

**GOLD
COAST**



anzahpe 2014

Developing Health
Professional
Educators
*Connecting science
& theory with
learning for
clinical practice*



7-10 JULY

CONFERENCE HANDBOOK & PROGRAM

7-10 JULY 2014

Griffith Health Centre, Gold Coast Campus, Griffith University
Gold Coast, Queensland



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CONTENTS

Contents	Page
Welcome	4
About ANZAHPE	5
Conference Organising Committee	7
Host City	8
General Information	10
Conference Venue	12
Transport Maps	13
Social Program	14
Sponsors	17
Exhibition Directory	18
Pre-Conference Workshops	25
Keynote Speakers	30

PROGRAM SECTION

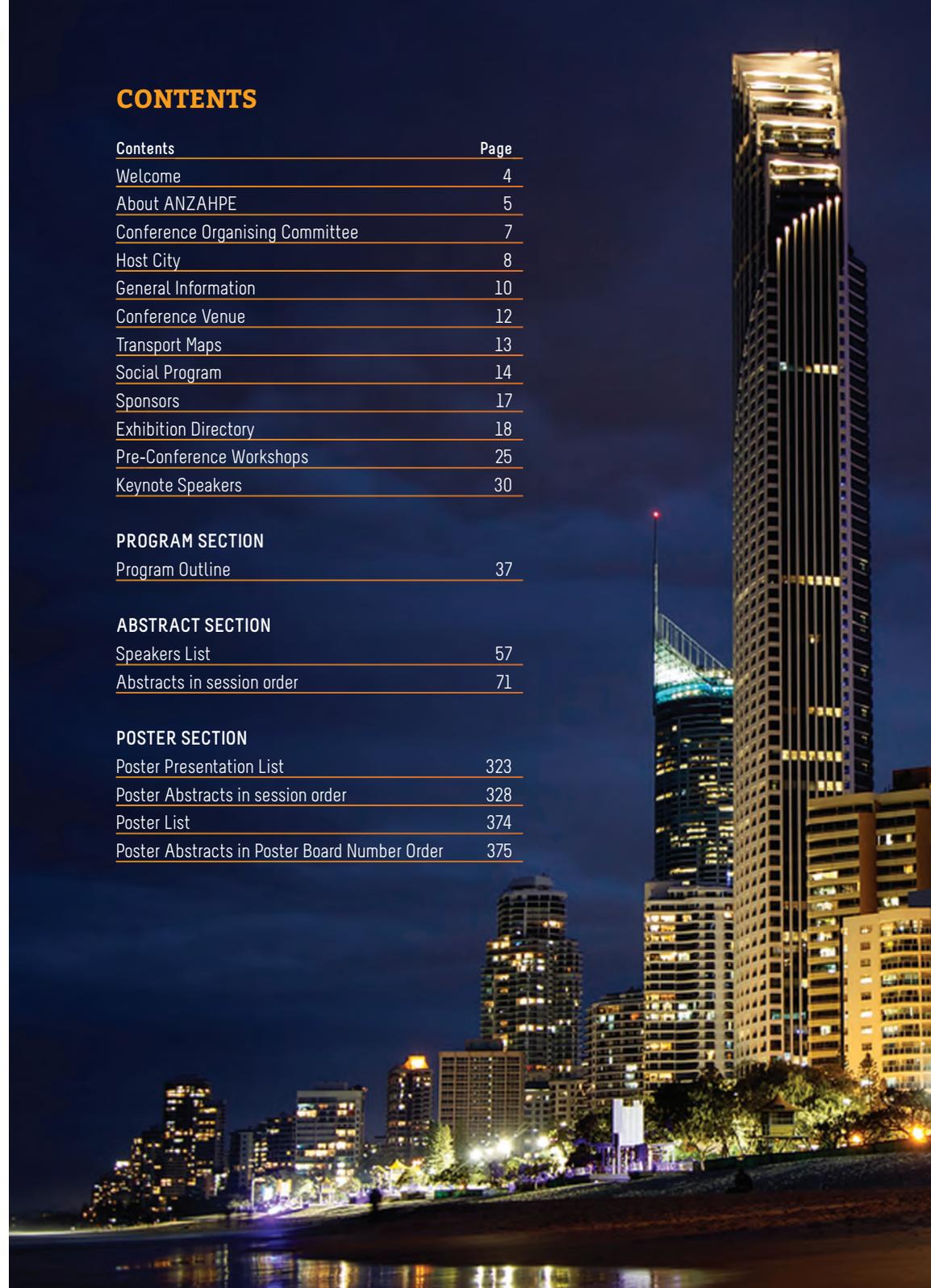
Program Outline	37
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ABSTRACT SECTION

Speakers List	57
Abstracts in session order	71

POSTER SECTION

Poster Presentation List	323
Poster Abstracts in session order	328
Poster List	374
Poster Abstracts in Poster Board Number Order	375





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 seeding 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.

WELCOME TO ANZAHPE 14

On behalf of the Organising Committee I welcome you to the annual conference of the Australian and New Zealand Association of Health Professional Educators (ANZAHPE). The theme of this year's conference is **Developing Health Professional Educators: Connecting Science and Theory with Learning for Clinical Practice.**

The 2014 ANZAHPE conference will respond to the critical shortage of educators with the skills and experience needed to support the recent rapid expansion of health professional training programs globally. Its focus will encompass all of the health and social service professions, in the pre-qualification, post-qualification and continuing education domains, as well as large group, small group and practice-based learning settings. The conference aims to connect educational theory and evidence with learning and teaching practice in all of these contexts, as well as supporting the development of coherent connections between basic science understandings and their application to clinical problems among health professional learners.

ANZAHPE 14 will be situated in the common ground between educators in different health and social service professions, as well as between health science teachers and practitioners who support the learning of health professional students and practitioners in clinical settings.

Welcome to the Griffith Health Centre and the Gold Coast.



Indu Singh

Indu Singh

THE ANZAHPE ANNUAL AWARDS

- » ANZAHPE invites nominations for their 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
- » The ANZAHPE Pre-Registration Student Prize for Clinical Education/Training supported by Richard Hays





2014 ANNUAL GENERAL MEETING

The 2014 AGM will be held on Wednesday 9 July, 1300 > 1400 in the main auditorium

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 Jill Romeo at the ANZAHPE Office

Ph: 0478 313 123 or email: anzahpe@flinders.edu.au

CONFERENCE ORGANISING COMMITTEE

Convenor & Chair: Dr Indu Singh

Medical laboratory science educator, School of Medical Science, Griffith University

A/Prof Andrea Bialocerkowski

Deputy Head (Learning and Teaching), School of Allied Health Sciences, Griffith University

PC Chan

Medical & Interprofessional Educator, Griffith University

Heather deWatteville-Doe

Interprofessional Learning Administrator, Griffith University

Prof Kathleen Fahy

Midwifery and nursing educator, Head of Gold Coast Campus, Southern Cross University

Prof Richard Hays

Dean and Professor of Medical Education, Faculty of Health Sciences & Medicine, Bond University

Dr Vaughan Kippers

Medical science educator, School of Biomedical Sciences, University of Queensland

Prof Matthew Molineux

Occupational therapy educator, School of Allied Health Sciences, Griffith University

A/Prof Monica Moran

Occupational therapy discipline leader and interprofessional educator, School of Human, Health and Social Sciences, Central Queensland University

A/Prof Shirley Morrissey

Clinical and Health Psychology educator, School of Applied Psychology, Griffith University

A/Prof Suzzie Owen

Health Professional Educator, Griffith University

Prof Gary Rogers

Medical and Interprofessional educator, Griffith University; President of ANZAHPE

Dr Dale Sheehan

Medical educator, University of Canterbury, NZ and ANZAHPE Conference Liaison Officer

Ms Antoinette Woods

Professional Conference Organiser

ISBN: 978-0-9805787-5-1

The Organising Committee wish to acknowledge the following contributors to the Conference planning:

Ben Weeks	Sue Fyfe	Lucy Chipchase	Heather Green
Liz Molloy	Carole Steketee	Dawn Forman	Alison Pighills
Denise Jackson	Margo Brewer	Lisa Nissen	Nicole Evans
Jessica Vanderlelie	Sue Clarey	Anita Hamilton	Cecilia Arrigoni
Cate Fitzgerald	Kwong Djee Chan	Narelle Henwood	Emma Kerkow
Victoria Brazil	Fran O'Callaghan	Desleigh DeJonge	Anne Marie Christensen
Keri Moore	Robyn Dickie	Kyra Hamilton	

CONFERENCE MANAGEMENT



Antoinette Woods
 Conference Manager
 PO Box 298 Hyde Park Qld 4812
 T: 07 4725 5019
 E: info@tailoredstatements.com.au

HOST DESTINATION – GOLD COAST

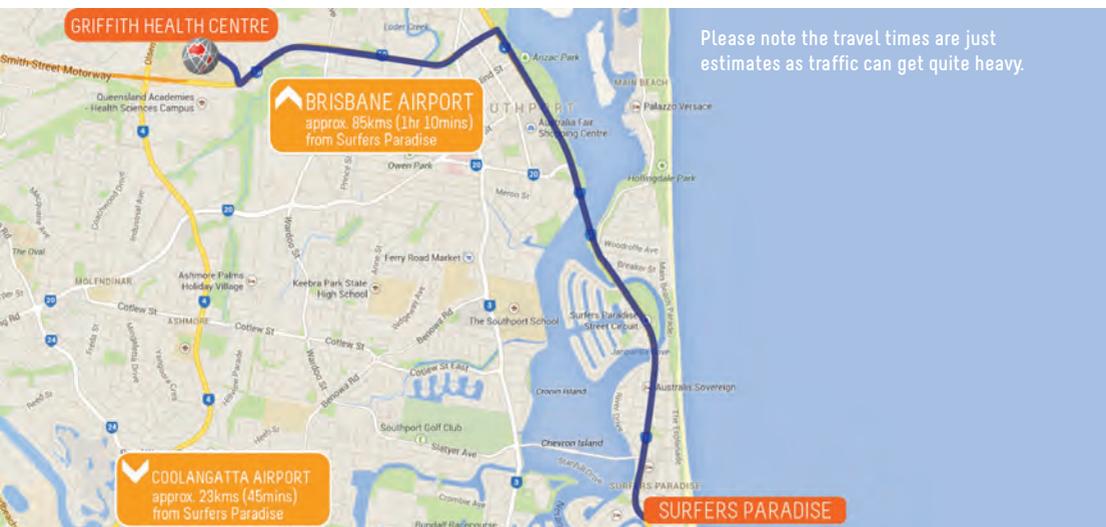
Australia's Gold Coast is an endless playground of entertainment and adventure, because fun comes in all types and styles. It is a promise of big smiles and warm memories in a spectacle of golden beaches, legendary theme parks, iconic rainforests, and lively entertainment. Feel the excitement of life in the fun lane, where the sun shines on an unlimited variety of things to see and do all year round. Cuddle a koala, learn to surf, and walk a World Heritage listed rainforest trail in a day full of natural adventure. Scream with excitement on the biggest and best theme park rides, browse the boutiques, or putting your way to a win on a championship golf course. And as the sun sets over this city by the sea, treat yourself to an international stage show, dine on the freshest local produce and take your cocktail beachside as the Gold Coast glimmers through the night. The Gold Coast is a celebrated holiday experience set on one of Australia's most spectacular natural stages.

The Gold Coast is famous for fun!

For further information on the Gold Coast, flight schedules, touring information and accommodation visit the Conference website or:

Tourism Gold Coast > www.visitgoldcoast.com

Gold Coast Tourism > www.tourismgoldcoast.com



Please note the travel times are just estimates as traffic can get quite heavy.



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Join a global community of biomedical education experts who believe that by sharing teaching resources we can benefit biomedical education worldwide.

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and at;
A Special Presentation
Thursday 10 July
1240 – 1330,
Lecture Theatre 1 – 5.60

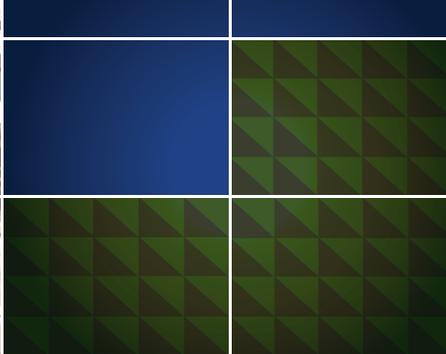
● Community

● Courseware

● Technology





GENERAL INFORMATION

Airport Transfers

Delegates may choose to fly into Brisbane or the Gold Coast airports. Transfers are available from both airports to hotels. Transfers are to be arranged by delegates at delegates own expense. The Airtrain operates 7 days per week and runs from Brisbane Airport to the Gold Coast. Additional door to door services are available. For more information please visit: www.airtrain.com.au

Bus transfers are also available from both airports.

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Thrifty www.thrifty.com.au
Bookings: 1300 36 72 27

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.

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 Management team 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.

Name Badge Colours:

1st Time ANZAHPE Attendees >	Purple
Keynote Speakers >	Blue
Day Registrants >	Yellow
Full Registrants >	White
Exhibitors/Sponsors >	Green

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.

Registration Desk Hours

The Registration desk at the Griffith Health Centre will be open as follows:

Monday 7 July	0800 > 1830
Tuesday 8 July	0800 > 1700
Wednesday 9 July	0800 > 1630
Thursday 10 July	0800 > 1700

Smoking Policy

The Queensland Government imposes a strict no smoking policy in venues, restaurants, bars and shopping centres.

Speakers Preparation Room

The Speakers Preparation Room is located in room 4.114 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 7 July	0800 > 1830
Tuesday 8 July	0800 > 1700
Wednesday 9 July	0800 > 1630
Thursday 10 July	0800 > 1500

Special Needs

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

Twitter

To stay up to date with all the latest conference news, follow us on Twitter (@anzahpe) or see our conference hashtag #anzahpe14!!





CONFERENCE VENUE

GRIFFITH HEALTH CENTRE
GOLD COAST CAMPUS, GRIFFITH UNIVERSITY

The Conference will be held at the newly-opened state-of-the-art health professional education venue, the Griffith Health Centre, on the Gold Coast Campus of Griffith University.
Cnr Parklands Drive and Olsen Avenue, Southport QLD 4222

Visit: www.griffith.edu.au/health/griffith-health/gold-coast-health-andknowledge-precinct/griffith-health-centre

Gold Coast University Hospital Site

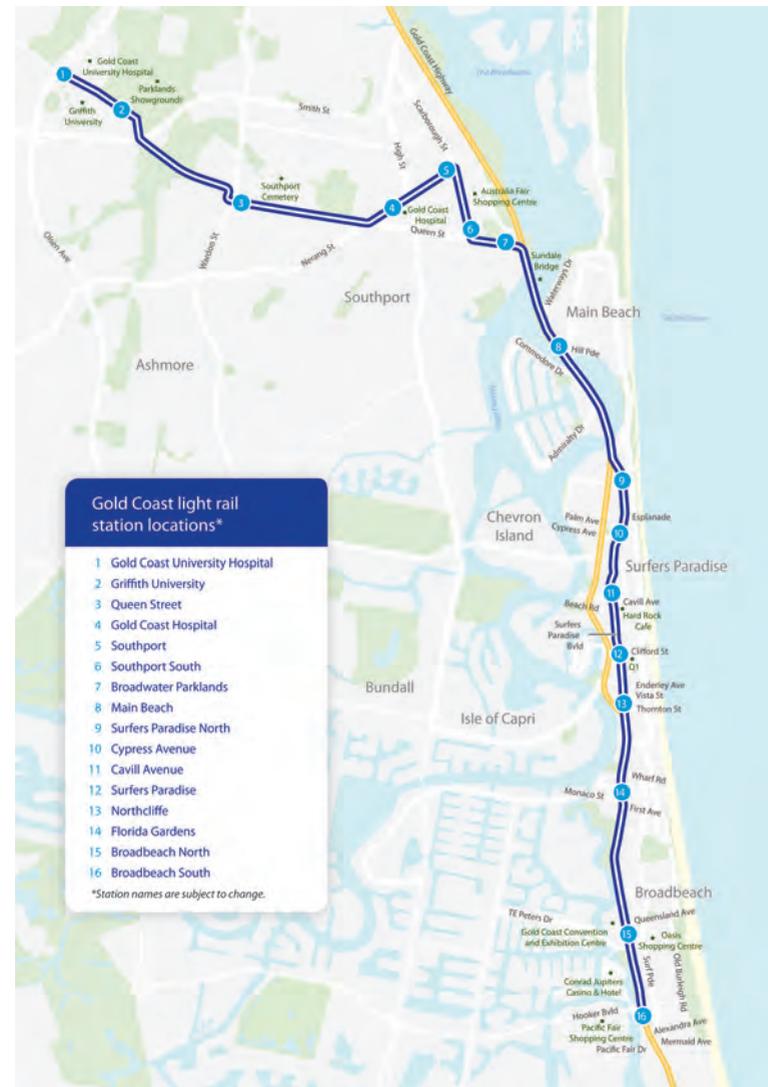


Block	Building type
A	Clinical administration and support services
B	Inpatient Units (North and South wings)
C	Inpatient Units (East and West wings)
D	Clinical services
E	Pathology and Education
F	Mental Health
M	Engineering workshop
P	Central Energy Plant

CONFERENCE TRANSPORT

The light rail is available from Surfers Paradise hotels and runs directly to the venue with the exit station being the Gold Coast University Hospital Station. See map for a list of stations.

A full interactive map can be found at; www.goldlinq.com.au
Trams will run every 8 mins with the full length of the trip taking approx. 26 minutes.
Gold Coast University Hospital (exit station for conference venue)





SOCIAL PROGRAM

WELCOME RECEPTION 1700 > 1900

SPONSORED BY STUDENT GUILD



Monday 7 July, Griffith Health Centre

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

SPONSORED BY PEBBLEPAD



Wednesday 9 July, Sea World

The Conference Dinner will be held at Sea World. 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 and entertainment.

Cost for this function is included in the full registration fee. Additional tickets can be purchased via the registration desk.

TRANSFERS

Transfers will be provided from Surfers Paradise. Bus transfers depart at 1830 sharp from the QT Resort. A return transfer will be provided at the conclusion of the dinner back to nominated conference hotels.

It is recommended that you travel to the dinner on the provided transfers.

Enhance your Opportunities

POSTGRADUATE STUDY IN CLINICAL EDUCATION

Our postgraduate programs in Clinical Education are designed to provide health professionals with the advanced knowledge and skills required to deliver clinical education in health service settings. The Master of Clinical Education offers topics online, allowing you the flexibility to study around your other commitments. Options are available to attend short workshops in Adelaide. The Master of Clinical Education is available either in a Coursework or Research stream.

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To find out more contact the Flinders University Rural Clinical School:

Lori Tietz – Course Admin Officer
P: 08 8586 1026
E: lori.tietz@flinders.edu.au

Jennene Greenhill – Course Coordinator
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E: jennene.greenhill@flinders.edu.au

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EXHIBITOR LISTING

EXHIBITION BOOTH: 4

Bond University

Nikki Kay
Gold Coast QLD 4229
Phone: 07 5595 2177
Email: nkay@bond.edu.au
Web: www.bond.edu.au



The Faculty of Health Sciences & Medicine at Bond University has established a reputation for offering innovative degree programs in a range of health-related disciplines. The Faculty is home to several research groups and centres such as the Centre for Research in Evidence-Based Practice (CREBP), the Collaborative Research Network (CRN) for Advancing Exercise and Sports Science and the Clem Jones Centre for Stem Cells and Tissue Regenerative Therapies.

EXHIBITION BOOTH: 5

Griffith University

Heather deWatteville Doe
Griffith Health Institute for the
Development of Education and Scholarship
(Health IDEAS)
Griffith University QLD
Phone: 07 56789605
Email: h.dewattevilledo@griffith.edu.au
Web: www.griffith.edu.au



Griffith Health is one of Australia's largest health faculties with more than 7000 full time students enjoying state-of-the-art learning facilities and the most up-to-date teaching programs. Our high quality, innovative education programs range from the foundation health sciences to professional and clinical disciplines. Griffith's teaching is supported by our world-class health research centres.

EXHIBITION BOOTH: 7

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EXHIBITOR LISTING

EXHIBITION BOOTH: 8

BEST Network

Diane Vukelic
Lvl 5, Wallace Wurth Bldg, High Street
Kensington NSW 2033
Phone: 044 728 3936
Email: d.vukelic@unsw.edu.au
Web: www.best.edu.au



Discover the Biomedical Education Skills and Training (BEST) Network-a community of biomedical schools collaborating to create an online repository of biomedical education courseware and images to share and collaborate with your colleagues. The BEST Network provides tools and content. Use and share these resources. about.BEST.BEST.edu.au



EXHIBITION BOOTH: 9

Pebblepad

Alison Poot
PO Box 148
Prospect TAS 7250
Phone: 0400 899 820
Email: Alison@pebblepad.com.au
Web: www.pebblepad.com.au



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EXHIBITOR LISTING

EXHIBITION BOOTH: 10

HealthPEER Monash University

Vicki Edouard
Wellington Road
Clayton VIC 3800
Phone: 03 9902 0378
Email: Vicki.edouard@monash.edu.au
Web: www.med.monash.edu.au/education/healthpeer/

HealthPEER (Health Professions Education and Education Research) offers long standing and highly regarded postgraduate programs, including doctoral studies, in health professional education and clinical simulation. In 2014 HealthPEER continues to host the National Health Education and Training in Simulation (NHET-Sim) program.

NHET Sim

Training the Healthcare
Simulation Community

MONASH University
Medicine, Nursing and Health Sciences

HealthWorkforce AUSTRALIA An Australian Government Initiative

This project was possible due to funding made available by Health Workforce Australia.

EXHIBITION BOOTH: 11

ANZAHPE

Jill Romeo
PO Box 852
RENMARK SA 5341
Phone: 0405 613 606
Email: anzahpe@flinders.edu.au
Web: www.anzahpe.org



Australian and New Zealand Association for Health Professional Educators.

- » Aims to promote, support and advance education in the health professions.
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- » Holds an annual conference.
- » Is managed by an elected Committee of Management.
- » Is governed by Objects and Rules of association and a privacy statement.

EXHIBITOR LISTING

EXHIBITION BOOTH: 12

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300 - 509 Richards Street
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- Exercise and sport sciences
- Health professional education
- Health promotion
- Health science (allied health)
- Intensive care paramedics*
- Medical imaging
- Medical science (biotechnology, clinical investigation, nutrition or pathology)
- Medical sonography
- Mental health nursing
- Midwifery
- Nursing
- Occupational health and safety
- Occupational therapy
- Oral health
- Paramedic science
- Podiatry
- Physiotherapy
- Speech pathology

*Subject to final approval.

For more information, please call us or visit our website

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PRE-CONFERENCE WORKSHOPS

ANZAHPE PRE-CONFERENCE WORKSHOPS

MONDAY 7 JULY 2014

Workshop 1 0900 > 1200

Aligning Learning Experiences for Healthcare Students and Practitioners with Particular Learning Outcomes

Prof Stephen Billett

This workshop seeks to engage participants in identifying the particular kinds of learning outcomes that can arise from particular practice experiences and the alignment between these and what needs to be learnt in health professional education. The workshop will commence with outlining some of the qualities of learning experiences in practice settings and particular kinds of pedagogic practices used to develop learning in those settings. Having identified these, an attempt is made to consider the ways in which these particular experiences are generative of the kinds of knowledge which healthcare students need to learn, and also the sequencing and organisation of that learning. It is anticipated the participants will gain further insights into the kinds of (conceptual, procedural and dispositional) knowledge required for performance as healthcare practitioners, and the ways in which particular kinds of experiences can be generative of that knowledge.

Focuses:

- i) intentional processes start this by considering different kinds of knowledge (procedural, conceptual and dispositional)
- ii) identifying knowledge to be learnt and
- iii) some ways that learning can be promoted.

Hopefully, a useful resource for people to consider their particular practices.

Workshop 2 0900 > 1200

Mythbusting 101: Qualitative Data Analysis Supported by Software

Dr Jenine Beekhuizen

This workshop questions the stereotypes that surround qualitative research software and discusses the practicalities of using software, particularly NVivo, for different analytical approaches. In something akin to NVivo for dummies, this workshop provides the basic critical processes necessary for rigorous and transparent qualitative data analysis. We discuss the use of software not only for thematic analysis, but also for analysis within other approaches such as phenomenology, grounded theory etc. We discuss pitfalls common to many projects; we also provide useful examples of how the software can support all research projects.

PRE-CONFERENCE WORKSHOPS

Workshop 3 0900 > 1200

Designing Curricula, Courses, and Clinical Experiences for Integrative Learning
Dr Barbara Hooper

Effective health care practitioners must continuously synthesize knowledge from multiple domains. For example, to create best practice for a given client, practitioners integrate basic sciences, their profession's conceptual foundations and skills, prior experiences, the clients needs, interpersonal communication, and their own identity. While integration is a vital part of effective practice, scholars have suggested that integrative learning in health professions education can be strengthened and more intentional.

In this workshop, participants will explore the definitions of integrative learning and examine eight specific linkages that educators help students make through integrative teaching. The workshop is based on video recorded classroom data that examined the connections educators made between individual topics being taught and knowledge domains beyond that topic. Topics were linked to practice, research, students' experiences, theory, external influences, the profession's core subject, previous and future curricular content, and to students' metacognition.

Participants are encouraged to bring learning materials such as syllabi, curricular designs, assignments, and clinical learning materials. Participants will have the opportunity to strengthen integration between learning topics and a variety of other domains.

Workshop 4 0900 > 1200

Using Technology to Innovate the Student Learning Experience
A/Prof Ralph Green

The workshop will examine how technology can be used to provide stimulating learning environments for students. A large role for technology is its use in providing simulations of events allowing the student to experience 'real world' situations that are either difficult, if not impossible, to practice due to lack of resources or cannot be practiced in an academic environment due to risk reduction policies. In addition to simulations, technology provides the possibility of creating blended learning environment where information technology can be used to create opportunities for students to be independent and creative in structuring learning activities that appeal to their own learning styles. Participants in this workshop are encouraged to share their own experiences in the use of technology in enhancing student learning.

Workshop 5 1300 > 1600

How to be an Effective Course Coordinator
Dr Bruce Newton

This workshop will show what medical students feel are the most important course coordinator characteristics. These data will be compared to what previous faculty and workshop participants feel are most important. There will be interactive discussions of what a course coordinator should be, what the administration expects of a course coordinator, pitfalls to avoid and survival tips. There will be several small group breakout sessions to solve scenarios posed by the instructor.

Workshop 6 1300 > 1600

Social, Clinical and Learning Taboos? Human Factors in Palliative Care and Medical Education
Dr Sarah Yardley

This workshop will consider stories of learning and how words and language shape healthcare interactions. Examples will be provided from Palliative Care and Medical Education but participants are encouraged to think of issues or taboos in their own context (for patients or professionals, as learners or as educators) to further the discussions.

The workshop is designed to allow discussion of current thinking in healthcare regarding:

- » how people construct knowledge, meaning and understanding through social interactions;
- » whether better patient care can be achieved through the creation of moral proximity between educators, learners, professionals and patients;
- » whether improving learner experience can improve patient experience;
- » what are the limits of educators responsibilities to patients and what the importance of learning organisations might be.

Participants will be challenged to consider how human factors affect the balance of personal and professional interactions in healthcare and in the context of austerity what the implications of a focus on quality and safety and efficiency in healthcare are for education. Ideas for greater collaboration between learners and patients will be discussed.

Workshop 7 1300 > 1600

Defining, Integrating and Assessing Professional Competencies in Academic Programs
A/Prof Ralph Green

Increasingly health professional programs are working towards providing graduates who are 'work ready' on completion of their studies. In some situations this means being competent to practice on graduation and being eligible for registration, in others an additional year as an intern is required before being eligible for registration and being able to practice as an independent professional. Those programs which claim that graduates are 'work ready' invariably contain a period of work placement allowing the student to gain the knowledge and skills that the only the working environment can provide.

Being considered a professional implies that one is competent to practice that profession and at some point the competencies that characterise the profession will have been defined and those who wish to practice the profession will have had to demonstrate they possess those competencies. Many programs are moving towards embodying all or some of the professional competencies into their program structure and assessment activities. This workshop will explore how professional competencies can be defined, program structures adjusted to incorporate the acquisition of those competencies and how the competencies can be assessed. Participants are encouraged to relate their own experiences in this area.

PRE-CONFERENCE WORKSHOPS

Workshop 8 1300 > 1600

Assessment of Clinical Performance: Best Practice Principles

Ms Megan Dalton, Ms Christine Ossenberg & Prof Amanda Henderson

Internationally health care is largely a regulated profession. That is, in order to practice, health professionals need to be licensed or registered with their relevant regulatory body/agency. In Australia, the Australian Health Practitioner Regulation Agency (AHPRA) supports 14 national boards that are responsible for regulating the health professions. Each of these boards has professional standards that all registered health practitioners must meet. Similarly, the Tertiary Education Quality and Standards Agency (TEQSA) registers and assesses performance of higher education providers using a standards-based quality framework and a regulatory risk framework.

Quality pre-registration education plays a crucial role in ensuring health professional students meet the requisite standards. Generally, universities and other education providers have autonomy in the design of their curriculum in order to meet the accreditation requirements of the relevant regulatory body. This autonomy affords freedom for programs/courses to differ in the teaching, learning and assessment of students. Universities and educational institutions however must be able to verify that the requisite standards and learning outcomes have been met by the student upon graduation.

Clinical assessment has multiple purposes including guiding and motivating learning; providing a basis for feedback on the student's strengths and areas of practice requiring improvement and facilitating the development of strategies to improve performance. Additionally clinical assessment assists in monitoring and recording the progress of individuals, tracking of the overall success of a program of study whilst identifying distinguished achievers maintain professional standards and provide consistent and transparent reporting to professional bodies.

