments. They also recognised the value in creating a community of learning around these activities, but as one student noted, “everyone has to get in for everyone to benefit”. Practitioner feedback highlighted the need for vigilant monitoring to ensure sensitive information wasn’t inadvertently entered. While restricted sharing of records was proposed to reduce the risk of patient identification, this would negates the value we, as educators, and students place on sharing records with peers. Our preferred solution is to implement robust consent procedures and to train and evaluate students in their use. Combined with moderation of students’ submissions, this should ensure that patients’ details are sensitively and correctly obtained, and safely and effectively stored.
ID: 4102
Title: An Evaluation of ACT Health’s Allied Health Designated Clinical Education Model
Dr Abigail Clark, Ms Jennie Yaxley, Dr Coralie McCormack, Ms Karen Murphy

Introduction / Background:
Health workforce shortages have threatened the sustainability of health care internationally. In Australia, an increase in the number of university places to train more health professionals caused demand for clinical placements to frequently exceed the health system’s capacity to deliver quality clinical education. This situation is problematic because skilled clinical educators contribute to the learning of students and clinicians by facilitating the ongoing acquisition of evidence-based skills whilst promoting patient safety. In response to these challenges, ACT Health created supernumerary Designated Clinical Educator (DCE) positions within several allied health professions to provide clinical education support for students, new graduates and staff.

Purpose / Objectives:
This evaluation used qualitative and quantitative research methodology to evaluate the Designated Clinical Education Model (DCEM) from educational and health service perspectives. Feedback for the evaluation was invited from target populations comprising the DCEM: current and previous DCE’s, education institution staff, students, managers, new graduates, and student clinical supervisors. Qualitative data was triangulated across all numerous data sources.

Results:
All target populations indicated that the DCEM had resulted in benefits to ACT Health and education institutions including improved quality of clinical education, increased staff and student satisfaction, improved culture and reputation of ACT Health, and increased health service productivity. Concerns about sustainability were raised; recognition of increasing and evolving demands on DCE’s was linked to potential burnout.

Discussion:
The supernumerary aspect of the DCE positions allowed a greater focus on education, creating a safer and more supportive learning environment for staff and students and enhanced health service productivity.

Conclusions:
The ACT Health’s DCEM has enhanced the quality of clinical education within ACT Health, whilst increasing productivity.

Issues / questions for exploration or ideas for discussion:
1. What further support do clinical educators need to prevent burnout?
2. How do we sustain this model of clinical education?
3. To what extent is this model of clinical education applicable to other health disciplines, to other health-related contexts and to non-health contexts when practice placements are a key learning opportunity (e.g. teacher training)?

ID: 4256
Title: How do we Overcome Students’ Pre-Conceptions in Undergraduate Health Professional Education?
Ms Jenny Stewart, Dr Peter Larmer

Introduction / Background:
Major changes are taking place in the health care sector in New Zealand and other developed countries in order to more effectively address emerging health needs in our populations. To equip future physiotherapists to contribute in this work environment the Auckland School of Physiotherapy initiated a new curriculum in 2010. One of the intentions is to shift the focus of practice from a dominance of the medical model to encompass broader concepts of health. At the same time it is intended that students develop a greater understanding of current major health issues and approaches taken to prevent and manage them. In this regard an initial paper, Exploring Health Priorities, introduces local and international health priorities with a focus on long term conditions. The paper explores contributing factors, health policies, and health services specifically identifying physiotherapy involvement in the healthcare team.

Purpose / Objectives:
Present and discuss strategies to:
1. Assist students to change pre-conceived ideas about the role of PT
2. Improve student engagement in this area of learning
3. Assist students to develop skills for this work.

Issues / questions for exploration or ideas for discussion:
Students enter the Undergraduate programme with pre-conceived opinions and ideas about what it means to be a physiotherapist. How can we (educators) assist students to shift their beliefs and attitudes? How can we create learning opportunities for students to develop innovative ideas and approaches in this area of work?

Traditional practice models are dominant in the current physiotherapy workforce. How can we ensure that innovative practice ideas put forward in the clinical environment by students and new graduates are not undermined or devalued? How can we increase student’s curiosity about less traditional practice options?

Describe how the presenters will engage with the audience, what strategies will be used to ensure a ‘hands on’ experience:
This topic extends to all health professionals. Audience members will be invited to share their experience, strategies and ideas. Depending on numbers attending, it may be useful to discuss questions/issues in smaller groups before sharing with the whole audience.
**ID: 4035**  
**Title:** A Randomised Control Trial of Mindfulness Practice on Medical Student Stress Levels  
**Dr Emma Warnecke**, Dr Stephen Quinn, Dr Nick Towle, Dr Kathryn Ogden, Prof Mark Nelson

**Introduction / Background:**  
Medical student stress is high and there is an ethical duty for medical educators to undertake activities to reduce this stress. Participants (46 medical students in their final two years of study in 2009) were block randomised to either an intervention arm or usual care control group. The intervention was an audio compact disc of guided mindfulness practice designed and produced for this trial. Participants were advised to use the intervention daily over the eight weeks of the trial. The primary outcome measure was the difference over time in the perceived stress scale (PSS). Secondary outcome was the depression, anxiety and stress scale (DASS).

**Purpose / Objectives:**  
To determine whether mindfulness practice reduces the stress of senior medical students.

**Issues / questions for exploration or ideas for discussion:**  
Level of stress in medical students. Options for managing this stress.

**Results:**  
Mean baseline scores for PSS and stress score of DASS were 15.7 (maximal score of 40) and 13.2 (maximal score of 42) respectively, which are above age matched normative data. Using multivariable analysis, participants in the intervention group demonstrated significant reduction in perceived stress score, -3.44 (CI -6.20, -0.68), p<0.05 and the anxiety score of DASS, -2.82 (CI -4.99, -0.64), p<0.05. A borderline significant effect was demonstrated for the stress score of DASS, -3.69 (CI -7.38, 0.01), p=0.05. Follow up at 8 weeks post trial revealed the effect was maintained.

**Conclusions:**  
Mindfulness practice reduced stress and anxiety in senior medical students. Stress is prevalent in medical students, which can have adverse health effects for the student and also their patients. A simple, self administered, evidence based intervention now exists to manage stress in this at risk population and should be widely utilised.

**ID: 4034**  
**Title:** How to Effect Culture Change in a Psychiatry Medical Workforce: a Five Year Retrospective Review  
**Mrs Philippa Ditton-Phare**, Dr Cohen Martin, Dr Anthony Llewellyn, Dr Harsimrat Singh-Sandhu

**Introduction / Background:**  
It is now recognised that education and training are at the core of the development and progression of quality systems in healthcare. There are global shortages in the medical workforce and Australia remains an importer of medical expertise from other countries that can ill afford to lose their doctors.

**Purpose / Objectives:**  
In this paper we discuss the processes and drivers that underpinned a transformative approach to education and training in a medium-sized mental health service with both rural, semi-rural and metropolitan service bases.

**Discussion:**  
We describe the development of a junior workforce structure through the implementation of high quality, targeted education and evidence based recruitment processes.

**Conclusions:**  
An integrated approach to delivering high quality training and education must take into account the workforce structure. A strategic approach to development of a stratified workforce requires high quality education and training programs. As our systems reshape themselves to the forces of new Commonwealth and State initiatives, we believe it is imperative to preserve and strengthen training networks to ensure that we provide a steady stream of well-trained Fellows.
ID: 4038  
**Title:** How do they Cope? Students Transitioning from Year 12 into Year 1, Case-Based Learning (CBL) Medicine at the University of Adelaide  
*Mrs Lynne Raw, A/Prof Alison Jones, Prof Anne Tonkin*

**Introduction / Background:**
The transition to university has been described as a battle for students because their ways of learning are challenged and threatened. Students transitioning into Medicine are doubly challenged by the CBL approach but appropriate scaffolding can enable students to develop the skills necessary for effective learning. Factors affecting the transition experiences of students across all courses have been investigated but specific groups, such as medical students, still need to be investigated.

**Purpose / Objectives:**
To report on a pilot study comparing factors affecting the transition of first year students in general with first year medical students and investigating students’ and tutors’ perceptions of CBL and their preparation for the learning and teaching involved.

**Issues for exploration / ideas for discussion:**
1. How can we capitalise on the significant differences between medical students and the general cohort of university students to tailor an effective transition program?
2. What is the optimum amount of scaffolding for an effective transition?
3. How should CBL tutors be trained to meet requirements of transitioning students?

**Results / Discussion / Conclusion:**
Preliminary results show significant differences between the cohort of first year university students as a whole and the cohort of first year medical students. Students feel inadequately supported in their transition into CBL. Their understanding of the CBL process is limited and inconsistencies between CBL tutors add to their stress.

ID: 4293  
**Title:** Beneath the Surface - Exploring Child Protection Practice with Aboriginal Families in a Rural Setting  
*Ms Rosslyn Aitchison*

**Introduction / Background:**
Australia’s diversity presents challenges for child protection workers who, whether they are prepared to or not work with families Aboriginal families and their children. Aboriginal children and families are over-represented at all levels of the child protection system. The development of effective strategies to work with these families is imperative to achieve socially just outcomes. This study examined the approach with Aboriginal families in government and non-government agencies in two rural sites. The study aimed 1) to develop models for effective child protection practice with Aboriginal children and their families drawing from the knowledge of both Indigenous and non-Indigenous practitioners 2) to deepen understanding of the concept of cultural competency and it’s influence on practice. Qualitative data was collected using focus groups and in-depth interviews. Themes were developed analysing the data using open coding. Data analysis has not been completed so results are not final. Emerging themes suggest that: There is a gap between awareness of issues facing Aboriginal communities and families, and an expressed desire for cultural sensitivity, practice presents a different picture. The relationship between government and non-government agencies continues to exhibit tension and Indigenous workers often do not feel heard. While the principles of collaboration and consultation are endorsed, there are dilemmas in practice around role, identity and control. Place plays an important role in considering issues of power, difference and identity. Knowledge and sensitivity towards another culture does not always equip practitioners on the frontline to respond and deal with the complex challenges they face when working with Aboriginal families and their children.
ID: 4074
Title: Challenges Associated with Working as an Overseas Qualified Nurse with Indigenous Australians: a Personal Reflection
Mrs Pauline Otieno

Introduction / Background:
With the global shortage of nurses, many overseas qualified nurses are recruited by countries such as Australia to meet the health care needs of its population. Although the exact number is difficult to identify in rural and remote settings of Australia, many of these nurses come from diverse cultural and linguistic backgrounds. This paper is a personal reflection of the author working as a haemodialysis nurse with Indigenous Australians in Central Australia for the past six years. It examines the rich learning experiences, challenges and strategies that were used to ease the transition process.

Issues and Discussion:
There are many issues arising from the migration of nurses to Australia. The most daunting challenges are alienation and prejudice. Coming from a majority group in my home country of Kenya to a minority group in Australia, and to work with Indigenous Australians who are also a minority group in their own country has resulted in many complex problems and challenges for practice. Other issues included cultural shock and adjustment, communication and different workplace practices. Strategies that have helped me to successfully settle in my new role have included learning how to interpret Indigenous gestures and facial expressions, the basic language of patients, embracing Australia’s workplace conduct, networking and self evaluation of nursing skills to match the expectations of the employer.

Conclusions:
This paper highlights the importance of taking proactive measures to turn challenging situations into triumphs. Successful integration will benefit nurses, their employers but most importantly, health care consumers.

ID: 4250
Title: Cultural Safety in Academic Misconduct: can it be Done?
Mr Craig Slater

Introduction / Background:
Growth in transnational education, increases in international student enrolment and diversification in Australian immigration trends have each contributed to rising numbers of students from culturally diverse backgrounds in Australian universities. It is well understood that cultural beliefs and values have a direct impact on skill acquisition and learning styles. This, coupled with the acknowledgement of differing educational experiences and standards internationally, has led to a shift towards culturally inclusive curriculum. The challenge to develop socially accountable and ethical behaviours in students is of particular relevance in health professional education given the nature of health professional practice, and therefore developing academic honesty behaviours is essential. Over recent decades, academic misconduct policies in universities have been strengthened, and methods of detecting plagiarism, such as text-matching software, have become increasingly utilised. This presentation has emerged from the experiences of academic staff in conducting academic misconduct interviews with students from culturally diverse backgrounds in a first year interprofessional health sciences unit. These interviews revealed that there was a genuine lack of understanding about academic honesty principles despite covering academic writing and referencing skills in previous units. It was also apparent that several students had difficulty reconciling their educational background of work sharing, altruism and group achievement, with Western higher educational systems which place high value on independent thought and individual achievement.

Purpose / Objectives:
To discuss challenges faced by students in reconciling their cultural and educational backgrounds with current institutional academic misconduct policies. To open discussion in developing strategies to support students from culturally diverse backgrounds in producing work which is in accordance with Australian academic misconduct policies.

Issues / questions for exploration or ideas for discussion:
Challenges in implementation currently exist including: Can a culturally sensitive approach be implemented while maintaining an equitable and consistent academic misconduct policy for all students? What are the cultural influences on the student-teacher relationship in learning academic honesty principles? How can educators be culturally aware for all students given the breadth of diversity seen in the classroom?
Using the Virtual World to Provide Opportunities for Students to Practice Taking a Patient History

A/Prof Sheila Scutter, A/Prof Jenny Sim, Dr Marcus McDonald, Dr Jennifer James

Introduction / Background:
Role play is often used when teaching students to take a patient history, but this can be challenging when students are studying externally or are on a clinical placement away from the university. In addition, most classroom role play activities do not provide students with opportunities to develop the basic communication skills that are essential for healthcare practitioners taking a history. These include effective listening and questioning; nonverbal communication and strategies in assisting patients to cope with anxiety.

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Role play in the virtual world to enable Medical Imaging students to practice taking a patient history. The aim of the project was to provide students with opportunities to develop the basic communication skills that are essential for healthcare practitioners taking a patient history in a mammography clinic. The use of the virtual world was a useful way for students to practice history-taking skills. Students were able to practice the simulation as many times as they wanted before recording it. However, the most important element of the experience was that students could reflect on the experience.

Conclusion:
These preliminary trials indicate that the 3D virtual world can assist students to practice and reflect upon taking a patient history.

Title: "The 21st Century Stethoscope" - an Experiential Workshop in Ultrasound for Pre-Intern Students

Dr Amanda Harrison, A/Prof George Larcos, Prof Shih-Chang Wang

Introduction / Background:
"The 21st Century Stethoscope" - An Experiential Workshop in Ultrasound for Pre-intern Students. A. Harrison, G. Larcos, S.C. Wang The University of Sydney Westmead Clinical School has been offering a popular introductory experiential workshop in diagnostic ultrasound to graduate medical students in their final year of study since 2008. The role of "point-of-care" ultrasound has been expanding beyond the traditional domain of Diagnostic Imaging departments. Ultrasound is increasingly employed in the emergency department, operating and delivery suites, neonatal and adult intensive care units as well as in private rooms, as an adjunct to clinical examination. These developments suggest the need of an expanded skill set in tomorrow’s doctors, particularly those working in rural and remote locations where out-of-hours imaging services may not be easily available. With ongoing learning and experience they may learn to rule out potentially dangerous conditions e.g. ectopic pregnancy, DVT, perineal bleed. In most curricula, the teaching of ultrasound is aimed at providing a partial understanding of the physics and a limited exposure to what ultrasound can be used for. This workshop provides students with guided hands-on experience scanning live subjects, helps to demystify the technology, and may whet their appetite to learn the depth and breadth of ultrasound knowledge and skills needed to make them proficient in the future. In a pilot study, our students demonstrated increased knowledge following the workshop. The strongly positive evaluations over the past three years suggest that they are aware of the need for this learning and found the workshop a practical and enjoyable way to increase their understanding of the use of the "21st century stethoscope".

ID: 4206
Title: Using the Virtual World to Provide Opportunities for Students to Practice Taking a Patient History

A/Prof Sheila Scutter, A/Prof Jenny Sim, Dr Marcus McDonald, Dr Jennifer James

Introduction / Background:
Role play is often used when teaching students to take a patient history, but this is difficult when students are studying externally or are on a clinical placement away from the university. In addition, most classroom role play activities do not allow students to review and reflect on the practice. This project used role play in the virtual world to enable Medical Imaging students to practice taking a patient history in a mammography clinic. The aim of the project was to provide students with opportunities to develop the basic communication skills that are essential for healthcare practitioners taking a patient history. These include effective listening and questioning; nonverbal communication and strategies in assisting patients to cope with anxiety.

Purpose / Objectives:
This project evaluated the usefulness of the 3D virtual world in allowing students studying externally or internally to practice history-taking in a non-threatening environment that supported deep learning and integrative knowledge then enabling them to reflect upon the experience and their performance. Issues / questions for exploration or ideas for discussion:
Will students studying externally be able to work within the 3D virtual world without onsite technical support? Will students find the experience of practicing and reflecting on history taking in the virtual world helpful, engaging and interactive? Will students engage with it as a deep learning activity, in the absence of an “assessment focus”?

Results:
Student feedback about the simulation experience was very positive. Students reported that they found the experience was active and engaging, encouraged reflection and was enriching and fun. A small number of students indicated that they needed technical support but most found the simulation easy to navigate with minimal support.

Discussion:
The trials showed that using the 3D virtual world was a useful way for students to practice history-taking skills. Students were able to practice the simulation as many times as they wished before recording it. However, the most important element of the experience was that students could reflect on the experience.

Conclusions:
These preliminary trials indicate that the 3D virtual world can assist students to practice and reflect upon taking a patient history.
ID: 4215
**Title:** Small Group Learning via Web-Based Conferencing on Remote Placement

A/Prof Michelle Guppy, **Dr Nerida Paterson**, Dr Graeme Horton, **Mr Shane Jenkins**, Mr Brett Griffin, Dr Robyn Smyth

**Introduction / Background:**
The Year 3 curriculum of the Joint Medical Program of the University of Newcastle and the University of New England has been structured so that clinical experiences relating to the problem-based learning and skills-based curriculum are obtained in general practice in diverse settings in urban and rural Australia. Web conferencing is utilised to promote integrated learning and to maintain connectedness amongst students when on remote placement. In order to accommodate the variable timeframes in which GPs are able to supervise our increased numbers of students, placements occur at different times for students. Clinical placements are interwoven with campus based teaching so that at any one time, all members of a proportion of the tutorial groups are out on placement at different locations, whilst members of the other tutorial groups continue with their central campus based learning at Armidale or Newcastle. Students continue their small group learning whilst on placement by connecting with their group using Elluminate web based conferencing via their laptop, microphones and headsets. Elluminate use was trialled with University of New England students in Semester 1, 2010 and use was then expanded to include all University of Newcastle students in Semester 2. Positive feedback about use of Elluminate was received from student representatives and tutors, who indicated that this is a better method of interaction than telephone conferencing which was used as an interim measure at Newcastle. Evaluation data emphasized the need for DGHTXDWHWUDLQLQJWHFKQLFDOVXSSRUWDQGFOHDUJURXQGUXOHVIRUJURXSLQWHUDFWLRQ when using this technology.

ID: 4377
**Title:** Diminishing the Distance: Rural Immersion to Aid Urban Students’ Grasp of Primary Health Care Principles

**Ms Denese Playford**

**Background:**
Foundational to primary health care is a working understanding of the impacts of poverty and disadvantage on health. Yet the demographic of undergraduates who are being trained to provide this care tends to be strongly skewed towards socially and economically privileged individuals who have little direct experience of social or economic barriers.

**Purpose / Objective:**
To diminish the distance between health science students’ own backgrounds and those of disadvantaged rural people, this project assessed the impact of rural immersion on students’ grasp of primary health care principles.

**Issues / Questions / Ideas:**
Is there a disparity between students’ understandings of disadvantage and real life? Are students as prepared as we think they are after classroom teaching about primary health care? Who should be involved in teaching for grasp of PHC principles? What are appropriate assessments for this knowledge?

**Methods:**
Selected students from a range of health disciplines were immersed in small rural community, completing reviews of community health care in a remote Western Australian region. Their comprehension of primary health care principles was assessed through discussion and by pre-post survey.

**Results:**
Students’ perceptions of community care, and primary health care principles, qualitatively changed following immersion: their definitions of “health” broadened, they grasped the practical meaning of “access”, recognized that not all people are equally served in a community, and their views of Community as a target of programs shifted to understanding the necessary role of the community in effecting its own sustainable health care programs.

**Conclusions:**
Rural community immersion provided students with a context to interpret social determinants of health. It illumined the essentially collaborative nature of community-based primary health care, and encouraged students to consider each other as well as the community as essential partners. This development in understanding was consistent with new graduates’ being better equipped to understand and address the impacts of difference and disadvantage in their clients’ lives.
Are the Principles of Biomedical Ethics Culturally Unsafe?

Dr Ben Gray

Introduction / Background:
Teaching of biomedical ethics at Otago University is based on Beauchamp and Childress’ “Principles of Biomedical Ethics” (Beauchamp 2009). This book asserts that their principles apply to all people, but fail to make any acknowledgement that they might have a cultural bias. Geert Hofstede in “Cultures and Organisations” (Hofstede Geert H 2010) describes how cultures vary significantly around 5 parameters: Individuality/Collectivity, Gender, Risk/Uncertainty, Power difference, and Long term outlook. These parameters will significantly affect decisions around for example: the importance of Autonomy (likely to be valued more highly in an Individualistic society than in a Collectivist Society). Informed consent will have more import for a highly risk averse society than for a less risk averse society. Societies with a high Power Difference will behave more paternalistically. Societies with a long term outlook will value screening for disease more than those with a low long term outlook.

Purpose / Objectives:
How do we teach biomedical ethics in a culturally safe way?

Issues / questions for exploration or ideas for discussion:
Should we spend less time searching for the “right” answer and more time understanding why different cultures have different answers? Is there such a thing as “Best Practice” or does this always have values and beliefs underpinning it? Should we be looking for “Better Practices”? Are there any universal ethical principles or is there always a moral dilemma that requires judgment to resolve?

Improving Medical Students’ Research Capacity through Community-Based Projects

Prof Peter McLennan, Dr Judy Mullan, Dr Kathryn Weston, Dr Kylie Mansfield, Dr Warren Rich

Introduction:
The University of Wollongong 4-year medical curriculum embeds research and critical analysis, aiming to develop research-aware doctors practising evidence-based medicine. The course initially engenders critical analysis of relevant literature while introducing the broad principles of research methods and their interpretation. Students then put this into practice, by undertaking year-long community-based research projects during rural/regional clinical placement.

Objectives:
The ability of the projects to build research capacity was assessed in the first graduating cohort, by surveying them before and after the project using the “Research spider” self-assessment tool (Smith et al, Primary Health Care Research and Development: 2002: 3:139-140).

Issues for exploration:
Students were guided to design projects relevant to their own interests and the community. The effectiveness of this new enterprise was validated using the principles of evidence-based medicine engendered by the projects.