The value of a clinical assessment tool organised around domains in the relevant practice standards with objective examples of student behaviour (behavioural cues) that demonstrate learning outcomes (clearly aligned to the standards) have been reached, can assist clinically proficient practitioners to document differential student performance. It can also promote a shared assessment language across health disciplines. A universal tool can provide evidence that regardless of where undergraduates complete their practice based education the competency standards required for registration have been met. The contribution of a tool with behavioural cues that align with professional standards and assesses learning outcomes promotes improved reliability across assessors, sites/locations and programs.

This workshop aims to increase participant understanding of best practice principles in assessment by:

- » Exploring behavioural cues relevant to represented disciplines
- » Scrutinising the role of feedback in clinical assessment through interactive opportunities
- » Discussing potential bias/prejudice of rating in assessment

Best practice principles of assessment provide a framework to support planning (assessment and feedback), evidence gathering, feedback, strategies to improve practice, provision of opportunities for further practice in order to make an informed judgement on the student's level of practice. These principles also support the assessor to reflect and evaluate their performance in the feedback and assessment process.

SPECIAL PRESENTATIONS

THURSDAY 10 JULY 2014 1240 > 1330

Discover the Biomedical Education Skills and Training (BEST) Network

Dr Nalini Pather

This workshop will introduce you to the BEST Network - a community of Australian biomedical schools collaborating to create an online repository of biomedical education resources - a valuable opportunity to share and collaborate with your colleagues.

Bring your laptop for a hands-on experience of how to access, use and share these resources. You will be shown how to get an online tutorial using the tools and resources in the BEST Network. BEST.edu.au to use in your class.

For more information about the BEST Network
www.youtube.com/watch?v=lzBZWqYzPnE

Look forward to seeing you there.

BEST Network Team
UNSW@best.edu.au

The BEST Network has educational resources to share: a repository of images and an extensive range of biomedical courseware to use or make your own. The BEST Network provides a range of tools:

- » Virtual Microscopy and Virtual Laboratories - rich, interactive experiences great for teaching complex lab techniques, online
- » Case - based Learning for lessons for teaching investigative decision-based processes
- » Adaptive Learning technology with powerful analytics for insight to students' learning

HealthFusion Team Challenge Heats

The HealthFusion Team Challenge (HFTC) is an exciting and dynamic competitive learning experience designed to educate tomorrow's health care professionals in collaborative client care. Teams are made up of students drawn from across the health sciences. Working together, teams must develop a management plan that reflects best practice for a 'real' client with complex needs. Overseen by the 'HealthFusion' team of academics, The HealthFusion Team Challenge won an Australian Award for University Teaching in 2013. Come and see potential Griffith University team representatives in a small showcase of HFTC as a run-up to the 2014 Trans-Tasman event at Queensland University of Technology in August.



KEYNOTE SPEAKERS



PROF. STEPHEN BILLETT

DipTeach, BA, MEd, PhD

Griffith University, Queensland, Australia



Dr Billett is Professor of Adult and Vocational Education in the School of Education and Professional Studies at Griffith University and also an Australian Research Council Future Fellow.

Stephen has worked as a vocational educator, educational administrator, teacher educator, professional development practitioner and policy developer within the Australian vocational education system and as a teacher and researcher at Griffith University.

Since 1992, he has researched learning through and for work and has published widely in the fields of vocational learning, workplace learning and conceptual accounts of learning for vocational purposes. His work is widely cited and he has secured over A\$ 4 million in competitively funded grants from Australian Research Council, National Vocational Educational and Training Research funds, Fulbright Foundation, and projects from state and private sector. His sole authored books include, *Learning through work: Strategies for effective practice* (Allen and Unwin 2001), *Work, change and workers* (Springer 2006), *Vocational Education* (Springer 2011) and edited books *Work, Subjectivity and Learning* (Springer, 2006), *Learning through practice* (Springer 2010) and *Promoting professional learning* (Springer 2011). He is lead editor for the forthcoming *International Handbook of Research in Professional and Practice-based Learning* with colleagues from Germany.

Stephen was awarded a 2009-2010 Australian Learning and Teaching Council (ALTC) National Teaching Fellowship that identified principles and practices to effectively integrate learning experiences in practice and academic settings. In June 2011, he commenced a four-year Australian Research Council Future Fellowship on learning through practice, which aims to develop a curriculum and pedagogy of practice. In August 2013, he received an honorary Doctorate from the University of Jyväskylä, Finland for his contributions to educational science and to activities associated with adult and professional learning in that university.

KEYNOTE SPEAKERS



A/PROF. RALPH GREEN

BAppSci(MedTech), BSc(MedSc), FAIMS

RMIT University, Melbourne, Australia

Ralph Green is Adjunct Associate Professor in the School of Science, Engineering & Health at RMIT University in Melbourne Australia. He was a pioneer in the professionalisation of Medical Laboratory Science education and holds honorary Life Membership, as well as Fellowship of the Australian Institute of Medical Scientists. He is the recipient of multiple learning and teaching awards, as well as the George Swanson Christie Award (for outstanding service to the field of Medical Science), the Peter Schiff Award from the Australia and New Zealand Society of Blood Transfusion and the RMIT Jim Wilkinson Award in recognition of extraordinary services to students with disabilities. Professor Green has provided support the development of medical laboratory science education in developing countries including Malaysia, Papua New Guinea and Fiji. His educational scholarship has focused on the capacity for information technology to enhance learning in laboratory based disciplines, as well as the integration of professional practice experience into the education of medical laboratory scientists.



PROF. AMANDA HENDERSON

BSc, GradDipNurs(Ed), MSc(Society), PhD

Princess Alexandra Hospital and
Griffith University, Queensland, Australia

one45

Dr Henderson has had an extensive career in nursing education, research and leadership in both academic and clinical settings. She holds the clinical academic title of Professor in the School of Nursing and Midwifery at Griffith University, working collaboratively with senior academic staff and Directors of Nursing to maintain the relevance of curriculum. She is also Nursing Director, Education at the Princess Alexandra Hospital where she supervises education initiatives and directives across Metro South Hospital and Health Service (comprising more than 5,000 nursing staff). Professor Henderson was an Australian Learning and Teaching Council (ALTC) Fellow in 2007, when she undertook collaborative work on interprofessional learning in clinical settings. In 2010 she was appointed ALTC Discipline Scholar in Health. In this capacity, and in collaboration with Professor Maree O'Keefe (University of Adelaide), she undertook landmark work on the development of national Learning and Teaching Academic Standards for Health, Medicine and Veterinary Science. Her current scholarship is focused on the establishment of clinical settings that promote learning in practice, including the development and utilisation of health care knowledge.

KEYNOTE SPEAKERS



DR. BARBARA HOOPER

PhD, OTR, FAOTA

Colorado State University, Fort Collins, Colorado USA



Dr Hooper is founding Director of the Center for Occupational Therapy Education @CSU (COTE) at Colorado State University in Fort Collins, Colorado USA. Informed by her own and interdisciplinary scholarship, the mission of COTE is to promote excellence in teaching effectiveness, curriculum design and educational research.

The goals of COTE, and Barb's research and scholarship, are to;

- 1) establish the conceptual foundations of an educational theory for occupational therapy specifically and, where applicable, health science education more generally,
- 2) grow a stronger educational science in occupational therapy and related disciplines, and
- 3) provide high quality, impactful professional development for educators.

Toward those ends, she has published in national, international and interdisciplinary journals; consulted with faculty groups nationally on designing curricula, courses, and learning activities, as well as designing a 4-day institute she runs with colleagues on Designing Graduate Courses for Integrative Learning, which 100 faculty have attended to date.

Dr Hooper's research and scholarship explores ways in which educators embed concepts such as subject-centered learning, transformative learning, and integrative learning within their actual teaching practices. She is currently principal investigator on a large national study of occupational therapy education in the US exploring how professional programs design learning to address the field's core subject, the relationship between health and how humans occupy themselves each day.

She recently completed an international systematic mapping review to examine the features of educational research in occupational therapy.

KEYNOTE SPEAKERS



DR. BRUCE NEWTON

BS, PhD

Campbell University, North Carolina, USA



Dr Newton is a Professor of Anatomy at Campbell University, Buies Creek, North Carolina, USA. He obtained his Ph.D. in Anatomy at the University of Kentucky, Lexington, KY, and did post-doctoral work in the Neurology Department at the University of Rochester, Rochester, NY. He spent 25 years at the University of Arkansas for Medical Sciences, Little Rock, AR, teaching and course directing in the anatomical disciplines, as well as performing basic science and educational research, before moving to North Carolina in 2013

Dr Newton's educational research explores how undergraduate medical education alters vicarious and cognitive empathy, critical thinking and motivation. He is currently in the first year of a seven-year longitudinal study on how osteopathic medical education impacts empathy. His basic science research on sex differences in the nervous system, in conjunction with his research on empathy, led to the recent invitation to write a chapter for the Frontiers in Human Neuroscience volume on The Neural Underpinnings of Vicarious Empathy. Dr Newton is currently the vice-president of the International Association of Medical Science Educators (IAMSE) and, via IAMSE, has presented numerous workshops on course directorship. His involvement with IAMSE, and his experience as a course director, resulted in an invitation by Springer publishing to co-author a book entitled How to Become an Effective Course Director.



KEYNOTE SPEAKERS



DR. SARAH YARDLEY

BM, PGCertClin Ed, MA, PhD, MRCP, MAcadMED
 Consultant in Palliative Medicine,
 Central and North West London NHS Foundation Trust and Honorary Lecturer in
 Medical Education, Keele University Medical School, London, United Kingdom



Dr Yardley is a clinical doctor specialising in Palliative Medicine and health professional education research. She received the Association for the Study of Medical Education's New Researcher Award in 2010 for her doctoral work, which used socio-cultural theories and empirical data to clarify the consequences of social interactions for student meaning-making and knowledge construction. Sarah successfully defended her doctoral thesis Understanding authentic early experience in undergraduate medical education in March 2011 and following the award of her PhD, Sarah has continued to conduct research exploring how social processes and interactions impact on concurrent health professional education and healthcare delivery in clinical workplaces.

Her main interests are in qualitative methodology and the integration of theoretical and empirical research to study gaps between conceptual ideas and practice critically. She is particularly interested in exploring the realities of lived experiences in collaboration with multiple groups of participants. She was appointed to a National Institute of Health Research Clinical Lectureship at Keele University in June 2011. Her most recent projects include exploring the realities of lived experiences of multimorbidity from the perspectives of learners, patients and professionals, as well as studying transitions from undergraduate training to postgraduate practice of medicine. When not at work Sarah enjoys spending time cycling and sailing. With her husband, Iain, she has enjoyed moderate success racing a 2000 dinghy on the UK circuit.



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- Evidence-Based Practice[^]
- Nutrition and Dietetics
- Genetics
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- Chronic Disease
- Urology
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[^] Bond University Research Centres



PROGRAM

Program subject to change. Accurate at time of print.

ANZAHPE 14 Pre Conference Workshops Monday 7 July 2014		
Time	Session	Venue/Room
0800 > 1830	Delegate Registrations	Griffith Health Centre - 640, Lvl 3 Exhibition Area
0800 > 1830	Speakers Preparation Room	4.114
0830 > 1230	ANZAHPE COM Meeting	Offsite - Watermark Hotel
0900 > 1800	Exhibitor Bump In	Griffith Health Centre-640, Lvl 3 Exhibition Area
0900 > 1200	Workshop 1 Aligning Learning Experiences for Healthcare Students and Practitioners with Particular Learning Outcomes <i>Prof Stephen Billett</i>	4.111
0900 > 1200	Workshop 2 Mythbusting JDI: Qualitative Data Analysis Supported by Software <i>Dr Jenine Beekhuizen</i>	4.112
0900 > 1200	Workshop 3 Designing Curricula, Courses, and Clinical Experiences for Integrative Learning <i>Dr Barbara Hooper</i>	4.113
0900 > 1200	Workshop 4 Using Technology to Innovate the Student Learning Experience <i>Al/Prof Ralph Green</i>	5.52 A&B
1300 > 1600	Workshop 5 How to be an Effective Course Coordinator <i>Dr Bruce Newton</i>	4.111
1300 > 1600	Workshop 6 Social, Clinical and Learning Taboos? Human Factors in Palliative Care and Medical Education <i>Dr Sarah Yardley</i>	4.112
1300 > 1600	Workshop 7 Defining, Integrating and Assessing Professional Competencies in Academic Programs <i>Al/Prof Ralph Green</i>	4.113
1300 > 1600	Workshop 8 Assessment of Clinical Performance: Best Practice Principles <i>Ms Megan Dalton, Ms Christine Ossenberg & Prof Amanda Henderson</i>	5.52 A&B
1700 > 1900	Welcome Reception	Griffith Health Centre - 640, Lvl 3 Exhibition Area

ANZAHPE 14 PROGRAM Tuesday 8 July 2014		
Time	Session	Venue/Room
0800 > 1700	Delegate Registration & Morning Coffee	Griffith Health Centre - 640, Lvl 3 Exhibition Area
0800 > 1700	Speakers Preparation Room	4.114
0900 > 0930	Opening Ceremony <i>Session Chair: Gary Rogers / Indu Singh</i>	Auditorium - 5.63
0930 > 1030	Plenary Session: Sponsored by Flinders University <i>Session Chair: Richard Hays</i> Keynote Speaker: Dr Sarah Yardley That's not how it works in the Real World: Learning from Experience	Auditorium - 5.63
1030 > 1100	Morning Tea Exhibition Opening and networking	Griffith Health Centre - 640, Lvl 3 Exhibition Area
1040 > 1100	Poster Presentations	Student Lounge, Lvl 4
	<i>Session Chair: Marie Dalebout</i>	
	Poster Presentation 1. 16392 : The Experience of Two Clinical Lecturers Supporting Internationally Qualified Nurses During their Clinical Experience Placements in Mental Health Placements <i>Ms Dianne Phillips, Ms Nerissa Wardrick</i>	
	Poster Presentation 2. 16548 : A Web-Based Movie Library of Optometric Procedures Improves Student Learning <i>Ms Alexandria Jaworski</i>	
	Poster Presentation 3. 16220 Competency Evaluations of Clinical Pharmacists in the Workplace <i>Ms Jessica Parker</i>	
	Poster Presentation 4. 16140 Correctness of and Certainty in MCO Responses Improve with Feedback <i>Dr Mike Tweed</i>	

Concurrent Session 1 (90 min)				
1100 > 1230	Theme-Innovation in Health Professional Education 15 Min Oral	Theme-Assessment 15 Min Oral	Theme-Developing and Recognising Health Professional Educators 15 Min Oral	Theme-Competencies 15 Min Oral
Room: Auditorium-5.63 Session Chair: Fiona Ellam	Room: Lecture Theatre 1-5.60 Session Chair: Anthony Ali	Room: 5.52 A&B Session Chair: Andrea Bialocerowski	Room: 4.111 Session Chair: Kwong Chan	Room: 4.112 Session Chair: Margaret Bearman
16522: The Acquisition of Clinical Skills by Pre-Clinical Students - a Multi-Faceted Student Focused Approach <i>Dr Judi Erey</i>	16347: An Integrative Review of Simulation-based Assessments: What Really Works <i>Ms Tayne Ryall</i>	16503: Developing Expertise and Leadership in Clinical Supervision <i>Prof Lindy McAlister</i>	16448: Partnering with Consumers in Interprofessional Education: Error Disclosure Training for Junior Clinicians <i>Ms Alana Gilbee</i>	16492: Ten Steps for Clinicians wanting to Conduct Medical Education Research <i>A/Prof Patricia Caldwell, Dr Karen M Scott</i>
16469: Designing and Implementing a Curriculum for the Personal and Professional Skills Domain of a Medical Programme <i>Dr Jill Vielder, Dr Fiona Moir</i>	16293: The ACCLAM OSCE Consortium-Lessons Learned! <i>Dr Ian Kerr</i>	16184: Health Professional Education: Equipping Clinicians for the Role of Teaching in their Everyday Work <i>Dr Jo-Anne Kelder</i>	16315: The Naked Patient -Developing Patient Care Skills in Cancer Clinicians <i>Miss Rashmi Thomas</i>	16585: Making Innovative Placements Sustainable <i>Mrs Heidi Miller, Ms Penny Taylor</i>
16145: Helping Medical Students take an Accurate Medication History - Poca Update <i>Ms Susan Clary</i>	16275: How Experienced does an OSCE Clinical Examiner have to be? <i>Dr Rufus Clarke</i>	16518: Preparing Tomorrow's Clinical Educators Today <i>Dr Louise Horstmannshof, Dr Ken Moore</i>	16465: Creating Allied Health Professionals with Capacity for Effective Collaboration <i>Dr Suzette Fox, Ms Marita Plunket</i>	16537: Jumping in the Deep End of Medical School: Do Undergraduate Science Students Spend too much Time in the Shallow? <i>Dr Kylie Mansfield</i>
16554: More than going through the Motions: First Year Medical Students' Responses to a 'Flipped Classroom' Approach to Clinical Skills Teaching <i>Dr Kathy Bratchie</i>	16511: Is Medical Student Performance on Mini-Clinical Evaluation Exercises a Predictor for Performance in OSCEs? <i>A/Prof Dargan Ilic</i>	16095: Feedback in Clinical Education <i>Dr Cathy Chapple, Dr Angela McLean</i>	16436: Using Action Research to Build Capacity in Medical Education Research <i>A/Prof Pippa Craig, Ms Fran Everingham</i>	16423: Values in Medical Education-what are we Communicating to our Students? <i>Mr Kelly Smith-Han</i>
16070: Using Online Video Annotation to Develop Communication and Self-Reflection Skills in Medical Students: A Pilot Study <i>Dr Steve Gallagher</i>	16278: Assessing how Medical Students Explain Diagnosis and Treatment to Simulated Patients: an Educational Perspective <i>Dr Valeria Cabello</i>	16271: Mentoring the Next Generation of Academic Clinicians: A Unique Model <i>Dr Tzu-Chieh Wendy Yu, Ms Malaroria Lyndon</i>	16216: Competency-Based Assessment of Laboratory Procedures in the 4th & 5th Year BDS Program, Fiji National University <i>Dr Seema Lal</i>	16263: Learning Ethical Reasoning and the Development of Moral Judgement in Medical Students <i>Dr Vicki Langendyk</i>
16468: A Blended Learning Approach to Teaching Information Skills for Evidence Based Practice <i>Ms Barbara Yazbeck, Ms Sarah Cahill</i>	16467: Giving the OSCE a New Shine: A Framework for Utilising OSCEs in Nursing and Midwifery Education and Postgraduate Transition to Practice <i>Prof Sabina Knight</i>	16124: Building a Community of Practice: Forming a New Interprofessional Teaching Team in a Rural and Distant Location <i>Dr Peter Gallagher</i>	16168: Communicating is Easy, isn't it? <i>Ms Gay Dungey</i>	16101: Study Buddy Support Scheme: Undergraduate Science Students' Perspective <i>Mr Paul Reid</i>

1230 > 1330	Lunch Exhibition, Posters and networking	Griffith Health Centre-G40, Lvl 3 Exhibition Area		
1240 > 1330	Poster Presentations Session Chair: PC Chan Poster Presentation 5: 16322: Curriculum Arrangement Affects Confidence more than Performance in the Barrier Exam of 2nd Year Medical School. <i>Dr Jessica Hughes</i> Poster Presentation 6: 16227: Do Medical Students Selected by Interview have Different Personal Attributes to those Selected without the use of Interviews? <i>Dr Mavourneen Casey</i> Poster Presentation 7: 16307: Higher Degree by Research (HDR): What Candidates and Supervisors want <i>A/Prof Tracy Dwyer</i> Poster Presentation 8: 16242: Is there Consistency of Judgement between Examiners in Performance-Based Assessment? A Case Study in Medical Education <i>Ms Amy (Wei-Yee) Wong</i> Poster Presentation 10: 16312: Student Perceptions of Assessment in Higher Education <i>Dr Brooke Harris-Reeves</i> Poster Presentation 11: 16084: Alternative Programs for the Support of Educators and Students in a Rural Medical School: Peer-Review of Teaching and Mentoring <i>Prof Julian Wright</i> Poster Presentation 12: 16474: Perceptions Define Reality-Facilitating Students to Optimise Learning on "Role Emerging" Placements <i>Mrs Heidi Miller, Ms Penny Taylor, Ms Marie Bridgman</i>	Student Lounge, Lvl 4		
1330 > 1500	Concurrent Session 2: (90 min)			
Theme-Experiential Learning in Clinical Spaces 15 Min Oral	Theme-Developing and Recognising Health Professional Educators 15 Min Oral	Theme-Experiential Learning in Clinical Spaces 15 Min Oral	Theme-Experiential Learning in Clinical Spaces 45 PeATLS	Theme-Curriculum 15 Min Oral
Room: Auditorium-5.63 Session Chair: Sue Clarey	Room: Lecture Theatre 1-5.60 Session Chair: Julie Shaw	Room: 5.52 A&B Session Chair: Andrea Bialocerowski	Room: 4.111 Session Chair: Amanda Henderson	Room: 7.102 A&B Session Chair: Karl Moore
16349: Every Minute Counts! Engaging Learners in Effective Observation while Undertaking Clinical Placement <i>Ms Robyn French</i>	16552: Rethinking Professional Competency Standards in Assessment of Workplace Competence <i>Ms Christine Osenberg</i>	16153: ClinSAC: The Effect of a Multimodal Program on Clinical Supervisors' Education Skills <i>Dr Joanna Tai</i>	16496: Creating Clinical Learning Opportunities: How to Build Placement Capacity and Maintain Growth <i>Ms Kassia Shearlow, Mr Mark Gooding</i>	16142: The Pathway to Paramedicine-Student Paramedic Perspectives <i>Ms Linda Ross</i>
16451: Does Clinical Simulation Elicit Similar Stress Responses to Clinical Practice in Physiotherapy Students? <i>Ms Belinda Judd</i>	16164: Insights from A Modified Delphi Study: Supporting Quality Entry-Level Assessments During Clinical Placements <i>Ms Rachel Bacon</i>	16413: Symbiotic Clinical Education: A Framework to Guide Health Professions Educators' Reflections on and Analysis of their own Clinical Education Program <i>Dr Koshila Kumar, Prof Jemima Greenhill, Ms Lori Teitz</i>	16506: Staff Establishment is a Good Indicator of Comparability and Predictability of Clinical Placement Offers <i>Mr Mark Gooding</i>	16327: Communities of Practice: Maintaining the Status Quo in Medical Education <i>Dr Vicki Langendyk</i>

1330 > 1500	Concurrent Session 2. (90 min)	Room: 5.52 A&B Session Chair: Andrea Blaszczkowski	Room: 4.111 Session Chair: Amanda Henderson	Room: 4.112 Session Chair: Eleanor Milligan	Room: 4.113 Session Chair: Stephen Bllett	Room: 7.102 A&B Session Chair: Kerri Moore
Room: Auditorium - 5.63 Session Chair: Sue Clarey	Room: Lecture Theatre 1.5.60 Session Chair: Julie Shaw	Room: 5.52 A&B Session Chair: Andrea Blaszczkowski	Room: 4.111 Session Chair: Amanda Henderson	Room: 4.112 Session Chair: Eleanor Milligan	Room: 4.113 Session Chair: Stephen Bllett	Room: 7.102 A&B Session Chair: Kerri Moore
16479: Peer Learning on Clinical Placements: what have Students Taught themselves to do? <i>Dr Joanna Bai</i>	16479: The Development of a Work-based Assessment (WBA) of Teamwork Tool-an Interprofessional Approach. <i>Ms Kathy Dalzell</i>	16419: A Social Construct of Clinical Supervision. <i>Ms Leanne Pratt</i>	16046: Allied Health Student Clinical Placements in Residential Aged Care Facilities: Staff Attitudes and Support Needs <i>Ms Catherine Johnston</i>	16136: Continued	16331: Continued	16133: Determining the Right Balance of Indigenous Health Education in an Undergraduate Medical Program in Australia - how did we do it? <i>A/Prof Janie Smith, Dr Shannon Springer</i>
16723: Promoting Peer Assisted Learning in Allied Health Clinical Education: A Multidisciplinary Randomised Trial. <i>Ms Samantha Savenhuysen, Ms Joanne Thorpe</i>	16181: Workplace Based Assessment for Procedural Skills in Undergraduate Medicine-Implementing the Recommendations of the Medical Deans Competency Project <i>A/Prof Debi Wilson</i>	16920: Educating the Education: Professional Development of Student Supervisors in the Disability Sector in New South Wales <i>Miss Christine Chok, Ms Lisa Carnegie, Ms Megan Carnegie</i>	16046: Students' Experience of a Rotational Placement Model and the Impact on Emergent Social Work Practice <i>Dr Suzette Fox</i>	16196: The Dilemmas of Assessing Professional Behaviour in a Medical Degree <i>A/Prof Emma Wamecke, Dr Marianne Catchpole</i>	16335: Brushed under the Carpet: Examining Unseen, Undisclosed and Unusual Barriers to Learning in the Clinical Environment <i>Mr Glenn Trainor</i>	16566: Development of a Vocational Education and Training (VET) Sector Graduate Diploma for Doctors with an Interest in Surgery <i>Ms Lesley Innes</i>
16633: Evaluation of the Delivery of Teaching on the Run to Clinical Supervisors in Sydney and South Western Sydney Local Health Districts <i>Ms Rebecca Bedford</i>	16150: Expert Validation of the TeamUP Public <i>Dr Jenny Parratt</i>	16370: Clinical Educators in Physiotherapy: Faithful, Forced or Obligated <i>Dr Sarah Mooney</i>	16582: Strengthening Engagements, Sustaining Placements <i>Ms Heidi Mitter, Ms Marie Bridgman</i>			16436: How do we Know if our Students are Achieving the Required Level of Clinical Competence? <i>A/Prof Peta-Ann Teague, A/Prof Clare Heal, Dr Ian Kerr</i>
16866: House Officer Prescribing-Building a Sustainable Interprofessional Education Platform to Improve Medication Safety <i>Ms Avril Lee, Ms Dale Sheehan</i>	16674: A Closer Look at Checklist Scoring and Global Rating for Four OSCE Stations: Do the Scores Correlate Well? <i>Dr Joang Hong Sim</i>	16629: Academy of Surgical Educators <i>Mr Stephen Tabin</i>	16144: Student Paramedics Building Rapport through Community Engagement <i>Ms Linda Ross</i>			16250: An Exploration of the Key Components of Exemplary Professional Supervision Practice for Dietetic Students: The Development of a Best Practice Framework for the Effective Supervision of Student Dietitians <i>Ms Helen Dean</i>

1500 > 1530	Afternoon Tea - Exhibition, Posters and networking	Griffith Health Centre-640, Lvl 3 Exhibition Area				
1510 > 1530	Poster Presentations	Student Lounge, Lvl 4				
	Session Chair: Indu Singh Poster Presentation 13. 16309: Benchmarking using the BLASST Sessional Staff Standards Framework to Sustainably Support Sessional Educators in an Australian Dental School. <i>Dr Dimitra Lekkas</i>					
	Poster Presentation 14. 16269: Committing to IPL: Expectation, Delivery and Reality <i>Ms Elen Etmeyer</i>					
	Poster Presentation 15. 16175: Trialling the Development of Collaborative Practice using Inter-Professional Learning Activities Between Nursing Students and Students from Medical Laboratory Sciences. <i>A/Prof Suzanne Owen, Dr Indu Singh</i>					
	Poster Presentation 16. 16272: Doctors Attire in Paediatric Wards <i>Mr Rhys Cameron</i>					
1530 > 1630	Plenary Session: Sponsored by Central Queensland University Session Chair: Gary Rogers Keynote speaker- <i>Prof Stephen Bllett</i> Learning through Practice: Concepts, Evidence and Potential for Healthcare Professional Education	Auditorium - 5.63				
1630 > 1730	Concurrent Session 3. (90 min)					
Theme - Innovation in Health Professional Education 15 Min Oral	Theme - Developing and Recognising Health Professional Educators 15 Min Oral	Theme - Assessment 15 Min Oral	Theme - Innovation in Health Professional Education 15 Min Oral	Theme - Assessment Mixed	Theme - Innovation in Health Professional Education 60 Min Workshop	Theme - Experiential Learning in Clinical Spaces 15 Min Oral
Room: Auditorium - 5.63 Session Chair: Dale Sheehan	Room: Lecture Theatre 1 - 5.60 Session Chair: Libby Bancroft	Room: 5.52 A&B Session Chair: Liz Fitzmaurice	Room: 4.111 Session Chair: Ganeshan Rao	Room: 4.112 Session Chair: Monica Moran	Room: 4.113 Session Chair: Gary Rogers	Room: 7.102 A&B Session Chair: Prof K Ramnarayan
16444: Innovating Medical Education: A Unique Model of Education Led by Students <i>Ms Carolina Radwan</i>	16579: Each must Play a Part*: Examining the Complex Relationship Between Medical Students and Simulated Patients <i>Dr Sally Sargeant</i>	16302: Development and Validation of the ACE Tool: Assessing Medical Trainees' Competency in Evidence Based Medicine <i>A/Prof Dragan Ilic</i>	16454: The Influence of the 'Hidden Curriculum' on Student use of Mobile Devices in the Clinical Setting <i>Dr Amanda Harrison</i>	16549: Could Less Equal Mean? Using a Simplified Tool to Improve the Quality of Undergraduate Radiography Student Feedback <i>Miss Katrina O'Keefe</i>	16665: Preparing Students to Learn about Patient Safety- Constructing a Mass Trauma Simulation that Challenges Team-Working Skills <i>A/Prof Christine Jom</i>	16299: Implementing Micro-Teaching Experiences during Practice Education to Enhance Active Learning of Theoretical Knowledge and its Application in Practice <i>Dr Samantha Ashby</i>
16544: Preparing for Peer Assisted Learning? Tips for Developing PAL across the Classroom and Clinical Setting <i>Dr Gabrielle Brand</i>	16588: National Health Education and Training in Simulation (NHEr-Sim): Building a Community of Simulation-Based Education Practitioners <i>A/Prof Margaret Bearman</i>	16383: EPortfolios in Medical Education: The Good, the Bad and the Ugly <i>A/Prof Zarin Siddiqui, Dr Bronwen Dalziel</i>	16354: Virtual Clinics for Vertically Integrated Teaching <i>A/Prof Michelle Guppy</i>	16174: Enhancing the Credibility of Competency Assessment [PbALIS] <i>Prof Kathleen Fahy</i>		16431: Building Capacity for Clinical Placements within Complex Health Care Environments: An Investigation into Sustainable Student Led Roles <i>Ms Penny Power</i>

1630 > 1730	Concurrent Session 3: (90 min)			
Room: Auditorium - 5.63 Session Chair: Dale Sheahan	Room: 5.52 A&B Session Chair: Liz Fitzmaurice	Room: 4.111 Session Chair: Ganeshan Rao	Room: 4.112 Session Chair: Monica Moran	Room: 4.113 Session Chair: Gary Rogers
Room: Lecture Theatre 1 - 5.60 Session Chair: Libby Bancroft	Room: 5.52 A&B Session Chair: Liz Fitzmaurice	Room: 4.111 Session Chair: Ganeshan Rao	Room: 4.112 Session Chair: Monica Moran	Room: 4.113 Session Chair: Gary Rogers
1628: Peer Assisted Learning: What Health Professional Students Expect across Clinical Setting and Classroom? <i>Dr Li Wei</i>	1630: MD e-Portfolio Pilot: A Novel Method of Assessing Medical Students in a Student-led Conference Subject <i>Miss Alison Hemenstall</i>	1652: Would iPads™ Assist Students on Clinical Placement? <i>Ms Catherine Johnston</i>	1674: Continued	1665: Continued
1621: Beneficial Effects of Peer Learning in the UNSW Medicine Program <i>A/Prof Anthony O'Sullivan</i>	1647: Early Identification and Intervention for Students at Risk of Academic Failure <i>Dr Peter Harris</i>	1638: Mid: Mobile Devices to Support Facilitation of Midwifery Professional Experience Placements <i>A/Prof Linda Sweet</i>		
1654: Teaching the Teacher: Improving the Standard and Consistency of Teaching by Casual Clinical Tutors <i>Dr Judi Eney</i>	1625: The Influence of the Tutor in Small Group Learning on the Early Understanding and Development of Medical Graduate Attributes: The Student Perspective <i>Ms Julia Wilson, Ms Aimee Ward</i>			
Evening	Free Night			

ANZAHPE 14 PROGRAM					
Wednesday 9 July 2014					
Time	Session	Venue/Room	Theme - Interprofessional Learning	Theme - Mixed	Theme - Interprofessional Learning
0800 > 1630	Delegate Registration & Morning Coffee	Griffith Health Centre - 640, LV3 Exhibition Area			
0800 > 1630	Speakers Preparation Room	4.114			
0830 > 1000	Concurrent Session 4: (90 min)				
Theme - Innovation in Health Professional Education 15 Min Oral	Theme - Medical Students 15 Min Oral	Theme - Innovation in Health Professional Education 45 Min Panels	Theme - Interprofessional Learning 45 Min Panels	Theme - Mixed 45 Min Workshop	Theme - Interprofessional Learning 15 Min Oral
Room: Auditorium - 5.63 Session Chair: Ganeshan Rao	Room: 5.52 A&B Session Chair: Marisa Lombard	Room: 4.111 Session Chair: Lindy McAllister	Room: 4.112 Session Chair: Monica Moran	Room: 4.113 Session Chair: Ali Salajegheh	Room: 7.102 A&B Session Chair: Indu Singh
1612: Designing and Deploying an e-Learning Resource. The Pitfalls and how to Avoid them <i>A/Prof Rob Selzer</i>	1610: The Motivation and Well-being of Medical Students: A Systematic Review <i>Dr Mariana Lyndon, Mr Thomas Masters</i>	1627: Helping Students who are Struggling to Succeed <i>Dr Joanna MacDonaid, Mr Peter Gallagher</i>	1641: Exploring Experience with Interprofessional Teambuilding Assessment Tools across Australia and New Zealand <i>Ms Lyn Gum, Ms Robyn Smith</i>	1657: Role of Selective Course in Enhancing Medical Student's Educational Experience and Clinical Skills <i>Prof Shazmi Khan</i>	1647: Defining and Understanding Effective Interprofessional Practice across Contexts <i>Ms Tatjana Doracic</i>
1658: Blended Learning in Paediatric Allergic Module in Medical Education <i>Mr Mushfika Kamal</i>	1660: Incorporating Step 1 Usable into a Problem Based Learning Curriculum <i>Prof William O'Connor</i>				1642: The Well Athlete Project: A Community-Based Interprofessional Clinical Placement <i>Dr Sandra Grace</i>
1653: An Innovative Approach to Deliver Activity Based Funding Education to Health Professionals: The Design and Launch of a 'Mobile App' <i>Ms Lestley Innes</i>	1634: Progress Testing: 12 months of Experience as a Summative Assessment <i>Dr Steven Lillis</i>				1627: Getting your Head Around Someone Else's World: A Patient World Care Model <i>Miss Jessica Young, A/Prof Chrystal Jey</i>

0830 > 1000	Concurrent Session 4: (90 min)			
Room: Auditorium - 5.63 Session Chair: Ganesan Rao	Room: 5.52 A&B Session Chair: Marise Lombard	Room: 4.111 Session Chair: Lindy McAulister	Room: 4.112 Session Chair: Monica Moran	Room: 4.113 Session Chair: Ali Salajegheh
16170: Developing Motivational Interviewing Skills for Clinical Educators, Practitioners and Students: Feedback through Virtual Training <i>Prof Adrian Schoo</i>	16249: Student Ability to Assess their Peers in Long Case Clinical Examination <i>Dr Annette Burgess</i>	16440: Expedient Self-Education: Using Mobile Devices for Learning in the Clinical Setting <i>Dr Arany Narminehan, Dr Karen M Scott, Dr Amanda Harrison, A/Prof Patricia Caldwell</i>	16426: Interprofessional Education and Supervision: How is it Enacted in the Clinical Workplace and what is the Impact on Professional Identity? <i>Dr Koshika Kumar</i>	16398: Coaching and Learning Clinical Reasoning <i>Mr Paul Welch, Dr David Symmons, A/Prof Louise Young</i>
16393: eCases for Blended Delivery in a Medical Curriculum <i>Dr Linda Gulliver, Mr Steve Gallagher</i>	16488: Methods Used by Australian Medical Students to Assess the Quality of Social Media Educational Resources <i>A/Prof Michelle Guppy, Mr David Townsend</i>	16488: Methods Used by Australian Medical Students to Assess the Quality of Social Media Educational Resources <i>A/Prof Michelle Guppy, Mr David Townsend</i>		16198: Understanding an Evaluation of Teams: Based Interprofessional Clinical Dental Education at Griffith University through Student Perceptions <i>Dr Mark Storns</i>
16687: GAMEL-Alert System to Improve Students' Understanding in Health System Module on Medical Curricula <i>Mr Mushtaq Kamal</i>	16395: Career Intentions of Medical Students: Links with Academic Motivation and Quality of Life <i>Dr Malanoria Lyndon</i>			16398: Evaluation of an Emergency Department (ED) Interprofessional Simulation Program: What are the Behavioural Outcome Benefits for ED Doctors and Nurses? <i>Dr Victor Lee</i>
1000 > 1030	Morning Tea - Exhibition, Posters and networking			
1010 > 1030	Poster Presentations			
1030 > 1130	Plenary Session: Sponsored by Bond University Session Chair: <i>Vaughan Kippers</i> Keynote Speaker: <i>Dr Bruce Newton</i> Neural Basis of Cognitive and Vicarious Empathy and how Physicians and Medical Students in their Rotations, use Empathy to Respond to Patient-Related Events			
	Session Chair: <i>Neil Tuttle</i> Poster Presentation 17: 16412: Enhancing Clinical Supervision Capacity in South Australia: An Evaluative Study <i>Dr Koshika Kumar</i>	Poster Presentation 18: 16569: An Integration of Traditional and Modern Learning Strengthen Learning Outcome of Histopathology for Dental Students <i>Dr Ali Salajegheh</i>	Poster Presentation 19: 16225: Does the Dietetic Educator Workforce have enough Meat on its Bones? A Professional Profile of the Dietetic Educators Preparing Australia's Future Dietitians <i>Ms Kate Morgan</i>	Poster Presentation 20: 15909: Reflection Training as a Form of Professional Development for Physiotherapy Clinical Educators <i>Ms Christine Frith</i>
	Auditorium-5.63			

1130 > 1300	Concurrent Session 5: (90 min)			
Theme-Innovation in Health Professional Education 15 Min Oral	Theme-Innovation in Health Professional Education 15 Min Oral	Theme-Mixed Mixed	Theme-Mixed 45 Min Workshops	Theme-Mixed 45 Min Workshops
Room: Auditorium-5.63 Session Chair: Ganesan Rao	Room: 5.52 A&B Session Chair: Gillian Laven	Room: 4.111 Session Chair: Ralph Green	Room: 4.112 Session Chair: Bruce Newton	Room: 4.113 Session Chair: Sarah Yardley
16464: Online Testable Concept Maps: Benefits for Learning <i>Ms Veronica Ho</i>	16138: Financial Management Education: From Resistance to Respect <i>Dr Melanie Boursnell</i>	16294: Preparing for "Flipping" the Classroom <i>A/Prof Gary Hamlin (PeAULS)</i>	16456: Educational Innovation in the Health Setting - the use of MODOCs in Medical Education <i>A/Prof Lyndal Parker-Newlyn, Dr Kylie Mansfield</i>	16389: Interprofessional Learning using Simulation <i>Dr Monique Waite</i>
16495: Integrating Bioscience and Clinical Learning through the Innovative use of Technology <i>Dr Kristine Elliott</i>	16504: Thinking in New Boxes: Why Marketing should be an Essential Component in Healthcare Education <i>Ms Amy Geach</i>	16493: What is the Future for Aptitude Tests in the Selection of Health Professionals? <i>A/Prof Annette Mercer</i>	16420: How can we Teach Less so they Learn More? The Benefits of Constructive Alignment of Clinical Activities, Learning Outcomes, and Assessments with a Flipped Classroom, to Expand on Workplace Based Learning. An Example from General Practice <i>A/Prof Jane Smith, Ms Natasha Yates</i>	16190: Professional Communication during Interprofessional Undergraduate Clinical Simulation: Presentation, Performance and Patients' Response <i>A/Prof Suzanne Owen</i>
	16515: Should we Screen the Communication Skills of Speech Pathology Students? Opinions of Speech Pathology Students <i>Ms Robyn Johnson</i>			16382: Inter-professional Clinical Learning through Extended Immersion in Medical Simulation (CLEIMS): The Dietetic Student Experience <i>Ms Marie-Claire O'Shea</i>

1130 > 1300	Concurrent Session 5. (90 min)	Room: 552 A&B Session Chair: Gillian Laven	Room: 4.111 Session Chair: Ralph Green	Room: 4.112 Session Chair: Bruce Newton	Room: 4.113 Session Chair: Sarah Yardley	Room: 7.102 A&B Session Chair: Barbara Hooper
Room: Auditorium-5.63 Session Chair: Ganesan Rao	Room: Lecture Theatre 1-5.60 Session Chair: Matthew Moloney	Room: 552 A&B Session Chair: Gillian Laven	Room: 4.111 Session Chair: Ralph Green	Room: 4.112 Session Chair: Bruce Newton	Room: 4.113 Session Chair: Sarah Yardley	Room: 7.102 A&B Session Chair: Barbara Hooper
16167: Utilisation of e-Learning Technologies within the Post Graduate Rehabilitation Medicine Learning Environment <i>Mrs Merrilyn Diverall</i>	16137: Preparing Occupational Therapy Graduates for the Workplace: Targeting the 'Troublesome Knowledge' <i>Mrs Carolyn Murray</i>	16403: What Stops Students from Seeking Feedback? <i>Ms Joy Rudland</i>	16433: Anatomy Club-A Way of Teaching and Learning Anatomy <i>Dr Vivek Malyappan</i>	16459: Basic Science Virtually Alive-Linking Basic Sciences with Clinical Science in an Undergraduate Medical Curriculum <i>Dr Neelam Doshi, Dr Victoria Brazil, Dr Natasha Yates</i>	16464: Less Teaching more Learning <i>A/Prof Lizzi Shires</i>	16321: Three Disciplines, Two Days, One Interprofessional Ward Simulation-Connecting Theory to Practice for Undergraduate Health Professional Students <i>Dr Eshan Ganesanathanam</i>
16437: Where does Mobile Learning Fit in Continuing Nurse Education <i>Mrs Sharon Rees</i>	16317: Health-Education Partnerships: Bridging the Theory-to-Clinical Practice Gap through Evidence-Based, Collaborative Curriculum Redesign <i>Dr Emma Power</i>	16293: Case-Based Learning (CBL) Small Group Facilitation: An Exploration of Student Perceptions <i>Dr Kylie Mansfield</i>	16017: Effective Teaching of Pathology with Limited Resources in a Rural Medical School in Australia -Technology Enhanced Cognitive Scaffolding-One Man Army <i>A/Prof Shashidhar Venkatesh Murthy</i>			16280: Cultivating Interprofessional Practice in New Zealand : An Intersectoral Approach to Developing and Implementing an Interprofessional Student Education Initiative <i>Mrs Philippa Frady, Ms Wendy McKinstry</i>
16252: The Development of Clinical Reasoning Skills in Undergraduate Physiotherapy Students <i>Dr Jane Butler</i>	16063: Confidence, Learning Preferences and Practice Management Knowledge amongst Graduating Dentists Entering the Work Force <i>Dr Jane Manakil</i>	16063: Individualised Feedback on MCQ Papers via Custom Software <i>Dr Anna Ryan</i>	16536: Clineaus-A Free, Web Repository for Allied Health Clinical Educators <i>A/Prof Andrea Bialocerkowski</i>			16543: Graduate Support in Allied Health-the Implementation of a State Wide, Interprofessional Resource <i>Ms Robyn Smith</i>

1300 > 1400	Lunch Exhibition, Posters and networking	Griffith Health Centre-G40, Lvl.3 Exhibition Area				
1300 > 1400	ANZAHPE Annual General Meeting	Auditorium-5.63				
1310 > 1400	Poster Presentations	Student Lounge, Lvl 4				
	Session Chair: <i>Julie Shaw</i> Poster Presentation 21: 16387: Relationships between Higher Education Institutions and Practice Placements: Strategies to Improve Nursing Student Success and Preceptor Experience in the Current Environments <i>Mrs Faye Davenport</i>	Session Chair: <i>Richard Hays</i> Poster Presentation 29: 16596: Integrating Ethics and Law into Basic Medical Education <i>Prof Richard Hays</i>	Poster Presentation 30: 16234: Strengthening Allied Health Research Capacity: Lessons Learnt from the 2013 Sydney Local Health District Allied Health Research Forum <i>Mr Bradley Loyd</i>	Poster Presentation 31: 16221: Coping with Emotionally Challenging Situations in Clinical Pharmacy Practice: Implementation of a Training Program <i>Ms Jessica Parker</i>	Poster Presentation 32: 16373: Cross-Campus Collaboration: Bridging the Gap for Learners in a Multi-Centre Institution <i>Mr Glenn Trainor, Ms Rashmi Thomas</i>	
	Poster Presentation 22: 16462: Teaching Performance Expectations and Online staff Development for Seasonal Staff <i>Ms Ellen Ernever</i>	Poster Presentation 23: 16528: The Centre for Education and Workforce Development's Clinical Nurse and Midwifery Educators Professional Development and Support Program <i>Ms Rebecca Bedford</i>	Poster Presentation 33: 16346: into the Mix: Physiotherapy Students in the Emergency Department <i>Mrs Jacqueline Leys</i>	Poster Presentation 34: 16109: Out of the Mouths of Baby Boomers! <i>Ms Kristin Edwards</i>		
	Poster Presentation 24: 16288: Why Clinical Teachers Need a Mary Poppins <i>Ms Kim Storme</i>	Poster Presentation 25: 16504: A Loss of Bioscience Knowledge in Nursing Students <i>Ms Sally Schaffer</i>	Poster Presentation 35: 16365: Effect of Implicit Learning on the Acquisition of Fine Motor Skills in Pre-Clinical Endodontics <i>Dr Mohamed El-Kishawi</i>			
	Poster Presentation 26: 16233: Can an Undergraduate Paramedic Student's Inmate Reasoning Ability be Linked to their Academic Performance in the Biological Sciences? <i>Dr Emma Bartle</i>	Poster Presentation 27: 16594: Does Knowledge of Metacognition and Regulation of Metacognition Affect Examination Results of Medical Students? <i>Miss Wei-Han Hong, Ms Esther Daniel</i>				
1400 > 1500	Plenary Session: Sponsored by one45 Software Session Chair: <i>Kathleen Fahy</i> Keynote Speaker- <i>Prof Amanda Henderson</i> As Educators in Health Care are we doing what we need to do?	Poster Presentation 28: 16365: Effect of Implicit Learning on the Acquisition of Fine Motor Skills in Pre-Clinical Endodontics <i>Dr Mohamed El-Kishawi</i>				Auditorium-5.63
1500 > 1630	Afternoon Tea - Exhibition, Posters and networking	Griffith Health Centre-G40, Lvl.3 Exhibition Area				

15:10 > 15:30	Poster Presentations					Student Lounge, LV 4
	Session Chair: <i>Chris Iliodora</i> Poster Presentation 35: 16155: Pilot of a Near-Patient, e-Learning Tool. <i>A/Prof Rob Salzer</i> Poster Presentation 36: 16374: Safer, Smarter Student Education on Placement. <i>Ms Rebecca Pike</i> Poster Presentation 37: 16596: Service Learning in Medical Education. <i>Prof Shazmi Khan</i> Poster Presentation 38: 16311: Strategies to Increase Workplace Learning for Allied Health Professionals: Results from the NSW Allied Health Workplace Learning Study. <i>Mr Bradley Lloyd</i>					
15:30 > 17:00	Concurrent Session 6: (90 min)					
Theme-Innovation in Health Professional Education 15 Min Oral	Theme-Evidence and Theory to Practice 15 Min Oral	Theme-Developing and Recognising Health Professional Educators 15 Min Oral	Theme-Mixed 45 Min Pecha 45 Min Pecha	Theme-Developing and Recognising Health Professional Educators 45 Min Pecha	Theme-Mixed 45 Min Workshops 45 Min Workshops	Theme-Assessment 15 Min Oral
Room: Auditorium-5.63 Session Chair: Victoria Brazil	Room: Lecture Theatre L-5.60 Session Chair: Julie Ash	Room: 5.52 A&B Session Chair: Emma Bartle	Room: 4.111 Session Chair: PC Chan	Room: 4.112 Session Chair: Gary Rogers	Room: 4.113 Session Chair: Monica Moran	Room: 7.102 A&B Session Chair: Gillian Laven
16128: Supporting New Graduate Professional Development: Outcomes of Piloting a Clinical Learning Framework <i>Ms Cate Fitzgerald, Ms Ais Moores</i>	16429: What Clinical Services are Students Safe to Practice within Complex Health Care Environments? Using the Calderdale Framework to Govern Student Led Activities <i>Ms Penny Power</i>	16305: Embedding Human Interaction into e-Learning: Lessons Learnt from an Online Graduate Diploma in Health Professional Education <i>Prof Carole Steketee</i>	16408: Using the Virtual Patient to Help Students Construct Psychiatric Histories: Simulation as Preparation for Practice <i>Mr Bill Haigh</i>	16555: I am interested but I don't know how my Poster will be Engaging Alumni as Medical Educators <i>Dr Kwong Chan, Ms Linda Humphreys, Ms Barbara Wallace</i>	16516: There's more than One Way to Simulate a Cat <i>A/Prof Andrea Blaccerkowski, Ms Simone Howells, Mr Nathan Reeves, Ms Sandy Edwards, Dr Neil Tuttle</i>	16377: Clinical Learning Spaces: Cucchies for Practice Development <i>Mrs Mareke Patton</i>
16631: RACS J-Doc Program for Prevocational Doctors <i>Mr Stephen Tobin</i>	16524: The Impact on Academic Leadership and Educational Capabilities of Students Undertaking Postgraduate Courses in Health Professional Education at the University of Western Australia <i>Dr Sue Miller</i>	16527: The Impact on Academic Leadership and Educational Capabilities of Students Undertaking Postgraduate Courses in Health Professional Education at the University of Western Australia <i>Dr Sue Miller</i>				16422: Communication in the Community: An Alternative Setting for Undergraduate Medical Students to Learn Communication Skills <i>Ms Wicky Peters</i>
16132: Using Cultural Immersion in a First Year Undergraduate Medical Program in Australia <i>A/Prof Janie Smith</i>	16061: Solutions to Australia's General Practitioner Shortage <i>Dr Nicole Koehler</i>	16351: Clinical Skills Tutoring of Early Undergraduate Peers: Evaluation of a Year 6 MBBS Medical Education Elective <i>Dr Carole Khan, Dr Lynne Raw</i>				16083: Experiences and Impacts of Short-Term Rural Placements for Medical Students <i>Prof Julian Wright</i>

15:30 > 17:00	Concurrent Session 6: (90 min)					
Room: Auditorium-5.63 Session Chair: Victoria Brazil	Room: Lecture Theatre L-5.60 Session Chair: Julie Ash	Room: 5.52 A&B Session Chair: Emma Bartle	Room: 4.111 Session Chair: PC Chan	Room: 4.112 Session Chair: Gary Rogers	Room: 4.113 Session Chair: Monica Moran	Room: 7.102 A&B Session Chair: Gillian Laven
16330: The Wrap-up of Case Based Learning <i>Dr Kylie Mansfield</i>	16572: Specialisation in Medicine: How does General Practice -Fit from the Perspective of Undergraduate Medical Students? <i>Mr Katelyn Smith-Han</i>	16270: Teach us to Teach: Medical Students as Educators <i>Miss Alison Hemenstall</i>	16551: Who can I Practice with? -The Challenges of English as a Second Language (ESL) Medical Students in Communication Skills Development <i>Dr Kwong Chan, Ms Linda Humphreys</i>	16210: PBL Groups and Submarine Crews: Training Tutors not to Miss the Boat <i>Dr Mary Jane Dalton</i>	16408: Virtual Simulation and Non-technical Skills in Health Professional Education <i>Ms Monica Peidle</i>	16514: Defining a Minimum Standard: Professional Support Placements in the Medical Imaging Clinical Environment <i>Mr Nathan Tash</i>
16480: Teaching Clinical Reasoning-Students Perception of the Value of Live Patients as a Case Based Learning Stimulus <i>A/Prof Lynda I Parker-Newlyn, Dr Kylie Mansfield, Dr Sal Sanzone</i>	16243: More Community-Sensitive Doctors-how and why: An Overview of where Community-based Medical Education has been and might be going <i>Mr John Goodall</i>	16067: Developing Medical Students' Understanding of how Qualitative Research can be used to Explore and Inform Curriculum <i>A/Prof Patricia Johnson, Ms Hiba Gundru, Ms Sophie West</i>				16438: Physioemergy are Students Keeping it NEAT <i>Ms Kely Thurlow</i>
16391: Professional Boundaries and Boundary Crossing: Walking the Talk <i>Prof Judy McKimm</i>	16654: Palliative Care in Undergraduate Medical Education: How Far have we Come? <i>Ms Danielle Fitzpatrick, Ms Rebecca Heah</i>	16417: Building Capacity for Medical Education Research: Innovative Strategies that Build on Evidence-Based Medicine <i>Ms Pippa Craig, Ms Fan Everingham</i>				16561: Measuring the Intended and Unintended Benefits of Prevocational General Practice Placements in Rural Queensland <i>Prof Scott Kitchener</i>
18:30 > 19:00	Dinner transfer from conference hotel					OT Resort
19:00 > 23:00	Conference Dinner					Seaworld

1230 > 1330	Lunch Exhibition, Posters and networking	Griffith Health Centre -G40, Lvl 3 Exhibition Area
1230 > 1330	HealthFusion Team Challenge: Heats	Auditorium - 5.63
1240 > 1330	SPECIAL PRESENTATION: Discover the Biomedical Education Skills and Training (BEST) Network <i>Dr Melini Pather</i>	Lecture Theatre 1 - 5.60
1240 > 1330	Poster Presentations Session Chair: <i>Victoria Brazil</i> Poster Presentation 43: 16580: 'I'm Calling About...': A Real-Time IPL / Simulation Between Medicine and Pharmacy Students <i>Ms Fiona Ellem, A/Prof Gay Rogers, Ms Denise McConnell</i> Poster Presentation 44: 16485: Perception of Senior Undergraduate Medical and Dental Students on Interprofessional Working and Roles of the Members of a Healthcare Team <i>Dr Pa Se Wong</i> Poster Presentation 45: 16470: TELL Tactics: Selecting Suitable Technologies for Blended Learning <i>Ms Ellen Ernever</i> Poster Presentation 46: 16358: The Differences in Maternal and Perinatal Outcomes in Kirakira, Solomon Islands, Compared with Australia: How a Research Focus can Augment the Learning Opportunities for Medical Students on a Remote Clinical Placement <i>Prof Peter Jones</i> Poster Presentation 47: 16052: Time Efficient interview Practice for Final Year Medical Students <i>Dr Anna Ryan</i>	Student Lounge, Lvl 4
Concurrent Session 8: (90 min)		
Theme - Innovation in Health Professional Education 15 Min Oral	Theme - Interprofessional Learning 15 Min Oral	Theme - Evidence and Theory to Practice 15 Min Oral
Room: Auditorium - 5.63 Session Chair: Julie Ash, Ramnarayan Komatil	Room: Lecture Theatre 1-5.60 Session Chair: Pippa Craig	Room: 5.52 A&B Session Chair: Vaughan Kippers
16251: Evaluation of Traditional and New Osteopathic Curriculum <i>Miss Tracy Morrison</i>	16122: From Inter-Professional to Intra-Professional: The Experience of Health Professionals as Medical Students <i>Dr Peter Gallagher, Ms Kath Hoare</i>	16556: Context and Terminology in Continuing Education: Improving the use of Interventions in Education and Research <i>Dr Simon Kitto</i>
16232: Innovative Practices in an International Partnership: The Melaka Manipal Medical College Experience <i>Dr Ramnarayan Komatil</i>	16261: Students as Individuals in Interprofessional Learning: Should there be an 'I' in 'Team'? <i>Dr Anne Croker</i>	16405: Developing Health Sciences Students' Information Skills through Online Self-Paced Learning <i>Ms Sarah Gallagher</i>
Theme - Innovation in Health Learning in Clinical Spaces 15 Min Oral	Theme - Developing and Recognising Health Professional Educators 45 Min PEALS	Theme - Developing and Recognising Health Professional Educators 45 Min PEALS
Room: 7.102 A&B Session Chair: Richard Hays	Room: 4.113 Session Chair: Tony Egan	Room: 4.112 Session Chair: Matthew Molineux
16550: Are we doing Enough to Prepare our Students for Real-World Placements? A Systematic Review <i>Dr Laura Surmon</i>	16509: Reviewing Manuscripts <i>Mr Tony Egan</i>	16306: Making a Difference: The Health and Social Service Educator as Innovative Qualitative Researcher <i>Ms Marise Lombard, Ms Jenine Beekhuizen</i>
16125: An Audit and Exploration of Graduating Medical Students' Opportunities to Perform Sensitive Examinations as Part of their Learning <i>Dr Harch Bhogparker</i>	16510: Writing for Publication <i>Mr Tony Egan</i>	16378: We think we're Pretty Good at Teaching X, but how can we tell we're not just Kidding Ourselves? <i>Dr Neil Tuttle, Dr Kerrie Evans, A/Prof Andrea Blalockowski</i>

1330 > 1500	Concurrent Session 8: (90 min)	Room: 5.52 A&B Session Chair: Vaughan Kippers	Room: 4.111 Session Chair: Fiona Ellem	Room: 4.112 Session Chair: Matthew Molineux	Room: 7.102 A&B Session Chair: Richard Hays
Room: Auditorium - 5.63 Session Chair: Julie Ash, Ramnarayan Komatil	Room: Lecture Theatre 1-5.60 Session Chair: Pippa Craig	16303: How Effective is Blended Learning in Teaching Evidence-Based Medicine? <i>A/Prof Dragan Ilic</i>	16292: Continued	16306: Continued	16512: Effects of Structuring Clinical Handover to Support Learning in Medical Students and Junior Doctors <i>Dr Catherine (Cathy) Haigh</i>
16560: Longlook - a Longitudinal Analysis of an Alternative Rural Program to the Australian Rural Clinical School Model <i>Prof Scott Kitchener</i>	16113: Students' Formal Reflections on Early Interprofessional Learning <i>Ms Susan McNaughton</i>	16414: Pathology in the Goldilocks Zone <i>Dr Diane Kenwright</i>	16301: Assessment of Professionalism in Trainee Health Practitioners: Key Stakeholder and Interprofessional Perspectives <i>Ms Marise Lombard, Ms Louise Allridge, Ms Eleanor Milligan, Mr Peter Westwood</i>	16510: Writing for Publication <i>Mr Tony Egan</i>	16520: 'Thrown in the Deep End' - Graduating University of Queensland Students Transition to Medical Practice <i>Ms Lorna Davin</i>
16319: Giving Back so that Curriculum Reflects the Changing Face of Healthcare: Experiences of Clinical Members of a Speech Pathology Curriculum Reference Group <i>Dr Emma Power</i>	16394: The Hidden Curriculum in Interprofessional Allied Health Education: Shifting the Gaze Beyond the Classroom <i>Dr Rebecca Olson, Ms Nerida Klupp</i>	16348: How do Lifestyle Habits Affect Student Attitudes and Performance? <i>Dr Laura Surmon</i>	16378: We think we're Pretty Good at Teaching X, but how can we tell we're not just Kidding Ourselves? <i>Dr Neil Tuttle, Dr Kerrie Evans, A/Prof Andrea Blalockowski</i>	16371: Outcomes of Simulated Learning in Clinical Medical Imaging Environments - Teaching Quality in Paediatric Radiographic Technique <i>Ms Nicola Turley, Ms Deborah Sinclair</i>	16369: The Personal Costs of Continuity of Care Experiences for Midwifery Students <i>A/Prof Linda Sweet</i>
16130: Breathing Life into Problem-Based Learning Cases <i>Prof Michelle McLean, Prof Victoria Brazil</i>	16508: IPE Now: Students Striving for Early Collaboration <i>Mr Joseph Monteith</i>				
1500 > 1530	Afternoon Tea - Exhibition, Posters and networking				
1530 > 1630	Plenary Session: Session Chair: <i>Gay Rogers</i> ; Organisations Lead: <i>Dr Sarah Wardley</i> Panel Discussion: Our Future Healthcare Professionals: Risks and Opportunities from Current Trends in Education and Practice Participants: <i>Dr Barbara Hooper, A/Prof Ralph Green, Prof Stephen Billett, Prof Amanda Henderson and Dr Bruce Newton</i>				
1630 > 1700	Closing Ceremony Session Chair: Indu Singh				
1700	Conference Close				