Results:
The 67 projects were varied, including clinical audits and patient surveys, covering a range of research methods. GSM staff provided academic supervision and all projects were subject to ethics evaluation. Students improved in nine of the ten aspects of research that were assessed, from defining a research question, to presenting and writing a report. They showed no improvement in the capacity to apply for research funding.

Discussion:
The research projects engaged the students, stimulated them to think about research issues in rural and regional Australia, and measurably improved their research capacity.

Conclusions:
The programme meets our educational aims and promises to provide additional benefits through community engagement.
ID: 3809  
**Title:** Boundary Crossers: Skills for Transdisciplinary Practice with Small Populations  
**Dr Julaine Allan**

**Introduction / Background:**
Small populations in isolated places have problems accessing healthcare. The reasons for this are well explained and a range of solutions proposed and implemented. However, few have considered or tried a transdisciplinary approach preferring to stay within the existing professional boundaries of education and practice. Employing Allied Health Assistants is one way of working across disciplines. However, those employees face challenges in having the necessary skills and abilities to deal with diverse expectations, professional rivalries and risk and quality standards. As government continues to relinquish its role as a direct service provider a true transdisciplinary model is required. I propose highly trained, experienced allied health workers fulfill the roles of several professions to meet diverse community needs.

**Purpose / Objectives:**
Implementation of a transdisciplinary approach to allied health services requires a significant shift in the organisation of healthcare. However, fewer changes are required in practice. All experienced allied health workers should be able to do a holistic assessment that encompasses physical, mental, emotional and social wellbeing. They should have well developed counselling skills and a good knowledge of the health care and community services sector. An experienced worker should know what is available in a particular location and how to get what is not available. They should be able to determine if a condition has improved or requires further specialist intervention. However, undergraduate education is not the place to develop transdisciplinary practice. Rather, significant experience combined with critical thinking skills is required.

**Issues / questions for exploration or ideas for discussion:**
To change a system reliant on unavailable specialist professionals an transdisciplinary solution is critical. The skills required for transdisciplinary practice are outlined but are Health Workers and Educators up to the challenge?

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ID: 4744  
**Title:** The Experience of Rural Origin Students of the WIRHE Scholarship Programme at Wits: Enabling and Disabling Factors  
**Ms Lilo Dutoit, Mr Ian Couper, Ms Ntsiki Sondzaba, Ms Patience Mnqapu**

**Introduction / Background:**
The University of the Witwatersrand (Wits) Initiative for Rural Health Education (WIRHE) was established in 2003 in order to support financially disadvantaged students from the rural areas of South Africa to study health sciences. It was based on an understanding that students from rural areas are more likely to return to such areas. These students face many challenges, in common with other students from disadvantaged backgrounds. In order to improve the support given to students, it is important to clarify exactly what the challenges are and how students perceive their experience. The research aims to understand the factors that enable and disable the ability of rural origin students from disadvantaged backgrounds, to succeed (and excel) in their health science studies at Wits. This provides information that can inform the structuring of WIRHE and academic support programmes in the Faculty of Health Sciences, in the University and in other schools.

**Methods:**
A mixed methods study was undertaken, combining qualitative and quantitative approaches. In-depth interviews were conducted with a number of students at different stages in their degrees and with all WIRHE graduates. Students also participated in focus group discussions that probed the challenges they faced and how they perceive the support they received from the WIRHE programme. Themes from the qualitative component were analysed using NVivo software. The information from qualitative parts of the study was used to inform the design of a quantitative self-completion questionnaire that was distributed among students. Quantitative data was analysed using STATA 10.

**Results:**
The study highlights a need to cultivate a holistic understanding of the academic, social and economic factors that impact on the performance of students from rural disadvantaged backgrounds. Consciousness of the challenges faced by students can lead to the creation of innovative support programmes that increase the likelihood of students completing their degree.

**Conclusion:**
The ability of a student from a disadvantaged rural background to manage the challenges posed by the academic and social environment of Wits Medical School can to some extent be mediated by developing support programmes that do not only focus on academic aspects, but which also give attention to social experiences.
ID: 4177
Title: Factors Influencing a School of Medicines Efforts to Become more Socially Accountable
Ms Iris Lindemann, Dr Helena Ward, Prof David Prideaux

Introduction / Background:
During 2010, Flinders University School of Medicine (SOM) was one of six THEnet [Training for Health Equity Network] schools which participated in an international pilot implementation of the THEnet “Framework for Evaluation of Social Accountability in Health Professional Education”. One aspect of this implementation was to interview staff, students and stakeholders on issues relating to social accountability. Participants were from a range of health professional programs within the SOM including medicine, speech pathology, public health, nutrition and dietetics, paramedics and health sciences. This presentation will report on participant’s views on the factors influencing the SOM’s ability to become more socially accountable. Participants identified a range of factors which they felt enabled social accountability principles to be successfully implemented. They also identified a range of features which would discourage a move towards becoming more socially accountable. This study has allowed the SOM to identify key areas which will influence change towards becoming more socially accountable. Schools wanting to become more socially accountable need to create an environment which will allow successful implementation of innovative strategies. This paper will provide some insights into how this may be achieved.

Issues / questions for exploration or ideas for discussion:
1. Will the audience identify with the barriers / enablers highlighted in this study?
2. How can we utilise an understanding of these barriers / enablers to assist schools to become more socially accountable?

ID: 4378
Title: An Innovative Methodology for Teaching Medical Students to Perform Pelvic Examinations
Mrs Susan Irvine

Introduction / Background:
A collaborative team approach can help guide the development of innovative educational methodologies to improve women’s experiences of pelvic examinations and Pap smear testing. Partnerships with funding bodies, universities and a collaborative team approach involving health professionals and trained community volunteers, can improve learning outcomes for medical students and health outcomes for women. Traditional methods of teaching intimate procedures such as pelvic examinations and pap testing are known to be problematic. This prompted the implementation of the Clinical Associate Teaching Program (CTA) using a team approach. The CTA program trains laywomen to act as a simulated patient in order to teach medical students to perform a gynaecological examination. This presentation reports on the program development, the implementation, descriptive analysis of student evaluations and future research.

Purpose / objectives:
To provide a narrative and evoke discussion on the CTA program development, implementation, learning outcomes and future research.

Issues / questions for exploration or ideas for discussion:
1. What are the known improved outcomes in terms of women’s health?
2. What are the barriers to the implementation of the CTA program?
3. Does this intervention translate into changes in practice?
4. What are the students’ perceived differences in their level of confidence after completing the program?
5. What are the student perceptions of the program?
6. An overview of proposed research projects will be discussed

Conclusions:
The CTA program is an innovative educational methodology and illustrates how a team approach can contribute to medical student training. This collaborative approach to teaching medical students to perform pelvic examination enhances student learning and has positive outcomes for women’s health.
Clinical Compliance with Proven Safety Systems in Health Care

Dr Craig Webster

Introduction / Background:
Presentation Title Clinical Compliance with Proven Safety Systems in Health Care
Introduction/Background In recent years international authorities have been calling for greater patient safety in health care, perhaps most notably the United States Institute of Medicine, who in 2000, called for a 50% reduction in error within five years. Over ten years have now passed and the first systematic evidence from large-scale patient safety interventions suggests that targeted system re-design can be successful in significantly reducing error in health care and consequent patient harm. Drug administration error has been identified as a leading source of patient harm, and one of the most intensive periods of drug administration occurs in the operating room during a general anaesthetic.

Purpose / Objectives:
Our group has developed a new system for the safer delivery of anaesthetic drugs. I present results from a study of the new system.

Results:
Our study included over 74,000 anaesthetics and over 733,000 drug administrations and demonstrated a significant reduction in drug error of 35% (p=0.002). Despite this success, 19 error reports involved clearly documented violations of the core operating principles of the new system.

Discussion / Conclusion:
The efficacy of the new system to reduce drug administration error could be substantially improved through better clinical compliance with the system’s operating principles. I invite discussion on how the compliance of clinicians with proven health care safety systems can be improved.

ID: 4178
Title: Implementing the “Framework for Evaluation of Social Accountability in Health Professional Education” : the Flinders University Experience

Ms Iris Lindemann, Dr Helena Ward, Prof David Prideaux

Introduction / Background:
During 2010, Flinders University School of Medicine (SOM) was one of six THEnet (Training for Health Equity Network) schools which participated in an international pilot implementation of the THEnet “Framework for Evaluation of Social Accountability in Health Professional Education”. Pilot implementation included collection and collation of data from a range of sources including documents, interviews, focus groups and workshops. Participants were from a range of Health Professional Programs within the SOM including medicine, speech pathology, public health, nutrition and dietetics, paramedics and health sciences and included staff, students and key stakeholders. This presentation will report on the key findings of the pilot implementation. The implementation was able to identify areas where the SOM demonstrates strong social accountability and areas which would benefit from further improvement. The Flinders experience of benefits and challenges to working with the framework will also be discussed. This implementation informed the SOM in its efforts to embed social accountability principles across a wide range of school activities and provided insights into opportunities for further change. Preliminary examples of impact will be discussed. Other schools may learn from the Flinders University experience to inform their own changes towards becoming more socially accountable.

Issues / questions for exploration or ideas for discussion:
1. How relevant do participants perceive the THEnet framework to be for their own organisation?
2. What experiences can others share of their efforts to become more socially accountable?
**Concurrent Session 6  1315 - 1445   Indigenous Health PeARL**

**ID: 4342**

**Title:** Student Self Reflection of Food Service Dietetic Competencies in Higher Education  
**Mrs Judy Appleton**

**Introduction / Background:**
Student Self Reflection of Food Service Dietetic Competencies in Higher Education  
Assessment of competency standards presents several challenges, one of which is how the competency has been defined and whether the student can articulate that competency into a meaningful piece of evidence for supervisors to use in assessment. The competency standards for dietitians are defined within the National Competency Standards for Entry Level Dietitians (2009) set by the Dietetics Association of Australia. This study was undertaken in dietetic students studying food service management where students progressively develop a self reflection portfolio of evidence on key competency achievement. Thirteen students out of 53 participated in this study and their self reflections provided as evidence of competency expected of a graduate practitioner was examined within their final summative assessment forms. Qualitative analysis centred on identification of common themes and key indicators of learning within the twelve separate competency elements for each student. Five competencies achieved a rating of self reflection equaling 75% or higher, four achieved a rating of less than 70% and four were between these two percentages. How can students improve their ability to articulate how they have met a competency into a meaningful piece of evidence, which supervisors can use in assessment? What experience have conference participants had with students using ePortfolios to document competency achievement? Ways to identify relevant training for supervisors to assist them complete the written feedback section of the students’ final summative assessment forms.

**Purpose / Objectives:**
To raise awareness of the need for exposure to intellectual disability health at undergraduate level To examine this need and potential impact within the context of social accountability Recognising the limits on undergraduate curricula, to explore strategies that are both meaningful and achievable.

**Issues / questions for exploration or ideas for discussion:**
Do longitudinal, community based models of medical education provide new opportunities for developmental disability education in the medical/health professional curriculum? When and how can we most effectively introduce intellectual disability education to achieve maximum effectiveness for students, patients and preceptors?

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**Concurrent Session 6  1315 - 1445   Indigenous Health PeARL**

**ID: 4288**

**Title:** Incorporating Intellectual Disability Health into the Medical Curriculum - why, how and when?  
**Ms Heather Burton, Dr Jane Tracy, A/Prof Lucie Walters**

**Introduction / Background:**
Research shows that people with an intellectual disability are a vulnerable community based population with complex health needs and poor health outcomes. People with intellectual disabilities live with unrecognized health conditions and have a life expectancy twenty 20 years less than general population. They are also less likely to know about and access disease prevention and health promotion interventions. Significant gains can be achieved in the health and healthcare of people with an intellectual disability through health professional education. Several studies in Australia have identified the need for greater attention to intellectual disability health at undergraduate level across the health professions. Such attention aims to highlight the needs of this population, build knowledge and skills to address those health needs, and challenge negative stereotypes and attitudes. The literature on longitudinal community based placements for medical students and other health courses suggests a shift towards “service learning”, patient centred medical education and continuity of care. Such longitudinal placements would enable students to develop a relationship with patients with disabilities, and learn about the complexities of their health and social needs and the need for health professionals to play an advocacy role as a part of their healthcare provision. Many health professionals in current practice have had little or no training in disability health. Students and their supervisors therefore need access to learning and teaching resources to support learning and improved understanding and care provision to this vulnerable patient group.

**Purpose / Objectives:**
To raise awareness of the need for exposure to intellectual disability health at undergraduate level To examine this need and potential impact within the context of social accountability Recognising the limits on undergraduate curricula, to explore strategies that are both meaningful and achievable.

**Issues / questions for exploration or ideas for discussion:**
Do longitudinal, community based models of medical education provide new opportunities for developmental disability education in the medical/health professional curriculum? When and how can we most effectively introduce intellectual disability education to achieve maximum effectiveness for students, patients and preceptors?
**ID: 3808**  
**Title:** Soft Entry: a Community Controlled Approach to Healthcare Delivery  
*Dr Julaine Allan*

**Introduction / Background:**  
Human service interventions have been found to be more effective if designed specifically for the target group. In an attempt to negate racist stigma, effects of involvement with the criminal justice and child protection systems; and limited resources of many Aboriginal people, a proactive approach to drug and alcohol treatment was designed. The approach is called soft entry by the drug and alcohol workers who designed it. It involves providing drug and alcohol interventions in community controlled settings outside the healthcare arena.

**Purpose / Objectives:**  
This presentation describes the soft entry approach and seeks feedback on replicating and evaluating it in other settings. A concern for applying evidence and minimising risk to clients, and to organisations, has led to the development of assessment tools, diagnostic and risk criteria and manualised treatment for specific problems. This technical approach, common in drug and alcohol treatment, has attempted to put some rational, controlled and standardised strategies in place to deal with complex human problems. However, while directing the human service worker, they limit client self determination and decision-making, critical goals of human services action. Community control of the pace and scope of interventions is critical to the soft entry approach.

**Issues / questions for exploration or ideas for discussion:**  
The key questions for discussion include; where can soft entry be applied outside the drug and alcohol sector?  
How can soft entry be rigorously evaluated to determine if it improves health outcomes?

**ID: 4189**  
**Title:** Building a Suburban Community Based Clinical Education Program for Australian Medical Students  
*Dr Sarah Mahoney*

**Introduction / Background:**  
Rural clinical schools are now well established providers of high quality clinical education programs for senior medical students. Although the suburban environment has rich possibilities for clinical supervision it presents a set of unique obstacles that need to be addressed in order to harness its potential.

**Purpose / Objectives:**  
This workshop will provide participants with a foundation for creating a suburban clinical education program for senior medical students.

**Issues / questions for exploration or ideas for discussion:**  
Participants in this workshop will: - Identify the benefits of a suburban clinical program  
- Identify any disadvantages of a suburban clinical program  
- Examine the barriers and difficulties that exist in trying to establish such a program  
- Explore ways of addressing the issues identified

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:  
The presenter will use her experience in developing a suburban clinical education program to guide discussion and provide examples. There will be a series of brief presentations, each followed by small group work to brainstorm ideas. Outcomes will be summarised and shared with the whole group.
**Title:** The Rural Communities Program (RCP): Understanding Health Care at the Grass Roots Level  

**Prof Craig Zimitat, Ms Alison Miles**

**Introduction / Background:**  
The RCP is a week-long placement of a small group of students in one of 15 small rural communities around Tasmania that fits within the 3P Rural Medical Education curriculum framework.

**Purpose / Objectives:**  
Situated within a primary health care philosophy, the RCP aims to provide medical students with a residential experience in a rural town to gain an understanding of the health care services and issues of the community, the grass roots networks of care available to members of rural communities, and how they impact upon the lives of people with a range of acute and chronic conditions in those communities.

**Issues / questions for exploration:**  
How can you present the challenges of rural health and practice in a positive light?

**Key success factors for the RCP include planned learning activities and outcomes, its residential nature, central program support with local organiser, generic timetables, interaction with patients and medical charts, building on community strengths.**

**Results:**  
School staff, students and community health professionals learned more about their community through engagement with the RCP.

**Discussion:**  
The RCP has presented the challenges of rural health and practice in a positive light, through engagement with resourceful and supportive communities.

**Conclusions:**  
The RCP is now in its third year. In collaboration with the School of Medicine, rural communities are taking greater responsibility for the development and delivery of the program.

**Title:** Expectations among Existing Healthcare Workers of the Role of the Clinical Associate  

**Ms Lilo Dutoit, Mr Ian Couper, Ms Audrey Gibbs, Ms Abigail Dreyer, Ms Mpumi Mqapu**

**Introduction / Background:**  
Context Following a national policy decision to train a physician assistant category in South Africa, the University of the Witwatersrand (Wits) Faculty of Health Sciences commenced offering a new degree, Bachelor of Clinical Medical Practice (BCMP), in January 2009. This is a three year programme leading to a qualification as a Clinical Associate. The Clinical Associate will work under supervision of the doctor, working in the team of clinicians in district hospitals, and will be skilled in procedures and emergency care. The research aims to understand the expectations among existing health workers of the role of the Clinical Associate. This will provide baseline information on the possible scope of practice of the Clinical Associate initially, and can be used to evaluate how this evolves over time as Clinical Associates become more skilled and experienced in their work situations.

**Methods:**  
A number of semi-structured interviews were conducted, face-to-face when possible, among existing health care workers (generalist doctors, clinical managers and nurse practitioners) in Gauteng and North West provinces. Themes in the exploratory interviews were identified and developed using NVivo qualitative analysis software. The data is being used to inform the design of a quantitative component of the study.

**Results:**  
The study assists in defining more clearly what the roles and responsibilities of the Clinical Associate could and should be at district level. It is important to be conscious of expectations from other professionals of this new cadre of health worker, as these expectations may affect the perceived effectiveness of this new qualification in addressing the problems associated with a shortage of health workers in rural areas. As this is a new qualification, there is a need to understand and further define how the Clinical Associate can and should function as part of the Primary Health Care team.

**Conclusion:**  
There is a need to manage expectations from other health workers regarding the roles and responsibilities of the Clinical Associate in the health care team, and to take these into account in ongoing development of their training.
ID: 4416
Title: How to Review a Manuscript
Mr Tony Egan

Introduction / Background:
This workshop is targeted at participants who either wish to become reviewers or who
are reviewers already but would like some additional guidance for that role.

Purpose / Objectives:
To encourage and support participants who are interested in developing skills in
reviewing manuscripts To describe the existing process for reviewing manuscripts
submitted to Focus on Health Professional Education To highlight the key steps in
reviewing a manuscript and providing constructive feedback to the author To
complete a brief review proforma

Issues / questions for exploration or ideas for discussion:
How to combine critical review with constructive feedback

Describe how the presenters will engage with the audience, what strategies will be
used to ensure a “hands on” experience:
Participants will be asked to read critically a draft manuscript and to complete a
brief review proforma. This will be followed by a group discussion and critique of the
reviews from two points of view: the extent to which the draft meets FoHPE’s standards
the quality of feedback to the authors


ID: 4165
Title: Developing an ANZAHPE Policy on Social Accountability
Prof Rufus Clarke

Introduction / Background:
“Social accountability” is in danger of becoming a buzz-phrase - a parenthood
statement with which everyone agrees, but no-one understands clearly what it
is, or how to achieve it (unlike parenthood! The objective of this workshop is to
provide a forum for interested participants to start to develop a draft policy for
ANZAHPE on social accountability. Participants will be encouraged to come to the
Conference having already constructed or adopted a brief definition or description
of social accountability. These will be collected and displayed at the start of
the Workshop, and the key elements of the concept will be identified. There will
then follow discussion of the implications for implementation of the concept. It is
anticipated that, by the end of the Workshop, participants will have self-identified as
potential members of a Working Party that can continue to meet, electronically, to
develop a policy statement for submission to, and ratification by, the Committee of
Management.
The Northern Clinical Training Network and Social Accountability in Medical Training
Dr Rebecca Evans, A/Prof Sarah Larkins, A/Prof Harry Jacobs, Prof Richard Murray

Introduction / Background:
The School of Medicine and Dentistry at James Cook University, Queensland Health and private sector stakeholders have collaborated to develop the Northern Clinical Training Network (NCTN) in north Queensland. The objectives of the NCTN include: (i) supporting the provision of integrated medical education across the training continuum; (ii) encouraging expanded settings for clinical training; and (iii) developing a medical workforce which is responsive to the health needs of northern Queensland populations, many of which are underserved.

Purpose / Objectives:
The primary purpose of this presentation will be to discuss the opportunities for continuing socially accountable medical education from undergraduate through to postgraduate medical training. As background to the discussion, a brief outline will be provided of the guiding objectives, early development and current structure of the NCTN as well as how the NCTN links to current social accountability initiatives within the James Cook University School of Medicine and Dentistry curriculum.

Issues / questions for exploration or ideas for discussion:
What opportunities are there for continuing socially accountable medical education into postgraduate medical training?
What initiatives for socially accountable postgraduate medical education currently exist?
What benefits might be expected of socially accountable medical education that spans the training continuum?

Using Mobile Devices to Bring Learning to the Students - Wherever and Whenever
Ms Marianna Koulas, Ms Karen Scott, Ms Sharon Kitching, Mr Daniel Burn, A/Prof Dianne Campbell, Dr Megan Phelps

Introduction / Background:
The portability of mobile devices and increased viability of continuous Internet access has lead the drive towards convenience based learning for students. For medical and health sciences students, mobile devices are being used to access structured learning activities and resources, e.g.: drug dosage information while on clinical practice. For students in rural and remote settings, mobile devices can provide a conduit between self-directed learning and practice. Case-based learning is widely used for learning in medicine and health sciences. We were interested in assessing how case-based scenarios on mobile devices could engage students and assist with bedside learning in rural and urban hospitals. In 2009 and 2010 three case scenarios were developed for mobile devices by Paediatrics and development staff at Sydney Medical School and Sydney eLearning. A trial of the pilot scenario was held with fourteen medical students in late 2009. The students were positive and made recommendations for improving the case scenarios and informational architecture of the eLearning materials. The project team incorporated the changes into phase two scenarios in 2010 e.g.: increased evaluative feedback, a more linear narrative structure and better usability. Consequently, student requests for integrated questions, and an improved graphical user interface created an improved user experience. Feedback from the second round of mobile case studies recommended improving the download interface to increase the ease of transferring the case studies to their own iPad/iPod or mobile. Medical students will use the case scenarios throughout semester 2 2010 and their evaluations will be incorporated into the associated poster.

Mobile learning has the potential to improve medical education and interact with patient information systems. Initial student evaluation demonstrated its potential to enhance bedside learning and students in particular favoured the flexibility and freedom it afforded.
ID: 4747
Title: How do Supervisors of Junior Doctors Provide Feedback and Assessment on Cultural Competence?
Ms Gabriella Berger

Introduction / Background:
In Australia, cultural competence training has now been linked to the Australian Curriculum Framework for Junior Doctors (ACFDJ), and hence health care providers increasingly recognise this training as an indispensable tool to address differences in attitudes, beliefs, behaviours, values and communication styles of culturally diverse patients. This qualitative research project was carried out at Toowoomba Hospital, Australia, and involved 20 clinical supervisors of junior doctors who were interviewed on how they interpreted cultural competence, and if and how they provided feedback and assessed junior doctors within their unit. The research results confirm that cultural competence is variously interpreted but often not well-understood by clinical supervisors, with feedback and assessment rarely provided. Specific training is needed as clinical supervisors grapple with the concept and how to successfully integrate it into junior doctor education in their clinic unit. Information and training involving cultural competence requires the inclusion of more recent research evidence to be applied in the workplace, and to be disseminated to clinical supervisors as part of CME - continued medical education. Improved cultural competence training for both supervisors and junior doctors is expected to impact positively on patient health outcomes. When it comes to cultural competency, clinical supervisors and junior doctors require access to continued medical education based on evidence in order to improve patient health outcomes.

ID: 4745
Title: Rural High School Top Achievers: Factors Hindering Taking the Step to Tertiary Education: Feedback from those Attending Lifeskills Workshops
Ms Lilo Dutoit, Mr Colin Pfaff, Ms Ntsiki Sondzaba, Ms Mpumi Mqapu, Mr Ian Couper

Introduction / Background:
The University of the Witwatersrand (Wits) Initiative for Rural Health Education (WIRHE) was established in 2003 in order to support financially disadvantaged students from rural areas of South Africa to study health sciences. Although the WIRHE scholarship scheme focuses on assisting top achievers in rural high schools to study in the health sciences, from the inception of the project it was clear that there is a need to assist rural high school students in accessing the opportunity for further study. WIRHE therefore included a life skills programme to make rural high school top achievers aware of the range of possibilities for further study. The research aimed to evaluate the effectiveness of the life skills programme, by gathering data on high school top achievers who attended workshops from March to June 2009 in North West province. Participants of the workshops were contacted a year after the workshop, and asked about their current situation, and if they managed to access tertiary education.

Results:
The study highlights a number of factors apart from academic potential, as obstacles to accessing tertiary education. In many instances, a lack of correct information on admission processes, application for financial aid and application deadlines affected respondents in the study. This implies a need to pay attention to the provision of correct information to rural high schools, and to perhaps also provide more support with the filling in of forms, submission at the right times and submission to the right places.

Conclusion:
Rural high schools need more support in correct application processes for those students who have the academic potential for tertiary study. Current failures to access tertiary education are often related to incomplete information and a lack of resources. There furthermore seems to be a disjunction in the timing of financial support and application/registration times of tertiary institutions.
ID: 4162
Title: Health Literacy: Possibilities, Pitfalls and Accountability
Ms Ellen Ennever, A/Prof Craig Zimitat

Introduction / Background:
The concept of functional health literacy has been measured by a limited number of validated instruments since the early 1990s and these include the Test of Functional Health Literacy in Adults (TOFHLA) and the Newest Vital Sign (NVS). In 2010 the University of Tasmania employed the TOFHLA and the NVS with additional pilot in-house measurements to survey and assess the functional health literacy of nearly two hundred incoming Faculty of Health Science students. What did we learn about measuring the functional health literacy of our students and how is this relevant to accountability in wider health education research?

Purpose / Objectives:
This session will briefly discuss the survey, its results and why these results had implications for how accountable health educators are to the community for the way we characterise problems with health literacy levels. The greater part of the session will give participants the opportunity to critique the TOFHLA and NVS survey instruments, and will provide opportunity to comment upon their respective strengths and weaknesses in terms of both community and student use.

Issues / questions for exploration or ideas for discussion:
Our project has implications for the way health science faculties conduct health education research. Are the measurement and screening instruments useful? Should we explain how students might employ and interpret the same instruments without alienating patients or clients? Should health professionals be partners in assessing a person’s literacy levels and if so, should health science faculties be accountable for training their students to undertake health literacy assessments?

ID: 4054
Title: Faculty Development, Leadership and Organisational Culture in a Rural Medical School: a Case Study
Dr Tracy Morrison, Prof Debra Nestel, Dr Melanie Bryant

Introduction / Background:
Gippsland Medical School (GMS) was established in 2008 as a graduate entry medical program within the Faculty of Medicine, Nursing and Health Sciences (FMNHS) at Monash University. In this presentation we explore faculty development, leadership and organisational culture as areas for research in our medical school. Faculty development is professional training for staff, aiming to expand their current knowledge and skills in their field of work. Leadership is the process whereby an appointed faculty member develops, sets and maintains direction for the organisation and its employees. Organisational culture is the social and psychological environment of the workplace. There are many faculty development publications in the medical education literature. Leadership and organisational culture have less prominence but strongly represented in business and management literature. Gaining insight to the quality of these critical variables of a medical school may lead to better understanding of quality in medical education. This research is a PhD in progress.

Purpose / Objectives:
The purpose of this study is to explore perceptions of faculty development, leadership and organisational culture in a rural medical school.

Issues / questions for exploration or ideas for discussion:
1. In what ways do individuals’ experience faculty development at GMS?
2. What is the current leadership approach at GMS?
3. What is the organisational culture at GMS?
4. In what ways are faculty development, leadership and organisational culture related?

Methods:
Semi-structured individual interviews with faculty members will be the primary source of data collection. Interviews will be analysed thematically. Document analysis will serve as a secondary source for data.

Results:
To date, three pilot interviews have been conducted. The GMS faculty had participated in development programs and indicated they felt supported by senior staff. The leaders and organisational culture of GMS were described as relaxed friendly. Effective leaders were described as inspiring, influential and relational. All participants discussed the importance of positive relationships between leaders and colleagues.

Discussion:
The pilot interviews indicate leaders influence faculty development and organisational culture. This influence will be further investigated in the individual interviews.
**ID: 4057**

**Title:** Professional Development for Registrars - how do we Make it Transition to the Workplace?

*A/Prof Alison Jones, Prof Geoff Thompson, Ms Andrea Lloyd*

**Introduction / Background:**

SA IMET has been running a professional development program for registrars (PDPR) for the last 4 years. The model is based on the work done by the Confederation of Postgraduate Medical Education Councils. The two-day workshop covers topics such as self-awareness, teamwork, conflict resolution and teaching. While PDPR is popular and receives excellent reviews from participants, we know that short intensive courses can have limited transfer of new learning back to the workplace. PDPR also reaches only a small percentage of trainees. We want to explore other models to deliver the content in a way to support both transition of knowledge to the workplace and penetration to all trainees who need the program.

**Purpose / Objectives:**

Share experiences of the current model and explore participants’ experiences of providing leadership training to health professionals. We aim to arrive at a proposed optimal model for professional development that can be sustained with current resources.

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

Do others use a more continuous approach to providing training in professional development? Is it possible to measure the impact of such training to inform program development? Are there opportunities for pooling resources? Is it better to stay with the uni-professional approach? How should the program integrate with other Programs and initiatives? Does such a program need to be delivered face to face or are there opportunities to use a blended learning approach?

**ID: 4160**

**Title:** Integrating the Preclinical Years in the Medical Curriculum: Experience Overseas

*Prof Samy Azer*

**Introduction / Background:**

Much emphasis has been placed on integration of the curriculum. This has become a priority, particularly as we plan to review the curriculum in light of the recommendations of the Accreditation Agency report.

**Purpose / Objectives:**

Prior to the review process, a questionnaire and a mapping template were distributed to the subject and module coordinators. This process helped in identifying key principles addressed in each module and mapping the curriculum in these years. During the curriculum review workshop the principles for the integration process and the educational principles were discussed. Task groups representing each module and subject representatives together with the chair of Medical Education Research and Development Unit worked together to develop the contents and the teaching and learning for each module. These curricular contents have been reviewed at Task Group and Curriculum Committee levels.

**Results:**

The integration of the curriculum is based on identifying learning outcomes of each module and clustering the integration around a “theme” highlighted for each week by using a spiral curriculum design, students were able to revisit concepts learnt in year 1 about a particular body system again in year 2.

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

What are your experiences in integrating the pre-clinical years?
What challenges did you face in this process?
How did you arrange for successful implementation of the integrated curriculum?
What were your management strategies?
How did you evaluate these changes?
ID: 4345
Title: Mind Mapping for Creativity in Learning, Teaching and Research
Dr Wendy Pryor

Introduction / Background:
Mind mapping has been called the “Swiss Army Knife of the brain”, with a myriad of personal and professional applications. Wendy Pryor, a trained mind map instructor, has found mind maps to be powerful aids for learning, teaching, research, and to support clinical reasoning and patient management. They were invaluable as planning and analytical tools for her recently completed PhD.

Purpose / Objectives:
Participants will be inspired by the work of enthusiasts and learn to construct hand-drawn and computer-generated mind maps.

Issues / questions for exploration or ideas for discussion:
Participants will explore possible applications for their own learning, teaching and research.

How the presenter will engage with the audience to ensure a “hands on” experience:
Wendy will share her experience as a catalyst for participants to generate their own creative ideas and fun using provided paper, coloured pens, and demonstration software. There will be opportunities for individual and team work. Participants are strongly encouraged to bring a laptop computer and some of their own coloured marker pens if possible.

ID: 4212
Title: Exploring Experienced Doctors’ and Nurses’ Perceptions and Experiences of Professional Identity, Interprofessional Collaboration and Leadership
A/Prof Judy McKimm, Ms Sue Gasquoine

Introduction / Background:
The role of effective teamworking in the delivery of high quality healthcare is widely acknowledged 1, 2. The role of leadership, followership and professional identity in contributing to weaknesses in teamwork is, however, less well understood, although leadership competencies are increasingly highlighted in health professionals’ curricula 3. We report on a New Zealand study of experienced doctors and nurses to explore their perceptions of professional identity, interprofessional teamwork and leadership. The current study builds on an earlier project carried out with newly graduated doctors and nurses 4.

Purpose / Objectives:
The first study revealed differences in the way junior doctors and nurses were trained and supported in becoming team leaders and members. It highlighted potentially confusing assumptions about who might lead and follow, and where authority and power lies, which leads to negative impact on patient care 4. The current study explores whether the findings are unique to “novice” health professionals or whether perceptions of professional identity, interprofessional teamwork and leadership change as health practitioners become more “expert”. The data from the current study will inform tertiary undergraduate and postgraduate curricula to better equip graduates for the workforce and help increase effective collaboration.

Issues / questions for exploration or ideas for discussion:
1. Nursing and medical curricula vary in how they educate for teamworking and leadership - does this matter?
2. What key factors influence professional identity formation in terms of leadership, interprofessional collaboration and teamwork?
3. How can health professionals’ curricula best help prepare graduates for interprofessional teamwork and leading multiprofessional teams?

References
3 NHS Institute for Innovation and Improvement and Academy of Royal Colleges. 2010. Medical Leadership Competencies Framework.
ID: 4341

**Title:** Games for Learning and Teaching Transcultural Awareness: can we Create a Shared Bank of Resources?

*Dr Gillian Laven, Prof Jonathan Newbury*

**Introduction / Background:**

Games have been successfully used by staff in health sciences to “stimulate cultural clashes” (Anderson, 2006) teaching students about cultural awareness and safety. Within the Global Health course at the University of Adelaide we use a card game called “Barnga” to provide an opportunity for medical students to experience culture clash and to observe their own and others’ responses to differences in cultural rules, developing a greater understanding of the impact of social issues and environment on health. Student feedback on the workshop is excellent. Using the constructivist perspective (Brooks, 1993) we use the students’ prior knowledge from their past experiences, culture and their environment to encourage discussion. Students learn from each other to reflect on knowledge gained from the Global Health course. One of the purposes of the debriefing at the end of the workshop is to reflect on personal and practice implications (Achenbach, 2002 #1243).

**Purpose / Objectives:**

What games, other than Barnga, can be used for learning and teaching transcultural sensitivity/awareness/risk?

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

Over the last four years as the facilitator of the Barnga workshop, I have found a need for a portfolio of games that can be rotated through to prevent overuse, leading to potential student/teacher burnout and where student numbers are too small to effectively use Barnga. Can we use the PeArL session to develop a bank of “games” as a shared teaching resource?

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ID: 4123

**Title:** Question: which is more Effective for Experiential Learning Gains - a Full Time Block Placement or a Sequential Series of Weekly Placements?

*Ms Leigh McKauge*

**Introduction / Background:**

While the importance of experiential placements within undergraduate pharmacy programs is recognized, in Australia there is little systematic research on the effectiveness of teaching and learning at these experiential placements. Despite the intuitive value of embedding learning at the site of authentic practice, there is a lack of evidence to link learning gains with placement experiences or placement timeframe. Workplace placements are often organised more for theoretical imperatives, anecdotal reasons, or timetable-convenience rather than objective knowledge as to the learning students experience by this mode of education.

**Purpose / Objectives:**

In an effort to decide on the most effective placement timeframe, data was gathered on the learning experiences and placement outcomes for students at two placements, a sequential weekly placement of 3-4 hours over 10 weeks compared with a single block placement of 5 days occurring once during the semester. This research provided a qualitative appraisal of placement learning gains indicating the practice areas of communication skills, day-to-day problem solving and overall confidence in dealing with consumers, as being particularly important skills to acquire on placement. Can these measures be used to quantify placement learning gains using a longitudinal study of student practice knowledge acquisition?

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

The placement sites are 300 independent community pharmacies, so on-site visits by university staff for assessment purposes are not feasible. How does the placement experience value-add to a professional program of study? How can learning gains during community placements be quantifiably measured? Can sequential learning gains be measured over a four-year undergraduate program?
SPEAKER PRESENTATION ABSTRACTS (CONT)

Thursday 30 June

Plenary Session

Title: Indigenous Health in Health Professional Education: from Lip Service to Genuine Commitment

Dr Rhys Jones

Introduction / Background:
Health professional education and training has a significant role to play in advancing Indigenous health and eliminating inequities. A requirement to address these issues has led to the establishment of dedicated Indigenous health faculty, departments and curricula in health education programs across Australia and Aotearoa/New Zealand. While these developments are highly commendable, the reality is that Indigenous health often lacks high-level institutional support and becomes marginalised within curricula. As a result students’ experiences, particularly outside the formal Indigenous health curriculum, can undermine effective learning. In this presentation I take the position that Indigenous health is everyone’s business, and that responsibility cannot be delegated to Indigenous health academics or departments. Achieving the goals of Indigenous health teaching and learning is critically dependent on a shared vision and appropriate institutional systems, policies and structures. We will examine barriers to realizing this organisational change and consider what each of us can do to ensure that health professional education plays its part in reducing and eliminating health inequities.

SPEAKER PRESENTATION ABSTRACTS (CONT)

Concurrent Session 8 0945 - 1030 Ethics & Education

ID: 4794

Title: A Framework for Post-Graduate Training for Extended Scope Physiotherapists

Ms Jo Morris, Ms K Murphy, Ms K Ashman, Ms B Gilmore, Ms K Grimmer-Somers, Ms C Perera

Introduction / Background:
Extending the scope of allied health practice requires training to up-skill practitioners in the areas outside their usual scope. The most common area of extended scope to date is physiotherapy (orthopaedics and emergency medicine). ACT Health has piloted an extended scope physiotherapy initiative at the Canberra Hospital, with the aim of establishing a blueprint for extending the scope of practice in other areas of physiotherapy, and in other allied health disciplines. However, establishing the nature and forms of delivery of the requisite training was required.

Methods:
We undertook a systematic review of the published and grey literature to establish how extended scope physiotherapy initiatives had been underpinned by training elsewhere. We examined what training was provided, by whom, and how, what the elements of training were, and how competencies were assessed.

Results:
Most literature came from the UK and Australia. Training was largely institution-based and competencies were usually recognised only within that institution. Most extended-scope physiotherapists were mentored by local medical specialists (orthopaedic surgeons, rheumatologists, pharmacists and radiologists) to obtain requisite skills in prescribing, injecting and imaging. Formal accredited and credentialled training programs were not reported. A range of assessment criteria was reported, including skills review by mentors, independent patient record reviews, logbooks and case reviews.

Conclusion:
The ACT Health physiotherapy extended scope of practice pilot program has highlighted the need for a tertiary level program offering formal training. To meet this need ACT Health, in collaboration with the tertiary education sector, is working towards the development of formal comprehensive training programs. It is envisaged that over the next two years an accredited institution, will offer a range of relevant competencies that any allied health practitioner interested in working in extended scope practices, could undertake. Such a program would ensure that there are formal training options available that are comprehensive, standardised and delivered by accredited trainers using best-practice training mechanisms. A framework, based on the literature and pilot findings suggests an education pathway should include prescribing and administering medicines such as simple analgesics and non-steroidal anti-inflammatory drugs, radiology, skin penetration techniques and management/leadership and research training.
ID: 4097
Title: Assessing Communication Skills in an Early Clinical Skills Program: a Comparison of Two Rating Methods in an Objective Structured Clinical Examination
Dr Ruth Sutherland, A/Prof Agnes Dodds

Introduction / Background:
We have implemented a structured and developmental approach to teaching communication skills in our early clinical skills program and have integrated the teaching of clinical and communication skills. However, there are few published communication assessment tools that are suitable for use in our program. Therefore, a new analytic assessment tool was designed for use in Objective Structured Clinical Examinations (OSCEs) for novice learners. This study compares two rating methods for assessment of communication skills in a diagnostic medical interview OSCE. Feasibility, acceptability, accuracy and examiner variability are compared. Examiners marked two different student performances on the same OSCE scenario. A cross over design enabled direct comparison of the marks obtained with each tool for the same student performance. Forty-two clinical teachers participated in the study. There was a strong preference for the new analytic rating scale and examiners thought this scale was more accurate. Examiners marked communication skills lower with the analytic scale than with the holistic scale. The different rating scales did influence how examiners rated students and examiners found it easier to be critical of student performance with the analytic tool, which may be useful for identifying borderline performers. Fundamental issues in the design of an assessment tool are explored, particularly the decision to use global or checklist scoring methods. There is evidence of the feasibility, acceptability and accuracy of the analytic rating tool for use in the early clinical skills program. Further research is required to explore its effectiveness in a multi-station OSCE.

ID: 4216
Title: Assessing the Value of Audience Feedback Systems for an Improved Student Learning Experience in the Joint Medical Program
A/Prof Joerg Mattes, Dr Robyn Smyth, Dr Peter Wilson, Prof Philip Bolton, Prof Trevor Day, Prof Graham Lloyd-Jones, Dr Karen Mate, Prof Tony Quail, A/Prof Estelle Sontag, Dr Doug Smith, Dr Paul Tooney, Dr Judith Weidenhofer

Introduction / Background:
Providing immediate feedback on student’s understanding of medical science concepts may be educationally valuable and ethically desirable. Thus, a project was initiated in the Year 2 Medical Science course of the Joint Medical Program, which involves students from both the University of Newcastle and the University of New England. An audience response system (ARS) was used to present a formative assessment (MCQ) at the beginning and the end of each lecture using VOTAPEDIA. The assessment item was aligned with working problem content for that week. Preferentially a MCQ question was chosen that had performed well in previous exams.

Purpose / Objectives:
To discuss/benchmark the results of our project; to explore the efficacy of using educational technology for immediate feedback to students; to seek ideas about any ethical dilemmas which may arise with the proliferation of such technology.

Issues / questions for exploration or ideas for discussion:
Are ARS useful tools for providing feedback to students? What are the experiences of others using similar systems for medical education? Are they ethically defensible from the perspective of being socially embedded communication/learning tools?

Results:
Analysis indicated a small but significant difference in long-term retention of knowledge by students tested with VOTAPEDIA in lectures (6% increase in correct answers in final examination, p=0.03).

Discussion:
We believe that making question types and content more transparent is an ethical approach to assessment and that our choice of tool was inclusive without being compulsory.

Conclusions:
We argue that our approach is ethical because all students benefited even if they did not participate.
ID: 4209
Title: The Training Needs and Main Barriers to Success for Clinician Early Career Researchers
Dr Nigel Clarke, Dr Patrina Caldwell, Mrs Wendy Oldmeadow, Prof Cheryl Jones

Introduction / Background:
Clinicians, such as nurses, allied health professional and medical doctors, who actively participate in research, are widely considered an asset in our health and research communities for their contributions to translational research and improving health care. There is awareness within our hospital that once clinicians complete doctoral degrees, many face significant challenges in establishing parallel research careers.

Purpose / Objectives:
To identify the main needs of early career researchers (ECRs) and the main barriers to establishing independent research careers.

Methods:
We conducted semi-structured group and individual interviews with a total of 44 researchers at four different career stages; late-stage PhD students, ECRs (1-10 years post-PhD), senior researchers and people who had left active research. We analysed interview transcripts for main themes.

Results and Discussion:
ECRs struggle to fund part-time research while working parallel clinical careers. A lack of clear “post-doc” positions within clinical settings pressures ECRs to follow accelerated paths to independent research but they struggle to develop research track records that are sufficient to attract competitive funding. These hurdles, and frequent competing commitments to family and clinical work prevent many clinician ECRs from establishing parallel research careers. In addition, ECRs must learn a range of skills and achieve certain milestones to succeed but training is often not easily sourced. Mentorship by senior researchers was strongly promoted for learning skills in career planning, scientific writing and for personal development. Training needs in leadership skills, people management skills, time management, project management, administrative skills may be addressed in a seminar program offered on-site.

ID: 4280
Title: A Critique of GP Training through the Lens of Conversational Frameworks
Dr Susan Wearne

Introduction / Background:
General practice (GP) training in Australia was restructured in 2001 and is run by a multi-million dollar government funded industry of regional training providers. The investment made into the organisation of these organisations has not yet been matched by critical assessment of the educational program they deliver. Systems and processes have improved but the basic design of the apprenticeship model of GP training remains unchanged from the Royal Australian College of General Practitioners model proposed in the 1960s. Analysing the familiar and traditional requires a fresh lens. Laurillard (1) synthesised empirical research of the factors that enhance student learning and promote teacher effectiveness to design a “conversational framework” as a practical tool for analysis of education programs. She argues that “learning requires two participants operating iteratively and interactively on two levels - practice and discussion - and connecting those two levels by the activities of adaptation and reflection”.

Purpose / Objectives:
To systematically critique the current model GP training as documented in the research literature using the conversational framework.

Results:
The results of analysing the current system of GP training against the conversational framework will be presented.

Discussion:
This paper will be of interest to those involved in GP training and academics looking for an evidence-based, practical approach to analysing their own educational program or activities.

ID: 4008
Title: Academic Standards Designed to Develop Professional Values
Dr Edwina Adams, Prof Joy Higgs

Introduction / Background:
Charles Sturt University (CSU) is a regional multi-campus university that strives to provide quality education for the professions. The Education for Practice Institute was given the task of developing a set of academic standards for CSU courses that educate for professional practice roles. Two underpinning principles informed the development of the professional and practice-based education course standards. 1. Courses should be designed to develop the attainment of professional values by students. Professional values include respect, empathy, integrity, accountability, effective communication, teamwork, leadership, service, and a commitment to lifelong learning. 2. The focus of the curriculum should be to create a learning environment that equips graduates for entry into the world of work and to have capacity for future oriented practice. Using these two principles, an in-depth literature review and three substantial evaluations by CSU staff, 70 standards were developed. Of these, 16 standards were defined as the capabilities and attributes for students to achieve by the completion of a course.