SPEAKER LIST

SPEAKER LIST (alpha order)

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Ahern, Storie	Kathy, Kim	Dr, Ms	16292	"Mary Peppins' Position Description"	Thursday 10 July	1330 - 1500	310
Ali, Wilkinson	Anthony, Tim	Mr, Prof	16136	Excellence in Professionalism - Defining the Potentially Distinguished Student	Tuesday 8 July	1330 - 1500	131
Ashby	Samantha	Dr	16299	Implementing Micro-Teaching Experiences during Practice Education to Enhance Active Learning of Theoretical Knowledge and its Application in Practice	Tuesday 8 July	1630 - 1730	161
Bacon	Rachel	Ms	16164	Insights from A Modified Delphi Study: Supporting Quality Entry-Level Assessments During Clinical Placements	Tuesday 8 July	1330 - 1500	114
Bearman	Margaret	A/Prof	16589	National Health Education and Training in Simulation (NHET-Sim): Building a Community of Simulation-Based Education Practitioners	Tuesday 8 July	1630 - 1730	147
Bearman, Molloy	Margaret, Elizabeth	A/Prof, A/Prof	16388	The 'Assessment Decisions' Framework: Enhancing Health Professional Educators' Assessment Practice	Thursday 10 July	0830 - 1000	278
Bedford	Rebecca	Ms	16533	Evaluation of the Delivery of Teaching on the Run to Clinical Supervisors in Sydney and South Western Sydney Local Health Districts	Tuesday 8 July	1330 - 1500	111
Bhoopalkar	Harsh	Dr	16125	An Audit and Exploration of Graduating Medical Students' Opportunities to Perform Sensitive Examinations as Part of their Learning	Thursday 10 July	1330 - 1500	317
Bialocerkowski	Andrea	A/Prof	16535	Clinedaus - A Free, Web Repository for Allied Health Clinical Educators	Wednesday 9 July	1130 - 1300	217
Bialocerkowski, Reeves, Edwards, Tuttle	Andrea, Simone, Nathan, Sandy, Neil	A/Prof, Ms, Mr, Ms, Dr	16516	There's more than One Way to Simulate a Cat	Wednesday 9 July	1530 - 1700	251
Blissett	Stephen	Prof		Learning through Practice: Concepts, Evidence and Potential for Healthcare Professional Education	Tuesday 8 July	1530 - 1630	141
Boursnell	Melanie	Dr	16138	Financial Management Education: From Resistance to Respect	Wednesday 9 July	1130 - 1300	203
Boyd	Matt	Dr	16031	The Impact of Progress Testing in the MBChB Programme on Students' Approach to Study and Stress	Wednesday 9 July	0830 - 1000	175
Brand	Gabrielle	Dr	15544	Preparing for Peer Assisted Learning? Tips for Developing PAL across the Classroom and Clinical Setting	Tuesday 8 July	1630 - 1730	143
Brotschie	Kathy	Dr	16554	More than going through the Motions: First Year Medical Students' Responses to a "Flipped Classroom" Approach to Clinical Skills Teaching	Tuesday 8 July	1100 - 1230	76
Burgess	Annette	Dr	16249	Student Ability to Assess their Peers in Long Case Clinical Examination	Wednesday 9 July	0830 - 1000	180
Butler	Jane	Dr	16292	The Development of Clinical Reasoning Skills in Undergraduate Physiotherapy Students	Wednesday 9 July	1130 - 1300	201
Cabello	Valeria	Dr	16279	Assessing how Medical Students Explain Diagnosis and Treatment to Simulated Patients: an Educational Perspective	Tuesday 8 July	1100 - 1230	83
Caldwell, Scott	Patrina, Karen M	A/Prof, Dr	16492	Ten Steps for Clinicians wanting to Conduct Medical Education Research	Tuesday 8 July	1100 - 1230	97

Chan, Humphreys	Kwong, Linda	Dr, Ms	16551	Who can I Practice with? - The Challenges of English as a Second Language (ESL) Medical Students in Communication Skills Development	Wednesday 9 July	1530 - 1700	248
Chan, Humphreys, Wallace	Kwong, Linda, Barbara	Dr, Ms, Ms	16555	I am Interested but I don't know how my Roster will be - Engaging Alumni as Medical Educators	Wednesday 9 July	1530 - 1700	249
Chapple, McLean	Cathy, Angela	Dr, Dr	16035	Feedback in Clinical Education	Tuesday 8 July	1100 - 1230	88
Choy, Carnegie, Carnegie	Christine, Lisa, Megan	Miss, Ms, Ms	15920	Educating the Educator: Professional Development of Student Supervisors in the Disability Sector in New South Wales	Tuesday 8 July	1330 - 1500	122
Clarey	Susan	Ms	16145	Helping Medical Students take an Accurate Medication History - 'Poca Update'	Tuesday 8 July	1100 - 1230	75
Clarke	Rufus	Dr	16275	How Experienced does an OSCE Clinical Examiner have to be?	Tuesday 8 July	1100 - 1230	81
Craig, Everingham	Pippa, Fran	A/Prof, Ms	16435	Using Action Research to Build Capacity in Medical Education Research	Tuesday 8 July	1100 - 1230	98
Craig, Everingham	Pippa, Fran	Ms, Ms	16417	Building Capacity for Medical Education Research: Innovative Strategies that Build on Evidence-Based Medicine	Wednesday 9 July	1530 - 1700	246
Creebin	Wendy	Dr	16338	Teaching Clinical Decision Making: A Model for Explaining how it Works	Thursday 10 July	0830 - 1000	279
Croker	Anne	Dr	16261	Students as individuals in Interprofessional Learning: Should there be an 'I in Team'?	Thursday 10 July	1330 - 1500	300
Dalzell	Kathy	Ms	16379	The Development of a Work-based Assessment (WBA) of Teamwork Tool - an Interprofessional Approach	Tuesday 8 July	1330 - 1500	115
Dalton	Mary Jane	Dr	16210	PBL Groups and Submarine Crews: Training Tutors not to Miss the Boat	Wednesday 9 July	1530 - 1700	250
Davin	Lorna	Ms	16520	'Thrown in the Deep End' - Graduating University of Queensland Students Transition to Medical Practice	Thursday 10 July	1330 - 1500	319
Dean	Helén	Ms	16250	An Exploration of the Key Components of Exemplary Professional Supervision Practice for Dietetic Students. The Development of a Best Practice Framework for the Effective Supervision of Student Dietitians	Tuesday 8 July	1330 - 1500	140
Dickie	Robyn	Ms	16376	An Interprofessional Transition Program: Supporting the HealthCare Team Transition to Clinical Practice	Thursday 10 July	0830 - 1000	270
Diverall	Merrilyn	Ms	16167	Utilisation of e-Learning Technologies within the Post Graduate Rehabilitation Medicine Learning Environment	Wednesday 9 July	1130 - 1300	189
Diverall	Merrilyn	Ms	15788	Developments within Postgraduate Rehabilitation Medicine training in Victoria: Needs, Changes and Challenges	Wednesday 9 July	1130 - 1300	202
Dordic	Tatjana	Ms	16407	Defining and Understanding Effective Interprofessional Practice across Contexts	Wednesday 9 July	0830 - 1000	189
Doshi, Brazil, Yates	Neelam, Victoria, Natasha	Dr, Dr, Dr	16459	Basic Science Virtually Alive Linking Basic Sciences with Clinical Science in an Undergraduate Medical Curriculum	Wednesday 9 July	1130 - 1300	219
Dungey	Gay	Ms	16168	Communicating is Easy, isn't it?	Tuesday 8 July	1100 - 1230	96
Egan	Tony	Mr	16509	Reviewing Manuscripts	Thursday 10 July	1330 - 1500	314
Egan	Tony	Mr	16510	Writing for Publication	Thursday 10 July	1330 - 1500	315

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Elliott	Kristine	Dr	16495	Integrating Bioscience and Clinical Learning through the Innovative use of Technology	Wednesday 9 July	1130 - 1300	188
English	Libby	Miss	16091	The Goal is Communication: A Supervision Module to Develop Effective Communication Skills in Tertiary Students	Thursday 10 July	0830 - 1000	261
Erey	Judi	Dr	16522	The Acquisition of Clinical Skills by Pre-Clinical Students - a Multi-Faceted Student Focused Approach	Tuesday 8 July	1100 - 1200	73
Erey	Judi	Dr	16541	Teaching the Teacher: Improving the Standard and Consistency of Teaching by Casual Clinical Tutors	Tuesday 8 July	1630 - 1730	148
Fahy	Kathleen	Prof	16174	Enhancing the Credibility of Competency Assessment	Tuesday 8 July	1630 - 1730	159
Fitzgerald, Moores	Cate, Ails	Ms, Ms	16128	Supporting New Graduate Professional Development: Outcomes of Piloting a Clinical Learning Framework	Wednesday 9 July	1530 - 1700	229
Fitzpatrick, Heah	Danielle, Rebecca	Ms, Ms	16854	Palliative Care in Undergraduate Medical Education: How far have we Come?	Wednesday 9 July	1530 - 1700	240
Fox	Suzette	Dr	16046	Students' Experience of a Rotational Placement Model and the Impact on Emergent Social Work Practice	Tuesday 8 July	1330 - 1500	128
Fox, Plunket	Suzette, Marita	Dr, Ms	16465	Creating Allied Health Professionals with Capacity for Effective Collaboration	Tuesday 8 July	1100 - 1230	93
French	Robyn	Ms	16349	Every Minute Counts! Engaging Learners in Effective Observation while Undertaking Clinical Placement	Tuesday 8 July	1330 - 1500	107
Friry, McKinstry	Phillippa, Wendy	Ms, Ms	16280	Cultivating Interprofessional Practice in New Zealand: An Intersectoral Approach to Developing and Implementing an Interprofessional Student Education Initiative	Wednesday 9 July	1130 - 1300	226
Furness, Anderson	Linda, Veronique	Ms, Ms	16331	Pre Entry Student Contribution to Patient Service Delivery - Is there more to it than Meets the Eye?	Tuesday 8 July	1330 - 1500	113
Gallagher	Steve	Dr	16070	Using Online Video Annotation to Develop Communication and Self-Reflection Skills in Medical Students: A Pilot Study	Tuesday 8 July	1100 - 1230	77
Gallagher	Peter	Dr	16124	Building a Community of Practice: Forming a New Interprofessional Teaching Team in a Rural and Distant Location	Tuesday 8 July	1100 - 1230	90
Gallagher, Hoare	Sarah	Ms	16405	Developing Health Sciences Students' Information Skills through Online Self-Paced Learning	Thursday 10 July	1330 - 1500	306
Gallagher, Hoare	Peter, Kath	Dr, Ms	16123	From Inter-Professional to Intra-Professional: The Experience of Health Professionals as Medical Students	Thursday 10 July	1330 - 1500	299
Gallagher, Hanna	Peter, Kath, Sean	Dr, Ms, Dr	16019	Adding to the Mix: Sharing Strategies and Challenges when Providing Staff Development for Clinicians as Teachers	Thursday 10 July	0830 - 1000	280
Ganeshanatham	Gihan	Dr	16321	Three Disciplines, Two Days, One Interprofessional Ward Simulation - Connecting Theory to Practice for Undergraduate Health Professional Students	Wednesday 9 July	1130 - 1300	225
Geach	Amy	Ms	16304	Thinking in New Boxes: Why Marketing should be an Essential Component in Healthcare Education	Wednesday 9 July	1130 - 1300	204
Gilbee	Alana	Ms	16448	Partnering with Consumers in Interprofessional Education: Error Disclosure Training for Junior Clinicians	Tuesday 8 July	1100 - 1230	91
Goodall	John	Mr	16243	More Community-Sensitive Doctors - how and why: An Overview of where Community-based Medical Education has been and Might be Going	Wednesday 9 July	1530 - 1700	239

Gooding	Mark	Mr	16506	Staff Establishment is a Good Indicator of Comparability and Predictability of Clinical Placement Offers	Tuesday 8 July	1330 - 1500	126
Grace	Sandra	Dr	16421	The Well Athlete Project: A Community-Based Interprofessional Clinical Placement	Wednesday 9 July	0830 - 1000	190
Green	Patricia	A/Prof	16486	Professional Identity Formation in Medical Students: Perspectives from RN Clinical Tutors	Wednesday 9 July	0830 - 1000	178
Green	Ralph	A/Prof		Communication Technologies as Drivers and Facilitators of Change in Health Professional Education	Thursday 10 July	1030 - 1130	288
Gulliver, Gallagher	Linda, Steve	Dr, Mr	16393	eCases for Blended Delivery in a Medical Curriculum	Wednesday 9 July	0830 - 1000	170
Gum, Schoo	Lyn, Adrian	Ms, Prof	16195	Preparing Health Professional Educators for Interprofessional Learning: Lessons Learnt from a Pilot Program	Thursday 10 July	0830 - 1000	267
Gum, Smith	Lyn, Robyn	Ms, Ms	16418	Exploring Experience with Interprofessional Academic Community around Health Professional Education	Wednesday 9 July	0830 - 1000	185
Gum, Smith	Lyn, Robyn	Ms, Ms	16197	Building an Interprofessional Academic Community around Health Professional Education	Thursday 10 July	0830 - 1000	266
Guppy	Michelle	A/Prof	16354	Virtual Clinics for Vertically Integrated Teaching	Tuesday 8 July	1630 - 1730	155
Guppy, Townsend	Michelle, David	A/Prof, Mr	16488	Methods Used by Australian Medical Students to Assess the Quality of Social Media Educational Resources	Wednesday 9 July	0830 - 1000	181
Haigh	Bill	Mr	16408	Using the Virtual Patient to Help Students Construct Psychiatric Histories: Simulation as Preparation for Practice	Wednesday 9 July	1530 - 1700	247
Haigh	Catherine (Cathy)	Dr	16512	Effects of Structuring Clinical Handover to Support Learning in Medical Students and Junior Doctors	Thursday 10 July	1330 - 1500	318
Hamlin	Gary	A/Prof	16294	Preparing for "Flipping" the Classroom	Wednesday 9 July	1130 - 1300	214
Harris	Peter	Dr	16476	Early Identification and Intervention for Students at Risk of Academic Failure	Tuesday 8 July	1630 - 1730	153
Harrison	Amanda	Dr	16454	The Influence of the "Hidden Curriculum" on Student use of Mobile Devices in the Clinical Setting	Tuesday 8 July	1630 - 1730	154
Hastie	Carolyn	Ms	16310	How do Students Evaluate their Interactions with their Teammates During their Participation in Team Based Assignments?	Wednesday 9 July	0830 - 1000	179
Hempenstall	Allison	Miss	16308	MD e-Portfolio Pilot: A Novel Method of Assessing Medical Students in a Student-Led Conference Subject	Tuesday 8 July	1630 - 1730	152
Hempenstall	Allison	Miss	16270	Teach us to Teach: Medical Students as Educators	Wednesday 9 July	1530 - 1700	244
Henderson	Amanda	Prof		As Educators in Health Care are we doing what we Need to do?	Wednesday 9 July	1400 - 1500	228
Ho	Veronica	Ms	15464	Online Testable Concept Maps: Benefits for Learning	Wednesday 9 July	1130 - 1300	197
Hooper	Barbara	Dr		Exploring the Epistemological Foundations of Interprofessional Learning	Thursday 10 July	1130 - 1230	289
Horstmannshof, Moore	Louise, Keri	Dr, Dr	16518	Preparing Tomorrow's Clinical Educators Today	Tuesday 8 July	1100 - 1230	87
Horton	Graeme	Dr	16396	Asking the Right Questions: A Qualitative Study of Basic Science Learning in PBL	Thursday 10 July	0830 - 1000	285

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Howells, Waite, Cardell, Blatnickowsk, Tuttle	Simone, Monique, Elizabeth, Andrea, Neil	Ms, Dr, A/Prof, A/Prof, Dr	16409	A Novel Approach to Simulated Learning in Speech Pathology	Thursday 10 July	0830 - 1000	263
Ilic	Dragan	A/Prof	16511	Is Medical Student Performance on Mini-Clinical Evaluation Exercises a Predictor for Performance in OSCEs?	Tuesday 8 July	1100 - 1230	82
Ilic	Dragan	A/Prof	16302	Development and Validation of the ACE Tool: Assessing Medical Trainees' Competency in Evidence-Based Medicine	Tuesday 8 July	1630 - 1730	150
Ilic	Dragan	A/Prof	16303	How Effective is Blended Learning in Teaching Evidence-Based Medicine?	Thursday 10 July	1330 - 1500	307
Innes	Lesley	Ms	16556	Development of a Vocational Education and Training (VET) Sector Graduate Diploma for Doctors with an Interest in Surgery	Tuesday 8 July	1330 - 1500	138
Innes	Lesley	Ms	16534	An Innovative Approach to Deliver Activity Based Funding Education to Health Professionals: The Design and Launch of a 'Mobile App'	Wednesday 9 July	0830 - 1000	168
Iqbal	Maha Pervaz	Dr	16286	Identifying the Critical and Important Collaborative Competencies that Relate to Effective Collaborative Learning Environments in Medicine	Thursday 10 July	0830 - 1000	275
Johnson	Robyn	Ms	16515	Should we Screen the Communication Skills of Speech Pathology Students? Opinions of Speech Pathology Students	Wednesday 9 July	1130 - 1300	210
Johnson, Gundru, West	Patricia, Hiba, Sophie	A/Prof, Ms, Ms	16067	Developing Medical Students' Understanding of how Qualitative Research can be used to Explore and Inform Curriculum	Wednesday 9 July	1530 - 1700	245
Johnson, Moore	Melissa, Karl	Mrs, Ms	16253	A Great Way to Learn, Network and Collaborate - The Allied Health Graduate Program	Thursday 10 July	0830 - 1000	269
Johnston	Catherine	Ms	16045	Allied Health Student Clinical Placements in Residential Aged Care Facilities: Staff Attitudes and Support Needs	Tuesday 8 July	1330 - 1500	127
Johnston	Catherine	Ms	16521	Would iPads™ Assist Students on Clinical Placement?	Tuesday 8 July	1630 - 1730	156
Johnston	Catherine	Ms	16047	The Relationship Between Academic and Clinical Performance in Physiotherapy Students	Wednesday 9 July	0830 - 1000	176
Jones	Peter	Prof	16355	Kirakira, a New Model for Gaining Clinical Exposure and Supervision for Senior Medical Students in a Developing World Clinical Rotation	Tuesday 8 July	1630 - 1730	164
Jorm	Christine	A/Prof	16855	Preparing Students to Learn about Patient Safety - Constructing a Mass Trauma Simulation that Challenges Team-Working Skills	Tuesday 8 July	1630 - 1730	160
Judd	Belinda	Ms	16461	Does Clinical Simulation Elicit Similar Stress Responses to Clinical Practice in Physiotherapy Students?	Tuesday 8 July	1330 - 1500	108
Kamal	Mushtofa	Mr	16588	Blended Learning in Paediatric Allergic Module in Medical Education	Wednesday 9 July	0830 - 1000	167
Kamal	Mushtofa	Mr	16587	GAMEL* Alert System to Improve Students' Understanding in Health System Module on Medical Curricula	Wednesday 9 July	0830 - 1000	171
Kelder	Jo-Anne	Dr	16194	Health Professional Education: Equipping Clinicians for the Role of Teaching in their Everyday Work	Tuesday 8 July	1100 - 1230	86
Kennedy-Jones	Mary	Dr	16268	Using Concept Maps to Identify Changes in the Quality of Occupational Therapy Students' Learning in a Compulsory Volunteering Subject	Thursday 10 July	0830 - 1000	283
Kenwright	Diane	Dr	16414	Pathology in the Goldlocks Zone	Thursday 10 July	1330 - 1500	308

Kerkow, Rogers, Chan	Emma, Gary, Pit	Miss, A/Prof, Ms	16339	Preparing Early Undergraduate Students for Interprofessional Learning through the use of an Online Video Learning Package	Wednesday 9 July	0830 - 1000	182
Kerr	Ian	Dr	16291	The ACCLAIM OSCE Consortium - Lessons Learned!	Tuesday 8 July	1100 - 1230	80
Khan	Shazmi	Prof	16597	Role of Selective Course in Enhancing Medical Student's Educational Experience and Clinical Skills	Wednesday 9 July	0830 - 1000	187
Khaw, Raw	Carole, Lynne	Dr, Dr	16351	Clinical Skills Tutoring of Early Undergraduate Peers: Evaluation of a Year 6 MBBS Medical Education Elective	Wednesday 9 July	1530 - 1700	243
Kitchener	Scott	Prof	16561	Measuring the Intended and Unintended Benefits of Prevocational General Practice Placements in Rural Queensland	Wednesday 9 July	1530 - 1700	268
Kitchener	Scott	Prof	16560	Longlook - a Longitudinal Analysis of an Alternative Rural Program to the Australian Rural Clinical School Model	Thursday 10 July	1330 - 1500	295
Kitto	Simon	Dr	16856	Context and Terminology in Continuing Education: Improving the use of Interventions in Education and Research	Thursday 10 July	1330 - 1500	305
Knight	Sabina	Prof	16467	Giving the OSCE a New Shine: A Framework for Utilising OSCEs in Nursing and Midwifery Education and Postgraduate Transition to Practice	Tuesday 8 July	1100 - 1230	84
Koehler	Nicole	Dr	16061	Solutions to Australia's General Practitioner Shortage	Wednesday 9 July	1530 - 1700	237
Komatitil	Ramnarayan	Dr	16232	Innovative Practices in an International Partnership: The Melaka Manipal Medical College Experience	Thursday 10 July	1330 - 1500	291
Kumar	Koshila	Dr	16426	Interprofessional Education and Supervision: How is it Enacted in the Clinical Workplace and what is the Impact on Professional Identity?	Wednesday 9 July	0830 - 1000	186
Kumar, Greenhill, Tietz	Koshila, Jennene, Lori	Dr, Prof, Ms	16413	Symbiotic Clinical Education: A Framework to Guide Health Professions Educators' Reflections on and Analysis of their own Clinical Education Program	Tuesday 8 July	1330 - 1500	120
Lal	Seema	Dr	16216	Competency-Based Assessment of Laboratory Procedures in the 4th & 5th Year BDS Program, Fiji National University	Tuesday 8 July	1100 - 1230	95
Langendyk	Vrcki	Dr	16263	Learning Ethical Reasoning and the Development of Moral Judgement in Medical Students	Tuesday 8 July	1100 - 1230	105
Langendyk	Vrcki	Dr	16327	Communities of Practice: Maintaining the Status Quo in Medical Education	Tuesday 8 July	1330 - 1500	136
Leadbeater	Delyse	Dr	16326	Considering a Multiple Perspective View of Dental (and Health Professional) Education	Thursday 10 July	0830 - 1000	276
Lee	Victor	Dr	16398	Evaluation of an Emergency Department (ED) Interprofessional Simulation Program: What are the Behavioural Outcome Benefits for ED Doctors and Nurses?	Wednesday 9 July	0830 - 1000	194
Lee, Sheehan	Avril, Dale	Mrs, Dr	15856	House Officer Prescribing - Building a Sustainable Interprofessional Education Platform to Improve Medication Safety	Tuesday 8 July	1330 - 1500	112
Lillis	Steven	Dr	16364	Progress Testing: 12 months of Experience as a Summative Assessment	Wednesday 9 July	0830 - 1000	174
Lindemann, Ward, Orrell	Iris, Helena, Janice	Ms, Dr, Prof	16356	National Assessment Colloquium in Medical Education	Thursday 10 July	0830 - 1000	282
Lombard, Aldridge, Milligan, Westwood	Marise, Louise, Eleanor, Peter	Ms, Ms, Ms, Mr	16301	Assessment of Professionalism in Trainee Health Practitioners: Key Stakeholder and Inter-Professional Perspectives	Thursday 10 July	1330 - 1500	311

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Lombard, Beekhuizen	Marise, Jennie	Ms, Ms	16306	Making a Difference: The Health and Social Service Educator as Innovative Qualitative Researcher	Thursday 10 July	1330 - 1500	312
Lyndon	Mataroria	Dr	16395	Career Intentions of Medical Students: Links with Academic Motivation and Quality of Life	Wednesday 9 July	0830 - 1000	182
Lyndon, Masters	Mataroria, Thomas	Dr, Mr	16105	The Motivation and Well-being of Medical Students: A Systematic Review	Wednesday 9 July	0830 - 1000	177
MacDonald, Gallagher	Joanna, Peter	Dr, Mr	16207	Helping Students who are Struggling to Succeed	Wednesday 9 July	0830 - 1000	183
Manakil	Jane	Dr	16063	Confidence, Learning Preferences and Practice Management Knowledge amongst Graduating Dentists Entering the Work Force	Wednesday 9 July	1130 - 1300	207
Mansfield	Kylie	Dr	16537	Jumping in the 'Deep End' of Medical School: Do Undergraduate Science Students Spend too much Time in the Shallow?	Tuesday 8 July	1100 - 1230	103
Mansfield	Kylie	Dr	16293	Case-Based Learning (CBL) Small Group Facilitation: An Exploration of Student Perceptions	Wednesday 9 July	1130 - 1300	212
Mansfield	Kylie	Dr	16330	The Wrap-up of Case Based Learning	Wednesday 9 July	1530 - 1700	232
Martin	Holly	Dr	16502	Competing Demands on Junior Doctor's Continuing Medical Education: The Development of a Comprehensive Opportunistically Applied Clinical Curriculum	Thursday 10 July	0830 - 1000	287
McAllister	Lindy	Prof	16503	Developing Expertise and Leadership in Clinical Supervision	Tuesday 8 July	1100 - 1230	85
McKimm	Judy	Prof	16391	Professional Boundaries and Boundary Crossing: Walking the Talk	Wednesday 9 July	1530 - 1700	234
McLean, Brazil	Michelle, Victoria	Prof, Prof	16130	Breathing Life into Problem-Based Learning Cases	Thursday 10 July	1330 - 1500	298
McNaughton	Susan	Ms	16113	Students' Formal Reflections on Early Interprofessional Teamwork	Thursday 10 July	1330 - 1500	301
Meiyappan	Vivek	Dr	15433	Anatomy Club - A way of teaching and learning anatomy	Wednesday 9 July	1130 - 1300	215
Mercer	Arnette	A/Prof	16493	What is the Future for Aptitude Tests in the Selection of Health Professionals?	Wednesday 9 July	1130 - 1300	208
Miller	Sue	Dr	16527	The Impact on Academic Leadership and Educational Capabilities of Students Undertaking Postgraduate Courses in Health Professional Education at the University of Western Australia	Wednesday 9 July	1530 - 1700	242
Miller, Bridgman	Heidi, Marie	Ms, Ms	16582	Strengthening Engagement, Sustaining Placements	Tuesday 8 July	1330 - 1500	129
Miller, Taylor	Penny, Heidi	Ms, Ms	16585	Making Innovative Placements Sustainable	Tuesday 8 July	1100 - 1230	99
Monteith	Joseph	Mr	16508	IPE Now: Students Striving for Early Collaboration	Thursday 10 July	1330 - 1500	304
Mooney	Sarah	Dr	16370	Clinical Educators in Physiotherapy: Faithful, Forced or Obligated	Tuesday 8 July	1330 - 1500	123
Mooney	Sarah	Dr	16372	Education Theories in Physiotherapy Practice: Invisible Yet Invaluable	Thursday 10 July	0830 - 1000	277