Purpose / Objectives:
The CSU standards are designed to provide course teams with a framework for use in curriculum design/review, and have the potential for internal benchmarking. To assist course teams in employing these standards, a set of 10 guidelines for learning and teaching activities were designed.

Issues / questions for exploration or ideas for discussion:
This paper outlines how these standards and guidelines provide a valuable framework for health professional education that is focussed on producing graduates with sound professional values, skills and knowledge. Discussion surrounding the 10 guidelines, their completeness and applicability will be raised in the paper.

ID: 4064
Title: Ethical Considerations in Surgical Training: a Qualitative Study
Prof Debra Nestel, Dr Melanie Bryant, Dr Katrina Smith, Dr Tracy Morrison, Dr Raja Ramarsad, Mr Bob Spychal, Mr David Hunter-Smith

Introduction / Background:
There is growing interest in the quality of surgical education. Curricula have changed and are now competence-based. Safer working hours limit the time trainees spend in clinical settings. New educational methods are emerging (e.g. simulation). Non-traditional settings are expanding. More than ever balancing service and training requirements is a delicate process.

Purpose / Objectives:
The purpose of this study was to explore surgical trainees’ and trainers’ perceptions of training in an outer metropolitan hospital.

Issues / questions for exploration or ideas for discussion:
To what extent can an outer metropolitan hospital meet the training needs of surgical trainees?
What benefits are associated with training in this setting?
What are the challenges?

Methods:
Using interviews and focus groups we explored surgical training needs from the perspectives of trainees and trainers in an outer metropolitan hospital. Transcriptions of audiotapes were thematically analysed.

Results:
Fourteen trainees participated in three focus groups. Four trainers participated in individual interviews. There was largely consensus between trainees and trainers. The quality of training was influenced by service characteristics. Sufficient case mix was a significant challenge for some specialities. Additional themes included facilitating factors (e.g. supportive trainers, provision of opportunity, effective supervision) and barriers (e.g. lack of feedback, inadequate access to clinics).

Discussion:
Surgical training in this outer metropolitan hospital is best viewed as part of a continuum. The setting offers valuable experiences that are less likely to be available in more traditional settings providing rich and varied overall surgical training. Issues of ethical educational practice reside with administrators, trainers and trainees.
For students to succeed in the distance learning environment, this cohort of students &\textit{RQFOXVLRQV} of distance study, the impact of competing demands both clinical and academic, is 
\textit{WKHLUFOLQLFDOSODFHPHQWKRZGRSULRUOLIH} \textit{ÀQGLQJVGHPRQVWUDWHWKHQHHGIRUVWXGHQWVWREHZHOOSUHSDUHGDQGDVVHUWLYHGXULQJ} students largely self manage their learning in isolation from peers. The research 
to develop values, knowledge and skills at a distance. Of greatest concern is that 
preliminary data analysis reinforce the need for educators to be aware of the critical 
from the same sample group, after their clinical placement experience. Results of

Six pre-clinical focus groups were conducted in Darwin and Alice Springs, with thirty 
**speakers**

**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID:** 4174  
**Title:** Developing Nurses Territory Style: Developing Values, Knowledge and Skills at a Distance  
**A/Prof Helen Wozniak, Ms Robyn Philip, Dr Brian Phillips, Prof Rose McEldowney**

**Introduction / Background:**  
The student cohort for the Bachelor of Nursing at Charles Darwin University is unique, with 80% being mature age students over 25 years of age, and 75% choosing to study by online distance education. Little research has been undertaken into the experiences of students studying at a distance, in particular, how these students simultaneously manage multiple learning environments, i.e. theory-based learning in an elearning environment, campus-based learning in face to face clinical teaching blocks, and clinical placements in real-world community and hospital settings.

**Purpose / Objectives:**  
Through focus groups conducted prior to students’ attendance in clinical placements, and post-clinical interviews, the researchers are seeking to understand how students manage their learning. In addition when students are confronted with real world learning in the clinical environment how has their experience as a distance student impacted their learning given that they have had fewer opportunities to engage with their teachers and mentors.

**Issues / questions for exploration or ideas for discussion:**  
This presentation will address the main research questions: What expectations do distance students have prior to their first clinical placement, how do prior life experiences impact their readiness to learn in such environments, how do students manage their learning and what supports assist them to achieve? The discussion will also be extended to begin to consider more complex issues such as how students who study in a “solo” environment develop values such as social responsibility?

**Results and Discussion:**  
Six pre-clinical focus groups were conducted in Darwin and Alice Springs, with thirty four Nursing students. This was followed by interviews with fifteen of the students from the same sample group, after their clinical placement experience. Results of preliminary data analysis reinforce the need for educators to be aware of the critical role that family and financial support play in keeping students on track as they aim to develop values, knowledge and skills at a distance. Of greatest concern is that students largely self manage their learning in isolation from peers. The research findings demonstrate the need for students to be well prepared and assertive during their clinical placement experience. In addition, while students value the flexibility of distance study, the impact of competing demands both clinical and academic, is problematic.

**Conclusions:**  
For students to succeed in the distance learning environment, this cohort of students demonstrates that a remarkable commitment to study is required. Further analysis of the data will enable the researchers to clarify the supports required, and the educational design issues to be addressed in order to improve the satisfaction and achievement of students enrolled at a regional university, often remote from their home location.

**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID:** 4171  
**Title:** Community Based Medical Education Program Administrators – More than Mother Hens  
**Ms Emma Mackenzie, Ms Lori Tietz**

**Introduction / background:**  
After attending a global community engaged medical education conference, it became evident that the administrators of off-campus community based medical education (CBME) programs are a critical component in the successful delivery of socially accountable medical education in rural and remote Australia. If academics and clinicians are the architects of such programs then program administrators are the engineers - applying and/or developing the complex set of policies, procedures, structures and relationships that CBME programs need to make them work. After thinking about this, I shared these thoughts with another delegate and was amazed at his response “Yes - you are the mother hens”. I reflected on this label and tested it out - the Mother Hen perception was not unique to this delegate and I felt it required further investigation.

**Purpose / Objectives:**  
The primary objective is to ask conference delegates to reflect on their perceptions of the roles and responsibilities of CBME program administrators and to ask them how they see CBME program administrators contributing to the growth and development of CBME programs in rural and remote regions.

**Issues / questions for exploration or ideas for discussion:**  
Role of administrators - perceived and real, how to best utilise their expertise and grass roots knowledge, engaging administrators in medical education, managers not mothers?
**Title:** Building Authentic and Sustainable Collaborative Learning and Practice in Rural Communities: using Community-Engaged Approaches and Strategies  
*Ms Nicole Ranger, Ms Sue Berry*

**Introduction / Background:**
In preparing health professional learners for interprofessional team practice environments in northern and rural communities, the Northern Ontario School of Medicine’s expertise in community-engaged education is being used to sustain diverse interprofessional initiatives. Interprofessional teaching and learning incorporating a community-engaged approach for learners and health care providers is becoming a leading element in all clinical education coordination and activities, contributing to sustainability. This strategy also offers a rich source of data for developing and refining curricula. This interactive workshop will stimulate and guide participants to re-think the essential elements of clinical education through reflective questioning, interactive activities, small group discussions and the use of virtual cases. Key objectives include: 1) to discuss the elements of success for sustainable interprofessional learning and collaborative practice in clinical education; 2) to share strategies that enhance interprofessional and collaborative practice opportunities in rural communities; and 3) to identify authentic interprofessional models of teaching and practice for enhancing unique rural collaborative practice. Participants will be engaged in identifying rural interprofessional competencies from a multi-pronged perspective: the individual perspective of the clinical teacher and student, the broader organization and local health care system levels. This workshop is targeted towards academic and clinical educators, researchers, and students holding interests in interprofessionalism in the context of rural health practice and teaching, sustainable approaches to develop learners with the appropriate interprofessional skills to practice collaboratively, confidently, and competently in small and isolated community settings, contributing to the recruitment and retention of future graduates.

**Title:** Continuity as a Vehicle for Community Based Health Education  
*Prof Judith (Nicky) Hudson, Prof John Bushnell*

**Introduction / Background:**
Internationally, there is a move towards community based education in the health professions. Traditionally medical student training in the principal clinical years has been an apprenticeship model with students rotating between short-term discipline-based clerkships in tertiary hospitals. Concern that the resulting patient-care experiences may not align with the learning needs or developmental stage of students, and developing recognition of the value of continuity, have driven a reform agenda in clinical education. Continuity also facilitates consideration of a broad learning agenda that incorporates social accountability by achieving a meaningful and enduring sense of connection to community. Longitudinal community-based clinical training experience with a partnership between the school and the community has potential advantages for both the learner and patients. By living and working alongside experienced practitioners in a community for a full academic year, student learning will be shaped by experience of continuity of care; continuity of supervision; continuity of curriculum; and continuity of idealism. Patients can benefit from an environment where education is integrated with health care and contribute as partners in the education agenda. In areas of health workforce shortage such as rural areas, this may serve as a strategy for recruitment of future clinicians.

**Purpose / Objectives:**
After a brief review of the concepts of community based health care education with continuity as a guiding principle, participants will explore these concepts, share experiences from their own contexts and answer the following questions.

**Issues / questions for exploration or ideas for discussion:**
Is longitudinal community-based health education (CBHE) a training model for all students and all locations?  
What are the barriers to this model of clinical education?  
What strategies will maximise outcomes for learners and patients from continuity in CBHE?  
What are priority research questions to be answered in relation to longitudinal CBHE?
Ms Cherie Tuaupiki

Introduction / Background:
Whakamana (empowerment) is the theme of a cultural clinical education framework and training model to assist health professionals within Capital & Coast Mental Health Directorate to enable positive health outcomes for Maori consumers. The model educates health professionals to identify cultural factors that impact or affect wellbeing with an understanding of psychological links related to cultural or spiritual aspects/elements.

Purpose / Objectives:
Evidence of practitioners competency level training and improvements/changes to personal attitudes to practice helps assist qualify treatment, recovery for Maori accessing mental health services. The model emphasizes the importance of cultural values, application in clinical practice and therapeutic methods that assist to prevent relapse with a recovery focus. A key component is how to assess wairua (spiritual) factors through case examples of Maori diagnosed with a western medical / psychological illness. Each learning stage from awareness, competent and advance clinicians are provided with evidence of competency by means of a certificate, then progress to seminar delivery of case study training and assessments.

Issues / questions for exploration or ideas for discussion:
Can this framework and evaluation tool assist other indigenous people in recognition of traditional practice to compliment western practice? Can it be implemented as a template to encourage health organisations to include cultural health packages as complimentary alternatives to assist illnesses which western can not detect.

A case study will demonstrate a cultural assessment with treatment intervention including timeframe and recovery outcome. Illustrating the use Maori terminology and language to highlight the competency of a clinical psychology approach of assessment.

Dr David Marsh, Ms Miriam Lappala

Introduction / background:
The Northern Ontario School of Medicine (NOSM), the first new medical school in Canada in almost 40 years, operates under an explicit social accountability mandate to achieve innovative education and research for a healthier north. Part of these efforts to improve the health of the communities we serve is an effort to recruit and train physicians who will remain in this historically under-served area of Ontario. Research evidence suggests one predictor of a physician remaining in a rural and remote area upon graduation is having grown up in such a community. NOSM therefore has admission policies which focus recruitment on residents of Northern Ontario or rural and remote locations in the rest of Canada. In addition, NOSM admission policies selectively advantage qualified applicants from the Aboriginal and Francophone communities who have markedly poorer health outcomes compared to other residents of Northern Ontario.

Purpose / Objectives:
This presentation will review the class profile for students admitted to NOSM from 2005 to 2010. To date, 91% of those admitted have been from Northern Ontario and 9% from rural and remote locations in the rest of Canada. 22% of students are Francophone and 7% are Aboriginal. The procedures followed to meet this social accountability goal include traditional academic achievement but also several measures of student background. Personal biographies, records of community service and interviews conducted using the Multiple Mini-Interview format are utilized. Specific supports are in place for those applicants who choose the Aboriginal stream.

Discussion:
Those attending the session will have the opportunity to discuss how NOSM balances academic and non-academic qualifications in the selection process. In particular the supports and processes for Aboriginal applicants will be reviewed. Discussion will also concern the applicability of the NOSM approach in other settings.
ID: 4305
Title: Moving Beyond the Traditional Public Teaching Hospitals - Training Specialists in Extended Healthcare Settings
Dr Priya Khanna, Ms Christine Frew, Ms Karen Steadman, Dr Julie Gustavs

Introduction / Background:
The models of healthcare education across the globe are undergoing major transformations due to changing patterns of disease, increasing complexity of treatment and advances in technology. In Australia, more services are now provided outside major public teaching hospitals to community based locations in outer metropolitan areas of capital cities, regional centres and rural and remote areas. Commonwealth has been supporting the provision of specialist training arrangements in rural and outer metropolitan areas under various projects since 1997. Recently these training programs were brought together into a broad program, Specialist Training Program, STP administered by the Royal Australasian College of Physicians (RACP).

Purpose / Objectives:
The purpose of this study was to analyse the differences between specialist trainees’ perceptions of the learning environment in extended healthcare settings with trainees’ perceptions in traditional settings.

Issues / questions for exploration or ideas for discussion:
1. Does trainees’ learning experience in extended healthcare settings differs significantly from the experience in traditional public teaching hospitals?
2. What are the common perceived barriers and enablers in a workplace clinical learning environment across both traditional and extended healthcare settings?

Results:
Completed surveys were received from 380 Advanced trainees (response rate, 60.2%) in traditional settings and 56 trainees (response rate 48%) in extended settings. Results showed that trainees (>80%) in both the settings found Outpatients, seminars, workshops and ward rounds to be useful for their learning while grand rounds and emergency department were perceived to be relatively less useful. With regards to supervision, 68% trainees in STP posts indicated spending 1-2 hours per week with their supervisor compared with 27% of trainees in traditional settings. Interestingly, trainees in both the settings expressed dissatisfaction with supervisors’ role in developing their learning plans and identifying and correcting areas of weakness. When trainees in expanded health care settings were asked to comment on their STP experience, the positive aspects included variety of case-mix and good supervision whilst the negative comments were related to lack of protected educational time, limited assess to peers and insufficient exposure to research.

Discussion and Conclusions:
The comparison of survey results has provided us with a better insight into how trainees in various healthcare settings perceive their learning environment. Findings highlight that the key concern areas were similar regardless of the settings.

ID: 4199
Title: An Innovative Systems Approach to the Delivery of Curriculum in Distributed Medical Education
Mr Tariq Al-Idrissi

Introduction / Background:
Medical schools using a distributed model to provide undergraduate medical education face unique challenges in the tracking, delivery and revision of their curriculum. Such is the case at the Northern Ontario School of Medicine (NOSM) where the students spend a significant portion of their educational program in rural and/or remote communities in Northern Ontario. This physically distributed nature of the students introduces challenges in providing up-to-date content delivery of the curriculum. The web-based nature of traditional content delivery systems relies on a high level of connectivity. Unfortunately, many of the rural communities in which our students are learning often lack reliable connectivity. The problem is further aggravated by the continually increasing number of media-rich elements used within the curriculum such as video and audio files. These elements require high bandwidth for reliable delivery. Students spend a large portion of their time in situations in which there is absolutely no connectivity (ie traveling). Therefore many have resorted to printing large quantities of materials and downloading audio and video files for playback on portable media players. Not only do these methods of content acquisition result in issues regarding copyright infringement, they also increase the risk that the students will be relying on out-of-date content.

Purpose / Objectives:
To present to attendees the methods and technologies that were developed and implemented by NOSM in developing an innovative system of curriculum delivery that operates in both connected and disconnected modes. This presentation will discuss both the in-house developed and open source software used along with the hardware and mobile devices that support them.

Issues / questions for exploration or ideas for discussion:
How have other schools tackled the same issues in curriculum delivery?
ID: 4336
Title: “Fair Enough.” Students’ Responses to Changing the OSCE
Dr Anna Vnuk, Dr Maria Perez-Marrero

Introduction / Background:
At the end of year 2 (in a four-year graduate entry medical program), there is an OSCE-type exam which tests students’ ability in history taking, physical examination, basic procedural skills and the knowledge related to these skills. Due to increases in student numbers, the exam was transformed from a single day OSCE to one run over three consecutive days, students attending only one day and the exam being “equivalent but different” each day.

Purpose / Objectives:
This presentation focuses on the students’ opinions and behaviour as revealed in a survey undertaken nearly 4 months after the completion of the exam.

Issues / questions for exploration or ideas for discussion:
Given the new exam structure, did students feel that they were advantaged or disadvantaged by their choice of day for the exam, what potential exam-assisting behaviours were acknowledged by students (eg asking other students about exam content) and did they perceive that these behaviours lead to any advantage.

Results:
Qualitative and Quantitative Data were collected and analysed.

Discussion:
There was evidence of students communicating with each other in order to gain inside knowledge about exam content but students did not perceive that it led to any material advantage. In general, students commented on the fairness of the exam.

Conclusions:
Students’ assessment of fairness is an important aspect of the discussions that needs to occur both before and after the structure of an examination is changed.

ID: 4331
Title: Clinical Experience and Clinical Reasoning in Medical Students
Ms Rashmi Shahi, Prof David Prideaux, A/Prof Lucie Walters, Dr Helena Ward, Dr Sarah Mahoney

Introduction / Background:
Recent literature has emphasised the role of experience in Clinical Reasoning. In Year 3 Flinders University medical students can chose between disciplinary rotations in an acute care hospital (Flinders Medical Centre, FMC), a longitudinal rural community-based program (PRCC) and a mixed community and hospital-based program (OCEP). There is varied patient contact in these programs.

Purpose / Objectives:
In this study the nature and frequency of student contact within the three programs is being recorded. It will be related to the results of a test of clinical reasoning (Clinical Reasoning Problems-Groves). Interviews with student will be conducted to document student perceptions of their experience.

Issues / questions for exploration or ideas for discussion:
How does patient contact vary between hospital and community based medical education programs?
How does this relate to the development of clinical reasoning?

Results:
A pilot study in 2010 revealed that the clinical reasoning of PRCC students was better than FMC students but the differences were not significant. There was a small number of students in the pilot study. The data for patient contact in the three programs for the first half of 2011 will be presented. This involves a larger number of students.

Discussion:
The quantity and type of patient contact in the three programs will be discussed. It will be related to students’ perceptions as documented in interviews and potential effects on clinical reasoning.
ID: 4175

**Title:** Is Medical Student Performance in an Endocrine OSCE Assessment Better if Students are Randomized to Access Videos of the Endocrine Clinical Tasks in Revision?

**Dr Emily Hibbert,** Prof Tim Lambert, Prof John Carter, Prof Stephen Clarke, A/Prof Diana Learoyd, Prof Stephen Twigg

**Introduction / Background:**
Demonstration of a clinical task can be valuable for students being introduced to learning the task. Video is a potentially valuable and economical way of achieving this and provides an enduring resource for revision.

**Purpose / Objectives:**
To determine whether access to newly developed videos demonstrating endocrinology physical examination and history-taking in addition to the usual clinical learning resources provided improves medical student performance in a OSCE assessment of these clinical tasks.

**Issues / questions for exploration or ideas for discussion:**
1. Are results of this small study likely to be generalizable?
2. In what other settings might these videos be useful?
3. What other testing of the videos might be useful/valuable?
4. What does the literature on the use of demonstration videos in clinical learning show?
5. How sustained is the benefit shown in this study likely to be?
6. Why was there no difference in student performance on the thyroid examination task?

**Results:**
Three videos were developed utilizing real and surrogate patients. They demonstrated 1. History taking in diabetes mellitus (DM) 2. Examination for lower limb complications in (LL) 3. Examination for signs of thyroid disease (T) OSCE assessments were developed by an endocrinologist panel for each of these tasks. 23 second year medical students from the University of Sydney were recruited. They were randomized to receive online access to videos or not in addition to their usual learning resources in endocrinology, shortly after completing endocrinology clinical bedside tutorials. Student OSCE performance was significantly better for those who had access to videos for DM and LL but not for T. For LL, 91.7 % of students who had viewed the video were judged globally as having performed the task satisfactorily versus 40% of those who had not viewed the video (p=0.024). For the DM task, 81.8% of students with video access were judged globally as having performed the task satisfactorily versus 22.2% of those who did not have video access (p=0.014). For the T task there was no difference in performance of students according to video access by examiner global judgment or any of the 25 assessment criteria. However, the performance standard was high. On global judgement 90% of students who had viewed the T video were satisfactory versus 100% of those who had not viewed the video (p=0.46). Examiner agreement on global judgment for the 2 examiners marking each assessment task independently was high: 80.2 % for LL, 95.3% for T and 87.5 % for DM.

**Discussion:**
See discussion points above.

**Conclusions:**
Access to videos demonstrating endocrine clinical assessment with real and surrogate patients improved performance of 2nd year medical students in 2 out of 3 of the tasks demonstrated in the videos.

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ID: 4195

**Title:** Medical Student Peer-Evaluation During a Centralised General Surgery Objective Structured Clinical Examination (OSCE)

**Dr Joanna Fitch,** Dr Tzu-Chieh Yu, A/Prof Andrew G Hill

**Introduction / Background:**
The OSCE is one of the most common formats for evaluating clinical skills. Implementation involves significant staff workload and commitment. Peer evaluation has been shown to be of some use in medical student assessment and thus peer assessment in an OSCE may be of utility.

**Purpose / Objectives:**
This study was conducted to investigate the utility of final-year medical students as General Surgery OSCE examiners.

**Methods and Results:**
Using a checklist-based evaluation, volunteer final-year medical students and faculty academics simultaneously evaluated fourth-year students in basic surgical history-taking and physical examination skills during 5 consecutive General Surgery OSCEs in 2010. Peer and faculty evaluation grades for each individual student were compared using paired t-tests and correlated using Pearson correlation analysis. A total of 174 fourth-year medical students were evaluated simultaneously by 28 final-year students and 8 faculty academics. The mean peer and faculty evaluation grades from the “Acute Abdomen” station were not significantly different but were only weakly correlated (R=0.27, p<0.001). Grades from the “Peripheral Vascular Disease” station had no correlations and peer-evaluated total grades (29/40) were lower than faculty-evaluated totals (32/40) (t=2.76 (173), p=0.006). Grades for the “Neck Examination” strongly correlated but peer evaluators awarded statistically-significant higher grades (16/20) compared to faculty evaluators (15/20) (t=2.21 (173), p=0.029).

**Conclusions:**
Peer evaluations of basic history-taking and physical examination skills during a General Surgery OSCE were significantly different to faculty evaluations. Further research is required to understand the underlying reasons for these differences.
Learning Styles in First Year Medical Students
Prof Ian Wilson, Dr Roslyn Weaver, A/Prof Yenna Salamonson

Introduction / Background:
As the number of female medical school graduates continues to increase, the issues of whether women select surgical careers becomes increasingly important. If the surgical needs of our growing population are to be continuing met, then outstanding medical graduates, regardless of gender, will need to be attracted to surgery.

Purpose / Objectives:
To systematically review and summarise current understanding of the factors that influence female medical students to pursue general surgery as a career.

Methods:
A total of 1136 titles and abstracts were screened and 35 full-text articles were considered for inclusion. Fifteen articles were found to be eligible. Surveys were universally used to collect data from medical students of all levels and study participants ranged from 81 to 1365. Eleven (73%) studies were set in North America. Both intrinsic factors and extrinsic factors were explored and documented. While female medical students are no more likely than male students to be discouraged from pursuing a surgical career by lifestyle and family priorities and surgical training and workload issues, they are more likely to perceive a gender-based bias on surgical services. Together with a lack of role models in surgery, these continue to be deterring factors identified by students in the last two decades.

Discussion:
Female medical students can reject surgical careers because of perceptions of male bias and negative attitudes. This is an important area for future intervention.

Conclusion:
Recent studies have demonstrated that female and male medical students are very similar in what they consider important in deciding on a surgical career. Female students, however, continue to perceive gender discrimination during clinical rotations in surgery and it can deter them from pursuing a surgical career.
**ID: 4258**  
**Title:** Embedding a Grass Roots Community Based Approach to Mental Health Support in the MBBS  
*Mrs Eve De Silva, Ms Alison Miles, Mrs Coralanne Walker, Prof Craig Zimitat*

**Introduction / Background:**  
There are many factors which prevent medical students with mental illness from seeking help.

**Purpose / Objectives:**  
The purpose of this project was to explore the outcomes of student’s participation in the CORES (Community Response to Eliminating Suicide) training program provided to medical students during rural week in Sheffield, Tasmania. CORES helps people recognize the signs and symptoms of suicidal ideation in order to intervene.

**Issues / questions for exploration or ideas for discussion:**  
How do we change attitudes to encourage help seeking behaviour?  
How do we present primary health care in a positive, practical light?

**Results:**  
30 medical students have completed the voluntary program over the last 2 years. Program evaluation revealed: overall positive responses; that students gain knowledge and practical skills to use; and a significant shift in attitudes of most students through the program from science-models to community based models of disease and health care.

**Discussion:**  
Based on the success of CORES, we will embed it into the curriculum so that every student is equipped with this grass roots knowledge/skills to change help-seeking attitudes and behaviours. Academic staff have received approved training to deliver the 1-day course, as will later year students on rural rotations.

**Conclusions:**  
Implementation of these concrete and experiential approaches into the MBBS curriculum will assist students to help themselves, enhance their appreciation of primary health care and further build the UTAS/ CORES partnership.

**ID: 4324**  
**Title:** Core Competencies for Prescribing  
*Dr Charles Mitchell, Dr Ian Coombes, Ms Elaine Lum*

**Introduction / Background:**  
We have developed a comprehensive list of competencies required by clinicians required to prescribe safely and effectively. These are based on a four step framework: (1) information gathering, (2) decision making, (3) communication, (4) monitoring and review.

**Purpose / Objectives:**  
To propose a set of core competencies for consideration and validation.

**Results:**  
These core competencies are: 1. Take and/or review medical and medication history and undertake physical examination/ investigations where appropriate; 2. Assess adherence to current and past medication and risk factors for non-adherence; 3. Identify the more important health or medication related issue for the patient; 4. Determine how well disease and symptoms are managed/ controlled; 5. Determine whether current symptoms are modifiable by symptomatic treatment or disease modifiable treatment; 6. Consider ideal therapy (drug & non-drug); 7. Select drug, form, route, dose, frequency, duration of treatment; 8. Communicate prescribing decision in an ambulatory care setting; 9. Communicate prescribing decision in an inpatient setting; 10. Review control of symptoms and signs, adherence, patient’s outcomes

**Discussion:**  
For each of these, the learning objectives, methods of acquisition and methods of assessment have been outlined. They will need to be validated by a range of clinicians from differing professions as well as consumers.

**Conclusions:**  
These competencies will allow course providers, accrediting bodies, employers and health professional boards take a common approach to the teaching, assessment and credentialing of healthcare professionals, particularly with the emergence of non medical prescribers.
ID: 4077
Title: Identifying Common Learning Outcomes in Health through Cross-Disciplinary Collaboration
Prof Maree O’Keefe, Prof Amanda Henderson

Introduction / Background:
Healthcare is delivered through the collaboration by a number of inter-related disciplines. Students undertake their clinical learning in health care services alongside students from a range of other disciplines. Although clear relationships exist between the curricula of individual health care disciplines, there were, until recently, no formally agreed cross-disciplinary learning outcomes for students. The ALTC Learning and Teaching Academic Standards project was undertaken to identify common student learning outcomes.

Purpose / Objectives:
The objective of the project was to identify learning outcomes that all health care students must achieve upon completion of their program of study.

Issues/questions for exploration or ideas for discussion:
The importance of preserving disciplinary autonomy The need to exploit synergies in health curriculum content across different disciplines to improve teaching and learning in relation to social and cultural needs The difference between shared learning outcomes and generic health workers.

Results:
The professional accreditation standards/competencies for all Australian health care disciplines were grouped into common content domains and from these domains, six common Threshold Learning Outcomes for Health were identified.

Discussion:
Identifying core domains that are consistent across the health disciplines can facilitate engagement and collaboration to enhance social, cultural and interprofessional curriculum development. Similarly, good practice in teaching and assessment can be shared across health professional groups.

Conclusions:
The Threshold Learning Outcomes in health should be used as the basis for cross-disciplinary cooperation and collaboration in further development of health profession student education in key social justice content.
Outcomes of a Randomised Educational Trial of Extended Immersion in Medical Simulation

A/Prof Gary Rogers, Prof Harry McConnell, Ms Nicole Jones de Rooy, Ms Marise Lombard, The CLEIMS teaching team

Introduction / Background:
Clinical Learning through Extended Immersion in Medical Simulation (CLEIMS) is a new methodology for medical student learning, first reported at last year’s conference. It involves students working in teams of 4-5 through the clinical progress of one or more patients over a week, utilising a range of simulation methodologies to enhance learning in associated workshops and seminars. A randomised educational trial comparing the methodology to seminars and workshops alone began in 2010.

Purpose / Objectives:
To report primary endpoint outcomes of the trial.

Methods:
80 medical students volunteered to participate, of whom 44 were randomised to the intervention arm and 36 to the control arm. Participants undertook one week of the program in Year 3 in 2010 and will undertake a second week, focusing on the care of rural students into medicine at the end of each rotation as well as summative assessment at the end of each year.

Results:
No significant difference was seen between the study arms in multiple choice and script concordance questions on workshop content but intervention arm participants scored better in a prescribing exercise (mean score 67.9 vs 63.1, P= 0.02) and a resuscitation practical test (mean time-to-defibrillation 87 seconds vs 130 seconds, P=0.007) at the end of the first CLEIMS week. There were no significant between-arm differences in summative assessment marks, which avoided the stopping rule allowing the trial to continue into the second year.

Discussion:
Significant between-arm differences were seen in some primary endpoints but no significant differences in summative marks have been seen so far. Final primary endpoint outcomes will be presented at the conference.

Conclusions:
The CLEIMS methodology appears to enhance some aspects of student learning.
ID: 3824
Title: What do Medical Students do on Paramedic Placements?
Prof Craig Zimitat, Ms Donnamay Brown

Introduction / Background:
Undergraduate medical students commenced Clinical Paramedic Placements [CPP] to gain first hand experience of the face of health care. The program aimed to increase their awareness of biopsychosocial factors affecting health and patient centred care, provide opportunities to apply knowledge and clinical skills in health contexts and to gain deeper inter-professional perspectives of the health care system.

Purpose / Objectives:
The CPP program was evaluated to identify the range of clinical activities in which students were engaged, discern what students learned on the placement and to seek feedback for improvement.

Issues / questions for exploration:
What do medical students’ experience on clinical paramedic placements.

Results:
The post-placement survey (n=33, 72% response rate) requiring Likert-scale responses with open-ended questions was analysed statistically and thematically. Students employed communicative, observational and basic clinical skills during the CPP and had a wide range of experiences from patient transfers, domestic violence, drug and alcohol affected patients, and ethical dilemmas, to observing the death of a patient. Students witnessed the importance of the inter-professional network in delivering pre-hospital care and reported supportive professional interactions. Recommendations for enhancements included better orientation and debriefing, management of expectations, access to shifts with a higher rate of call outs and consideration of a “patient journey” approach. Students found the CPP to be valuable learning opportunities that met the intended outcomes.

Discussion:
This is the first report of medical student’s experiences on CPP. The experience introduced students to pre-hospital care and helped to ground them in terms of their own personal medical and clinical skills. Many found that performing skills in the open, under pressure and on real patients to be challenging, but valuable. The range of experiences was expected, but there were undeveloped plans to support students that experienced suicide and drug overdose deaths. Inter-professional interactions were enlightening and supportive, particularly when students asked for help. The proposal of a patient journey approach linking community, pre-hospital care, Emergency Department and admissions will be explored for the next CPP.

Conclusions:
The CPP was a beneficial program that achieved its aims. In addition to recommended changes, the CPP will be embedded into the communication and inter-professional learning theme within the MBBS.

ID: 4330
Title: Engaging Remote Clinical Preceptors in a Northern Australian Medical Program
A/Prof Suzanne McKenzie, Dr Louise Young

Introduction / Background:
This project explored the learning and support needs of remote preceptors of undergraduate medical students from James Cook University School. We aimed to identify the preferred options for delivery and feedback; and to develop an integrated and self-sustaining approach. Improving the availability of specific resources at rural and remote clinical teaching sites was one of the recommendations from a 2006 evaluation. While some paper based resources had been supplied to preceptors and regular site visits from faculty had been provided, in 2010 remote preceptors reported remaining distant to and disconnected from the university. Often resources have not been passed on to new preceptors and as clinicians in these sites feel under prepared for their role.

Purpose / Objectives:
We are aiming to develop an innovative support resource specifically for rural and remote clinical preceptors. This will be enhanced by regular contact both in person and by phone / video conference with faculty academics and a specifically identified university support person for each site. Assisting new preceptors to identify and use the resource continues to be an ongoing challenge.

Issues / questions for exploration or ideas for discussion:
How to support and encourage rural and remote clinical preceptors to engage with the resources- both human and material- provided by the university? Useful and productive engagement with clinical preceptors in often rapidly changing remote contexts.
**ID: 4323**

**Title:** A Better Way to Learn? Using Certainty-Based Assessment in the Latter Years of Clinical Courses

**Dr Charles Mitchell, Dr Ian Coombes, Ms Elaine Lum**

**Introduction / Background:**
Knowledge must be considered as a function of certainty. There are states of knowledge that are a lot less safe than acknowledged ignorance. In the clinical setting, guessing and false knowledge are major contributors to adverse events and have a major impact on quality and safety in healthcare. Therefore, we need to be able to assess when students are sure or unsure of their answers in assessment. Certainty-based assessment (CBA) is one innovative way of achieving this.

**Purpose / Objectives:**
We propose that CBA is a more appropriate approach to assessment than many traditional methods. It rewards students’ knowledge, motivates students, better informs teachers of the depth of understanding of students and may lead to safer practice. We shall briefly review the formats that might be used to assess students’ confidence in their knowledge, present some results of the use of CBA in a prescribing competency workshop and propose the way in which we may proceed to implement CBA.

**Issues / questions for exploration or ideas for discussion:**
Why don’t we use CBA? How should we mark CBA? Should we have an aggregation of marks or require certain knowledge to be held with certainty and allow only a minimum number of incorrect concepts to be held to be certain?

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**ID: 4173**

**Title:** Design Based Research a Grass-Roots Methodology for Investigating Real World Educational Problems

**A/Prof Helen Wozniak, Prof Rose McEldowney**

**Introduction / Background:**
Design based research is a methodology that is increasingly being recognised as an approach for investigating complex and real world educational problems. It enables practitioners and researchers to collaborate through longer term research cycles of analysis, development, evaluation and reflection which lead to the development of design principles that can be applied beyond the local context. (Design-Based Research Collective, 2003; Reeves et al, 2005) This approach is particularly suited to educational research in the health sciences where student learning can be described as being situated in “authentic” settings. It can also be used to study authentic e-learning examples by capturing the essential components of the learning design to enable its transfer to new learning contexts. (Herrington, Reeves & Oliver, 2010)

**Purpose / Objectives:**
This session will aim to demystify the design based research methodology by contrasting the approach to other methodologies such as action or participatory research. The presenter will outline the use of this approach in their PhD project which examines the development of an online orientation resource for health science students studying in both distance and blended learning situations.

**Issues / questions for exploration or ideas for discussion:**
The focus of the discussion will be on unravelling how the design based research methodology can be used to investigate real world educational problems. The session will highlight key questions that the researcher needs to consider when designing research using this methodology.
ID: 4291
Title: Writing Medical Education Research Papers: does Writing Styles Matter?
Dr Patrina Caldwell

Introduction / Background:
“Academic writers often assume that they have to produce a particular style of prose because their peer-reviewers and editors will accept nothing else” (Sword 2009, 320). When submitting to a higher education journal, authors often conform to the stylistic conventions prevalent in those journals. However, stylistic analysis of top higher education journals revealed that overall the stylistic quality of published articles was poor. Writers of medical education come from both science and social sciences backgrounds. Medical education research (like other higher education research) is usually written in the social sciences style. There has been criticism that this style endorses the use of impenetrable prose, long parenthetical references and excessive education jargon. There was a perception among academics from a medical background (at a medical education research meeting of the Discipline of Paediatrics and Child Health, University of Sydney) that conforming to the social sciences writing style is expected for publishing medical education research. However this style is unfamiliar to those from a science background.

Purpose / Objectives:
To explore the strengths and weaknesses of style in the medical education research literature To promote high quality medical education research writing

Issues / questions for exploration or ideas for discussion:
What stylistic features do you find valuable or unhelpful in medical education literature?
Should medical education research be constrained to follow social science or science conventions?
How can we promote a writing style that is flexible and informative?

ID: 4273
Title: Can Student Health Professionals Really be Competent on Initial Registration?
Dr Peter Gallagher, Dr Karen Ousey

Introduction / Background:
The notion that health professional students must be competent practitioners on registration is an expected outcome internationally. Yet reviews of competence conclude that there is no single definition of competence. Competence has been defined as a generic quality referring to a person’s overall capacity with competency referring to specific capabilities such as leadership, which are made up of knowledge, attitudes and skills. Whereas performance is concerned with the demonstrated ability to do something; consensus is lacking as whether this demonstrates competence and whether performance is required to demonstrate competence (Watson et al, 2002). However, for many health professional programmes competence attainment has become firmly linked to the length of exposure that a student has to clinical practice. For example, in the context of nursing, in the United Kingdom (UK) student nurses must complete 2,300 hours of clinical practice and 2,300 hours of theoretical instruction prior to registration, yet in Australia and New Zealand students are expected to undertake a minimum 800 and 1100 hours of clinical exposure respectively. Does this mean that at the point of registration Australian nurses ‘less competent’ that their New Zealand or UK counterparts? Conversely, in comparison with Australia are NZ and UK students required to complete unnecessary and expensive additional practice hours. Reference Watson R, Stimpson A, Topping A, Porock D (2002) Clinical competence in nursing: a systematic review of the literature. Journal of Advanced Nursing 39: 421-431. 3.

Purpose / Objectives:
To explore current approaches to the notion of competence attainment during an undergraduate health professional degree.

Issues / questions for exploration or ideas for discussion:
1. Can educators and practitioners truly expect newly registered professionals to be competent to at the point of registration
2. Are prescribed minimum hours and clinical competence conceptually incongruent?
3. Are the professional competencies for continuing registration an inappropriate source for the assessment of performance during an educational programme?
4. What defines an educator as being credible?
5. In the absence of overt clinical practice should we question the clinical credibility of educators?
**SPEAKER PRESENTATION ABSTRACTS (CONT)**

**ID: 4219**

**Title:** What Makes a Good Doctor? How would Patients Like us to Select Medical Students?

**Ms Marise Lombard**, Dr Louise Alldridge, Dr Gary Rogers, Dr Arthur Poropat

**Introduction / Background:**
Medical student selection and performance outcomes have traditionally been based on academic merit and expert interview. Medical schools now compete in a fierce global financial climate and are beginning to come under pressure to produce graduates who can provide good returns on the community’s investment. Medical selection research to date has focused on performance at medical school and in assessing exams as the main outcome measure, with little focus on the “finished product” of the good doctor and the community’s voice has been largely absent in the debate. The first author is currently undertaking a PhD study to explore this question from a stakeholder perspective.

**Purpose / Objectives:**
1. Explore participants’ views on the validity of current methods of medical student selection.
2. Explore medical educators’ views on the characteristics of the good doctor.
3. Develop strategies to improve community engagement in medical student selection.

**Issues / questions for exploration or ideas for discussion:**
1. What is the purpose of medical student selection?
2. Who should decide who the good doctor is?
3. How could we find out what they want in a good doctor?
4. How might we improve the medical selection process?
5. What are the consequences of inadequate selection and how might we avoid them?
6. Do current methods meet the needs of the diversity of Australian patients?
7. Are some candidates who would become good doctors disadvantaged in an elitist system?
8. Is the community getting a good return on its investment?

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**ID: 4156**

**Title:** An Exploration of the Benefits and Challenges of Using a Student-Led Approach to Enhance Medical Students’ Development of Teamwork Skills

**Dr Chinthaka Balasooriya**, A/Prof Chris Hughes, A/Prof Anthony O’Sullivan, Dr Silas Taylor, **Ms Edna Koritschoner**, Dr Peter Harris, Dr Elizabeth Tancred

**Introduction / Background:**
This session is based on a project that aims to enhance students’ engagement with the graduate capability of “Teamwork”. This capability is often taken for granted and undervalued by medical students, in spite of its importance in effective clinical practice. The project has four main aims. Firstly, it aims to build a critical mass of “student assistants” who have an interest in teamwork, who will explore the perceptions of fellow students, inform the development of learning and assessment activities and act as champions for this capability within their peer groups. Secondly, it aims to develop a set of resources (including print and online resources) to support the student assistants and to be available for other current and future students. The third aim of the project is to develop a series of stage appropriate learning and assessment activities to suit each stage of the program (with input from student assistants as mentioned above). Finally, the project will evaluate the effectiveness and impact of the learning and assessment activities, and evaluate the contribution made by student assistants.

**Purpose / Objectives:**
The PeArLs session aims to generate discussion around the benefits and challenges of using a student-led approach to enhance educational activities that aim to develop students’ teamwork skills. The session will explore the findings of the above project, seek the views of other educationists, and explore ways to make the findings more applicable to a wider range of educators.

**Issues / questions for exploration or ideas for discussion:**
The discussion will draw on the experience of educators from other institutions, and explore their experience of seeking student input into educational development. Specific questions to be addressed include the following:

1. What are the benefits of using student assistants to explore their peers’ perceptions? What additional perspectives may be uncovered by this approach?
2. What are the challenges, and what are the potential pitfalls?
3. What factors need to be considered when seeking input by students into the educational development process? What are the mutual benefits? How should potential issues around equity be handled (e.g. if there is significant educational benefit to participating student assistants)?
4. What are the benefits of creating opportunities for senior student assistants to collaborate with intermediate and junior student assistants? What are the challenges? It is expected that the discussion will be triggered by the above guiding questions but will develop according to the needs and interests of the participants.
**ID: 4069**

**Title:** How do Contextual Issues Influence Social Accountability in Medical Education?

**Ms Robyn Preston, A/Prof Judy Taylor**

**Introduction / Background:**
It is important to look at the context of socially accountable medical education in order to determine if medical schools are socially accountable due to aspiration or necessity or both. We need to understand what contextual factors are that have influenced the social accountability aspirations and practices of medical schools. These may include socio-political environment, policy, school history, workforce issues, community expectations, community health needs, health systems, etc.

**Purpose / Objectives:**
The PeArL will explore which contextual factors are most pertinent to social accountability in medical education and able to be captured in diverse settings.

**Issues / questions for exploration or ideas for discussion:**
How have contextual factors (socio-political environment, policy, school history, workforce issues, community expectations, community health needs, health systems, etc) facilitated or impeded progress towards the Social Accountability of Medical Schools? How should these be focused and operationalised?

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**ID: 4063**

**Title:** From Awareness to Accountability: Designing a Student Selected Activity for Authentic Social Engagement

**A/Prof Wendy Hu, Prof Jenny Reath, Prof Bradley Frankum, Dr Louella McCarthy**

**Introduction / Background:**
As a new medical school located in an area characterised by health inequities and an unmet healthcare needs, the University of Western Sydney (UWS) explicitly aims to develop in students an “awareness of the rewards of working in areas of need”. Moreover, UWS graduates are described as having a “desire to give back to the community, combined with a strong sense of fairness and social justice”(Reid 2010) These goals align with international calls for increasing medical workforce who are committed to working with underserved populations (Freeman, Ferrer et al. 2007) given the limited number of graduates who are willing to do so, particularly in primary care. (Jeffe, Whelan et al. 2010) It is likely that a commitment to working in areas of need stems from innate characteristics, such as moral orientation (Bore, Munro et al. 2005), beliefs and attitudes (Beach, Rosner et al. 2007; Crandall, Davis et al. 2008) which are relatively stable during medical school (Crandall, Davis et al. 2008), as well as qualities which may be promoted through learning activities (Lowe, Kerridge et al. 2001). The Community Medicine Group Project (CMGP) aims to provide 4th year students with an opportunity to respond to a health need in a disadvantaged community through a group project which students can select or design. While student selected curriculum components are gaining in popularity (Riley 2009) clear learning outcomes and alignment with the broader curriculum are important to their development. For example, evidence suggests that community engagement and reflection are essential for developing professional values associated with social responsibility (Mann, Gordon et al. 2009; Muller, Meah et al. 2010; Mann, Dornan et al. 2011). The challenge for the CMGP is how this can be implemented effectively and feasibly.

**Purpose / Objectives:**
This session aims to explore how medical curricula can select for and develop an authentic sense of community connectedness and social responsibility in their graduates. We will draw on our experiences with developing curriculum for a new medical school oriented towards social justice and community service to promote discussion about strategies that will develop these graduate attributes.

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

1. What qualities are associated with an actual commitment to working in underserved areas?
2. To what extent are these qualities innate, or able to be developed through teaching and learning?
3. What knowledge, skills and attitudes are required for graduates to become effective agents for social justice?

What teaching and learning strategies are effective in developing these qualities?

References supplied on request.
ID: 3825
Title: How to Improve the Quality of Assessment items and Examinations. A Workshop for Academic and Professional Staff who have Responsibilities for the Quality Assurance, Development, Reporting and Analysis of Assessment
Prof Craig Zimitat, Dr Bunmi Malau-Aduli

Introduction / Background:
Essential components of an effective assessment cycle are: a clear assessment policy and strategy; planning alignment of outcomes, questions and instruments; effective feedback and evaluation of the assessment process and outcomes.