Moore, Fitzgerald	Ails, Cate	Ms, Ms	16165	Indicators for Pre-Entry Students' Contribution to Health Care: Outcomes of a Qualitative Review	Tuesday 8 July	1100 - 1230	101
Moro	Christian	Dr	16565	Implementing the use of Back Channel Software in Health Science: A Novel way to Interact with Students	Wednesday 9 July	1130 - 1300	186
Moro	Christian	Dr	16375	Developing Critical Thinking Skills in the Sciences: Do Different Disciplines and Professions Require Different Approaches?	Thursday 10 July	0830 - 1000	273
Moro	Christian	Dr	15868	What's the Point of the Question? Using Command Terms to Demand Higher-Order Thinking	Thursday 10 July	0830 - 1000	274
Morrison	Tracy	Miss	16251	Evaluation of Traditional and New Osteopathic Curriculum	Thursday 10 July	1330 - 1500	290
Murray	Anne-Marie	Dr	16570	Integrated Learning in the Early Years of Medical School: An Analysis of the Interpretations of Medical Students Based on a Framework of Personal Epistemological Theory	Tuesday 8 July	1100 - 1230	102
Murray	Carolyn	Ms	16137	Preparing Occupational Therapy Graduates for the Workplace: Targeting the 'Troublesome Knowledge'	Wednesday 9 July	1130 - 1300	205
Murthy	Shashidhar Venkatesh	A/Prof	16017	Effective Teaching of Pathology with Limited Resources in a Rural Medical School in Australia - Technology Enhanced Cognitive Scaffolding - One Man Army	Wednesday 9 July	1130 - 1300	216
Neminathan, Scott, Harrison, Caldwell	Aruny, Karen, Amanda, Patrina	Dr, Dr, Dr, A/Prof	16440	Expedient Self-Education: Using Mobile Devices for Learning in the Clinical Setting	Wednesday 9 July	0830 - 1000	184
Newby	Matthew	Mr	16361	An Innovative Case-Based Interprofessional Learning Program: Was it Worth the Effort?	Thursday 10 July	0830 - 1000	268
Newton	Bruce	Prof		Neural Basis of Cognitive and Vicarious Empathy and how Physicians and Medical Students in their Rotations, use Empathy to Respond to Patient-Related Events	Wednesday 9 July	1030 - 1130	195
Newton, Henderson	Jennifer, Amanda	A/Prof, Prof	16524	The Clinical Workplace Learning Culture Survey (CWLCS) - a New Tool	Wednesday 9 July	1530 - 1700	236
O'Connor	William	Prof	16600	Incorporating Step 1 Usmle into a Problem Based Learning Curriculum	Wednesday 9 July	0830 - 1000	173
O'Keefe	Katrina	Miss	16549	Could Less Equal More? Using a Simplified Tool to Improve the Quality of Undergraduate Radiography Student Feedback	Tuesday 8 July	1630 - 1730	168
Olsen	Rebecca	Dr	16538	The Role of Reflexivity in Developing Cultural Competency in a Large Undergraduate Interprofessional Allied Health Unit	Thursday 10 July	1330 - 1500	303
Olsen, Klupp	Rebecca, Nerida	Dr, Ms	16394	The Hidden Curriculum in Interprofessional Allied Health Education: Shifting the Gaze Beyond the Classroom	Thursday 10 July	1330 - 1500	302
O'Shea	Marie-Claire	Ms	16362	Inter-professional Clinical Learning through Extended Immersion in Medical Simulation (CLEIMS): The Dietetic Student Experience	Wednesday 9 July	1130 - 1300	224
Ossenberg	Christine	Ms	16552	Rethinking Professional Competency Standards in Assessment of Workplace Competence	Tuesday 8 July	1330 - 1500	113
O'Sullivan	Anthony	A/Prof	16281	Beneficial effects of Peer Learning in the UNSW Medicine Program	Tuesday 8 July	1630 - 1730	145
Owen	Suzzanne	A/Prof	16180	Professional Communication during Interprofessional Undergraduate Clinical Simulation: Presentation, Performance and Patients' Response	Wednesday 9 July	1130 - 1300	223
Owen	Adriana	Ms	16131	Engaging Health Professionals in the Development of a Post Qualification Interprofessional Education Program	Thursday 10 July	0830 - 1000	271
Parker-Newlyn, Mansfield	Lyndal, Kylie	A/Prof, Dr	16456	Educational Innovation in the Health Setting - the use of MOOCs in Medical Education	Wednesday 9 July	1130 - 1300	281

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Parker-Newlyn, Mansfield, Sanzone	Lynda, Kylie, Sal	A/Prof, Dr	16480	Teaching Clinical Reasoning – Students Perception of the Value of Live Patients as a Case Based Learning Stimulus	Wednesday 9 July	1530 - 1700	233
Parrott	Jenny	Dr	16150	Expert Validation of the TeamUP Rubric	Tuesday 8 July	1330 - 1500	117
Patton	Narelle	Mrs	16377	Clinical Learning Spaces: Crucibles for Practice Development	Wednesday 9 July	1530 - 1700	263
Peddle	Monica	Mr	16406	Virtual Simulation and Non-Technical Skills in Health Professional Education	Wednesday 9 July	1530 - 1700	252
Peters	Nicky	Ms	16422	Communication in the Community: An Alternative Setting for Undergraduate Medical Students to Learn Communication Skills	Wednesday 9 July	1530 - 1700	254
Power	Penny	Mrs	16431	Building Capacity for Clinical Placements within Complex Health Care Environments: An Investigation into Sustainable Student Led Roles	Tuesday 8 July	1630 - 1730	162
Power	Emma	Dr	16317	Health-Education Partnerships: Bridging The Theory-to-Clinical Practice Gap through Evidence-Based, Collaborative Curriculum Redesign	Wednesday 9 July	1130 - 1300	206
Power	Penny	Mrs	16429	What Clinical Services are Students Safe to Practice within Complex Health Care Environments? Using the Calenderate Framework to Govern Student Led Activities	Wednesday 9 July	1530 - 1700	235
Power	Emma	Dr	16319	"Giving Back so that Curriculum Reflects the Changing Face of Healthcare": Experiences of Clinical Members of a Speech Pathology Curriculum Reference Group	Thursday 10 July	1330 - 1500	296
Price	David	Mr	16284	Implementation of an Evidence Based Simulated Learning Resource with Occupational Therapy Students: A Pilot Study	Thursday 10 July	0830 - 1000	264
Pront	Leeanne	Ms	16419	A Social Construct of Clinical Supervision	Tuesday 8 July	1330 - 1500	121
Radwan	Carolina	Ms	16444	Innovating Medical Education: A Unique Model of Education Led by Students	Tuesday 8 July	1630 - 1730	142
Rees	Sharon	Mrs	16437	Where does Mobile Learning Fit in Continuing Nurse Education	Wednesday 9 July	1130 - 1300	200
Reid	Kate	Dr	16300	Selection Measures as Predictors of Student Achievement in a Medical Course	Wednesday 9 July	1130 - 1300	209
Reid	Paul	Mr	16101	Study Buddy Support Scheme: Medical Radiation Science Undergraduate Students' Perspective	Tuesday 8 July	1100 - 1230	106
Richards	Janeet	Ms	16441	Developing Professional Staff as Resilient Role Models for Medical Students	Thursday 10 July	0830 - 1000	281
Riemits	Helen	Dr	15226	Telehealth Consultations: A New Component of the Clinical Skills Curriculum	Thursday 10 July	0830 - 1000	260
Ross	Linda	Ms	16144	Student Paramedics Building Rapport through Community Engagement	Tuesday 8 July	1330 - 1500	130
Ross	Linda	Ms	16142	The Pathway to Paramedicine - Student Paramedic Perspectives	Tuesday 8 July	1330 - 1500	135
Rudland	Joy	Ms	16403	What Stops Students from Seeking Feedback?	Wednesday 9 July	1130 - 1300	211
Ryall	Tayne	Ms	16347	An Integrative Review of Simulation-based Assessments: What Really Works	Tuesday 8 July	1100 - 1230	79
Ryan	Anna	Dr	16053	Individualised Feedback on MCO Papers via Custom Software	Wednesday 9 July	1130 - 1300	213
Sargeant	Sally	Dr	16579	"Each must Play a Part": Examining the Complex Relationship Between Medical Students and Simulated Patients	Tuesday 8 July	1630 - 1730	146
Schoo	Adrian	Prof	16169	Motivational Interviewing in Chronic Disease Management: Preparing for Clinical Practice through Reflective Learning	Tuesday 8 July	1100 - 1230	94

Schoo	Adrian	Prof	16170	Developing Motivational Interviewing Skills for Clinical Educators, Practitioners and Students: Feedback through Virtual Training	Wednesday 9 July	0830 - 1000	169
Scott	Karen M	Dr	16453	An Australian Investigation of 'Teaching by Humiliation'	Thursday 10 July	0830 - 1000	272
Selzer	Rob	A/Prof	16120	Designing and Deploying an e-Learning Resource. The Pitfalls and how to Avoid them	Wednesday 9 July	0830 - 1000	166
Seventhuyesen, Thorpe	Samantha, Joanne	Mrs, Ms	16273	Promoting Peer Assisted Learning in Allied Health Clinical Education: A Multidisciplinary Randomised Trial	Tuesday 8 July	1330 - 1500	110
Shardlow, Gooding	Kassie, Mark	Ms, Mr	16496	Creating Clinical Learning Opportunities: How to Build Placement Capacity and Maintain Growth	Tuesday 8 July	1330 - 1500	125
Shires	Lizzi	A/Prof	16463	How do you Evaluate Rural Health Placements in Early Clinical Years	Tuesday 8 July	1100 - 1230	100
Shires	Lizzi	A/Prof	16464	Less Teaching more Learning	Wednesday 9 July	1130 - 1300	221
Siddiqui, Dalziel	Zarim, Bronwen	A/Prof, Dr	16383	EPortfolio in Medical Education: The Good, the Bad and the Ugly	Tuesday 8 July	1630 - 1730	161
Sim	Joong Hong	Dr	16574	A Closer Look at Checklist Scoring and Global Rating for Four OSCE Stations: Do the Scores Correlate Well?	Tuesday 8 July	1330 - 1500	118
Smith	Robyn	Ms	16543	Graduate Support in Allied Health – the Implementation of a State Wide, Interprofessional Resource	Wednesday 9 July	1130 - 1300	227
Smith	Janie	A/Prof	16132	Using Cultural Immersion in a First Year Undergraduate Medical Program in Australia	Wednesday 9 July	1530 - 1700	231
Smith	Aline	Dr	16539	Peer Observation Partnership (pop) Program for PBL Tutors	Thursday 10 July	0830 - 1000	286
Smith, Springer	Janie, Shannon	A/Prof, Dr	16133	Determining the Right Balance of Indigenous Health Education in an Undergraduate Medical Program in Australia – how did we do it?	Tuesday 8 July	1330 - 1500	137
Smith, Yates	Jane, Natasha	A/Prof, Ms	16420	How can we Teach Less so they Learn more? The Benefits of Constructive Alignment of Clinical Activities, Learning Outcomes, and Assessments with a Flipped Classroom, to Expand on Workplace Based Learning. An Example from General Practice	Wednesday 9 July	1130 - 1300	220
Smith-Han	Keby	Mr	16423	Values in Medical Education - what are we Communicating our Students?	Tuesday 8 July	1100 - 1230	104
Smith-Han	Keby	Mr	16572	Specialisation in Medicine: How does General Practice 'Fit' from the Perspective of Undergraduate Medical Students?	Wednesday 9 July	1530 - 1700	238
Stekete	Carole	Prof	16305	Embedding Human Interaction into e-Learning: Lessons Learnt from an Online Graduate Diploma in Health Professional Education	Wednesday 9 July	1530 - 1700	241
Storrs	Mark	Dr	16198	Understanding an Evaluation of Teams-Based Interprofessional Clinical Dental Education at Griffith University through Student Perceptions	Wednesday 9 July	0830 - 1000	193
Surmon	Laura	Dr	16348	How do Lifestyle Habits Affect Student Attitudes and Performance?	Thursday 10 July	1330 - 1500	309
Surmon	Laura	Dr	16350	Are we doing Enough to Prepare our Students for Real-World Placements? A Systematic Review	Thursday 10 July	1330 - 1500	316
Sweet	Linda	A/Prof	16368	iMid: Mobile Devices to Support Facilitation of Midwifery Professional Experience Placements	Tuesday 8 July	1630 - 1730	157
Sweet	Linda	A/Prof	16369	The Personal Costs of Continuity of Care Experiences for Midwifery Students	Thursday 10 July	1330 - 1500	231
Tai	Joanna	Dr	16479	Peer Learning on Clinical Placements: what have Students Taught themselves to do?	Tuesday 8 July	1330 - 1500	109
Tai	Joanna	Dr	16153	ClinSSAC: The Effect of a Multimodal Program on Clinical Supervisors' Education Skills	Tuesday 8 July	1330 - 1500	119

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Teague, Heal, Kerr	Peta-Ann, Clare, Ian	A/Prof, A/Prof, Dr	16436	How do we know if our Students are Achieving the Required Level of Clinical Competence?	Tuesday 8 July	1330 - 1500	139
Thomas	Roshini	Miss	16315	The Naked Patient – Developing Patient Care Skills in Cancer Clinicians	Tuesday 8 July	1100 - 1230	92
Thurlow	Kelly	Ms	16438	Physioemergency are Students Keeping it MEAT	Wednesday 9 July	1530 - 1700	257
Tobin	Stephen	Mr	16629	Academy of Surgical Educators	Tuesday 8 July	1330 - 1500	124
Tobin	Stephen	Mr	16631	RACS J-Doc Program for Prevocational Doctors	Wednesday 9 July	1530 - 1700	230
Tobin	Stephen	Mr	16630	Academy Foundation Course for Surgical Educators	Thursday 10 July	1330 - 1500	296
Tosh	Nathan	Mr	16514	Defining a Minimum Standard: Professional Support for the Delivery of High Quality Placements in the Medical Imaging Clinical Environment	Wednesday 9 July	1530 - 1700	256
Trainer	Glenn	Mr	16335	Bushed under the Carpet: Examining Unseen, Undisclosed and Unusual Barriers to Learning in the Clinical Environment	Tuesday 8 July	1330 - 1500	134
Tunny	Terry	Dr	16228	15 Years of Problem-Based Learning in a Large Group Medical Program - What have we Learnt and Where to from Here?	Thursday 10 July	0830 - 1000	284
Turley, Sinclair	Nicole, Deborah	Ms, Ms	16371	Outcomes of Simulated Learning in Clinical Medical Imaging Environments – Teaching Quality in Paediatric Radiographic Technique	Thursday 10 July	1330 - 1500	320
Tuttle	Neil	Dr	16134	Using a Roundtable Approach to Refine History taking Skills for Physiotherapy Students	Thursday 10 July	0830 - 1000	262
Tuttle, Evans, Bialocerkowski	Neil, Kerrie, Andrea	Dr, Dr, A/Prof	16378	We think we're Pretty Good at Teaching X, but how can we tell we're not just Kidding Ourselves?	Thursday 10 July	1330 - 1500	313
Tweed, Wilkinson	Mike, Tim	Dr, Prof	15837	Identifying Excellence	Wednesday 9 July	0830 - 1000	172
Waite	Monique	Dr	16389	Interprofessional Learning using Simulation	Wednesday 9 July	1130 - 1300	222
Warnecke, Catchpole	Emma, Mairiane	A/Prof, Dr	16196	The Dilemmas of Assessing Professional Behaviour in a Medical Degree	Tuesday 8 July	1330 - 1500	132
Wei	Li	Dr	15628	Peer Assisted Learning: What Health Professional Students Expect across Clinical Setting and Classroom?	Tuesday 8 July	1630 - 1730	144
Welch, Symmons, Young	Paul, David, Louise	Mr, Dr, A/Prof	15601	Coaching and Learning Clinical Reasoning	Wednesday 9 July	0830 - 1000	188
Wendy Yu, Lyndon	Tzu-Chieh, Matariora	Dr, Ms	16277	Mentoring the Next Generation of Academic Clinicians: A Unique Model	Tuesday 8 July	1100 - 1230	89
Wilson	Deb	A/Prof	16181	Workplace Based Assessment for Procedural Skills in Undergraduate Medicine: implementing the Recommendations of the Medical Deans Competency Project	Tuesday 8 July	1330 - 1500	116
Wilson, Ward	Julia, Aimee	Ms, Ms	16525	The Influence of the Tutor in Small Group Learning on the Early Understanding and Development of Medical Graduate Attributes: The Student Perspective	Tuesday 8 July	1630 - 1730	149

Wright, Waite	Julian, Catherine	Prof	16083	Experiences and Impacts of Short-term Rural Placements for Medical Students	Wednesday 9 July	1530 - 1700	255
Wright, Clarke	Nancy, Heather	Ms, Ms	16295	A Collaborative Model of Student Fieldwork Practice: The perspective of Allied Health Supervisors	Tuesday 8 July	1630 - 1730	163
Yardley	Sarah	Dr		That's not how it Works in the Real World: Learning from Experience	Tuesday 8 July	0830 - 1030	72
Vazbeck, Cahill	Barbara, Sarah	Ms, Ms	16468	A Blended Learning Approach to Teaching Information Skills for Evidence Based Practice	Tuesday 8 July	1100 - 1230	78
Vielder, Moir	Jill, Fiona	Dr, Dr	16469	Designing and Implementing a Curriculum for the Personal and Professional Skills Domain of a Medical Programme	Tuesday 8 July	1100 - 1230	74
Young, Jaye	Jessica, Chrystal	Miss, A/Prof	16278	Getting your Head Around Someone else's World: A Patient World Care Model	Wednesday 9 July	0830 - 1000	191
Young, Williamson	Jessica, Martyn	Miss, Dr	16276	How well can our Students Learn when we're not Watching? Student Reflections on the Value of a Safe Learning Environment	Thursday 10 July	0830 - 1000	265



SPEAKER ABSTRACTS

TUESDAY 8 JULY

PLENARY SESSION 0930 – 1030

Title: That's not how it Works in the Real World' Learning from Experience

Sarah Yardley

In the context of experiential learning it has often been asked 'how can experience be turned into learning?' I suggest this is not the right question everyone learns from experience, simply due to the human need to make sense of and construct knowledge, meaning and understanding the world as we perceive it. Rather, the questions educators should be asking are what is being learned? and why? and what else? and why does this matter?

In this plenary I will explore interfaces between theory and practice in medical education and the challenges of learning best practice in healthcare when faced with a pragmatic and imperfect real world context. To do so I draw primarily on research conducted in the context of authentic early experience for medical students, although undoubtedly the findings will resonate with educators across healthcare professions. The audience will be encouraged to re-think assumptions about consequences of educational interventions, consider theories of 'know-how' and 'work-arounds' generated in professional practice and how these can be harnessed to improve approaches to patient care.

I will discuss how we must understand the realities of how it does work (and for whom) in the 'real world' if the professionals of the future are to be adequately equipped to meet the challenge of delivering high quality healthcare. In particular I will explore how learners handle perceived differences between theory and practice through either competitive contrast or constructive comparison, and the need to seek understanding of unintended unpredictable consequences arising from everyday experiences in healthcare.

TUESDAY 8 JULY

CONCURRENT SESSION 1 1100 – 1230

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16522

Title: The Acquisition of Clinical Skills by Pre-Clinical Students – a Multi-Faceted Student Focused Approach

Judi Errey, Anne-Marie Williams

Introduction/Background

The teaching of physical examination skills forms an integral part of the Year2 MBBS curriculum. It is primarily taught by clinicians (mostly casual) and students practise these skills on their peers. Although students recognise the importance of clinical skills, the program consistently performs poorly in student evaluation. Areas of concern relate to inconsistency between tutors, no practical experience in communicating with or examining real patients and lack of clarity on OSCE requirements.

Purpose/Objectives

We developed and implemented a new clinical skills program in 2012-13, focusing on improving both the learning and the teaching experience. Our aim was to create clear learning objectives around the acquisition of clinical skills, create clear and transparent processes around the OSCE and support casual staff in the teaching of these skills. In addition to formal university student evaluation data, in 2013 we surveyed the students on the new program. Evaluation of this data forms the basis of this presentation.

Issues/Questions for explanation or Ideas for discussion

The acquisition of effective physical examination skills is a fundamental foundation for clinical practice. The development of the new clinical skills program included a major revision of the sessional learning objectives, development of new examination proformas complemented by videos of specific examinations using correct technique, the introduction of community-based Patient Partners into teaching sessions and the introduction of Clinical Competenc assessments throughout the semester. Survey responses indicated a positive response from students to the new program in terms of confidence, clarification of expectations, and overall satisfaction.

Results

81 students (76% of students enrolled in the course) completed the written survey. Evaluation of the data collected indicated a high level of student satisfaction with the new program.

Conclusion

The new clinical skills program increases student confidence and performance in physical examination skills as they prepare to transition to ward-based learning.

ID:16469

Title: Designing and Implementing a Curriculum for the Personal and Professional Skills Domain of a Medical Programme

Jill Yelder, Fiona Moir, Marcus Henning, Vinay Angadi Rudresh

Introduction/Background

The Medical Programme at the University of Auckland is undertaking major curriculum re-development. As part of this process domains of learning have been re-defined, including the addition of a domain that encompasses the personal and professional skills (PPS) essential for good medical practice. A literature search was undertaken to identify, support and confirm the themes being included in the PPS domain. A description of these themes is offered in this presentation and questions that were not answered through the exploration of the literature are posed.

Purpose/Objectives

- » To explore the teaching, learning and assessment used in medical and other health professions within the domain of learning that includes personal and professional skills.
- » To refine the conceptualisation, teaching, learning and assessment of this domain.

Results

The literature search identified that little has been published that directly addresses the PPS content included in the curricula of other medical and health professional programmes, or how it is assessed. The literature does, however, highlight some of the areas that are of relevance for medical curricula, and from this it appears that the themes included in the new PPS domain at the University of Auckland reflect broadly the themes present in the literature.

Conclusion

The new PPS Domain was implemented with Year 2 and 4 students in 2013, and is currently being introduced more widely across the programme. The themes selected for the domain have been confirmed through the establishment of a current literature base. However, due to the paucity of literature directly associated with the PPS domain, issues have been derived that need further exploration if we are to establish a deeper understanding about approaches and solutions that enhance teaching, learning and assessment.

ID:16145

Title: Helping Medical Students take an Accurate Medication History - 'Poca Update'

Susan Clarey, Pit Cheng Chan, Kwong Chan, Gary Rogers

Introduction/Background

An accurate medication list is essential for the evaluation and continuing treatment of patients. Medication history errors at hospital admission are common, which highlights the importance of introducing processes for ensuring patients medication lists are accurate and complete. Examination of the 2012 and 2013 results of Year 1 and Year 2 Griffith University medical students OSCE stations 'Taking a Medication History' showed higher than acceptable failure rates for the task. These poor results followed a lecture on this topic and a workshop using simulated patients during which the task of taking a medication history was practised. In 2014, a decision was made by the educators within the school to change the teaching approach by introducing the acronym below to provide the students with more structure.

Purpose/Objective

In 2014 the workshop will be conducted and the students surveyed on their confidence in their ability to take a medication history before and after they have had an opportunity to practice. Student groups will be randomised to receive the acronym either before or after the workshop. The results from the two groups will be compared and will be presented at the conference. 'POCA UPDATE' (Don't gamble with taking your patients' medication history) Prescribed Over the Counter/Complementary Changes or Ceased Medications Allergies/Adverse Drug Reactions. For any product the patient is taking ask Used for Problems with Daily dose Adherence Timeline Effectiveness

ID:16554

Title: More than going through the Motions: First Year Medical Students' Responses to a "Flipped Classroom" Approach to Clinical Skills Teaching

Kathy Brotchie, Shane Bullock, Linda Sweet

Introduction/Background

Aims Clinical skills teaching in the pre-clinical environment has been criticised for creating behaviours in medical students that are purely assessment focused. Students who feel challenged in the skills lab environment may become passengers resorting to observation and not participation. Our program takes post-graduate students for two, eighteen-week semesters and covers the equivalent of two years of clinical skills teaching of the direct entry undergraduate MBBS program at Monash University. Given limited contact time, we moved to a flipped classroom approach to clinical skills teaching in July 2012. Evaluation of this program was undertaken in November 2013.

Purpose/Objective

A questionnaire was administered to students following the formative OSCE in Semester two, to evaluate the effect of the clinical skills flipped classroom approach on students behaviours and attitudes. Expectations of students preparation and the provision of feedback in the new format encouraged full participation in all aspects of the program including physical examination. The survey explored levels of preparation and confidence levels following a full year of the program.

Results

Students' perceptions of clinical skills taught through the flipped classroom were explored, with an excellent response rate. Results demonstrated acceptance of the program. Attitudes to preparation for the clinical skills teaching day, examination on peers and use of simulated patients were explored. High levels of confidence to perform clinical skills in the hospital environment; including history, procedural and physical examination skills were reported by students.

Conclusion

Use of a flipped classroom approach to teaching clinical skills has the potential to overcome many of the concerns identified in the literature regarding students exam focused attitudes to pre-clinical skills development.

ID:16070

Title: Using Online Video Annotation to Develop Communication and Self-Reflection Skills in Medical Students: A Pilot Study

Steve Gallagher, Maria Stubbe, Jayde Flett, Bernadette Drummond, Janet Rountree, Jane Millichamp

Introduction/Background

When recording student-patient interactions, students and tutors often have limited opportunity to review and reflect on the video before giving or receiving feedback. Using online video annotation has the opportunity to improve the context for these reviews by increasing the opportunities for self-reflection and enhancing feedback.

Purpose/Objectives

A pilot sample of 20 students accessed a private website (<https://vbr.siliconcoach.com>), reviewed and commented on their filmed interaction. Tutors reviewed and commented on the video and later gave feedback face-to-face. Our objectives were to establish the acceptability of this online-enhanced process and compare it with immediate face-to-face (F2F-only) review. Students evaluated both methods and indicated a preference for either the online-enhanced review or F2F-only methods.

Issues/Questions for exploration or ideas for discussion

What prior skills do students need to make the most of the online enhanced process? Overall, students were positive about the online-enhanced system. Positive comments included increased chances to reflect, more flexibility about when the review was completed, and a more useful feedback session with tutors. Some less favourable comments included a perceived increase in time required and a lack of immediacy in review with tutors.

Results

65% of students completed the evaluation. The majority (69%) indicated a preference for online-enhanced reviews. The mean satisfaction rating for online-enhanced on a 5-point scale was 2, where 1 indicated very happy.

Conclusion

Our pilot data suggest that online-enhanced reviews of video footage have benefits for aspects of health professional education, and are preferred by students.

ID:16468

Title: A Blended Learning Approach to Teaching Information Skills for Evidence Based Practice

Barbara Yazbeck, Sarah Cahill

Introduction/Background

Teaching information skills to undergraduate students in health professional courses is crucial if graduates are to have the skills required for EBP. For a number of years the Monash University Library has partnered with the Faculties to build information skills into the undergraduate program. In 2013, the library developed an e-learning tool in collaboration with the faculty teaching team targeted at undergraduate students in a health related discipline. This e-learning tool was trialled and evaluated in 2013. The feedback suggests that learners found the tool effective preparation for EBP.

Purpose/Objectives

This workshop will showcase the use of a blended learning approach to teaching skills for EBP. Participants will have the opportunity to engage with the online tool and provide feedback. The workshop will be targeted at teachers, researchers, curriculum developers, as well as library and learning skills professionals.

Issues/Questions for exploration or Ideas for discussion

In small break outgroups, participants will be guided to examine the following issues and report back to the group What information literacy skills do undergraduate students in health professional courses need to develop in order to prepare them for EBP? What challenges/opportunities does a blended learning approach to the development of these skills present and what should best practice take into consideration? How can faculty teachers and library staff collaborate to promote information skills for EBP? Activities Participants will be invited to engage with the issues outlined above in small groups and report back, as well as have the opportunity to interact with the e-learning tool.

CONCURRENT SESSION 1 1100 – 1230

ASSESSMENT

ID:16347

Title: An Integrative Review of Simulation-based Assessment: What Really Works

Tayne Ryall, Belinda Judd, Christopher Gordon

Introduction/Background

Simulation-based education has expanded rapidly over the last two decades, particularly in medical and nursing education. Simulation is now embedded in health professional pre-registration curriculum in an effort to substitute for clinical placements, improve patient safety, and determine competence prior to clinical practice. It is also used in health professional training to expand clinical repertoire and improve competence. Simulation-based assessment use has also increased to provide more realism to clinical assessments. Accordingly, we wanted to investigate the effectiveness of simulation-based assessments in health professional education.

Purpose/Objectives

We reviewed research literature relating to simulation-based assessments of technical skills across different health professional education.

Issues/Questions for exploration or ideas for discussion

What is the usefulness of simulation-based assessments, and what evidence-base supports the use of simulation as a technique to assess technical skills?

Methods

We systematically reviewed the health education literature (2000-2014) using keys words simulation, assessment, and medical, nursing, and allied health education. Databases included CINAHL, ERIC, Medline, and Web of Science. Articles that investigated the validity, reliability or feasibility of simulation as an assessment tool were included. Generally, the findings support the use of simulation-based assessments. However, a consistent result that improved reliability was the use of multiple scenarios for high-fidelity assessments and Objective Structured Clinical Examinations. Many studies had limitations such as low participant numbers which may affect external validity and poor methodology. Unfortunately, most studies did not outline the simulation scenarios or compare to other assessment techniques making comparisons to standard assessments and generalisations to other disciplines, and clinical and tertiary settings difficult.

Results

Many health disciplines used simulation to assess technical skills medicine (n = 17), nursing (n=4), physiotherapy (n=6), paramedic (n = 3), osteopathy (n=2), and dietetics (n=1), using a diversity of methodologies. There were a variety of simulation-based assessments from standardised patients to high-fidelity patient simulators in immersive environments.

Conclusion

Simulation is a powerful tool for health educators and has been embedded into health curricula. The need for a strong evidence base to support the use is paramount, particularly pertaining to assessments. Whilst the research literature to date generally supports simulation-based assessment use, there were a number of limitations. It is recommended health professional educators incorporate research-enriched teaching of simulation, and undertake research of simulation-based methods to validate future use.

ID:16291

Title: The ACCLAiM OSCE Consortium - Lessons Learned!*Ian Kerr, Graeme Horton, Nicky Hudson, Ian Kerr, Peta-Ann Teague, Claire Heal, David Garne, Ian Wilson, Richard Turner, Bunmi Malau-Aduli***Introduction/Background**

ACCLAiM (Australian Consortium of Clinical Assessment in Medicine) is a collaborative venture between four regional medical schools in Australia Deakin University (DU), James Cook University (JCU), University of Tasmania (UTAS) and The University of Wollongong (UOW). This collaboration is focused on benchmarking graduate outcomes in the clinical domain, utilising OSCEs (Objective Structured Clinical Examinations). This project acknowledges the different curriculum structures and assessment points amongst the courses offered by the four partner Medical Schools. The four schools use similar horizontally and vertically integrated outcomes-based curricula. UTAS and JCU offer school-leaver entry courses of five and six years duration respectively; whilst DU and UOW both offer graduate entry, 4-year programs. The ACCLAiM group have identified points in their respective curricula where benchmarking of clinical performance could reasonably occur. The group has sought to focus on benchmarking cohort performance at the end of the first year of clinical training, and the last clinical barrier examination held in each course (i.e. exit level). In 2013, this collaboration was awarded an Office of Learning and Teaching Grant to expand the OSCE benchmarking project nationally. The broad goals of ACCLAiM are 1) Quality improvement through sharing of resources and expertise 2) Benchmarking of graduate outcomes across courses 3) Development of new approaches to improve capacity of assessment systems amongst the collaborating schools. Whilst the statistical data on benchmarking is being prepared for publication, the participating Schools have embraced best OSCE practice encountered during collaboration, and modified aspects of their OSCE performance accordingly. It is this learning that the ACCLAiM group would like to share, forming the subject matter of this PeArL session.