Purpose / Objectives:
The aim of this workshop is to share and discuss: principles and standards for quality assessment, assessment quality assurance (QA) processes, improving the quality of assessment items and examinations, reporting of assessment quality to staff and feedback to students and evaluation of assessment practices. We hope to establish a community of practice at the conference (and virtually) for ongoing collaboration in assessment across medical/health professional schools around Australasia. Attendees are encouraged to bring examples and materials for discussion.

Issues / questions for exploration or ideas for discussion:
Discussions will work towards agreement on some or all of the following: Defining assessment quality; QA processes for assessment; Processes for improving quality of examinations and assessment items; Processes and forms for reporting assessment quality and feedback to students; and Evaluation and benchmarking strategies.

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:
Participants will be engaged in presentation of their own school processes, small group discussion of principles and processes, review of assessment items, interpretation of data and critique of materials, consensus building.

ID: 4170
Title: A Guide for Growing your own Male Clinical Teaching Associates
Prof Richard Turner, Mr Neil Sefton, A/Prof Craig Zimitat, Dr Mona Loofs-Samorzewski

Introduction / Background:
Clinical teaching associates (CTAs) play a vital role in imparting intimate physical examination skills to medical and other healthcare students. While programs involving female CTAs have been implemented in medical schools throughout Australia, their male equivalents (MCTAs) are still in an early stage of development. The recognised unmet needs in Men’s Health have increased the impetus for this. MCTAs are a valuable resource, both for teaching and raising community awareness. However, their recruitment and training from a grass-roots community base is subject to potential barriers and taboos. The facilitators from the University of Tasmania School of Medicine have current experience in the successful development of a community-based MCTA program.

Purpose / Objectives:
The workshop aims to explore the various hurdles involved in MCTA recruitment and training, and devise strategies for overcoming them.

Issues/questions for exploration or ideas for discussion:
Possible issues for discussion may include: stakeholder consultation, recruitment and selection processes, curriculum development and delivery, assessment, accreditation, and continuing professional development.

Describe how the presenters will engage with the audience, what strategies will be used to ensure a “hands on” experience:
A facilitated discussion will define the issues. Break-out groups will then be formed to workshop strategies to deal with these. Presenters will be allocated to each of the groups to provide input, as required, to initiate discussion. Groups will report back at the end of the session. Salient points will be summarised in a document to be provided to participants, and intended to serve as the nucleus for local MCTA training manuals.
**ID: 4271**

**Title:** Demonstrating Outcomes of Socially Accountable Health Professional Education: Moving Beyond Graduate Outcomes

*Ms Sarah Larkins, Prof Richard Murray, A/Prof David Prideaux, Prof Joel Lamphear, Prof Enoch Kwizera, Dr Filedito Tandinco, Dr Pascualito Concepcion*

**Introduction / Background:**
To increase equity in primary health care service delivery, health professional educational (HPE) institutions must develop key partnerships with health care providers and policy makers to address issues of workforce mix, health professional recruitment and retention. The need to ensure quality and universal reach of health care services, particularly in underserved communities necessitates greater accountability of HPE and new outcomes research in medical education. In Australia and internationally, HPE institutions are progressing in terms of monitoring graduate outcomes (in terms of location, field of practice and so on). However, there is still very limited evidence about the longitudinal impact of socially accountable HPE beyond graduate outcomes. 2.

**Purpose / Objectives:**
This PeArL will stimulate discussion on outcome measures for socially accountable HPE and how these can be prospectively evaluated, and linked causally to educational initiatives. Examples of possible outcome measures include graduate attitudes and behaviour, community satisfaction, access to health services, cost effectiveness, and ultimately, health outcomes (e.g. maternal and infant mortality rates). These discussions will inform the research group of THEnet (Training for Health Equity Network), an international collaboration of medical schools aspiring to social accountability, as we attempt to set up longitudinal research projects across contexts.

**Issues / questions for exploration or ideas for discussion:**
- What outcome measures can be used for measuring socially accountable health professional education?
- How are these best measured, and how best can they be linked to initiatives in socially accountable HPE?
- Can we attribute changes in health outcomes to innovations in HPE, or are a range of interim measures needed?
ID: 4243
Title: Evaluation of Continuing Education Programs (CEPs) for Allied Health Professionals
Ms Deborah Pascoe

Introduction / Background:
Research on CEPs targeting the exercise-based allied health professions is limited. Given the emphasis on CEPs as a formal part of accreditation, there is a need for CEPs to be evaluated on the basis of learning outcomes.

Purpose / Objectives:
This systematic review aimed to identify the impact, evaluation, and outcome measures used in CEPs.

Methods:
Papers were reviewed to determine changes in participants’ knowledge, skills, attitudes, clinical practice behaviour, patient outcomes, outcome measures used and follow-up. The evaluative methods of each study were analysed using Kirkpatrick’s four-level model.

Results:
Ten of the 15 studies used only one of Kirkpatrick’s levels of evaluation to assess participant reaction, behaviour change or patient outcomes. Two studies evaluated across two levels, one across the first three levels and two studies used all four levels of evaluation.

Discussion:
The provision and delivery of CEPs is underpinned by the belief that exposure to new professionally relevant material leads to knowledge gains that supports healthcare professionals to change or improve their clinical behaviour/practice, which in turn results in improved patient outcomes. However, methods used to evaluate effectiveness of CEPs and the extent to which the desired outcomes are being achieved vary greatly.

Conclusions:
This review confirms that CEPs which aim to enhance, improve or update participant knowledge, skills and behaviour need to objectively measure pre and post levels to determine if change has occurred and the extent of that change.

ID: 4251
Title: Invitation to Join the “this is Public Health Sticker Campaign”
Ms Kate Dundas, Dr Sue Outram

Introduction / Background:
If most undergraduate health students don’t understand what public health is, much less how it impacts their daily lives, many other members of the community also have misconceptions about what public health actually is. It is assumed that public health affects them on a daily basis. The Institute of Medicine (2003) declared that public health curricula be a part of every undergraduate program “An understanding of public health issues is a critical component of good citizenship and a prerequisite for taking responsibility for building healthy societies” (Association of American Colleges and Universities, 2008, p.4). This was the birth of the “Educated Citizen and Public Health” discourse, engaging students (whatever their chosen field of study) with the world’s major questions through the lens of public health. The “This Is Public Health” campaign was designed to be a service-learning task for undergraduate students in health related disciplines to raise awareness about and support for public health efforts within communities. The campaign utilises stickers with the slogan “This is Public Health” placed in strategic locations around communities to build awareness of the many ways in which public health impacts our well-being. The “This is Public Health” campaign has proven to be a powerful tool in not only raising awareness about and support for public health efforts but as an engaging and effective assessment piece. The application of this campaign is diverse, limited only by the imagination. We invite all tertiary institutions to join us in spreading this message. The results of an evaluation of students’ reactions to the “This is Public Health” sticker campaign assessment task will be presented.
ID: 3952
Title: Investing in the Future: Promoting the Mental Wellbeing of Medical Students
Mr Minh Nguyen

Introduction / Background:
The Australian Curriculum Framework recommends that "medical curriculum should specifically address issues of self-care, doctor health and the responsibility to identify and assist peers in distress". However, no standardised syllabus exists that adequately educates medical students regarding mental illness within the profession and the importance of personal self-care and wellbeing. One such "wellbeing" program has been developed at the Flinders School of Medicine through focus discussions with academic clinical staff, medical educators, students, counsellors, and professional organisations such as the Australian Medical Board and beyondblue. The defined curriculum was delivered as a half-day didactic seminar and covered the prevalence of mental illness in the profession, risk factors, stigmatizing attitudes, implications of mental illness on academic and professional standing, and support services. The target audience comprised more than 200 medical students across all year levels of the Flinders graduate-entry medical program. The feedback received regarding this program has been exceptionally positive. A key strength of the program was that its initiation, development and delivery were entirely led by medical students, allowing greater engagement of the student body. The format and structure of the program, as the first set mental wellbeing curriculum of its kind, is currently being developed into a national resource by beyondblue’s “Doctor’s Mental Health Program” and the Australian Medical Students’ Association for replication by medical schools around Australia.

Purpose / Objectives:
1. To develop a health promotion curriculum to educate medical students about mental illness within the medical profession
2. To reduce stigma surrounding mental illness as a medical student
3. To improve medical student wellbeing through the facilitation of improved self-care and help-seeking behaviour, and increased awareness of support services

Issues / questions for exploration or ideas for discussion:
1. Medical student stress and distress
2. Current university wellbeing teaching and initiatives
3. Current university support services

ID: 4322
Title: Transformation of Student Academic Regulation over a Problem-Based Learning Year
Ms Sarah Hyde, Pip Yabsley, Donna Read

Introduction / Background:
Problem based learning (PBL) was introduced in the final year of the Bachelor of Clinical Science course to teach Reflective Clinical Practice and Research in Clinical Practice. The goal was to develop graduates’ lifelong learning skills and to prepare them for their future studies in medicine or dentistry. This three year degree program is a specific pathway for entry into the graduate medical and dental programs at the University of Sydney which use the PBL approach extensively.

Purpose / Objectives:
The aim of this investigation was to explore the development of students’ ability to regulate and direct their own learning given that their previous two years of study primarily comprised a didactic teaching style. Data was collected using surveys and interviews with two cohorts to gauge level of academic regulation and change over time.

Results:
Results from the first cohort showed a lack of motivation and engagement with PBL as a result of the way it was delivered, one case each fortnight, and the lack of exam based assessment for the PBL subject. Modifications made for the second cohort included frequent exam based assessment and weekly PBL. This seemed to increase motivation and participation, but did it result in any changes to self-regulated learning?

Discussion:
This presentation will explore how students developed their learning ability and levels of reflection over the course of the subjects, the affordances and constraints for academic regulation in this context, and how effective the course design was in promoting self-regulated learning in the student cohort.
ID: 4075
Title: Changing Horses Mid-Stream: the Experience of Novice GP Academics at a New Australian Regional Medical School

Dr Russell Pearson, Dr Fiona Williams, Prof John Bushnell, Ms Lyn Phillipson

Introduction / Background:
The University of Wollongong’s Graduate School of Medicine opened in 2007. It was one of a number of newly established regional medical schools whose staff recruitment was initially hampered by a relative paucity of experienced academics. The UOW GSM therefore recruited from its enthusiastic honorary clinical faculty twenty general practitioners without previous university academic experience, to a wide variety of roles. We seek to ascertain the barriers and enablers of their development as academics, and the impact of this new role upon their lives, as little concerning this cohort has been previously published. Our research method involves the conduct of confidential semi-structured interviews with these doctors. These interviews will be audio taped, transcribed and de-identified, validated by the participants and finally analysed independently by two of our research team.

Purpose / Objectives:
The purpose of this presentation is to present the preliminary findings of our research. Our first objective is to help inform novice GP academic recruitment and support. Secondly we seek guidance from our colleagues in broadening and refining the scope of our research.

Issues / questions for exploration or ideas for discussion:
How widespread is the recruitment of experienced health practitioners into academia?
Has your school /institution faced similar challenges to the UOW?
Do our research findings resonate with your experience?
How could we collaborate to determine how representative of the general experience are our findings?
Will our research findings impact your faculty development programs?

ID: 4184
Title: Integration of Practical Experiences Based in a University Clinic throughout a Nutrition and Dietetics Degree

Dr Katherine Hanna, Ms Katrina Ridout, Ms Melinda Service, Ms Jan Payne, Ms Kelly Stewart

Introduction / Background:
Placements are an essential part of learning in dietetics and primarily located in the private sector. However student and supervisor evaluations indicate earlier and frequent practical experience is needed to increase confidence and understanding of the application of theory and to provide diverse learning experiences.

Purpose / Objectives:
This research evaluated student perceptions of clinic-based experiences introduced in first, second and third years of an undergraduate dietetics degree.

Issues / questions for exploration or ideas for discussion:
Do students perceive benefits and relevance to entry level competencies; is operating a dietetics clinic feasible in the university setting; how could the value of such clinics be optimised?

Results:
A questionnaire was completed by 119 students (69% response rate). 85%, 77% and 92% of first, second and third year students agreed experiential learning is an effective learning style and 60%, 65% and 77% agreed the clinic provided a realistic experience. 38%, 41% and 73% agreed their client communication improved. 85% of third years agreed their professional awareness increased whereas 43% agreed there had been an adequate number/diversity of experiences throughout their study. The main themes identified in focus groups were: increased communication confidence; importance of early practice exposure; and increased appreciation of the relevance of theory.

Discussion:
No published research has been identified on student perceptions of a university-based clinic in dietetics, although academics and clients have reported benefits.

Conclusions:
Results support the value of a clinic as a learning experience, although innovations are needed to ensure sufficiency and relevance throughout the degree.
Introduction / Background:
The University of Tasmania utilises rural education in order to accommodate its final year students, along with offering distinctive learning opportunities and experiences in a rural health setting.

Purpose / Objectives:
This study explored students’ experience and skill in performing sensitive male examinations (SME) at metropolitan and rural training hospitals in order to improve Men’s health teaching across the two settings.

Issues:
How consistent are Men’s health learning outcomes across teaching sites?

Method:
Final year medical students at three teaching hospitals completed an anonymous questionnaire related to Men’s health, including skills in testicular (TE), inguinal (IE) and digital rectal examinations (DRE).

Results:
90 of 104 students (86%) responded, of which 54 (60%) were based at the rural hospitals. Rural students performed significantly more TEs (p=.03) and DREs (p<.01) than metropolitan students. Rural students performing DREs were significantly more confident at identifying abnormal clinical signs (p<.01) and were more likely to have their findings confirmed by a doctor (p<.01). Limitations to performing SME were reported by significantly more metropolitan than rural students (89% vs 62%, p<.01).

Discussion:
Metropolitan students, who perform fewer examinations with less supervision, may benefit from structured education opportunities such as afforded by a clinical teaching associates program.

Conclusion:
Limitations to performing SME are common for all students; however rural based students report more experience, supervision and confidence in performing SME compared with metropolitan students.

Introduction / Background:
Clinical Teaching Associates (CTAs) are standardized patients specializing in teaching sensitive physical examination to healthcare students. While female CTAs have been practising in English-speaking countries for over 30 years, their male counterparts (MCTAs) are a relatively new phenomenon. Increasing emphasis on men’s health and constraints on direct clinical experience have heightened the imperative to develop MCTA programs in medical schools across Australasia.

Purpose / Objectives:
To develop a program with MCTAs recruited from the lay community, we sought to describe and evaluate strategies to facilitate their training and retention.

Issues / questions for exploration or ideas for discussion:
After selection of a suitable cohort, a training schedule was devised, informed by standard pedagogical principles and experience from the existing female CTA program. Strategies to promote learning and retention were developed using a semi-consultative iterative approach. Evaluation used quantitative and qualitative methods.

Results:
Eighteen men completed 18 hours’ training over 6 weeks. Based on observations and evaluations, several strategies were identified that enhanced compliance and enthusiasm with the training program, including: depersonalization through role-play, medicalization of the encounter, normalization of anatomical variation, graded progression of performing and experiencing the intimate examination process, and liberal use of humour.

Discussion:
Assuming initial motivation, enabling strategies for retention during pre-accreditation training are based on various means of desensitization. These can be delivered unselfconsciously. Details to assist implementation of various strategies will be provided.

Conclusions:
Recruiting members of the lay community as MCTAs has benefits for both medical education and raising overall awareness of men’s health. Desensitization strategies should be an integral part of the training process.
**ID: 4220**

**Title:** The use of an ‘Expert Patients Programme’ to Recruit and Train ‘Patients’ to Take Part in Various Clinical Skills Sessions with 1st and 2nd Year Medical Students

Ms Isabelle Potter, Dr Helen Rieniets

**Introduction / Background:**
How do you get a patient with a heart murmurs who knows how to hear it? How do you find a “patient” with cancer who can discuss the socioeconomic impact of the disease on their lives? How do you find a patient with drug induced psychosis that can give lucid feedback to students? What do you do if none of the local Aboriginal people are willing to come to the medical school? How does the community have access into the education of local doctors? At the University of Wollongong’s Graduate School of Medicine we used our Patient Volunteer Programme’s Expert Patient Programme. This was a separately funded programme where we conducted targeted community liaison with various groups and organisations. From this we worked with these groups to develop Training Packs related to very different conditions and a Recruitment Strategy for actually accessing the patients we needed to deliver the breadth of the Clinical Skills Centre Curriculum.

**ID: 4150**

**Title:** Linking Community Engagement, Social Accountability, and Rural Clinical Teaching: a Methodology for Defining Integrated Clinical Learning

Ms Sue Berry, Ms Nicole Ranger

**Introduction / Background:**
Through a comprehensive approach in refining and re-defining clinical teaching and learning, Integrated Clinical Learning (ICL) at the Northern Ontario School of Medicine is emerging as a new model of clinical education in northern and rural community-engaged teaching sites. This presentation will discuss and highlight the methodological process and outcomes of a community-engaged strategy with clinical teachers in 38 different communities in Northern Ontario in re-defining clinical teaching and learning in rural communities. Individual interviews were conducted with 65 clinical teachers in addition to focus group sessions with undergraduate and postgraduate learners. Consultations provided authentic rich narratives leading to a new model of clinical education. Using four key questions as a point of discussion, thematic analysis of qualitative data revealed that clinical teachers and learners change and share roles as a transformative process grounded in a relational process. Thematic analysis identified the following foci of clinical education: elements of a hidden curriculum of ICL in balancing formal and informal learning, the expectation of self-assessment skills on every level of teaching and learning, fostering a culture of inquiry, role modeling and relational learning, creating dynamic environments where teaching parallels practice, recognizing and nurturing clinical teacher’s strength and skills inclusive of senior learners teaching junior learners, and being opportunistic of situational learning. Integrated Clinical Learning is paving new thought processes in re-framing teaching and learning and seeks to increase clinical teacher capacity, demonstrate social accountability and strengthens engagement between a medical school and its’ valuable teaching resources in rural communities.
**ID: 4326**  
**Title:** Looking Both Ways: Accountability and Health Literacy  
**Ms Ellen Ennever**

**Introduction / Background:**
International debate on health literacy levels has heightened awareness among health professionals and public administrators of the importance of tailoring health promotion and health maintenance messages to targeted community audiences. But are we looking through the wrong end of the telescope? How well do we educate future health professionals to engage with health literacy as a concept? The Faculty of Health Science at the University of Tasmania (UTAS) commenced researching functional health literacy levels in incoming health science students in 2010 and the School of Medicine at UTAS will be encouraging their first year cohort from 2010 to undertake health literacy promotion projects in Years 2 and 3 of their course. UTAS is far from alone in undertaking health literacy research in this country as there have been studies undertaken by Northern Territory indigenous communities and the Charles Darwin, Monash and Adelaide universities into levels of health literacy in the last few years. There are currently at least four other initiatives and projects underway across the nation, and the National Health and Hospitals Reform Commission Report of 2009 flagged health literacy promotion as a future priority for the Australian health system. The majority of research and argument about health literacy to this point has been to focus on the receiver of the message rather than the people delivering the messages. This session will set out some of the conundrums in addressing levels of health literacy, particularly as it relates to medical students’ engagement with local communities, and how accountable health professionals might be for alleged “deficits” in comprehension of health messages. It will also invite comment on the deficit and health promotion models of health literacy, as each of these have implications for the character of health professional interactions with the wider community.

**ID: 4327**  
**Title:** Open or Closed? Medical Curriculum Maps Online  
**Ms Ellen Ennever**

**Introduction / Background:**
In recent times many medical schools have undertaken curriculum mapping of their courses. The purpose of these mapping exercises have been manifold with quality assurance, curriculum renewal and succession planning among the most important but one aim has not been at the forefront of consideration: public information about medical education. Have any medical schools released their curriculum maps to public view online? This session wishes to canvas opinion about the possibility of releasing an edited version of a medical school course map online for public online access. There is precedent for releasing high value curriculum material for public view, most notably the Massachusetts Institute of Technology project, and there are increasing issues related to open source software and feedback on programs that would bear examination from a health science education perspective. The aim of this session is to make the case for ANZAHPE to consider an open source curriculum project for informing the public about curriculum developments in the health sciences, most notably medicine. This would help the community at large to gain a deeper appreciation of the complexities of health sciences education and also provide a public forum for feedback about the content of health science courses.
**Perceived Educational Value of a Rural Clinical Rotation for Medical Students**

Dr Ben Marais, Mr Nathan Wilson, Dr Peter Bouhuijs, Prof Hoffie Conradie, Prof Ben van Heerden

**Introduction / Background:**
It is well-recognised that medical students, whose training exposure is largely limited to tertiary-level training hospitals, may be inappropriately equipped to deal with the most relevant health issues affecting rural communities. We evaluated the perceived educational value of a 2-week clinical rotation undertaken by senior undergraduate medical students at rural district hospitals and health care centers in the Western Cape Province.

**Methods:**
Students completed a daily log diary to provide an overview of time spent on specific academic activities, ranking the educational and enjoyment value of each activity. At the end of the 2-week rotation students completed an open-ended questionnaire capturing the main positive and negative aspects of their experience, followed by focus group discussions with a randomly selected subgroup. In addition, a formal feedback seminar was arranged with the academic supervisors at each of the training sites to triangulate the information received and to document their perspective.

**Results:**
Thirty-seven students consented to study participation and 25 (68%) adequately completed the log diaries and questionnaires, rating the following activities as most educational: “assisting in theatre”, “teaching by doctor”, “mobile clinic excursions” and “seeing patients in clinic/health centre/OPD”. The rural experience allowed practical application of their theoretical knowledge, which improved their levels of confidence and enjoyment. The most enjoyed activities were: “mobile clinic excursions”, “performing medical procedures” and “teaching by doctor”. On the critical side students indicated the following: (i) compulsory written reports and additional projects prevented them from maximizing the rural experience; (ii) a time period of two weeks is too short to benefit optimally from the rotation. Rather add a few quotes to demonstrate the most important messages from the qualitative data if you have additional words to work with.

**Conclusion:**
The feedback obtained during this log diary study demonstrates that well-functioning rural health care centers provide excellent opportunities for students to develop the most relevant practical skills required from generalist doctors working in resource-limited settings. In addition to a more efficiently structured rural programme, students requested an increase in the duration of the rotation and a reduction in the written academic work load.

**Message Makers: Students as Partners in Health Literacy**

Ms Ellen Ennever, A/Prof Craig Zimitat

**Introduction / Background:**
In 2010 the University of Tasmania surveyed the functional health literacy levels of incoming Medicine, Pharmacy and Paramedic Studies course students. The results provided evidence that our students had high levels of functional health literacy. This opened up the possibility of beginning an evolutionary phase to the project; use our students as agents of change in partnership with the Tasmanian community.