Issues/Questions for exploration or Ideas for discussion

Items relevant to this PeArL include, which will be discussed with participants, referring to the ACCLAiM experience Optimising the OSCE station length, content, domains of curriculum sampled (including indigenous health). Examiner training the ideal format, the evidence, and what the fly on the wall observed. Structure of the OSCE mark sheet does it really matter? Detection of the borderline student best done by borderline regression versus borderline groups? Maximising the benefit of this expensive, labour intensive examination - provision of meaningful feedback to students after the OSCE.

Conclusion

Much of the benefit of collaborating is the discussions held between members, in addition to the actual items of collaboration! The ACCLAiM group have shared 14 OSCE stations over 4 years, and provided quality assurance at OSCEs at > 7 clinical sites biannually. This PeArL session allows participants to discuss common issues with the ACCLAiM group, and receive suggested strategies on optimising their own OSCEs.

ID:16275

Title: How Experienced does an OSCE Clinical Examiner have to be?*Rufus Clarke, Michael Wan***Introduction/Background**

In a recent OSCE-like examination, some recent medical graduates took the place of the second examiner at some of the Stations. However, concerns were expressed about the wisdom of using such junior examiners, and it was decided that these graduates should act as Examiners, but that their scores should not be taken into account in making decisions about candidates.

Issues/Questions for exploration or ideas for discussion

The opportunity was taken to compare their performance as Examiners with that of their senior, more experienced colleagues. This is consistent with anecdotal data that younger examiners are generally more hawkish than their older counterparts.

Results

The mean Station score awarded by the 14 graduate Examiners was 13.7 (out of 20), compared with 13.2 by the 14 senior Examiners with whom each was paired (paired test $p = 0.051$). The mean borderline regression score awarded by the graduate Examiners was 10.4, compared with 9.3 for the senior Examiners with whom each was paired (paired test $p = 0.08$). The 14 senior Examiners awarded a Station score which was lower than their borderline regression score for the Station to a total of 22 (out of 107) candidates, while the comparable figures for the 14 graduate Examiners were 27 candidates (paired test probability = 0.49).

Conclusion

While senior Examiners may have concerns about the capacity of graduate Examiners to assess the performance of candidates in a clinical assessment competently, the data derived from this clinical examination, at least, do not lend support to these concerns.

ID:16511

Title: Is Medical Student Performance on Mini-Clinical Evaluation Exercises a Predictor for Performance in Osces?

Dragan Ilic

Introduction/Background

The mini-clinical evaluation exercise (min-CEX) has been developed to assess clinical skills of clinicians in a clinical setting. Competencies assessed include physical examination, clinical judgement, professionalism, interviewing skills, counselling, organization and efficiency. Objective Structured Clinical Examinations (OSCEs) are commonly used in medical and health science degrees to assess clinical skill performance and competency in a variety of skills, including those mentioned above. No study has explored whether performance in mini-CEX is predictive of performance in OSCEs. The aim of this study was to determine whether medical student performance on mini-CEX is a predictor for performance in OSCEs.

Purpose/Objective

The mini-clinical evaluation exercise has been adopted for use within the Monash MBBS program as in a modified version, called the mini-case record (MCR). The MCR is based on Norcini mini-CEX and evaluates students competence in the clinical workplace setting. Use of the MCR as an assessment tool is introduced during the first year of clinical placement within the degree. Students perform six summative MCRs throughout the teaching year, and a series of ten OSCE stations during the end of year examination period. Historical data from third year medical students performance in MCRs and OSCEs over a five-year period was accessed. Mean scores for each students performance in the mini-CEX and OSCE was obtained. A non-Gaussian distribution was assumed, and so data were analysed using a two-tailed Spearman correlation test, with alpha set a 0.05. Missing data was not imputed.

Results

A total of 2,263 individual records were recorded during the five-year period of interest. Examining the total student performance from years 2009-2013 indicated a statistically significant correlation between student performance in MCR and OSCE ($r=0.32$). This correlation between MCR and OSCE performance was consistent all years examined; (i) year=2009, $r=0.48$, $n=396$; (ii) year=2010, $r=0.38$, $n=376$; (iii) year=2011, $r=0.29$, $n=465$; (iv) year=2012, $r=0.27$, $n=506$; (v) year=2013, $r=0.39$, $n=0.39$.

Conclusion

This is the first study to formally examine and identify that medical student performance on MCRs is a reliable predictor of performance in the OSCE setting. MCRs may be used by medical schools as an alternate method to the OSCE when assessing clinical skills, in situations where use of OSCEs is not viable. Monitoring student performance on MCRs may be utilised by educators to identify poorly performing students, and promote the use of educational interventions to overcome student deficiencies in clinical skills at an earlier stage of training.

ID:16279

Title: Assessing how Medical Students Explain Diagnosis and Treatment to Simulated Patients an Educational Perspective

Valeria Cabello, Claudia Behrens

Introduction/Background

Patients understanding of diagnosis, prescribed drugs, additional instructions and plans for follow-up is crucial for an effective medical consultancy. However, patients identify less than 60% of physicians instructions (Crane, 1997). The research has focused on general characteristics of doctor-patient communication (i.e. Vogel, 2009), with little emphasis on specific aspects such as physicians explanations of diagnosis and treatment or how to assess them. Hence, there is lack of knowledge on how monitor the development of the competence of explaining during medical education. In medical education, assessing medical students competences in a simulated context is usual, as in this study conducted in a representative Chilean Medical School with final-year students. As part of their regular training, they are required to participate Objective Structured Clinical Examination (OSCE).

Purpose/Objective

For the purposes of this research, their performance was videoed to facilitate further analysis. After they completed the OSCE, they received feedback on their performance by medical educators as they regularly do. Hence, this study did not alter the normal conditions of instruction and assessment. In this study, 384 videos of 48 medical students were analysed by two researches, using a three-level rubric as assessment instrument. The participants were exposed to 8 situations of general consultancy with simulated patients, where they had to prescribe drugs, inform patients about the diagnosis, explain the nature of illness and educate them in how to prevent diseases. The rubric was adapted for this situation and validated by an expert panel. It was chosen due to its good psychometrics characteristics shown in a previous research (Cabello, 2012) and its transferability to medical education. The assessment criteria were clarity of verbal communication, sequence of explanations, discursive coherence and cohesion, accuracy, sufficiency, integration of patients prior knowledge or experience, usage of representational aids, non-verbal communication and usage of patients mistakes or common errors as complementary information. The rubric showed high internal consistency. Inter-rater reliability was calculated on the 10% of the videos, and high percentage of agreement was reached. The two raters were steady using the instrument and they considered it easy to apply. The marks were similar to the overall perception of medical educators about students skills, which supports its validity.

Results

The results indicate medical students have a marked pattern explaining diagnosis and treatment. There are some aspects well developed and several others that need to be addressed before they leave Medical School, suggesting curricular changes on curriculum. The rubric is useful, not only as assessment tool but also as intervention guide. It provides specific and reliable feedback -to medical students and medical educators- for taking decisions. Further research possibilities are discussed.

ID:16467

Title: Giving the OSCE a New Shine: A Framework for Utilising OSCEs in Nursing and Midwifery Education and Postgraduate Transition to Practice

Sabina Knight, Duncan Nulty, Michelle Kelly, Carol Jeffrey, Pauline Glover, Marion Mitchell, Amanda Henderson, Michele Groves

Introduction/Background

This paper details an elegantly re-engineered education approach to the use of OSCEs in nursing education and practice transition including a remote context. OSCEs are widely and variedly used in health professional education to better prepare students and health professionals for practice. This project tested and further developed seven integrated Best Practice Guidelines (BPGs) to inform their most effective use within educational programs across contexts, several jurisdictions, programs and nursing settings. The OSCEs were used in both formative and summative assessment. The research team comprised a team of eight academics from six higher education institutions around Australia. This project has successfully trialled and as a consequence re-developed a set of eight BPGs to guide the development, teaching and assessment of OSCEs to increase student and health professional preparedness for practice. A major contribution to health professional education has been the formulation of an overall Implementation Framework to guide future use of the BPGs in other settings. Students and nurses indicated OSCEs strongly supported their learning and preparation for practice by providing meaningful authentic activities in an integrated manner. Academics readily adapted and embraced the BPGs within their OSCE development, delivery and student assessment. The Implementation Framework provides additional guidance to academic colleagues in how the BPGs improve student learning and how each guideline can be implemented by way of the Four Os. These include enhanced Opportunity, Organisation considerations, the required Oversight and important Outcome measures. The OSCEs assessed in this research (by evaluating student learning and academic input), were enhanced by utilising the BPGs. They provided both a theoretical and practical guide to increase the validity and reliability of student learning across a diverse set of four sites and contexts. OSCEs developed using the BPGs should be incorporated into nursing and midwifery curricula and practice standards to enhance safe authentic clinical practice.

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16503

Title: Developing Expertise and Leadership in Clinical Supervision

Lindy McAllister, Michele Fairbrother

Introduction/Background

Considerable investment has been made in recent years by Federal bodies such as Health Workforce Australia and State Health Clinical Education entities to expand capacity and quality of clinical supervision. Much of the education provided to build knowledge and skills for clinical supervisors has been pitched at clinicians with no or limited experience of clinical supervision. There has been little attention devoted to experienced clinical supervisors who are striving for excellence as clinical supervisors and taking on leadership roles in the development of clinical supervision programs and supervisors in their workplaces. Staff in the Work Integrated Learning portfolio of the Faculty of Health Sciences at the University of Sydney have commenced a program of workshops, peer supervision groups, mentoring and other learning activities designed to support the further development of expertise and leadership of experienced clinical supervisors. This is critical for sustainability and continued growth in quality as well as capacity for work-based clinical supervision.

Purpose/Objectives

Objectives of this presentation are to a. Consider knowledge, supervision and teaching skills, and attributes required to lead quality improvement, innovation and excellence in clinical supervision in workplaces. b. Seek input on approaches for making professional development for experienced clinical supervisors accessible, efficient and powerful.

Issues/Questions for exploration or ideas for discussion

How best to provide professional development and support for experienced clinical supervisors striving for personal excellence in clinical supervision and to exercise leadership in their workplaces. If research data are to be presented, please include the following sections The needs of experienced clinical supervisors wishing to develop expertise and leadership in the clinical supervision arena are different to those of novice clinical supervisors. Clinical supervisors preferences for learning and interaction which supports the development of expertise and leadership as clinical supervisors needs to use a mix of learning modes, mentoring and collaborative activities.

Results

Evaluations of the workshops show that clinical supervisors value interprofessional learning contexts to extend their knowledge and skills which support expertise in clinical supervision. Clinical supervisors want a mix of face to face interaction and online learning supported by various social media.

Conclusion

Higher education providers need to provide a range of professional development activities for clinical supervisors from novice to expert levels. Experienced clinical supervisors are eager to extend their expertise and learn from colleagues in other disciplines, using traditional face to face learning as well as social media.

ID:16194

Title: Health Professional Education: Equipping Clinicians for the Role of Teaching in their Everyday Work

Jo-Anne Kelder, Carolyn Salter, Annette Marlow

Introduction/Background

Sustained efforts by HWA-funded projects and education providers has produced a range of continuing professional development opportunities to support and equip clinicians in their role as teachers in their work. Post-graduate qualifications aiming to equip healthcare practitioners for teaching and learning in higher education are also available. We identified the need for post-graduate units of study that enable clinician-students to engage with higher education literature, develop and apply knowledge and skills in what and how to teach and, critically, understanding who they teach. Health professionals in clinical practice are teachers of students, but also of client-patients and colleagues. Teaching opportunities and responsibilities benefit from understanding and skills in inter-professional and cross-cultural exchanges as well as theories and principles of teaching and learning. We present two postgraduate units designed specifically for clinicians, situated within a Bachelor of Education (Professional Honours), contributing to a Graduate Certificate in Learning and Teaching for Health Professionals and Master in Health (Medical Education). The units were designed concurrently using a design-based approach that embedded continuous stakeholder engagement and targeted collaboration, and a framework for evaluation and scholarship. The goal driving decisions for the learning design is to provide a transformative experience at the level of identity for clinicians. Achievement of the learning outcomes through engagement with content and constructively aligned assessment is intended to develop the attribute of 'always learning' (self-evaluation, peer evaluation) and, critically, understanding the health professional role as 'always teaching' in a community of teachers (colleagues) and for a variety of cohorts of learners (students, patient-clients, colleagues). Core design elements include content grounded in theory with practical skills relevant to the clinical context; fully accessible (blended delivery with equivalent online version for face-to-face components); asynchronous activities to allow for flexibility of learning and the capacity to fast track through the learning material.

ID:16518

Title: Preparing Tomorrow's Clinical Educators Today

Keri Moore, Louise Horstmanshof

Introduction/Background

The pre-professional clinical education curricula in medicine and the health sciences concerns the organisation of a multiplicity of opportunities for learners to apply their theoretical knowledge to solving clinical problems. This includes learners attending an array of fully functioning clinical settings to work with members of their own discipline and or to work with those from another to deliver healthcare. Furthermore, increasingly, simulated real-world scenarios are being used to prepare and enhance learning. During simulated clinical learning events, whether working in single disciplines or in interdisciplinary teams, clinical educators engage learners in typical, rare, unusual, complex and or high risk healthcare scenarios. Today's clinical educators and even more so, those of the future, are asked to provide in-situ, real-time and or simulated clinical learning activities for different levels of learners from their own or another discipline. At the same time they are, and will continue to be, similarly charged with the responsibility of modelling patient-centred care and ensuring patient safety.

Purpose/Objectives

To discuss the intersection of theories underpinning the clinical practicum discipline specific, interprofessional and simulated clinical activities and patient-centred care. Our aim is to develop a framework for efficiently and effectively preparing our highly valued clinical educators for the various educational complexities.

Issues/Questions for exploration or ideas for discussion

We seek peer review of the general concepts and framework presented in order to develop our paper.

ID:16035

Title: Feedback in Clinical Education*Cathy Chapple, Angela McLean***Introduction/Background**

Feedback is a powerful aspect of learning (Hattie & Timperley, 2007). However, it seems to be a contentious area in higher education (Adcroft, 2011). Students often comment they do not get enough feedback (Brown, 2007), or it is not relevant (Boehler et al, 2006). In addition, supervisors and educators often feel that providing feedback is time-consuming and ignored (Carless, 2006). Feedback is being reconceptualised as a process encouraging learner engagement, rather than as a product that is given to learners (Nicol & Macfarlane-Dick, 2006; Sadler, 2010). Despite extensive literature about the process in higher education in general, and a top tips approach in medical education (e.g. Ramani & Krackov, 2012; van der Leeuw & Sloatweg, 2013), there is relatively little research in physiotherapy clinical education. Awareness of the dialogue approach by physiotherapy clinical supervisors, is not matched by actual engagement in the two-way process (Molloy & Clarke, 2005). In this presentation, we will outline a framework we have developed using an evidence-based approach for engaging in feedback in physiotherapy clinical education. This framework is being implemented in 2014. We will present pre-implementation data on student and physiotherapy supervisor perceptions of current practice of feedback in the clinical environment, the resources developed to support the framework, and the future steps of the research project.

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ID:16277

Title: Mentoring the Next Generation of Academic Clinicians A Unique Model*Tzu-Chieh Wendy Yu, Mataroria Lyndon, Andrew Hill***Introduction/Background**

Successful mentorship is beneficial to career advancement in academic medicine. Young academic clinicians who are mentored receive promotions earlier, are more likely to publish, tend to follow-through with initial career goals, and also enjoy greater level of career satisfaction. The establishment and continuation of successful mentoring however is challenging and there are few published models in the field of academic medicine. We sought to outline the basic foundations of our residency research programme and the mentoring principles that underpin it. This model emphasises early-career mentoring and engagement in academia.

Purpose/Objectives

To describe a successful academic mentoring model, unique to South Auckland Clinical School, University of Auckland, and summarise its guiding principles.

Issues/Questions for exploration or ideas for discussion

Is there an ideal time for residents/trainees to engage in clinical academia? Why do trainees and new academic clinicians who have been successfully mentored enjoy higher career satisfaction? Is not having the same-gender and/or same-ethnicity mentor-mentee pairings of any consequential significance? If research data are to be presented, please include the following sections

Results

The mentoring model at South Auckland Clinical School is integrated into the formal framework surrounding the postgraduate supervision of a doctoral degree. In this capacity, the mentor acts as the mentees primary doctoral supervisor. A well-defined and streamlined PhD programme (designated topics, access to funding, existing infrastructure, etc.) reduces stressors and interruptions. Key principles governing the mentor-mentee relationship include regular face-to-face progress meetings, graded mentee autonomy with consistent mentor endorsement, and a pastoral approach to taking an interest in the mentees professional and personal development.

Conclusion

We have described a unique model of early-career resident mentoring that fosters promising future academic clinicians.

ID:16124

Title: Building a Community of Practice: Forming a New Interprofessional Teaching Team in a Rural and Distant Location

Peter Gallagher, Christine Wilson, Sue Pullon, Lesley Gray, Eileen Mckinlay

Introduction/Background

For an inaugural rural inter-professional programme university educational support for teacher development was a minimum eight hours drive from the delivery site. This meant that conventional approaches to staff development such as workshops, classroom based recurrent sessions and so forth were unrealistic. Therefore we intentionally chose to replicate for the teachers the first-hand processes that the students would experience as they became an inter-professional group (Silver & Leslie, 2009). This approach was to extend Steinert view that faculty development programs should model what we are trying to promote (2005. p.70). In addition the establishment of the teaching team was based upon on the principles for the development and sustenance of a Community of Practice (Wenger, 1998) whereby groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an on-going basis (Wenger, McDermott & Snyder 2002. p.5). This definition captures the context for the newly appointed teaching team. We report on how the teaching team evolved as a Community of Practice and how as interprofessional educators they met the following key criteria considered essential to an effective Interprofessional educational team To facilitate rather than teach, to understand key IPE principles, to be prepared for their role, to optimise teachable moments, And to learn from experience. (Egan-Lee et al, 2011).

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COMPETENCIES

ID:16448

Title: Partnering with Consumers in Interprofessional Education: Error Disclosure Training for Junior Clinicians

Alana Gilbee, Debra Kiegaldie, Dean Everard, Elizabeth Pryor, Simon Craig

Introduction/Background

Few junior health professionals have received training in disclosing medical error, including low harm incidents, to patients and their families and many are fearful of these conversations. Recent research into patient experiences of incident disclosure also highlights gaps between patient and clinician perspectives of appropriate disclosure practice. Education in this area usually targets senior rather than junior staff and the active involvement of patients as educators has not featured in previous training initiatives.

Purpose/Objectives

This paper describes an inter-professional education innovation to support effective disclosure practice for junior health professionals.

Issues/Questions for exploration or ideas for discussion

Apart from targeting junior staff, the unique aspect of this intervention was the teaming of consumer advisors with clinicians and educators in the design, development and delivery of the program. An interprofessional approach underpinned all aspects of the program. The consumer advisors contributed in varying ways depending on their backgrounds and skill sets. The patient voice was particularly powerful where a consumer advisor had personal experience of medical error disclosure. Challenges centred on preparing consumers and maximising their participation.

Results

Four consumer advisors were recruited to the study and participated in two workshops attended by 37 clinicians. Participants confidence levels to disclose errors to patients and families significantly improved post training. 96.7% highly valued the contributions of the consumer advisors and agreed that the training had met their expectations.

Conclusion

Educating junior clinicians in disclosing error is critical to quality patient care. A collaborative approach with consumer advisors is not only feasible but offers educators and learners significant benefits.

ID:16315

Title: The Naked Patient – Developing Patient Care Skills in Cancer Clinicians*Roshini Thomas, Robyn French, Claire Goodwin, Sam English, Glenn Trainor***Introduction/Background**

Students in medical or healthcare professions are expected to transition from the learning environment of an academic institution, to that of an often busy clinical setting. In adjusting to the associated demands of this, it is important to reiterate the significance of patient care as the students technical learning progresses. An initiative developed by the clinical educators in Radiotherapy at Peter MacCallum Cancer Centre has sought to address this issue, and provide a platform for discussion amongst learners as they are confronted with the broader patient experience.

Purpose/Objectives

The project aims to explore the intricacies of a challenging learning environment, and balance the experience of the learner with the supportive care requirements of an oncology patient. The presentation provides insight into the method developed in one centre, and will facilitate discussion into its applicability in other teaching and training institutions. The innovative use of multimedia to deliver this patient care initiative aims to better engage the technology-driven generation in their clinical careers.

Issues/Questions for exploration or ideas for discussion

What challenges regarding patient care exist for learners in the healthcare setting? What other educational initiatives can be delivered more effectively by employing multimedia? How can we help beginners in their approach to patient care while learning?

ID:16465

Title: Creating Allied Health Professionals with Capacity for Effective Collaboration*Suzette Fox, Marita Plunkett, Elene Spiliotopoulos, Emma Osland, Lynelda Greenwood, Emma Cooper, Brooke Myers***Introduction/Background**

There is increasing interest in strategies which promote effective collaboration amongst health practitioners. Benefits include improvement in critical thinking ability through repeated exposure to interdisciplinary thought, increased understanding of different perspectives within the disciplines and improvement in the quality and responsiveness of health services. Equally importantly are opportunities for new graduate practitioners to learn to negotiate inter-professional interactions and decision-making. This presentation reports on a program that was created to integrate interdisciplinary knowledge to build health practitioner collaboration and capabilities. The program was first offered in 2013 at the Royal Brisbane and Womens Hospital, and with overwhelmingly positive feedback, is now being rolled out across Metro North Hospital and Health Service by the Allied Health Clinical Education Network. The Inter-professional Allied Health Flying Start Program is a series of bi-monthly workshops designed to meet the needs of New Graduate Allied Health staff. Key deliverables include Skills in clinical problem solving through interactive case-based discussions. Awareness of the professions through networking opportunities presented by the workshops. Knowledge of Flying Start and confidence in using the resource in professional practice. A discussion based group format allows integration of multidisciplinary knowledge across a central theme or focus, through the transfer of interdisciplinary knowledge to other topics, issues, or problems. Each session is evaluated and feedback is used to continually improve the program. A strong and consistent theme is participants appreciation of the opportunity for inter-professional learning afforded by the workshops. Resonating with the literature on inter-professional learning is the value of two or more professionals learning with, from and about each other to intentionally enhance collaborative practice. In this presentation we discuss the processes involved in establishing the program and rolling it out across a broad geographical area, and we report how the program delivers on key deliverables for New Graduates of the Allied Health disciplines.

Keywords

Clinical education, allied health, new graduates, interdisciplinary, multidisciplinary, collaboration, Flying Start Queensland Health.

ID:16169

Title: Motivational Interviewing in Chronic Disease Management: Preparing for Clinical Practice through Reflective Learning

Adrian Schoo, Richard Leibbrandt, John Litt, Martin Luerssen, Sharon Lawn

Introduction/Background

Motivational interviewing (MI) is an evidence-based approach to chronic disease management that has been shown to be effective in enhancing clients' motivation to adopt healthier lifestyles. MI is a complex skill and learning it is challenging.

Purpose/Objectives

A cohort of Masters students in Physiotherapy (PT) and Occupational Therapy (OT) took part in an innovative program of MI training to prepare them for clinical practice. They were required to (i) conduct and record a Motivational Interview with a family member or friend; (ii) transcribe and rate the validity of their own interview using a standardised instrument; and (iii) write a reflective assignment on their experiences and the validity of their own interviewing. Students were invited to partake in a focus group to share their experiences.

Issues/Questions for exploration or ideas for discussion

Can self-rating and reflection be indicators of learning MI?

Results

Female students were better than male students in facilitating clients' goal ownership, and not offering the solution. Female OT students received higher marks for written reflections on their MI integrity than their PT peers. However, cross-validation of interview validity by MI experts showed that interviews were staged and focused on demonstrating successful behaviour change. Students' self-ratings were not correlated with those of experts, suggesting that self-rating may be difficult for novice interviewers. Results are discussed in relation to implications for MI teaching. Reflective learning engaged students, although they need to reflect on successes and mistakes. There is a need for instantaneous feedback on interview validity.

Conclusion

Although students found the process very useful, it was perceived as very intensive.

ID:16216

Title: Competency-Based Assessment of Laboratory Procedures in the 4th & 5th Year BDS Program, Fiji National University

Seema Lal, Vidya Mudaliar, Arti Naidu, Mark Cumberbatch

Introduction/Background

The competency based assessment was introduced into laboratory practice of 4th and 5th year students of the BDS program in the year 2010. Previously the method utilized was signing off for completion for each laboratory stage completed. This resulted in poor quality of work being presented during clinical sessions and usually affected the clinical stages of work being done for the patients being treated at undergraduate teaching clinic. With the introduction of competency based practice into laboratory practice into the 4th and 5th years of the dentistry program has resulted in significant improvement in work produced by students, laboratory staff during assessment providing more feedback and actively engaging students to identify ways that they can be better supported to improve their laboratory skills. It has also resulted in students taking more responsibility in planning laboratory stages of care for the patients they treat in consultation with faculty and also prepared them better for the workforce particularly when not having access to a dental laboratory technician or when venturing out into practice. A model which has been implemented for the 4th and 5th year is presented. The clinical work services which is most commonly accessed in Fiji and the Pacific Islands has been included in the clinical competencies for which supporting laboratory work is needed. This includes construction of complete dentures, partial acrylic dentures, simple orthodontic removable appliances and indirect restorations. The laboratory assessment was carried as continuous assessment supporting clinical work in various disciplines and contributed towards the end point assessment of respective discipline areas such as removable prosthodontics, orthodontics and crown and bridge at 4th year level and towards clinical dentistry at 5th year level.

ID:16168

Title: Communicating is Easy, isn't it?*Gay Dungey, Hazel Nesper***Introduction/Background**

During March 2013 it was decided to pilot an innovative approach to develop Year 3 radiation therapy students communication skills via simulated clinical scenarios with the use of actors.

Purpose/Objective

Common clinical scenarios from the radiation therapy setting were developed and actors were employed to deliver these scenarios in a simulated clinical setting. The actors took on the role of a patient, staff member or member of the public. Sixteen Year 3 students agreed to participate in this pilot. They were presented with one scenario and were then required to manage their interactions appropriate to its context. Two teaching staff and peers observed each students interaction via a digital screen and rated their observations of the students performance in six key skills. Each student was individually videoed so that they could review their own interaction. Verbal feedback was given to the student directly after their scenario and then written feedback was provided based on collation of observations of staff, peers and self-review. Ethical approval was gained from the University of Otagos ethics committee.

Results

The findings indicated that this was an effective method for students to evaluate their communication skills. Students reported they gained insight into their strengths and weaknesses, and what skills needed further development. They also reflected positively on the advantage of watching how their peers managed interactions as it gave them a different approach to consider.

Conclusion

This was an effective tool to enhance personal awareness about communication skills and areas to develop further. In light of these results, new scenarios were developed and the process was repeated with the Year 1 and 2 students in October 2013. Analysis of this data and a review of the process is underway to refine delivery for 2014.

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16492

Title: Ten Steps for Clinicians wanting to Conduct Medical Education Research*Patrina Caldwell, Karen M Scott, Lambert W T Schuwirth, Patrina Caldwell***Introduction/Background**

Just as medicine strives for continuous improvement through evidence-based practices, the approaches used to educate future physicians need to continually improve through evidence-based methods. However, conducting and publishing medical education research is often difficult for clinicians, who struggle with what is required. Yet clinicians who teach are ideally placed to identify the knowledge gaps about how we can more effectively educate future clinicians. While medical educators from education backgrounds need to be aware of clinical practices and scientific mores and jargon, clinicians wishing to contribute to medical education research need to understand the scientific mores and jargon of medical education. We believe a dialogue and collaboration between clinicians interested in medical education and medical educators improves education and enriches research.

Purpose/Objective

This PeArL aims to explore with clinicians the steps to conducting medical education research. Our purpose is to promote high quality medical education research so relevant research findings can inform the education of future clinicians.

Issues/Questions for exploration or Ideas for discussion

We will briefly propose ten steps for clinicians interested in conducting medical education research, with the aim of generating small group discussion of the following

1. Would you modify these ten steps in any way?
2. What difficulties do clinicians face when conducting and publishing medical education research?
3. How can we help clinicians overcome these difficulties?

ID:16435

Title: Using Action Research to Build Capacity in Medical Education Research*Pippa Craig, Fran Everingham***Introduction/Background**

Building capacity for educational scholarship among health professional educators is a high priority and a current BEME review topic (1). There is growing acceptance of action research (AR) for teacher development in higher education. AR has the potential to improve student learning by engaging teachers with educational literature to inform their practice, build their confidence in research activity, expand their understanding of a complex curriculum, make a productive contribution to learning resources for the curriculum and build a community of practice. At the University of Notre Dame Sydney our experience of medical teachers completing an AR project in the Universitys Graduate Certificate in University Teaching supports these outcomes. We are now looking at the potential for AR as a capacity building strategy in research and teaching among sessional staff in the School of Medicine who have expressed interest in participating in medical education research but are unlikely to enrol in postgraduate courses.

Purpose/Objectives

We have commenced a study capitalizing on existing enthusiasm for teaching and research as a tool for improving teaching effectiveness and developing research skills. Our purpose is to explore interest, engagement and barriers to research productivity (interviews); quantify current research knowledge, skills, experience and practice (survey); and develop a model for building research capacity within the context of medical education.

Issues/Questions for exploration or ideas for discussion

What academic development strategies are used for health professional educators in your setting? Is AR a sufficiently robust and efficient strategy for academic development among clinical tutors?

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MIXED

ID:16585

Title: Making Innovative Placements Sustainable*Heidi Miller, Penny Taylor, Marie Bridgman***Introduction/Background**

The University of the Sunshine Coast has recently completed a three year funded project (2011 - 2013) which was designed to increase student placement capacity within the local region for occupational therapy (OT) students. The project focused on the use alternate models of placement (e.g. role-emerging, clinics, projects) to develop student-led services across a variety of settings. The placement models were chosen due to the valuable learning opportunities they provide for students(1). Two independent research projects were undertaken in 2013 to investigate the experiences of stakeholders involved with these placements. The findings, which were similar to others found in literature, supported refinement of placement structure and practices. The outcomes of the project are significant and include increased capacity in the number of available placements; strong relationships with six key host organisations; and three unique clinics at different stages of development. These outcomes have led to the employment of three permanent full time clinical educators who maintain and progress these initiatives.

Purpose/Objectives

We will discuss our research findings and identify how they influence our current practices. We will share our experiences and insights so far, and seek critical appraisal of our practices. This presentation will provide an opportunity for participants to network and discuss the important area of sustainable innovative approaches to student placements.

Issues/Questions for exploration or ideas for discussion

We will focus on the administration, challenges and sustainability of creating student-led services that meet community needs and professional learning requirements.

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ID:16463

Title: How do you Evaluate Rural Health Placements in Early Clinical Years*Lizzi Shires, Kristen Fitzgerald***Introduction/Background**

The federally funded Rural Clinical School parameters requires all medical students to spend at least 4 weeks of their training in a rural area in years 1-3. At UTAS a four week programme is run across the three years. In first year all students spend a week in a Rural Setting, in second year students spend a week in a rural community and in third year students spend two weeks in a rural practice. Each university runs different projects to achieve these requirements.

Purpose/Objectives

To define what outcomes we want to achieve from early Rural exposure and design an evaluative framework to measure this.

Issues/Questions for exploration or ideas for discussion

Do early short placements in Rural Health increase or decrease students long term interest in Rural Health. What are the advantages and disadvantages of these placements? Are some placements more effective than others? What are the outcomes we are looking for? How do we measure this?

EVIDENCE AND THEORY TO PRACTICE

ID:16165

Title: Indicators for Pre-Entry Students' Contribution to Health Care Outcomes of a Qualitative Review*Alis Moores, Cate Fitzgerald***Introduction/Background**

As the demand for clinical placements for pre-entry students increases, health services are exploring ways in which students contribute to consumer health care outcomes. A key evaluation question of the Occupational Therapy Clinical Education Program (OTCEP) is What is the contribution of pre-entry students to the health care of clients across Queensland Health Hospital and Health Services?

Purpose/Objectives

This presentation aims to report on the outcomes of the qualitative review identifying key indicators for student contribution emerging from a review of the literature and qualitative data.

Issues/Questions for exploration or ideas for discussion

How student contribution is planned for, recorded; reviewed and/or sustained within the context of the health service environment formed the basis of the qualitative review. The data gained will provide information to inform future qualitative and quantitative data collection for reporting on the contribution of students to health care outcomes.

Results

Semi-structured interviews were conducted with officers who support the workload management of clinical education to gain perspectives of the way pre-entry students contribute to the health care of clients. Interview data was qualitatively appraised with the themes emerging providing evidence of key indicators for safer student contributions.

Conclusion

Information to support the planning of student services and the required strategies from universities and health stakeholders for the safe practice of students in providing health care has been attained.

ID:16570

Title: Integrated Learning in the Early Years of Medical School: An Analysis of the Interpretations of Medical Students Based on a Framework of Personal Epistemological Theory

Anne-Marie Murray, Ray Peterson

Introduction/Background

This PhD study began as an investigation into how undergraduate medical students learn to self-evaluate their learning in a problem-based-learning (PBL) program. However, early results showed students not only expressed difficulties with self-evaluating their learning, but reported learning how to learn for the first time. The interpretive qualitative research design consequently enabled the study to refocus on the body of research on epistemological development, which addresses the theories and beliefs that individuals hold about knowledge and knowing and the way in which such epistemological perspectives are related to academic learning.

Purpose/Objectives

The purpose of the study was to investigate how personal epistemological beliefs were conceptualised by medical students at the end of their first two years in a PBL medical program; whether their beliefs evolved over the first two years and were related to the process of learning; and whether they differed between students from the lowest and highest ranked academic groups. A qualitative research design framed the investigation. A series of interviews were conducted with medical students selected using the maximum variation purposeful sampling technique. Interviews were analysed thematically within a personal epistemological theory framework. The results were presented as thematic narratives constructed on the students retrospective experience of learning over the first two years of medical school. The use of narratives linked audience, text, structure, empirical inquiry and lived experience of the medical students.

Issues/Questions for exploration or ideas for discussion

Can a problem-based learning curriculum accelerate epistemological development in students who are learning to connect their understanding of basic science with clinical knowledge? The findings also suggested that the constructivist PBL approach was a major influence on the development of students epistemological views, and this can accelerate students epistemological development?

Results

Findings revealed that students prior learning experiences in high school had a major impact on their epistemological interpretations of the medical program. There was a pattern of epistemological beliefs between the two groups of students. Students from the lowest ranked group misinterpreted the constructivist curriculum and their approach to learning was disabling. Students from the highest ranked group struggled with the transition to the medical program but turned these into opportunities for epistemological development.

Conclusion

The results provided a theoretical epistemological explanation for the large variance in academic results at the end of first-year medicine and illuminated why some students struggle, and will continue to struggle, based on their prevailing beliefs about knowledge and knowing from high school.

ID:16537

Title: Jumping in the 'Deep End' of Medical School: Do Undergraduate Science Students Spend too much Time in the Shallow?

Kylie Mansfield, Timothy Cowan, Gregg Rowland, Greg Peoples

Introduction/Background

Many students enter postgraduate medicine with a background from a science based undergraduate degree. Science degrees reward students with grades for factual knowledge and memorisation. However medicine requires students to take a deep approach to develop understanding rather than attempting to memorise content.

Purpose/Objectives

This project aimed to compare the study processes that students used to study medicine and third year anatomy.

Issues/Questions for exploration or ideas for discussion

A Study Process Questionnaire was administered to third year regional anatomy students (n=42) and first year medical students (n=82). Survey results characterised study process as deep or shallow, then as strategic or motive. Results for anatomy students were further divided into those with a final GPA>5 (n=25) and these were compared (ANOVA) with the medical student who all had a GPA>5. The study processes of students studying medicine and regional anatomy are distinctly different. Even regional anatomy students eligible for postgraduate medicine (GPA>5) have a shallower approach than their medical student counterparts.

Results

Anatomy students reported a shallower approach (p0.05), and specifically shallow strategic (p0.01), while the medical students were more deep strategic (p0.01). After filtering anatomy students to only include GPA>5 medical students still reported a deeper approach (deep p0.0001, deep strategic p0.001, deep motive p0.05).

Conclusion

Undergraduate science rewards a shallow study strategy therefore encouraging a shallow approach to learning. This does not prepare students for the complex learning that is required for the study of medicine.

ID:16423

Title: Values in Medical Education - what are we Communicating our Students?*Kelby Smith-Han***Introduction/Background**

Values encompass our thoughts and behaviour. We actively construct the world with values and at the same time are constructed by the values we espouse (Harland & Pickering, 2011). Values are learned and can change over time. The act of valuing something, as Harland & Pickering (2011) suggest involves making choices and judgments. As values are a part of constructing the world around us and a part of human existence they propose to think of higher education as a values-enterprise with everything we do, as teachers and learners, being value driven. This includes the choices we make in what we teach, how we teach, what we select for our research, how we conduct ourselves and how we organize our activities (p.9) Medical education then, is also part of a value-enterprise. Apart from teaching the subjects that are valued in the teaching of medicine, such as anatomy and cardiology, values are communicated through the hidden curriculum (Smith-Han, 2013) and it is this unconscious position which Harland & Pickering (2011) note to be the most powerful method for passing on values and changing a students value position (p.29).

Purpose/Objectives

This presentation examines students values. In particular, what values medical schools and teaching hospitals are communicating in terms of valuing a particular specialty or profession; valuing particular knowledge of that profession and lastly valuing a particular view of doctoring.

Issues/Questions for exploration or Ideas for discussion

The results will be a platform to discuss the role that institutions such as clinical schools and teaching hospitals, the curriculum, and individual teachers have to play in communicating these values to medical students.

Results

Findings from qualitative data and the research literature will illustrate certain values communicated to and picked-up by medical students regarding the professions of general practice and surgery; the value of knowledge associated with general practice and finally, the value of a certain approach or view of doctoring.

References

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ID:16263

Title: Learning Ethical Reasoning and the Development of Moral Judgement in Medical Students*Vicki Langendyk***Introduction/Background**

In the early years of medical education, there is evidence that the humanistic values which motivate student entrance to medical school remain relatively unscathed. However, the immersion in the clinical years seems to have a deleterious effect. In 2011, we used the Moral Judgement Test in a cross-sectional study of medical students across all five years of the medical course. The results showed a decline in moral judgement competence associated with an increase in moral segmentation during medical education. These results may be attributable to a cohort effect and therefore it is important to investigate the change in moral judgment competence of one cohort over time.

Purpose/Objectives

During the fourth year, students undertake 7 two hour ethics tutorials during their Womens Health Rotation. The aim is for students to develop ethical reasoning skills so that they are better prepared to identify and address ethical issues that they will face in clinical practice. We aim to give the Moral Judgement Test to students before and after the Womens Health rotation to evaluate the impact of the ethical reasoning curriculum on students moral judgment. Fourth year medical students will be asked to complete Linds Moral Judgement Test (MJT), designed to assess the moral judgement competence (C-INDEX), pre and post the ethics rotation. The pre and post C-INDICES will be compared for each student individually. The pre and post C-INDICES for the cohort as a whole will be compared to the findings of 2011 research.

ID:16101

Title: Study Buddy Support Scheme Medical Radiation Science Undergraduate Students' Perspective

Paul Reid, Minh Chau, Jyothi Thalluri

Introduction/Background

The Study Buddy Support (SBS) scheme employed in 2012 with Nursing and Midwifery students, found improvement in the pass rate and student retention rate. Subsequently, in 2013 the SBS scheme was offered Pathology for Medical Radiation undergraduates at the University of South Australia. Students deemed at-risk (Buddies) of failing the course after the first summative assessment (FSA), were invited to participate in the scheme. High achieving students from the same course were invited to become Buddy Leaders (BL) under the guidance of the course coordinator and SBS training handbook.

This study aims to relate the experience of the SBS scheme from the BLs perspectives. Seeking to provide students with supplementary learning and strategies, Buddies and BLs covered all the course topics in order to prepare for the final examination. In this setting, as a group, the students aimed to work through the relevance of Pathology course content to clinical aspects of Medical Radiation.

This mutual-learning experience also afforded the sharing of study techniques, priorities and disciplines. Quantitatively, 23 of 152 (15%) were identified at-risk students and they were all invited to be Buddies in the SBS soon after their FSA. Out of 23, nine students accepted to participate in the scheme. Nine students with an average FSA score of 46 obtained the average exam score of 59 (28.2% improvement), whereas fourteen non-SBS students achieved an 8% improvement where the average FSA score and exam score was 49 and 53 respectively. Qualitatively, Buddies reported greater confidence, retention and interest in the course material. Similarly, the consolidation of knowledge, development of networking and leadership skills were considered significantly constructive by the BLs. In summary, the SBS scheme enriched the performance and interest of both Buddies and BLs. To provide more flexibility to students, virtual classrooms are recommended for the schemes future direction.

EXPERIMENTAL LEARNING IN CLINICAL SPACES

ID:16349

Title: Every Minute Counts! Engaging Learners in Effective Observation while Undertaking Clinical Placement

Robyn French, Roshini Thomas, Claire Goodwin, Sam English, Glenn Trainor

Introduction/Background

In a busy Oncology department the student undertaking clinical placement cannot always be hands on. This means that there are times when the learner is an observer. Educational professionals are aware that observation (modelling) can be a significant contributor for learning both how to perform tasks as well as in the development of professional behaviour. However, when observing the learner may struggle to maintain concentration, become distracted or feel that they are missing out. Supervisors may also feel that they are not providing the learner with adequate learning opportunities, when workload or other pressures mean that the student must be an observer. How can the supervisor and clinical educator encourage the student to use the time spent observing as a valuable learning experience?

Purpose/Objectives

In this PeArLs session participants will explore student and supervisors perceptions of observation as a learning tool. Issues such as the time spent as an observer and the engagement of the student will be explored. This session will provide opportunities for participants to share their own experiences of learners undertaking clinical placements, and discuss strategies for enhancing the experience for learners.

Issues/Questions for exploration or ideas for discussion

What are students and supervisors perceptions of observation as a learning tool? Are there strategies that can be used to enhance a learners experience as an observer? Do periods of observation benefit from time to reflect or discuss? Should the learner always observe an experienced or expert practitioner?

ID:16451

Title: Does Clinical Simulation Elicit Similar Stress Responses to Clinical Practice in Physiotherapy Students?

Belinda Judd, Christopher Gordon, Donna Waters, Jennifer Alison

Introduction/Background

In Australia there has been a concerted effort by government and health professional faculties to increase and integrate clinical simulation into existing curriculum. Many Australian Physiotherapy programs implement clinical models where simulation replaces a proportion of clinical time, and it is presumed that this produces experiences similar to clinical practice. The impact of stress in simulation has recently gained research attention, but none have compared stress responses between simulation scenarios that are replicated in clinical practice. It is unknown whether the stress levels experienced by students during traditional clinical education are reproduced in clinical simulation.

Purpose/Objectives

The purpose of this study was to compare psycho-physiological stress levels experienced by physiotherapy students in clinical simulation to stress levels experienced during traditional clinical education.

Issues/Questions for exploration or ideas for discussion

As health professional education moves to increasingly incorporate clinical education using simulation, does the simulation educational model adequately prepare students for clinical practice? Are student stress responses similar when clinical education is delivered in traditional clinical and simulation models?

Results

Thirty-six 3rd year undergraduate physiotherapy students participated in simulation and traditional clinical placements. Psycho-physiological stress levels were measured in both settings using continuous heart rate monitoring, visual analogue scales (VAS) of stress (100mm scale) and saliva cortisol sampling before and after clinical assessments of real and simulated patients. The peak VAS stress during simulation scenarios was significantly greater than traditional clinical (mean [SD] 45mm [23] and 31mm [21] respectively $p < 0.05$). Heart rate during simulation scenarios was not significantly different compared to traditional clinical (90 beats/min [16] and 87 beats/min [15] respectively $p = 0.89$). There was no significant difference in the change in saliva cortisol levels before and after simulation scenarios compared to clinical placement (2.5 nm/L [6.3] and 2.6 nm/L [3.0] respectively $p = 0.92$).

Conclusion

This is the first report into physiotherapy students stress in simulation-based, compared to equivalent traditional clinical patient assessments. The results suggest the self perceived psychological stress during simulation was greater than in traditional placements; however the physiological stress responses were comparable in both settings. These results need to be considered by physiotherapy educators when incorporating simulation into curriculum. Further research is needed to explore stress during clinical simulation and practice to determine any relationship to clinical performance.

ID:16479

Title: Peer Learning on Clinical Placement: What have Students Taught themselves to do?

Joanna Tai, Terry Haines, Ben Canny, Elizabeth Molloy

Introduction/Background

Peer assisted learning (PAL) may promote life-long skills such as communication, teamwork, time-management and self-direction (Secomb 2008), and may also increase the efficiency of a clinical placement (Sevenhuysen 2013). At Monash University, medical students have been encouraged to use PAL for many years, however little is known about the nature or frequency of peer learning activities on the wards.

Purpose/Objectives

To determine how medical students view and use PAL on clinical placements

Issues/Questions for exploration or ideas for discussion

Are students using PAL, and in which contexts? Do students find PAL useful? Efforts to improve PAL need to be focussed on highlighting areas of practice or knowledge that peers may be qualified to comment upon. Students are reluctant to judge peers not because of a need to maintain social harmony, but because they feel they are not sufficiently knowledgeable. PAL occurs in the workplace setting regardless of supervisor presence. This finding further highlights the importance of early orientation of learners to PAL purpose (ie pre-clinical), and the likely activities that are likely to promote or constrain learning using this mode

Results

An online survey was distributed to students across urban/metropolitan, rural and one international site (Malaysia). Fifty four of a potential 500 responded in detail regarding their PAL activities. Averaging 24 PAL episodes per week, 71% were self-initiated, in largely informal clinical settings. Qualitative analysis of responses relating to PAL utility revealed students found it useful to practise their skills in a lower-stakes environment. However, they found it difficult to assess their peers. Students did not believe PAL increased strain on friendships or increased competition amongst their peers.

Conclusion

PAL occurs frequently on clinical placements even without supervisor prompts or surveillance. This study provides insight into the where, when, and what. The how and how to do it better needs further investigation.

References

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ID:16273

Title: Promoting Peer Assisted Learning in Allied Health Clinical Education: A Multidisciplinary Randomised Trial

Samantha Sevenhuysen, Jo Thorpe, Terry Haines

Introduction/Background

Health professional students are challenged by clinical education and report feeling under-prepared for the demands of the practice environment. Placing students in pairs and utilising peer assisted learning (PAL) techniques has been linked with reduced student anxiety and enriched learning. In addition to the potential for increasing student satisfaction with clinical education, PAL has the potential to increase capacity for workplace education by creating framework for the education of students in pairs.

Purpose/Objectives

The aims of this project were to a) increase the amount of PAL occurring between students on clinical placements in allied health, b) improve the confidence of clinicians to apply PAL strategies when supervising students and c) improve the confidence of clinicians to supervise multiple students concurrently. The study utilised a stepped wedge randomised design. PAL education was conducted with 1/3 of the clinician participants (n=36) at three separate time points. The frequency of various placement activities were recorded by students of the clinician participants throughout the control (prior to education) and intervention (after education) periods. Satisfaction with the education session and experiences of facilitating peer assisted learning were collected via survey.

Results

Students spent more time observing their peer and performing non-clinical tasks, and saw fewer patients after their clinician supervisor had attended the education session. Satisfaction with the education session was high and the learning objectives were met. Clinicians reported that they facilitated PAL and changed their educational behaviours following the education session.

Conclusion

Providing clinicians with education about PAL produced changes in student activity. The education session was perceived as valuable and clinicians reported that their education style changed as a result of attending the workshop.

ID:16533

Title: Evaluation of the Delivery of Teaching on the Run to Clinical Supervisors in Sydney and South Western Sydney Local Health Districts

Rebecca Bedford, Nicole McGreal, Bradley Lloyd

Introduction/Background

Teaching on the Run (TOTR) is a licensed interprofessional clinical teaching program that was developed by the University of Western Australia. Clinical supervisors are expected to teach other staff in their roles however have often completed little formal training in education.

Purpose/Objectives

The Centre for Education and Workforce Development (CEWD) commenced delivery of TOTR in Sydney and South Western Sydney Local Health Districts in 2013. The aim of delivering this program was to provide formal education to up skill health supervisors (medical, nursing, allied health) in clinical teaching.

Issues/Questions for exploration or ideas for discussion

1)TOTR is a formal interdisciplinary education program that is useful for developing clinical supervisors teaching skills 2)Clinical teaching skills are transferrable across disciplines

Results

CEWD delivered TOTR to 391 frontline clinical supervisors from nine health disciplines (Medical, Nursing, Midwifery, Occupational Therapy, Pharmacy, Physiotherapy, Podiatry, Social Work, Speech Pathology). A comparison of pre- and post-training data (n=251) showed an increase in supervisors self-reported confidence in clinical teaching (pre-TOTR 42% of supervisors rated their confidence as good or excellent, compared with 89% post TOTR).

Conclusion

TOTR is an interdisciplinary program that was successfully delivered in two health districts to up skill clinical supervisors teaching skills. Survey data collected suggests this program is effective at increasing supervisors confidence in clinical teaching. Further research is needed to evaluate the longer-term effectiveness of the program once supervisors return to the workplace.

ID:15856

Title: House Officer Prescribing - Building a Sustainable Interprofessional Education Platform to Improve Medication Safety

Avril Lee, Dale Sheehan, Pat Alley

Introduction/Background

Prescribing is the commonest therapeutic intervention, but a major source of inadvertent harm for hospital patients. The PGY1 year is an opportunistic time to teach correct prescribing skills and increase awareness of how prescribing correctly reduces harm. It is also the time to promote understanding and collaboration between doctors and pharmacists.

Purpose/Objectives

To promote and support workplace collaborative practice between pharmacists and PGY1 doctors. Reduce prescribing errors by including medication safety as a consistent theme throughout the PGY1 programme.

Issues/Questions for exploration or ideas for discussion

How to ensure we promote and model workplace collaborative practice? Can we use the natural curriculum of the workplace that is the systems, people and processes that already exist? How to link teaching and practice, engaging PGY1s to improve their prescribing practice and include pharmacists actively in teaching and co-learning? The programme is successful and has enhanced interprofessional understanding. Teamwork is one of the most effective ways to ensure safe patient care (WHO). This has been achieved by role modelling collaboration both in practice and in formal teaching.

Results

Our clinical pharmacists tell us that this group of prescribers are the best in the hospital. We found a positive gain in major components of prescribing. Attitudes to collaboration with pharmacist colleagues were measured, and potential modifications identified.

Conclusion

The identification of an expert pocket of clinical practice and its utilisation in teaching can be used as a model. The focus on medication safety is one example of how educators can make the most of rich clinical learning environments.

ASSESSMENT

ID:16552

Title: Rethinking Professional Competency Standards in Assessment of Workplace Competence

Christine Ossenberg, Amanda Henderson, Megan Dalton

Introduction/Background

The assessment of competence across the health professions is much debated in the literature. In particular, there is little consensus as to how best to define or rigorously assess the performance of student practice. Professional competency standards state the minimum level practitioners need to attain to ensure they can provide safe, quality care. However, the language used in competency standards can be verbose and elaborate. Furthermore, there is still a paucity of valid and reliable assessment tools in the health professions based on professional competency standards. There is an increasing body of work around the value of performance indicators and behavioural cues to assess student competencies in the health professions. The provision of performance indicators and behavioural cues enables assessors and assessees to translate the standards and criteria into everyday practice language and reduces the vague and obscure statements that frequently render them perplexed and without direction. The contribution of a tool with indicators/cues that align with professional competency standards and assesses learning outcomes can promote improved reliability across assessors, sites/locations and programmes. It can also promote a shared assessment language across all health disciplines. This presentation discusses a study that rigorously developed a tool to measure the competency of nursing students. The tool provides performance indicators/behavioural cues to assist in the explication of professional competency statements. Focus groups were undertaken with registered nurses and nursing students. There was agreement from the focus groups that performance indicators provide direction for both the student and the assessor (facilitating goal setting and assessment) and improve the consistency and transparency of assessment. Many of these statements are indicative across the health professional groups and therefore there is potential for broader applicability of these particularly in diverse health professional teams. A total of 220 tools were completed by 24 clinical facilitators. Feedback collected from post-trial evaluation by the clinical facilitators indicated that the performance indicators were useful in assessing the student and in providing guidance in delivering student feedback. Additionally, the performance indicators were identified by the clinical facilitators as appropriate for students across each year level and relevant to the workplace setting. This evaluation supported the initial discussion in the focus groups. These findings resonate with similar work conducted in other health disciplines such as physiotherapy. Utilisation of an assessment tool that aligns with learning outcomes across the health professions therefore has potential relevance in enhancing dialogue and collaboration across health professional education.

ID:16164

Title: Insights from A Modified Delphi Study: Supporting Quality Entry-Level Assessments During Clinical Placements

Rachel Bacon, Laurie Grealish, Lauren Williams

Introduction/Background

During clinical placements a students competence is assessed. A rich understanding of entry-level standards is required to make quality judgments. An assessment approach during clinical placements is required that is sufficiently dynamic to accommodate the changing healthcare system.

Purpose/Objectives

This study aims to (1) consider the degree of consensus in the assessments made by clinical supervisors on the performances of student dietitians during their individual case management clinical placements in non-hospital settings and (2) to establish a shared understanding of entry-level performance for individual case management in non-hospital settings.

Issues/Questions for exploration or ideas for discussion

Assessment in the context of a changing healthcare system mixed-methods approach to assessment. The inherent subjectivity of clinical supervisors judgments must be acknowledged in assessing entry-level practice. There is a need to learn from qualitative research approaches to acknowledge how our interpretation of student performance is influenced by our observations, experience and assumptions

Results

Consensus was achieved for 2/11 assessments after one Delphi round, 6/11 assessments after two rounds and 10/11 assessments after the third and final round. The expert panel expressed a shared understanding of entry-level performance however this was difficult to translate into a shared assessment of entry-level performance.

Conclusion

Dialogue amongst clinical supervisors leads to a more reliable interpretation of the competency standards. A mixed method approach to assessment is required to ensure quality assessments of entry-level practice.

ID:16379

Title: The Development of a Work-based Assessment (WBA) of Teamwork Tool – an Interprofessional Approach

Kathy Dallest, Dawn Forman, Christopher Roberts, Roger Dunston, Fiona Bogossian, Lesley Bainbridge, Monica Moran, Donna Drynan, Jill Thistlethwaite, Diann Eley, Kathy Dallest

Introduction/Background

This project (funded by the OLT) addresses the need to develop robust WBA tools for health professional students to test readiness for practice in relation to teamwork. Students are expected to achieve teamwork competencies yet are rarely observed when undertaking teamwork activities in clinical settings. Existing tools are mainly for the evaluation of team performance rather than individual performance within a team.

Purpose/Objectives

To develop a framework for the WBA of teamwork; develop and pilot a tool to explore the application of this framework in a variety of circumstances. This WBA tool is intended for formative assessment, with educational impact arising from giving timely and constructive feedback.

Issues/Questions for exploration or Ideas for discussion

Does this tool facilitate meaningful formative feedback for WBA of teamwork? Initial findings suggest that many students have not had the opportunity to learn about teamwork prior to clinical immersion which raises questions about expected competency and assessment.

Results

Delphi process resulted in an 18-item tool the iSTAT (individual Student Teamwork Assessment Tool). Piloting is ongoing at 11 sites and we will present results of the factor analysis of the tools performance and survey/interview data in relation to the tools feasibility and acceptability.

Conclusion

The iSTAT has the potential to be an acceptable assessment tool in a wide variety of settings.

ID:16181

Title: Workplace Based Assessment for Procedural Skills in Undergraduate Medicine- Implementing the Recommendations of the Medical Deans Competency Project

Deb Wilson

Introduction/Background

In 2009/10 the Medical Deans of Australian and New Zealand Competency Project (MDANZCP) was initiated to inform a more consistent approach to assessment standards and processes for medical graduates in order to benchmark standards and improve graduate outcomes. In 2012 the Medical Graduate Competency Framework Report was released. This report mapped common procedural skills for medical graduates against specific levels of achievement based on Dreyfus & Dreyfus novice to expert model for skills acquisition. Proficiency (Performs routinely in the clinical environment under minimal supervision) must be demonstrated by graduates in a number of routine clinical procedures. Section 2 of the Deans report notes that determining required competencies for such procedures without developing reliable and consistent assessment criteria and process is limiting. The Deans report goes on to recommend the development of reliable and consistent work place based assessment tools for this purpose. A form of Work Based Assessment (WBA) which has been used in post graduate medical education to assess procedural skills competency is Direct Observation of Procedural Skills (DOPS). This involves qualified clinical supervisors directly observing medical trainees with actual patients, and assessing their level of performance against pre-determined criteria. By observing and assessing trainees with patients and providing on-the-job feedback, supervisors help trainees to acquire and improve skills, and patients receive better supervised clinical care. While other WBAs have been trialled in undergraduate medical education, there is limited published data on the utility of DOPS with undergraduates. The Australian Curriculum Framework for Junior Doctors has a DOPS form to assess procedural skills. This form uses generic criteria, (e.g. communication skills, universal precautions) common to many procedural skills, against which the junior doctor is judged. The University of Tasmania, lead by the Rural Clinical School, has already completed considerable work in developing and trialling individual DOPS forms for many procedural skills. The developed DOPS, for each procedural skill has assessment criteria based on the individual steps required to safely and proficiently complete that specific procedure.

Purpose/Objectives

To develop a national approach to procedural skills assessment for undergraduate medical student competency.

Issues/Questions for exploration or ideas for discussion

How do other "schools" assess Medical graduates procedural skills competency? Do others use the Medical Deans List to guide their curriculum? Should a generic form be used for all skills or should an individual assessment form be developed for each skill?

ID:16150

Title: Expert Validation of the TeamUP Rubric

Jenny Parratt, Carolyn Hastie, Marie Hutchinson, Kathleen Fahy, Marilyn Chaseling, Gui Lohmann, Kylie O'Brien

Introduction/Background

Poor teamwork in healthcare has negative consequences for patients and staff. The TeamUP rubric is a teaching and assessment tool used to support and evaluate students learning teamwork skills. The rubric was developed from a published generic rubric and is organised into five domains; project planning, team environment, facilitation, conflict management and individual contribution

Purpose/Objectives

To strengthen validity of the TeamUP rubric. Modified Delphi technique using a survey (either face-to-face, telephone or online) to seek expert opinion on content validity of the TeamUP rubric. The approach was based on Pophams work and the Standards for Educational and Psychological Testing. After the first Delphi round (n=6) the rubric was revised. Rubric version 2 was evaluated by newly recruited participants (second round, n=26). Another cohort of participants is being recruited to evaluate Rubric version 3 (third round). Once the revised rubric is finalised, all participants will be invited to give follow-up validation comments.