**Purpose / Objectives:**
Compromised health literacy costs tens of millions of dollars annually, undermining personal and societal health goals (Institute of Medicine, 2004, 2009; Zarcadoolas, Pleasant & Greer, 2006). Our project hopes to pilot the use of students as agents of change in targeted Tasmanian communities, in an endeavour to encourage assessment and improvement of functional health literacy on a local scale. This would foster accountability in a two-way exchange of ideas, where the making of the message is a negotiated construct, assisted by validated measurement instruments but moderated through health professional, student, university and community collaboration.

**Discussion:**
Health literacy is not a neatly defined concept and can be daunting in terms of health professional commitment and the engagement of clients and community in a non-judgemental environment. By looking at functional health literacy the project team hope to foster health promotion on a local scale while avoiding some of the global debates about the nature of health literacy. The project team look forward to sharing their ideas with peers and gaining some insight in return, as to whether our project, now focussed locally, may have pathways available to it to affect change on a wider scale.
ID: 4270
Title: Connecting Teachers for Curriculum Delivery in Diverse Settings across Australia
Dr Julie Ash, Dr Anna Smedts

Introduction / Background:
Flinders University Medical Course will be delivered simultaneously in Adelaide and Darwin for the first time in 2011. The Northern Territory Medical Program (NTMP) is founded on a commitment to training health professionals equipped for the health context of the Territory. This will require local contextualisation of the Flinders medical curriculum to reflect the Northern Territory setting. The remoteness of the new campus presented challenges including recruitment and communication. In addition, the interpretation of “contextualisation” while maintaining curricular fidelity and local validity proved complex. The concept of teaching teams (staff for each subject from both sites) was implemented to build on existing expertise and support new staff and teaching models. Teams were tasked with developing equitable, context-appropriate teaching and learning across the distributed campus, while maintaining the same learning outcomes and assessment.

Purpose / Objectives:
We will present the issues around planning course delivery across a dispersed campus and propose teaching teams as a concept to address these challenges. Participants will examine how teachers 3000km apart, in different contexts, can collaborate to ensure locally-appropriate quality delivery of the same course.

Issues / questions for exploration or ideas for discussion:
The following ideas will be explored utilising a mind-mapping approach: What are the challenges and issues associated with delivering an established course at a new site where different social and cultural values exist? How can teachers at great distance establish a working relationship to share ownership and delivery of course content? What advantages do participants see in the teaching team concept? What challenges could this approach address or preclude?

ID: 4304
Title: Exploring Tensions in Values Within a SOM
Dr Helena Ward, Ms Iris Lindemann, Dr Julie Ash, Ms Anaise West, Prof David Prideaux

Introduction / Background:
During 2009-10 a consultation process was conducted to explore perceptions of the values held by the FU SOM. Participants included staff, students, graduates community members and other stakeholders. This study revealed a tension between the biomedical and bio psychosocial models of health.

Purpose / Objectives:
To explore the experiences of others in recognising and working with this tension in relation to achieving improved social accountability within HPE.

Issues / questions for exploration or ideas for discussion:
Do others identify with this tension of values within their own HPE context? Does this tension hinder the move towards becoming more socially accountable? What strategies can enable schools where this tension exists to promote common SA goals?
ID: 4347
Title: How do we Teach and Engage Students in Reflective Practice in a Medical Curriculum?
Ms Sharyn Milnes, Mrs Sherryn Evans, Ms Susie Macfarlane

Introduction / Background:
Deakin University Health Faculty has run an inter-faculty Inter-professional Education Unit for the previous three years. Having health students engaged and assessed in certain reflective tasks concurrently has shown that medical students are poor at reflective practice relative to the other schools in the faculty. The experience from theme leaders and educators in the 2 areas where reflective practice is taught in the School of Medicine (Ethics, Law, and Professional Development (ELPD), and Doctors, People, Cultures, and Institutions (DPCI)) is that medical students don’t consider education tasks in reflective practice as important, and resent being assessed in this area. We have assembled a working party within the faculty to try and address this issue.

Purpose / Objectives:
The objective of this session is to workshop ideas for engaging and educating medical students in reflective practice across the curriculum and throughout the whole 4 years.

Issues / questions for exploration or ideas for discussion:
Reflective practice should be embedded throughout the medical curriculum (including sociology, ethics, bioscience and clinical units). The importance of reflective practice is not evident to the students who have a very science-centric view of the study of medicine. Medical students need to recognise reflective practice as a necessary skill for their professional life. Should reflection (reflective practice) be assessed?

ID: 4036
Title: Do we have an Ethical Duty to Manage Medical Student Stress and if so how?
Dr Emma Warnecke

Introduction / Background:
The World Health Organisation defines health not just as the absence of disease but as “a state of complete physical, mental and social well-being”. In a university medical degree where students are taught about managing the health of others, it could be argued there is an imperative to provide them with effective, evidenced-based ways to manage their own stress. Stress and psychological distress in doctors and medical students is common and well recognised as an important health issue. However further research is required to identify effective interventions for managing this stress.

Purpose / Objectives:
Promote discussion and collaboration around the issue of stress in medical students.

Issues / questions for exploration or ideas for discussion:
An open discussion would be facilitated exploring the views on the ethics of stress management in health professional education. There would also be discussion on how the stress is currently managed at various institutions. Following on would be a discussion of what works and what could be improved and what new options could be considered. It would be an open and collaborative discussion for health professional educators.
**ID: 4333**  
**Title:** What the Dietitian Said: is Medical Humanism Relevant to Nutrition and Dietetics and other Health Disciplines?  
*Dr Katherine Hanna*

**Introduction / Background:**  
The curriculum of health degrees such as nutrition and dietetics has evolved to focus upon science-based subjects. However the limitations of this, in medicine particularly, have prompted the development of medical humanism, which seeks to understand the patient as a person focussing on individual values, goals and preferences and considers the perspectives of such disciplines as history, philosophy, literature and art to understanding health and illness (Hartzband and Groopman, 2009; Gordon, 2005). There are few publications on the role of the humanities in dietetics (Fox, 2006), however there are a number of possible reasons justifying consideration of their integration. These include enhanced; understanding of the relationship people have with food; the relevance of psycho-social-cultural factors and ethical concepts; insight and meaning in reflection; development of understanding and tolerance of others - particularly the experience of being obese; ability to communicate and express ideas both written and verbally; and stimulation of creativity.

**Purpose / Objectives:**  
This session aims to: explore the relevance of medical humanism to dietetics and other professions; describe how the humanities are currently incorporated in dietetics; and generate discussion about the feasibility and acceptance of expanding the presence of the humanities.

**Issues / questions for exploration or ideas for discussion:**  
Ideas for discussion include: what could be the benefits of incorporating aspects of the humanities into allied health education; what could be the challenges and potential for increased integration; how do health degrees currently incorporate the humanities; and how could research be conducted to evaluate their value?

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**ID: 4344**  
**Title:** Taking Indigenous Health Curriculum to a Practical Level  
*Dr Della Yarnold, Ms Courtney Ryder, Ms Colleen Hayes*

**Introduction / Background:**  
Universities across Australia are increasingly refining their approach to Indigenous health. This is resulting in a wide variety of emerging teaching strategies, including online educational tools.

**Purpose / Objectives:**  
To explore how Indigenous health can be integrated into a medical curriculum through task orientated learning activities providing a framework for experiential learning. The PeArLs session will explore the link between the community/hospital/agencies experiential learning opportunities, provided for students and changed behaviours/skills sets. The PeArLs session will also offer an opportunity for anyone involved in medical education to discuss and explore how we can refine the framework of Indigenous health curriculum specifically and effectively assess the skills required to make a difference within Indigenous health overall.

**Issues / questions for exploration or ideas for discussion:**  
Through a pragmatic lens Flinders University has embedded their Indigenous health curriculum within its’ Graduate Medical Program. In conjunction with exploration of vertical and horizontal integration into multiple areas of the “mainstream” curriculum, there has been further development of a framework to support students in optimising what they learn from experiential opportunities by linking this with expected skills /behaviours. Students explore health systems involved in achieving equitable health access/outcomes and consider how a junior staff member can work within this system to achieve positive outcomes for Indigenous patients. To achieve this, Indigenous and non-Indigenous academics have been building on the framework provided by the CDAMS Indigenous Health Curriculum recommendations, existing learning structures and the new innovation of including Indigenous healing paradigms within the learning experience for students.
ID: 4234
Title: Sharing And Repurposing of Online Medical Education
Dr Bronwen Dalziel

Introduction / Background:
Those who are seeking to renew their institution’s curriculum or those who are just starting will have felt the frustrating paradox that, whilst there is no shortage of scientific and medical content available in individual medical schools and other health professional programs, they will still largely have to ‘reinvent the wheel’ for themselves. In Australia and globally, there are problems with sharing medical education content due to: lack of “openness”, difficulty of discovery, manipulation and re-purposing of content, and use of copyrighted content that can’t be shared. In this workshop, a short presentation will center around a new ‘embed’ feature of the open-source Learning Activity Management System (LAMS) that is being used at the University of Western Sydney. This software allows content to be shared online on any website, blog or social networking sites and also allows for the content to be meaningfully arranged in a learning design to reflect different pedagogical approaches. Once the content has been viewed, it can be downloaded, edited, activities added or removed and then used with students without investment in new technology or infrastructure. The discussion will focus on meaningful content sharing in a medical education setting and comments and suggestions will be taken from the wider medical and health professional community on the approach taken at the School of Medicine, UWS.

Issues/questions for exploration or ideas for discussion:
What are the barriers to sharing? What are the advantages of sharing? Is the sharing of a learning design desirable? What are good learning designs for sharing medical education content? What content should be shared and with whom should it be shared? (social justice and responsibility) What would a community of medical education sharers look like? Participants will be asked to create their own examples of shareable content in groups and learn how they would go about sharing both their work and their learning designs over the internet. Some themes and examples of content will be provided to help get participants started. Some work will be made available immediately online during the workshop and all participants will have access to the technology and content that is discussed in the workshop (no downloading involved).

ID: 4159
Title: Constructing Problem-Based Learning Cases: Hands-On Training
Prof Samy Azer

Introduction / Background:
Although training medical students and tutors is important for successful implementation of a PBL program, constructing authentic, engaging and integrated cases is vital. This workshop will provide participants with key elements of a PBL template, and principles for developing authentic, and integrated cases.

Purpose / Objectives:
Participants will have a greater understanding of key elements of successful cases; how to use the criteria/principles discussed in assessing cases, and designing new cases that address the intended learning objectives.

Structure:
Participants’ previous experience of writing PBL cases will be briefly explored. There will be then two short presentations on key elements of PBL template and principles for constructing educationally effective cases. Participants will then be divided into groups and asked to use the principles learnt in developing the educational objectives, a trigger and an outline of a PBL case. Outcomes will be brought together in a plenary session at the end.

Who should attend:
Medical and health educators, directors of medical and/or health units, PBL authors.
ID: 4292

**Title:** The New ANZAHPE Website, how should it Look, how can we make it Better?

*Mr Anthony Ali, Mrs Pippa Craig*

Introduction / Background:
ANZAME is currently going through a period of change to the newly accepted ANZAHPE name. Part of this rebranding process includes the development of a new website that better reflects what ANZAHPE is all about. A prototype of the website was developed in February 2011. ANZAHPE Committee of Management members subsequently provided comments and suggested improvements which have been incorporated into the website you see today.

**Purpose / Objectives:**
Following a quick demonstration of the new website, participants will be asked for their opinion on several particular aspects. Participants will also be asked for more general comments and suggestions for improving the website in preparation for a full public launch after the conference. If computers can be sourced, participants will be given some time to browse aspects and functionality of the website.

**Issues / questions for exploration or ideas for discussion:**
1. What do you like about the new website?
2. What suggestions do you have to improve the look, feel, functionality of the new website?
3. Should we have a member’s area? If so, what would be included in such an area?
4. Does the website reflect what we as an organisation value?
5. Should the site reflect a more socially accountable organisation? If so, how?

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**Plenary Session**

**Title:** Transforming Health Professional Education through Distributed Community Engaged Learning

*Prof Roger Strasser*

Introduction / Background:
Northern Ontario, Canada is a large rural region which has a chronic shortage of healthcare providers. The Northern Ontario School of Medicine (NOSM) was established with a social accountability mandate to contribute to improving the health of the people and communities of Northern Ontario. NOSM has developed a distinctive model of education known as Distributed Community Engaged Learning (DCEL). Distributed Community Engaged Learning weaves together; case based learning; learning in context; longitudinal integrated curricula; community engaged education; distributed learning; rural based education; and integrated clinical learning. The NOSM curriculum is grounded in Northern Ontario and relies heavily on electronic communications to support DCEL. In the classroom and in clinical settings, students explore cases from the perspective of health professionals in Northern Ontario. In addition, DCEL involves Community Engagement through which communities actively participate in hosting students and contribute to their learning. Successful development and implementation of DCEL requires maintaining a strong focus on the social accountability mandate and demonstrating a clear commitment to respectful collaborative relationships with community groups and organizations, as well as health service agencies. To facilitate these collaborations, NOSM has established an Aboriginal Reference Group which provides advice to the Dean and Local NOSM Groups in rural communities which provide the mechanism whereby the community is a part of NOSM and NOSM is a part of the community. NOSM graduates are skilled practitioners ready and able to pursue their careers anywhere, but with a special affinity for and comfort with providing health care in Northern Ontario.
### POSTER BOARD LISTING

Alpha order by Author

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Title</th>
<th>ID</th>
<th>Presentation Title</th>
<th>Poster #</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arundell</td>
<td>Mick</td>
<td>Mr</td>
<td>4229</td>
<td>Role of the Clinical Information Analyst</td>
<td>1</td>
<td>278</td>
</tr>
<tr>
<td>Avard</td>
<td>Bronwyn</td>
<td>Dr</td>
<td>4103</td>
<td>Breaking Down Cultural Barriers: Learn Together to Work Together</td>
<td>2</td>
<td>279</td>
</tr>
<tr>
<td>Avard</td>
<td>Bronwyn</td>
<td>Dr</td>
<td>4047</td>
<td>Shaking the Tree - Redesigning the ACT Critical Care Nursing Program</td>
<td>3</td>
<td>280</td>
</tr>
<tr>
<td>Azer</td>
<td>Samy</td>
<td>Prof</td>
<td>4089</td>
<td>Learning Surface Anatomy: which Learning Approach is Effective in an Integrated PBL Curriculum?</td>
<td>4</td>
<td>281</td>
</tr>
<tr>
<td>Barbeau-Rodrigue</td>
<td>Danielle</td>
<td>Mrs</td>
<td>4052</td>
<td>Community Consultation Project: Francophone Community Engagement Insight/ Guidance/ Action</td>
<td>5</td>
<td>282</td>
</tr>
<tr>
<td>Barbeau-Rodrigue</td>
<td>Danielle</td>
<td>Mrs</td>
<td>4051</td>
<td>Increasing the Pool of Applicants - a Unique Collaboration between the Aboriginal and Francophone Affairs Units at NOSM</td>
<td>6</td>
<td>283</td>
</tr>
<tr>
<td>Blyton-Patterson</td>
<td>Amanda</td>
<td>Ms</td>
<td>4232</td>
<td>Dental Clinical Education Placements- it’s Not Just about Drilling, Filling and Billing!</td>
<td>7</td>
<td>284</td>
</tr>
<tr>
<td>Chur-Hansen</td>
<td>Anna</td>
<td>Prof</td>
<td>4155</td>
<td>On-line Learning in Psychology and Psychiatry</td>
<td>9</td>
<td>285</td>
</tr>
<tr>
<td>Craig</td>
<td>Pippa</td>
<td>Dr</td>
<td>4132</td>
<td>Inter Professional Learning in Rural SE NSW: Collaborating across Educational Institutions, Health Disciplines and Health Services</td>
<td>10</td>
<td>286</td>
</tr>
<tr>
<td>Farrington</td>
<td>Alison</td>
<td>Mrs</td>
<td>4201</td>
<td>Defining Core Values and Principles as a First Step in Developing a Palliative Care Curriculum</td>
<td>13</td>
<td>288</td>
</tr>
<tr>
<td>Gallagher</td>
<td>Peter</td>
<td>Dr</td>
<td>4276</td>
<td>Ethics and Qualitative Data Collection: Minimising Power Differentials when Conducting Focus Groups Involving Students</td>
<td>14</td>
<td>289</td>
</tr>
<tr>
<td>Gill</td>
<td>Eliza</td>
<td>Ms</td>
<td>4318</td>
<td>Greening the Medical Education Environment</td>
<td>15</td>
<td>290</td>
</tr>
<tr>
<td>Haigh</td>
<td>Catherine</td>
<td>Dr</td>
<td>4351</td>
<td>Using Student Logs to Explore the Links between Curriculum, Clinical Placements and Experiential Learning Opportunities</td>
<td>16</td>
<td>291</td>
</tr>
<tr>
<td>Irvine</td>
<td>Susan</td>
<td>Mrs</td>
<td>4378</td>
<td>A Collaborative Team Approach to Medical Student Teaching Improved Women’s Health</td>
<td>17</td>
<td>292</td>
</tr>
<tr>
<td>Kasem</td>
<td>Kais</td>
<td>Dr</td>
<td>4328</td>
<td>Use of Lecture Theatre Live - Virtual Microscopy Presentations for Undergraduate Pathology Teaching</td>
<td>18</td>
<td>293</td>
</tr>
<tr>
<td>Presnell</td>
<td>Ian</td>
<td>Dr</td>
<td>4147</td>
<td>Can a Curriculum in Psychiatry be Implemented and Assessed across a Multi Site Program?</td>
<td>24</td>
<td>294</td>
</tr>
<tr>
<td>Presnell</td>
<td>Ian</td>
<td>Dr</td>
<td>4146</td>
<td>Introducing an Online Formative Assessment in Psychiatry to a Multi Site Medical Undergraduate Program</td>
<td>25</td>
<td>295</td>
</tr>
<tr>
<td>Pryor</td>
<td>Wendy</td>
<td>Dr</td>
<td>4350</td>
<td>If the CanMEDS Flower is Wilting, it’s Time to Tend to the Garden</td>
<td>26</td>
<td>296</td>
</tr>
<tr>
<td>Raghunath</td>
<td>Sudhikshir</td>
<td>Dr</td>
<td>4157</td>
<td>Evaluating a Near-Peer Mentorship Program for Medical Students</td>
<td>11</td>
<td>287</td>
</tr>
<tr>
<td>Ryan</td>
<td>Caitlin</td>
<td>Ms</td>
<td>4080</td>
<td>Leaders In Indigenous Medical Education (LIME) Network</td>
<td>28</td>
<td>297</td>
</tr>
<tr>
<td>Walls</td>
<td>Justin</td>
<td>A/ Prof</td>
<td>4143</td>
<td>Barriers and Grass Roots Enablers of a Faculty Interprofessional Project</td>
<td>32</td>
<td>298</td>
</tr>
<tr>
<td>Yarnold</td>
<td>Della</td>
<td>Dr</td>
<td>4343</td>
<td>Developing an Indigenous Entry Stream (IES) into a Graduate Entry Medical Program (GEMP)</td>
<td>33</td>
<td>299</td>
</tr>
</tbody>
</table>
ID: 4229

Poster No: 1

Title: Role of the Clinical Information Analyst

Mr Mick Arundell, Dr Trish Bate

Introduction/background:
Recent research has found that clinicians want more feedback about activity and costs, and that most information has been delivered too late and was too little. To address this need, in 2005 the NT Dept. of Health developed information analyst positions. These positions are designed to improve clinical outcomes and delivery of care by providing immediate, accurate information about local clinical processes and outcomes to clinicians. The information delivered describes performance against a mix of clinical audit and business indices. It empowers clinicians to manage their own workplaces, negotiate for resources, adjust and adapt resource usage, and monitor their outputs.

Purpose/objectives:
Purpose of this discussion is to highlight some of the tangible benefits to frontline health professionals and their patients of reliable, timely and useful information about clinical processes and outcomes, and to explore potential areas of improvement.

Issues/questions for exploration or ideas for discussion:
How can health professionals leverage their service using the increasing power of computers and detailed electronic recording? What types of local information do clinicians find useful? How can these types of information improve life for clinicians and their patients?

Bibliography:

ID: 4103

Poster No: 2

Title: Breaking Down Cultural Barriers: Learn Together to Work Together

Dr Bronwyn Avard, Ms Kerry O’Neill

Introduction/background:
Despite working together as a cohesive team, the education program in our Intensive Care Unit (ICU) remained divided down nursing and medical lines. As increasing pressure was placed on limited education resources, we sought to educate more efficiently by breaking down traditional barriers.

Purpose/objective:
Medical and nursing leads of education in ICU hosted a strategic planning day to which all members of the interprofessional team involved in ICU education were invited. The purpose of this day was to determine the optimal time and topics for education, and how interprofessional education could be utilised in our unit.

Issues/discussion:
The group decided that there were more similarities than differences between medical and nursing learning requirements in ICU. It was determined that learning needs would be better divided into “junior practitioner” and “senior practitioner”, and further planning reflected this change. The afternoon education session was rescheduled to accommodate changes in clinical shifts and work patterns. Topics to be covered were addressed and plotted out for twelve months, including weekly in-situ simulation sessions. Morning education sessions were reclassified according to junior and senior practitioner learning needs, and all education advertised weekly. The new education format was introduced in January 2010. After an initial settling in period, attendance at afternoon education sessions improved from mean 167 per month to mean 305 per month, and more nurses attended the morning session. An additional benefit of the program was to link the team more cohesively in the learning environment, which flowed onto the clinical environment.
ID: 4047
Poster No: 3

Title: Shaking the Tree - Redesigning the ACT Critical Care Nursing Program

Dr Bronwyn Avard, Ms Holly Northam

Introduction/background:
The Postgraduate Critical Care nursing program in the ACT, conducted under a shared delivery model, suffered a significant decline in enrolment. The University of Canberra took ownership for the program and it was determined an overhaul was required to ensure it met the needs and expectations of nurses working in the ACT region.

Purpose/objective:
A needs analysis was performed to assess the learning requirements of the students. Both the curriculum and mode of delivery was redeveloped based on the needs analysis along with extensive literature review. Simulated learning environments were aligned and utilised as frequently as practical to reinforce the clinical application of theoretical knowledge. Cross-campus clinical rotations including clinical mentorships were designed to provide supported work-integrated learning experiences in critical care areas. Overall the program now focuses on integrating communication, theoretical knowledge and specialist skills in close collaboration with the multidisciplinary team.

Issues/discussion:
Enrolment in the program has increased significantly from 2 students in January 2010, to nineteen enrolled in January 2011. More importantly, feedback from students and experienced critical care clinicians has been overwhelmingly positive. The program will continue to evolve depending on evaluation and audit, and both internal and external pressures. A major obstacle to enrolment remains the financial and work/study/life balance impact on the students. Distance-learning courses are available but do not offer the same level of clinical involvement or authentic learning opportunities.

ID: 4089
Poster No: 4

Title: Learning Surface Anatomy: which Learning Approach is Effective in an Integrated PBL Curriculum?

Prof Samy Azer

Background:
Understanding surface anatomy and surface markings are integral for introducing clinical sciences.

Purpose:
To assess which learning approach is effective in learning surface anatomy. In a small study, first-year medical students were randomly assigned into two groups and asked to complete an MCQs quiz covering surface anatomy of the abdomen (pre-test). Each student worked on his/her own in each group. Group A students (n = 70) were then provided with a reading material and two images of the abdomen printed on A4 size paper. Students were asked to study the material and use the image of the abdomen to draw and label the surface anatomy of six abdominal organs. Group B students (n = 74) were provided with the same reading material but were asked to answer short-answer questions. After 45 minutes, the reading material and answers were collected from both groups and student’s performance was compared using the same sets of MCQs (post-test).

Results:
Students from both groups showed significant improvement in their post-test scores compared to their pre-test scores. Also the means for paired samples were significantly higher in Group A compared to Group B. A small number of students in both groups scored 2 in the pre-test and failed the post-test. While both techniques improved students’ scores; learning by drawing surface anatomy of abdominal organs showed higher scores.

Issues/questions:
Have you conducted similar research in this area? What strategies did you use in your design? How this area of research could be further studied in regard to long-term performance of students in surface anatomy?
Poster No: 5

Title: Community Consultation Project: Francophone Community Engagement Insight/ Guidance/ Action

Mrs Danielle Barbeau-Rodrigue

Community engagement is an ongoing process. After 5 years of operation, the Northern Ontario School of Medicine (NOSM) undertook a community consultation project targeting the Francophone population of Northern Ontario. NOSM’s approach was to seek feedback, insight and suggestions on actions and initiatives the School should pursue to follow through on its commitment to meeting the needs of the Francophone population in Northern Ontario. More than 200 hundred Francophones were interviewed throughout the Northern Ontario region, representing various sectors including: health care, education, government, NOSM student body and staff as well as community at large. Results confirmed that Francophone communities have embraced NOSM as an innovative institution due to its positioning; a School of, for and by the North. They appreciate its distributed education model which aims to produce a different kind of physician, one that is able and willing to practice in the unique environment of Northern Ontario. Information gathered during this consultation process provided for tangible, well-defined directions for NOSM’s strategic development. Solutions offered by the communities involve better communication in French for all stakeholders, including learners; a strategic Francophone communications plan; better access to NOSM’s programs, services and activities; and increased NOSM presence within these partner communities. The main message that emerged from this consultation concerned the need for ongoing change, which should be quick and sweeping in the area of communications, programs and services. As partners, the communities also know that they will be called upon to affect change in order to match the pace of the impact NOSM will have in the long term within their communities.

Poster No: 6

Title: Increasing the Pool of Applicants - a Unique Collaboration between the Aboriginal and Francophone Affairs Units at NOSM

Mrs Danielle Barbeau-Rodrigue, Ms Sarah Noel

The need to offer learning opportunities to Aboriginal, Francophone and rural youth in Northern Canada stems from the knowledge that these youth are at higher risk of not completing school. The impetus to establish an early intervention program originated from curriculum workshops conducted in the design phase of the Northern Ontario School of Medicine (NOSM). NOSM’s Summer Science Camps program provide high school students with a unique, culturally safe opportunity to learn about health careers, obtain hands-on experience, find a mentor, and enhance Aboriginal and Francophone cultural awareness and competency. Since July 2006, NOSM’s Aboriginal and Francophone Affairs Units have hosted a total of 9 summer science camps on its East campus (Sudbury, Laurentian University) and West campus (Thunder Bay, Lakehead University). The week-long camps emphasize the connection between meaningful health care interventions and the basic sciences. The main themes are: team building, microbiology, health careers, cultural awareness, the human body, and research and health all the while having the “campers” solve a CSI murder mystery case throughout the week. In 2010, a total of 49 students attended the camps, including 20 Aboriginal and 18 Francophone participants. Of this total, 26 came from 9 different northern, rural, and First Nation communities outside Sudbury and Thunder Bay. Evaluations have been positive and tracking of students is ongoing. NOSM has also assisted two other outreach communities in running similar science camp initiatives. Further expansion is planned. Funding has been provided by provincial and federal government programs as well as a corporate donor.
Title: Dental Clinical Education Placements- it’s Not Just about Drilling, Filling and Billing!
Ms Amanda Blyton-Patterson

Introduction/background:
In 2010 ACT Health embarked on an ambitious program for the first time to provide clinical education placements for dental undergraduates from The University of Adelaide. Although the program was primarily designed to consolidate the students’ clinical knowledge and develop clinical skills, ACT Health also considered this venture to be an opportunity to foster a better understanding of public dental health and encourage special interests in working with disadvantaged groups in the community. Evaluation at the end of the first year reported positive client and student outcomes and improved staff retention and recruitment. However, the program also had its “teething” problems and many lessons were learnt.

Purpose/objectives:
This poster will highlight the challenges in providing clinical education placements and developing grass roots connections for students undertaking studies in oral health and dentistry from a public dental service perspective.

Issues/questions for exploration or ideas for discussion:
The poster will explore the following questions and discuss the experiences encountered by ACT Health: With stretched resources in the public dental sector, how can a clinical education placement program be an asset and not a burden? How do you produce dental health professionals with sound values, knowledge and skills to work in under-served communities? Is there a connection between well-designed and co-ordinated clinical education placements and improved recruitment prospects in the public dental sector?

Title: On-line Learning in Psychology and Psychiatry
Prof Anna Chur-Hansen, Dr Shona Crabb, A/Prof Peter Devitt, Mr Edward Palmer, Mr Neville de Young

Introduction/background:
On-line learning is becoming increasingly popular in health sciences education, and has been particularly used in medicine and nursing. Psychology has lagged behind in terms of the use of clinical, case-based materials for teaching and learning.

Purpose/objectives:
A team of educators at the University of Adelaide have designed an on-line learning initiative, e-medici, whereby patient cases are presented. Students can progress through the cases, answering questions in MCQ and short-answer format, as they proceed. The initiative was funded by an Australian Learning and Teaching Council (ALTC) grant, enabling on-line cases to be developed for a number of disciplines in medicine, in addition to the discipline of health psychology.

Issues/questions for exploration or ideas for discussion:
This poster serves as a form of dissemination for the materials developed for the ALTC grant. The focus is on psychology and psychiatry cases, as it is hoped that the audience will be interested in accessing and using these materials in their universities. The materials are freely available to any university. The presenter will be on hand to demonstrate the materials and to discuss access to them to interested parties.
ID: 4132
Poster No: 10

**Title:** Inter Professional Learning in Rural SE NSW: Collaborating across Educational Institutions, Health Disciplines and Health Services

**Dr Pippa Craig,** Mrs Jennifer Elliott, A/Prof Amanda Barnard

**Background:**
The Health “Hubs and Spokes” Project is a collaborative partnership between the Australian National University (ANU) and the University of South Australia (UniSA), aimed at increasing opportunities for Year 3 ANU medical and final-year UniSA pharmacy, allied health and nursing students to learn together in rural and remote settings. The program commenced in 2010. Local health professionals identified small, locally relevant projects for each interprofessional learning (IPL) team to undertake, based on their familiarity with discipline-specific placement requirements and local needs. A local IPL Facilitator was appointed to meet weekly with the students to monitor project progress and facilitate reflection on their learning.

**Objectives:**
To provide IPL team experience in a rural location; To encourage students to consider rural employment; To benefit institutions, students, supervising professionals and the local community.

**Results:**
Ten teams completed IPL in SE NSW during 2010. Students found it a positive experience through which they recognized the value of IPL and learned about each others’ roles.

**Discussion:**
The Project’s early success is attributed to appointing a local facilitator, maximizing student interaction, ensuring reflection, and engaging students in a project with demonstrable local benefits. Remaining challenges include student availability across disciplines and students receiving recognition for undertaking IPL. Sufficient time is required for an effective IPL experience.

**Conclusions:**
Rural communities provide a valuable learning environment for IPL with genuine opportunities for student involvement. The more these activities demonstrated real value in the local context, the higher the “return” for all involved.

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ID: 4157
Poster No: 11

**Title:** Evaluating a Near-Peer Mentorship Program for Medical Students

**Dr Sudhakshini Raghunath,** Dr Joanna Tai, Dr Jonathan Zimmerman

**Introduction/background:**
Monash University has a strong history of peer teaching on campus involving both preclinical and clinical students. In 2010, students developed the Student Mentorship Program, which is the first successful initiative which has operated within the clinical setting. Nine metropolitan clinical sites participated, with total of over 250 Year Three students and approximately 130 Year Five students.

The transition from preclinical to hospital environment can be challenging. Year Five volunteers mentored Year Three students throughout the year, aiming to ease this transition by providing guidance, mentoring and supplemental teaching to Year Three students, while also giving Year Five students an opportunity to mentor and teach.

**Purpose/objectives:**
We aimed to evaluate the program through surveying both Year Three and Five students, to provide insight on what worked well and what could be improved.

**Issues/questions for exploration or ideas for discussion:**
What are the limitations of near-peer mentoring? How can the program be improved and expanded? Should such a program be mandatory?

**Results:**
The program was well accepted by the Year Three cohort and strongly supported by the Year Five students. With the exception of one site mentees agreed that the program eased their transition to the clinical years. Detailed results will be presented at the conference.

**Discussion:**
The evaluation provided evidence that near-peer mentoring is a worthwhile addition to clinical learning, and the program should be expanded.

**Conclusions:**
The program ran successfully in its inaugural year, and will also include rural sites and graduate entry students in 2011.
ID: 4201

Poster No: 13

Title: Defining Core Values and Principles as a First Step in Developing a Palliative Care Curriculum

Mrs Alison Farrington, Prof Patsy Yates, Ms Catriona Bisset

Introduction/background:
The Palliative Care Curriculum for Undergraduates (PCC4U) Project aims to improve access to quality palliative care for all people with a life limiting illness. It supports this through the provision of a range of evidence based educational initiatives and resources. These initiatives and resources are underpinned by a set of nationally agreed core values, principles and benchmarks in teaching and learning in palliative care.

Purpose/objectives:
The development of the palliative care curriculum followed a series of consultative processes with clinicians, health representative bodies and consumers. This process identified nine core values in learning and teaching palliative care in undergraduate curricula. These values emphasised the need for a palliative approach to care as being an essential skill of every clinician. Further consultation developed nine principles for learning and teaching, four graduate capabilities integral for health professionals to provide a palliative approach to care, and six benchmarks for the inclusion of palliative care in curricula.

Issues/questions for exploration or ideas for discussion:
A key principle advocated regular evaluation of the quality and effectiveness of palliative care learning experiences. The limited data available does indicate that inclusion of palliative care can change students’ perceptions and raise their awareness of their role in the care of people with life limiting conditions. While project evaluation indicates that palliative care is increasingly being taught in undergraduate health courses there is scope to extend evaluation particularly of student learning, including the impact on student attitudes and graduate skills in palliative care. The Palliative Care Curriculum for Undergraduates (PCC4U) Project is an initiative of the Australian Government Department of Health and Ageing.

ID: 4276

Poster No: 14

Title: Ethics and Qualitative Data Collection: Minimising Power Differentials when Conducting Focus Groups Involving Students

Dr Peter Gallagher, Dr Sheng-hui Wang, Ms Zoe Fudakowski

Introduction:
In 2010 a study was undertaken which investigated the features students believed contributed positively to their learning during clinical attachments. The study involved collaboration between the New Zealand Medical Students Association and the Faculty of Medicine, University of Otago. An important point of difference. The study had a significant point of difference when compared with other studies on the same or a similar topic. We reviewed published research between 1990 and 2010 which involved students, the research was initiated and undertaken by academic staff with the students’ role being merely that of research participants. Our qualitative study was wholly designed, conducted and analysed by students, and the recruitment, organisation and moderation of the focus groups undertaken exclusively by students. This approach eliminated any potential for data contamination due to power differentials that may arise when academic staff or their representatives conduct research that involves students as participants, particularly when it involves staff and students from the same institution (Ridley, 2009). The primary involvement by an academic staff member was that of a faculty medical education advisor (MEA) who acted in a training, advisory and supportive capacity.

Purpose/objectives:
To highlight one way of addressing a key ethical challenge faced by teaching staff who wish to conduct research with students who they also teach.

Issues/questions for exploration or ideas for discussion:
In a focus group interview are students more open in their responses when the discussion is facilitated by peers?
Title: Greening the Medical Education Environment  
*Ms Eliza Gill*

**Introduction/background:** Finders University NT Medical Program (NTMP) initiated a “Greening the Clinical School” program in 2008. This entailed the development and implementation of recycling and energy efficient workplace protocols for staff and students, conducting annual audits to track energy consumption (carbon production) and supporting internal and community-based environmental initiatives. As a health professional training institution, we believe that a healthy environment, healthy people, and therefore have worked toward reflecting environmental accountability in the strategic and day-to-day operations of our organisation. The Greening program aims to cultivate an organisational ethos of environmental accountability that encompasses our business practices, the design of our teaching spaces, the delivery of our teaching, community engagement, and supporting healthy lifestyle choices for our staff.

**Purpose/objectives:**
This poster will outline our experience in developing a staff initiated Greening Program, and highlight the challenges and achievements of this process.

**Issues/questions for exploration or ideas for discussion:**
Specifically, we propose to present the following aspects of the program: The establishment of a Green Fund, funded annually based on the carbon-offset cost of the previous year’s energy consumption, and the applications received from staff, students and the local community. The annual program of events and activities developed to support staff and students’ personal and professional environmental consciousness. The results of an internal audit of carbon production. Aims to achieve 5-star green accreditation in the design of new, federally funded teaching and learning infrastructure.

ID: 4318  
Poster No: 15

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Title: Using Student Logs to Explore the Links between Curriculum, Clinical Placements and Experiential Learning Opportunities  
*Dr Catherine Haigh, A/Prof Daryl Pedler, Mrs Maryellen Haines*

Placement in a general practice is now a common component of the undergraduate medical curriculum. This allows students to develop insights into the health profile of the community in which they are located, undertake holistic patient care from the onset of an injury or disease through to rehabilitation, and appreciate age-related trends in health and illness as they deal with generations of the same family. The student may also forge professional relationships with their supervisor, other members of the practice, and the wider health professional community as they observe patients being referred from and received back into the clinic. A distributed community-based program cannot be expected to offer a uniform exposure to clinical conditions any more than a hospital can. Experience at community-based clinics obviously depends on a number of variables - the demographics of the populations served, the expertise and, to some extent, the reputations, of the doctors staffing these clinics and local health system variables.

An electronic logbook has been designed for students to record features of patient encounters within General Practice. The focus is the encounter, and no patient identifying variables are entered. The design of the logbook is based on the BEACH template, and comprises the baseline for a continuing education portfolio. This presentation will describe the learning experiences of medical students during their exposure to General Practice. These findings will be interpreted within the framework of the 4R model proposed by Worley.
A Collaborative Team Approach to Medical Student Teaching Improved Women’s Health

Mrs Susan Irvine

Introduction/background:
A collaborative team approach can help guide the development of innovative educational methodologies to improve women’s experiences of pelvic examinations and pap smear testing. The team of health professionals and trained community volunteers can improve learning outcomes for medical students and health outcomes for women. Traditional methods of teaching intimate procedures such as pelvic examinations are known to be problematic. This prompted the implementation of the Clinical Associate Teaching Program (CTA) using a team approach. The CTA program trains laywomen to act as a simulated patient (SP) in order to teach medical students to perform a gynaecological examination. This presentation reports on the team approach, implementation and student evaluations of the program.

Purpose/objectives:
To provide a narrative and evoke discussion on the team approach, implementation, learning outcomes and medical student evaluations of the CTA program.

Issues/questions for exploration or ideas for discussion:
Evoke discussion about the barriers to the implementation of the CTA program What are the known improved outcomes in terms of women’s health? Does this intervention translate into changes in practice? What is the difference in student confidence after completing the CTA program? Discuss student perceptions of the program and descriptive analysis of student evaluations

Conclusions:
The CTA program is an innovative educational methodology and illustrates how a team approach can contribute to medical student training. This collaborative approach to education not only enhances student learning but also promotes a team approach to care.
Can a Curriculum in Psychiatry be Implemented and Assessed across a Multi Site Program?

Dr Ian Presnell

Introduction:
The Monash University MBBS degree is delivered across multiple sites via multiple delivery methods. Psychiatry is taught to medical students in Year 4 (undergraduate) and Year 3 (postgraduate). Students complete clinical placements in Malaysia (Johor Bahru), Rural Victoria (Gippsland and Northeast Victoria) and metropolitan Melbourne. Approximately of these are not in large teaching hospitals (where there is an emphasis on low prevalence psychiatric disorders) but are in regional hospitals or primary care settings. This paper describes the development and assessment of Learning Objectives in Psychiatry that meet the needs of graduates not expecting to practice Psychiatry and which can be delivered in these environments.

Method:
A set of 13 Core Patient Assessments (CPAs) was developed. These focussed on general themes (e.g. crisis presentation, chronic relapsing psychotic illness, depression) allowing flexibility of application to patients presenting differently within the core content area. Accompanying reflective exercises directed students to all related issues following their interaction, promoting consideration of objectives and content not relevant to the patient seen. Assessments for Psychiatry were blueprinted to the CPAs.

Results:
All students successfully completed the CPAs. General Practice (GP) and Psychiatry were assessed by a combined written paper (100 EMQ) and an 8 station OSCE (4 Psychiatry, 4 GP). Both assessments performed well statistically across all sites with a very low reassessment rate for the assessment overall.

Conclusions:
A clearly defined curriculum based on 13 detailed CAPs focussing on clinical presentations was able to be delivered across a range of metropolitan, rural and international contexts and allowed students to confidently prepare for assessment.
ID: 4350
Poster No: 26
Title: If the CanMEDS Flower is Wilting, it’s Time to Tend to the Garden
Dr Wendy Pryor

Introduction:
The CanMEDS model of professionalism, comprising the Medical Expert and 6 broad professional roles, is represented as a flower diagram. It has formed the basis of many postgraduate medical programs worldwide. Trainees in such programs develop professional identities that may or may not reflect this or other community-defined models of professionalism.

Objectives:
This phenomenological study, informed by an identity theory framework, aimed to describe the professional identity of pathologists and the factors influencing its formation in the context of a college-led intervention including a CanMEDS-based curriculum.

Issues for exploration:
What social and educational factors impact on professional identity development, and what are the implications for teaching of professionalism?

Results:
For pathologists, technical knowledge and skills are strong identity-defining values, but often the broader areas of professionalism appear nebulous and peripheral. In other words, the centre of the flower appears strong and bold, but the petals may wilt. Professional identity is partly founded in career selection, and its development is influenced not only by curriculum and assessment structure, but also by role modelling, interdisciplinary discourse, stereotyping, work practice, and institutional policies. These factors may constrain the development of an identity that embraces professionalism.

Discussion:
Whilst competency-based frameworks such as CanMEDS have been invaluable in drawing attention to the place of professionalism in formal curricula, they do not necessarily take account of the complex factors that shape identity.

Conclusion:
Tending to the flower alone will not save it from wilting. We must also tend to the garden, i.e. the complex ecosystem in which the flower grows.

ID: 4080
Poster No: 28
Title: Leaders in Indigenous Medical Education (LIME) Network
Ms Caitlin Ryan

Introduction/background:
Medical Deans Australia and New Zealand Onemda VicHealth Koori Health Unit, School of Population Health, University of Melbourne The LIME Network is a Medical Deans Australia and New Zealand Project and is hosted by Onemda VicHealth Koori Health Unit within the School of Population Health at the University of Melbourne. The aim of the LIME Network is to be a dynamic network dedicated to ensuring the quality and effectiveness of teaching and learning of Indigenous health in medical education and curricula, as well as best practice in the recruitment and retention of Indigenous medical students. The LIME Network Project seeks to establish a continuing national presence that encourages and supports collaboration within and between medical schools in Australia and New Zealand to support the development, delivery and evaluation of quality Indigenous health content in medical education with the aid of the CDAMS Indigenous Health Curriculum Framework and the Critical Reflection Tool (CRT). It also seeks to build multi-disciplinary and multi-sectoral linkages and to provide quality review, professional development, capacity-building and advocacy functions.
ID: 4143
Poster No: 32

Title: Barriers and Grass Roots Enablers of a Faculty Interprofessional Project

A/Prof Justin Walls, A/Prof Craig Zimitat

Introduction/background:
In 2007 the Faculty of Health Science at the University of Tasmania initiated a strategic project to facilitate the development of an interprofessional curriculum across its professional health courses. The first stage of the project was to identify the barriers to interprofessional learning that existed in the Faculty. Once these barriers were identified strategies were developed to overcome them with varying degrees of success. Three years into the project an evaluation of the outcomes was performed to identify the common enablers or markers of successful interprofessional teaching and learning practice that had developed out of the project.

Purpose/objectives:
This poster describes the process by which barriers to interprofessional learning were identified at the Faculty of Health Science, University of Tasmania. These barriers are described along with the enablers that were present in successful interprofessional teaching and learning experiences that developed out of the project.

Ideas for discussion:
Are barriers to interprofessional learning discipline or institution based?

Conclusions:
A number of interprofessional learning experiences developed as a result of the Faculty Interprofessional project. However, several initially promising teaching initiatives did not reach the point where they could be delivered to students. The presence of a champion at the grass roots level who drove the development of the interprofessional teaching experience proved to be a key marker of success. An agreed budget model along with an effective communication strategy were also identified as components that were present in all successful projects.

ID: 4343
Poster No: 33

Title: Developing an Indigenous Entry Stream (IES) into a Graduate Entry Medical Program (GEMP)

Dr Della Yarnold, Ms Bilawara Lee, Ms Tarni Wilson

Introduction/background:
Flinders University has recognised the contributions Indigenous doctors make in addressing the health inequities experienced by the majority of Indigenous people within Australia and particularly within the Northern Territory (NT). This recognition included the need to have more Indigenous doctors from the communities we serve. In response to this need, a three stage Indigenous Entry Steam (IES) was developed to increase the representation of Indigenous communities from across Australia within the graduate-entry Medical Course (Bachelor of Medicine/Bachelor of Surgery BMBS) at Flinders University.

Purpose/objectives:
This poster presentation describes the purpose of each element of the IES, how it was developed, and the principles underpinning it. It also explores how the elements create an appropriate balance of rigour and support within a cultural framework and how this relates to the general entry pathway.

Issues/questions for exploration or ideas for discussion:
The three stage Indigenous Entry Stream (IES) resulted from strong collaboration between Indigenous and non-Indigenous academics and administration staff across two campuses, one in SA, and one in the NT. The IES has three stages, the first stage is an expanded application process, the second an interview mirroring the GEMP “mainstream” interview but with expanded domains of assessment, and the third is based around an academic course of work undertaken within the specifically developed Preparation for Medicine Program (PMP).
The Wonca World Rural Health/The Network: Towards Unity for Health joint conference will be hosted in Thunder Bay, Ontario by the Northern Ontario School of Medicine, October 9 to 14, 2012. Conference details will be available soon at www.nosm.ca.
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