Issues/Questions for exploration or ideas for discussion

To what extent do experts agree that the TeamUP Rubric is a valid assessment of the content and construct of teamwork? Participants 32 professionals (from any field) with recognised expertise in communications and teamwork. Quantitative analysis of yes/no responses to criterion validity will yield a content-validity index. Qualitative analysis of comments will form construct-related evidence of validity.

Results

Two major revisions have been undertaken prompted by expert responses. Examples of expert suggestions and researcher responses will be outlined, eg a conceptual overlap between rubric domains was identified and resolved. Initial student evaluation (a separate research project) is in agreement with these revisions.

Conclusion

Implications for practice Once this evaluation is complete the students, educators and healthcare professionals can be assured that the Team-UP rubric is a validated measure of individual student teamwork skills which can be used with confidence in the university setting.

ID:16574

Title: A Closer Look at Checklist Scoring and Global Rating for Four OSCE Stations: Do the Scores Correlate Well?

Joong Hiong Sim, Yang Faridah Abdul Aziz, Jamuna Vadivelu, Anushya Vijayanantha, Azura Mansor

Introduction/Background

Global rating is well suited for a clinical examination such as OSCE. However, most university's examination regulations require an absolute score. The purpose of the study was to examine correlations between checklist scores and global ratings for four OSCE stations performed in our institution. Each stations score sheet consisted of a detailed checklist of items examined (total=10 marks). A global rating scale (Fail, Borderline, Pass) was also included for the examiner to indicate the global rating for the station. Spearman's rho correlation coefficients between checklist scores and global ratings were computed for four stations. For each station, correlations between checklist scores and global ratings were also checked across the three parallel circuits (each circuit had identical stations with different examiners/candidates/standardised patients) and throughout the four rounds (which were run from morning until late afternoon).

Results

Spearman's rho correlation coefficients between checklist scores and global ratings for the four stations ranged between 0.62 to 0.88, at $p < 0.01$. For all stations, Spearman's rho correlation coefficient ranged between 0.50 to 0.92, at $p < 0.01$ across the circuits and between 0.57 to 0.89, at $p < 0.01$ throughout the rounds. Example For Station 6 ($n=185$), Spearman's rho correlation coefficient=0.88 ($p < 0.01$). Spearman's rho correlation coefficient across the three circuits were respectively 0.92, 0.86, 0.87 at $p < 0.01$ while Spearman's rho correlation coefficient throughout the four rounds were 0.85, 0.89, 0.85 and 0.88, at $p < 0.01$ respectively.

Conclusion

Checklist scores and global ratings correlated well for the station as a whole, as well as across the circuits and also throughout the rounds. Take-home message Global rating scale could be implemented as another reliable assessment tool in OSCE.

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16153

Title: ClinSSAC: The Effect of a Multimodal Program on Clinical Supervisors' Education Skills

Joanna Tai, Vicki Edouard, Fiona Kent, George Kotsanas, Judy Lockie, Debra Nestel, Margaret Bearman, Elizabeth Molloy

Introduction/Background

Clinicians require support to become educators and supervisors[1]. HealthPEER Monash University and Monash Health developed ClinSSAC (Clinical Supervision Support Across Contexts), a half-day face-to-face interprofessional workshop, which was delivered in 2012-13. An online equivalent with additional context and discipline specific e-learning modules was launched in May 2013. To encourage self-assessment of education skill, the Maastricht Clinical Teaching Questionnaire (MCTQ)[2] was administered during the workshop and six months later.

Purpose/Objectives

The program sought to provide participants with the foundations of supervision, including areas of concern such as managing underperformance.

Issues/Questions for exploration or ideas for discussion

How has ClinSSAC been received by clinical supervisors, and how have their education skills changed through participation in the program? Participants evaluation and improved MCTQ ratings suggest the interprofessional program was appropriately designed. The interactive workshop allowed participants to share experiences and trial strategies to engage learners. This format also allowed for on-the-fly adaptation, and improvements to subsequent workshop delivery.

Results

Of 944 workshop participants, 902 completed a general evaluation survey, and 505 consented to analysis of their MCTQ ratings. A range of professions was represented, with a median four years supervision experience. The overall workshop mean rating was 3.67 (4=very helpful and 1=irrelevant). The MCTQ was praised as a tool to promote individuals reflection on their clinical teaching skills (mean participant rating 3.29). The majority of participants had not previously encountered a framework to assess and guide their development as educators. Follow-up analysis demonstrated a sustained increase in educator skill after six months.

Conclusion

Interactive and multidisciplinary face-to-face workshops were seen to improve supervisory skills across disciplines. Participants praised the MCTQ as a reflective tool to analyse their supervisory practice, and to set goals for educational development.

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ID:16413

Title: Symbiotic Clinical Education: A Framework to Guide Health Professions Educators' Reflections on and Analysis of their own Clinical Education Program

Koshila Kumar, Jennene Greenhill, Lori Tietz

Introduction/Background

The symbiotic clinical education model is based on the fundamental premise that clinical education is most effective when it is mutually beneficial to all stakeholders involved. The model alerts us to the importance of the relationships and the interconnections between various stakeholders and sectors. The student is at the centre of the model and other key stakeholders include patients, clinicians, health services, educational providers, government and the community. These stakeholders are depicted among four interdependent axes (personal, clinical, institutional and social).

Purpose/Objectives

The aim of this workshop is to 1) introduce participants to the basic principles and axes of the symbiotic clinical education model, and 2) use this as a framework to prompt health professions educators to reflect on and analyse how their own clinical education program.

Issues/Questions for exploration or ideas for discussion

Key questions for discussion 1) How well does your clinical education program demonstrate symbiosis along each of the axes? 2) Is symbiosis more evident on some of the axes than others? 3) How can your clinical education program be improved to maximise symbiosis? How might these improvements be achieved? 4) Which stakeholders/sectors does your program need to engage/consolidate relationships with to maximise symbiosis? 5) Describe how the presenters will engage with the audience, what strategies will be used to ensure a hands on experience. A mix of activities including didactic presentation, individual reflective activity, small group or paired discussion, and facilitated large group discussion will be used to ensure active audience engagement and participation.

ID:16419

Title: A Social Construct of Clinical Supervision

Leeanne Pront

Introduction/Background

Health students each year undertake clinical practice experience, each supervised by a clinician from within their discipline. The principle tenets for supervision are to prevent the learner from doing harm to clients while optimising learning opportunity for students.

Purpose/Objectives

This qualitative thematic study utilising the literature as subjects sought to establish What is good clinical supervision and identify the strategies employed to promote student learning? Improved understanding of good supervision can inform program development in clinical supervision, promote supervisor expertise and increase efficiency in managing both health care delivery and supervision.

Issues/Questions for exploration or ideas for discussion

There is a plethora of literature describing student and supervisor perceptions of good supervision. However, this literature often does not capture the complexity of supervision and essentially offers a social construct of what we make it to be. To offer a concise representation of the understanding represented within the literature a model for supervision is proposed. This study offers a social construct of good clinical supervision yet failed to identify clear strategies for delivery. Future work to establish strategies will focus on linking theoretical frameworks to the proposed model. Linking individual themes within learning theory, strategies will become evident. Identified strategies would then be tested to establish parsimony, productivity, generalisability and utility within health disciplines following a previously tested evaluation framework.

Results

Thematic analysis identified four key themes. Establishing a learning relationship; boundaries for student and supervisor pertain to the profession, environment, learning and the relationship and mutually agreed upon. Psychosocial support; established boundaries afford student and supervisors confidence and trust to explore personal and professional elements influencing learning. Engagement in health provision; supported by boundaries and the confidence provided the student felt safe to engage within the environment and client care activities. Developing meaning; the foundation of previous themes promoted the meaning of individual experiences during clinical activities to be explored, forming links for students to build their own repertoire of professional and personal conduct.

Conclusion

Clinical supervision is a complex role and delivered in unison with health care provision to clients. The social construct of good supervision is common within disciplines however theoretical foundations to consistently deliver good supervision regardless of setting, student, individual supervisor and discipline are poorly defined. The development and evaluation of a model for good supervision may help identify transferable strategies that form the basis of supervisor education.

ID:15920

Title: Educating the Educator: Professional Development of Student Supervisors in the Disability Sector in New South Wales

Christine Choy, Megan Carnegie, Lisa Carnegie

Introduction/Background

The Specialist Placement and Recruitment (SPAR) Unit was established to provide leadership in relation to student placements within the major NSW government provider of disability services. The unit supports student supervisors throughout the state, and aims to foster students work readiness in the NDIS world by building capacity in other government, non government and private sectors. The presentation will focus on outlining the two resources developed by the SPAR Unit. This includes the Student Supervisor Practice Package and Disability Awareness Resource for Students on Clinical Placement. Both resources promote consistent, high quality practice standards in the supervision of students within the disability sector.

Purpose/Objectives

Describe the two resources that have been developed to support student supervisors working within the disability sector in NSW, as well as foster students learning experiences working with people with disabilities. Identify strategies to encourage networking and joint professional development between student supervisors working in the government, non-government, and private sectors in NSW. Establish key stakeholder relationships for ongoing communication and information sharing.

Issues/Questions for exploration or ideas for discussion

Identify in what settings a decentralised unit has been adopted and what were some of the lessons learned from those involved. What approaches have been successful in continuing the professional development of student supervisors within a state wide organisation incorporating a number of districts? What method(s) can the SPAR Unit use to evaluate the impact of these resources on both the student supervisor and the student?

ID:16370

Title: Clinical Educators in Physiotherapy: Faithful, Forced or Obligated

Sarah Mooney

Introduction/Background

Senior physiotherapists are traditionally responsible for clinical education. Individuals commonly self-select to become clinical educators; in other instances, the role is obligatory irrespective of interest or enthusiasm. The registration bodys Code of Ethics and Professional Conduct also makes explicit the obligation of all physiotherapists to engage in clinical education. Being faithful, forced or obliged to become clinical educators is explored as a source of tension and conflict identified by physiotherapy clinical educators and stakeholders in New Zealand. Semi-structured interviews were undertaken with 18 clinical educators and 18 associated stakeholders. Methodology, method and analysis were framed by Bourdieu, a French philosopher.

Purpose/Objectives

To explore how clinical educators are recruited, discuss implications for practice and the profession, and make relevant recommendations.

Issues/Questions for exploration or ideas for discussion

How should clinical educators be recruited? What is the impact being faithful, forced or obliged to become clinical educators on practice and the profession? Despite employment, ethical and professional obligations to engage in clinical education, clinical educators predominantly self-select. This was identified as a multi-dimensional source of tension and conflict amongst clinical educators and stakeholders. Although some strategies were developed to increase recruitment, numbers remain limited and continue to challenge the demand on student placements, readiness for practice and the profession.

Results

This sub-theme emerged from a doctoral study into power interplay in physiotherapy clinical education in New Zealand.

Conclusion

Successful recruitment of clinical educators is paramount. The impact on existing clinical educators, physiotherapy practice and profession cannot be under estimated.

ID:16629

Title: Academy of Surgical Educators*Stephen Tobin, Kyleigh Smith, Alicia Mew, Michelle Barrett***Introduction/Background**

RACS wishes to enhance the professional development of its surgical educators, as well as provide consistency to curriculum delivery. The Academy of Surgical Educators (ASE) was relaunched in 2012. As part of its remit, it also is responsible for links to other educational bodies, both within Australasia as well as overseas. Supporting College fellows is important, but RACS recognizes the need to also look and collaborate outside the institution.

Purpose/Objectives

Surgical educators include experienced clinical surgeons who teach designated surgical supervisors, instructors and faculty on College courses, as well as examiners and board members of the surgical specialties. Publicity surrounded a membership drive, with many of these educators invited to join. Membership is not exclusive however, and other medical (non-surgical) educators have also joined. Membership has reached over 500.

Issues/Questions for exploration or ideas for discussion

An upgraded College web presence has enabled an Academy landing page, with identity management allowing those outside the College to have access. Resources including reviewed journal articles have been provided. Studio sessions with outside medical education experts have been presented as webinars and recorded as podcasts for later review. Newsletters have informed members. A forum for academy members has been held, with presentations and time for feedback to College staff. All of this is about developing a virtual community of practice. An awards system for surgical educators will add to recognition. Links to outside institutions include a major graduate course in surgical education, as well tripartite collaboration with RACP and RCPS (Canada). The latter collaboration has led to regular meetings, publications and research projects. The surgical education section of the Colleges Annual Scientific Congress has been aligned to the Academys direction. Respect and support for the surgical educators should lead to better surgical education and training, noting that this will take time to be evaluated.

EXPERIENTIAL LEARNING IN CLINICAL SPACES

ID:16496

Title: Creating Clinical Learning Opportunities: How to Build Placement Capacity and Maintain Growth*Kassie Shardlow, Mark Gooding***Introduction/Background**

The increasing demands on clinical placement opportunities for allied health students are well documented. To overcome these challenges, innovative approaches to creating clinical learning opportunities are required. Since its inception in 2008, the Queensland Physiotherapy Placement Collaborative (QPPC) has worked towards providing sustainable capacity for high quality physiotherapy clinical education placements for pre-registration physiotherapy students in Queensland.

Purpose/Objectives

This presentation aims to equip the audience with evidenced based, practical and transferrable solutions to increase clinical training capacity and maintain growth over a variety of clinical placement settings. This has been successfully demonstrated by the growth of physiotherapy clinical placements within the Queensland Public Health System from 16190 placement days in 2008 to 34875 placement days in 2014, a growth of 115%.

Issues/Questions for exploration or ideas for discussion

This presentation will examine how the application of best practice clinical learning environment principles is contributing to the sustained growth of clinical learning opportunities within the Queensland Public Health System. Enablers and barriers to clinical learning opportunities will be discussed, including 1) developing positive relationships - effective communication and collaboration strategies with stakeholders to support learning; 2) exploring new placement models creating new and diverse learning opportunities in the clinical environment; 3) maximising utilisation of placement offers - understanding supply and demand; 4) facilitation of good supervisory relationships - clinical educator support and minimizing the burden of assessment; 5) effective analysis - and use of available resources how to get bang for your buck.

ID:16506

Title: Staff Establishment is a Good Indicator of Comparability and Predictability of Clinical Placement Offers

Mark Gooding, Kassie Shardlow

Introduction/Background

Since 2008, the Queensland Physiotherapy Placement Collaborative (QPPC) with representative membership from education providers and Queensland Public Health System physiotherapy facilities and services, has collected significant placement data in order to understand demand (from education providers) and supply (from facilities/services). In 2013 an investigation and analysis of the relationship between staff establishment and clinical placement offers by Queensland Public Health System physiotherapy facilities and services was undertaken. The primary intent was to gain an increased understanding of clinical placement availability and distribution, in the context of increasing placement demand, while maintaining the roles and expectations of the facility/service, education provider and student.

Purpose/Objectives

This presentation will review the resourcing and generation of physiotherapy clinical placement offers in 2013 within the Queensland Public Health System. A current state analysis of offers and staff establishment was undertaken and used as a comparator, indicator and predictor of placement offers between facilities and services. This presentation will outline the methodology and analysis of the data used to recommend a physiotherapy placement offers formula in an attempt to create parity and equality in placement offers across the state. This benchmarking review compared the direct relationship between clinical placement offers and staff establishment, revealing a strong correlation coefficient of 0.77.

Issues/Questions for exploration or ideas for discussion

It has been widely acknowledged that there are a number of metrics that impact on clinical placement capacity. The recommended physiotherapy placement offers formula is not a clinical placement capacity calculator, as capacity is influenced by a large number of placement enablers and barriers. It is primarily a benchmark indicator of expected offers from similar facilities/services. This analysis revealed a strong relationship between staff establishment and placement offers as a predictor of total placement offers across Queensland hospital peer groups.

ID:16045

Title: Allied Health Student Clinical Placements in Residential Aged Care Facilities: Staff Attitudes and Support Needs

Catherine Johnston, Lesley MacDonald-Wicks, Clint Newstead, Sarah Walmsley

Introduction/Background

Management of healthcare issues associated with aging requires the involvement of Allied Health professionals (AHPs). There is an undersupply of AHPs employed in aged care. Early student placement experience within this setting may increase confidence, raise awareness and encourage work in aged care post-graduation. At present, placements within aged care are limited and the contribution of the opinions, attitudes and training/support needs of staff towards this is unknown.

Purpose/Objectives

To investigate the opinions, attitudes and training/support needs of AHPs and managers working in residential aged care regarding student placements. Managers and AHPs (physiotherapists and dietitians) currently working in residential aged care facilities were surveyed (n=188). Responses were analysed using qualitative and quantitative methods.

Results

Twenty five physiotherapists, one dietitian and 40 managers responded. There were no significant differences between AHPs and managers in reporting advantages ($p = 1.0$) or barriers ($p = 0.31$) to placements in aged care. Managers were significantly more positive regarding placement scope within their facilities ($p=0.003$) than AHPs. The main barrier to placements in aged care was the nature of AHP employment with many staff employed on a casual/contract basis. The main support need reported by AHPs was formal training on clinical teaching and assessment.

Conclusion

The attitudes and opinions of participants do not appear to contribute to a lack of AHP student placements in aged care. The biggest barriers were the nature of AHP employment and a lack of experience supervising students. Specific training/mentoring of AHPs may facilitate increased student placement capacity.

ID:16046

Title: Students' Experience of a Rotational Placement Model and the Impact on Emergent Social Work Practice

Suzette Fox

Introduction/Background

An aging population and rising levels of chronic illness, dementia and mental illness place increasing demands on health services and health care professionals. To prepare students for current and future practice in health, a clinical rotational model in social work field education was funded through the HWA Regional Training Network (QRTN) Clinical Innovation initiative and trailed in 2013. Rotations were designed to expose students to a range of services across acute and sub-acute clinical settings at the Royal Brisbane and Womens Hospital (RBWH) and were based on the Hartford Partnership Program for Aging Education (HPPAE). While rotations are routinely featured and recognized as effective in the education of health professionals, the field education paradigm for social work has traditionally been the apprenticeship model. Systematically moving students between two or more field practicum sites, with supervision from multiple field educators, was innovative and represents a significant departure from social works long-established pattern. To evaluate the program, semi-structured in-depth interviews were undertaken at the close of the placement to explore students experience of the rotational model. Students interest in working in health as a career option was stimulated and the positive response to the placement calls for replication and evaluation. In this presentation I will discuss key themes from the study of students experience of the rotational placement, its impact on emerging social work practice, and the implications for further use of the model.

ID:16582

Title: Strengthening Engagement, Sustaining Placements

Heidi Miller, Marie Bridgman, Penny Taylor

Introduction/Background

Acknowledgement of the benefits of role-emerging placements to students learning continues to grow (1). University of Sunshine Coast (USC) occupational therapy (OT) students have undertaken role emerging placements (i.e. where OT services are currently not provided) across a variety of settings between 2011 to 2013 has been examined. In 2013 a research project undertaken to understand the experiences of host facilities identified engagement by the host organisation as a key to sustainability of role emerging placements. Engagement is influenced by perceived balance of cost (e.g. staff time and effort, material resources, space) versus benefits (e.g. additional client services, staff skill development through student supervision); and the perceived relationship between the university and the host organisation (including elements of support, clarity of roles and expectations, communication processes)(2).

Purpose/Objectives

The purpose of this poster is to provide information and describe useful practices and strategies to clinical educators across various health professions.

Issues/Questions for exploration or ideas for discussion

The research project identified a number of factors influencing the perception of host organisations towards ongoing involvement in student placements. This presentation will showcase two posters that are used as tools to strengthen engagement between the USC and host organisations. The posters aimed to integrate the key findings into a simple message to make explicit i. the benefits of hosting students and ii. the roles and expectations of those involved in the placements. The tools have been trialled in placement sites and adapted in response to feedback from the host organisations.

References

1.Danzca, K., Warren, A., Copley, J., Rodger, S., Moran, M., McKay, E. & Taylor, A. (2013). Learning experiences on role-emerging placements An exploration from the students perspective. Australian Occupational Therapy Journal, 60, 427-435
 Millar, F.(2013). Diversity through Sustainability Evaluating the use of alternate placement models in Occupational Therapy Clinical Education

ID:16144

Title: Student Paramedics Building Rapport through Community Engagement*Linda Ross, Brett Williams***Introduction/Background**

Establishing rapport is central to health professional-patient encounters. Developing a positive relationship with a patient enables the health professional to not only elicit the required information which informs clinical decisions, but impacts greatly on patient adherence to treatment, satisfaction, and ultimately outcomes. Experiential communication skills training involving real patient heightens student awareness of their own abilities, allows for self-reflection, increases confidence and motivation.

Purpose/Objectives

The aim of this mixed methods study was to determine the effect engagement with elderly community members would have on student paramedics rapport building ability.

Issues/Questions for exploration or ideas for discussion

Given logistical and financial constraints how viable is this pedagogical approach? How can it be modified without compromising quality and outcomes?

Results

The Rapport Questionnaire showed statistically significant improvement in confidence ($p < 0.01$), empathy ($p = 0.03$) and overall rapport building ability ($p < 0.01$). Key themes to emerge from the qualitative analysis including increased confidence, a gained understanding of elderly people, benefit of practicing in a non-clinical setting and the value of relationship development. Results from this pilot study indicate that student paramedics benefit from practicing rapport building with the elderly. The engagement activity led to improvements in attitudes towards elderly, interpersonal communication competence and rapport building skills.

Conclusion

The success of this pilot study provides preliminary support for the development of a larger project which could see paramedic students benefiting from practicing rapport building with a wider demographic of individuals representative of the broader community.

ASSESSMENT

ID:16136

Title: Excellence in Professionalism – Defining the Potentially Distinguished Student*Anthony Ali, Tim Wilkinson***Introduction/Background**

In 2012 a University of Otago working party on the assessment for professionalism refined its methods for how information about students behaviours relevant to their professionalism might be collected, considered and acted upon, and for making criterion standards more explicit. One of the recommendations from the proposal was to develop criteria for identifying meritorious behaviours in professionalism OR (if that is not feasible) that assessment for professionalism be recognised (by a pass/fail system). Many schools and institutions have developed pass/fail criteria to define aspects of professional behaviour for students and employees. Current thinking is that we can define aspects of professional behaviour, professionalism and professional identity based on different stages of a students medical career, or on defining milestones. Sometimes an absence of unprofessional behaviour acts as a surrogate for acceptable professional behaviour. What is not clear is the extent to which existing criteria, stages, or milestones can define someone who is potentially distinguished in their professional behaviour at any one point in time and whether it is important to identify.

Purpose/Objectives

To collate attendee experience, opinions and discuss the definition of excellence in professional behaviours and professionalism.

Issues/Questions for exploration or ideas for discussion

Is there such a thing as excellence in professional behaviour? If there is then can it, or should it, be defined in a criterion-referenced manner?

ID:16196

Title: The Dilemmas of Assessing Professional Behaviour in a Medical Degree*Emma Warnecke, Marianne Catchpole***Introduction/Background**

Professional degree courses represent an area where the university opens beyond its doors to meet the expectations of employers and professional bodies. In the area of health sciences, most students now register with AHPRA (Australian Health Practitioner Regulation Agency) and will need to meet certain professional expectations throughout the rest of their working life. Students need to continue to be active learners in their chosen field of education and in their professional standards. The challenge in first year medicine is to outline the personal and professional expectations and imbed them into the current teaching structure and assessment. These have been outlined in unit and course guides; however the practical experience is that the message is not always being translated into practice. We believe this can be taught and in fact we have an obligation to make these expectations explicit. In first year medicine we have developed criteria for professional behaviour assessment. In this PeArL we shall discuss and seek collaborative consultation from colleagues the dilemmas and impact of introducing a professional behaviour assessment into the first year of MBBS.

EXPERIENTIAL LEARNING IN CLINICAL SPACES

ID:16331

Title: Pre-Entry Student Contribution to Patient Service Delivery. Is there more to it than Meets the Eye?*Linda Furness, Veronique Anderson, Melissa Kaltner***Introduction/Background**

Whilst placements create opportunities for pre-entry students to grow and develop their skills, host agencies are under increasing pressure to demonstrate service delivery outcomes for their funding bodies. Data collection provides one method of measuring and reporting on pre-entry student contribution to service delivery. Literature also cites the examination of student projects and other qualitative measures to ascertain student contribution. However, there are limited studies examining factors impacting the contribution pre-entry students make to patient service delivery. Factors such as the students year level, learning needs, length of placement and University expectation of quality learning experiences are likely to impact on the contribution of pre-entry students to patient service delivery. Agency factors such as caseload mix, access to patients, supervision structure and availability of clinical educators also impact on students capacity to actively contribute to patient service.

Purpose/Objectives

The purpose of this session is to examine the factors impacting on student contribution to service from the perspectives of key stakeholders. Government and Non-Government agencies, Universities, Educators, students and other parties will each have valuable insights.

Issues/Questions for exploration or ideas for discussion

Participants will be invited to identify and describe the factors impacting on pre-entry student contribution to patient service delivery. The diverse range of experiences from the various stakeholder perspectives will provide a thorough insight into the breadth of considerations. It is intended that contributions will be collated, and information obtained in this session will serve to inform future clinical education practices for both the Universities and host agencies.

ID:16335

Title: Brushed under the Carpet Examining Unseen, Undisclosed and Unusual Barriers to Learning in the Clinical Environment

Glenn Trainor, Robyn French, Claire Goodwin, Roshini Thomas, Sam English

Introduction/Background

Clinical educators are accustomed to assisting learners to overcome the challenges of technical and clinical knowledge in the hospital environment. Dealing with these challenges is commonplace, however what happens when the learner, and subsequently the educator is presented with something more than just getting your head around it? The potential barriers to learning presented by things such as physical, mental, emotional and cultural considerations may go unnoticed or undisclosed. Consideration of such challenges to learning as well as how they may be approached is important for the contemporary clinical educator operating in a diverse and dynamic environment.

Purpose/Objectives

This PeArLs session will provide an opportunity for participants to examine barriers to learning for students within the clinical environment. The sharing of experiences will support the discussion by exploring real situations which may be mentally and emotionally challenging to the learner and supervisor. Strategies will be discussed relating to the management and potential outcomes of such situations.

Issues/Questions for exploration or ideas for discussion

What out of the box issues have you encountered with learners that you felt unprepared for? How have you approached the management of emotional and mental health with learners? Do you have strategies for working with cultural diversity which may challenge current practices? Are we prepared as educators for such challenges and what resources are available to assist with such issues?

CURRICULUM

ID:16142

Title: The Pathway to Paramedicine - Student Paramedic Perspectives

Linda Ross

Introduction/Background

Paramedics regularly assume the role of clinical educator/mentor/preceptor with junior practitioners. As such there is a growing trend to include training at undergraduate level to prepare future paramedics for this vital role. The Pathway to Paramedicine Program is one such approach, involving student paramedics teaching and mentoring secondary school students with an interest in a career in paramedicine.

Purpose/Objectives

The aim of this study was to evaluate the student paramedics perspectives of the Pathway to Paramedicine Program.

Issues/Questions for exploration or Ideas discussion

Should undergraduate paramedics be trained in educational theory prior to participation in such programs and prior to graduating and assuming an educator/mentor/preceptor role?

Results

Fourteen undergraduate paramedic students from Monash University Peninsula Campus, Melbourne completed an evaluation following their participation in the Pathway to Paramedicine Program. Students reported that the program increased their confidence in teaching others, improved their communication and interpersonal skills, reinforced their own knowledge and skills, and gave them insight into the paramedic as educator role. The value of participating in this type of program is supported by the pool of research associated with peer assisted learning. Participation is not only an important preparatory intervention for future educator/mentor roles but also augments attributes vital to professional paramedics such as the ability to communicate effectively with patients, colleagues and other health care professionals.

Conclusion

Evaluations of the Pathway to Paramedicine Program support its value in undergraduate paramedic education.

ID:16327

Title: Communities of Practice: Maintaining the Status Quo in Medical Education*Vicki Langendyk, Glenn Mason***Introduction/Background**

Fourth year medical students at the University of Western Sydney are required to develop an online reflective learning journal. This activity is a component of the Personal and Professional curriculum and takes place over a nine week clinical rotation.

Purpose/Objectives

We used Lave and Wengers learning theory commonly referred to as Communities of Practice (1991) as a tool to analyse and interpret students narrative accounts of the development of their professional identity.

Issues/Questions for exploration or ideas for discussion

Lave and Wenger demonstrated that in the workplace novices do not learn by acquiring knowledge, skills and attitudes; they learn by increasing participation in the social and cultural practices of a community. Consistent with their theory, access to opportunities to participate in the central activities of the community was considered to be the most important arena for the development of professional identity for our students. However, participation also involves and is inseparable from immersion in the hidden curriculum. Many of our students struggled with the conflicts between the dominant professional discourses of the clinical environment and the more patient-centered discourse of professional practice espoused in the formal curriculum. To maintain access and belonging to the community, students for the most part, responded to these dilemmas by conforming to the expectations of the clinical team. This was not a complete surrender of heart and minds; critical selection of good role models, small acts of resistance, and cynicism contributed in varying ways and degrees to the ongoing development of our students professional identity. Lave and Wengers theory explains how the medical profession reproduces itself and does not provide a conceptual framework for challenging cultural hegemony established by a community. This is a problem because medical education aims to change medical culture not to reproduce it.

Reference

Lave, J. and E. Wenger (1991). *Situated learning Legitimate peripheral participation*, Cambridge university press.

ID:16133

Title: Determining the Right Balance of Indigenous Health Education in an Undergraduate Medical Program in Australia – how did we do it?*Janie Smith, Shannon Springer***Introduction/Background**

There are a number of national standards, educational frameworks and long lists of expected learning outcomes in Aboriginal and Torres Strait Islander health that Australian medical schools are expected to achieve. A recent evaluation found that many universities struggled to meet the requirements into their already crowded curriculum and many were doing it poorly. Bond University on the Gold Coast was no exception with good intent but mixed results. In 2011 Bond commenced a renewal of its curriculum. Part of the renewal process was to examine what Indigenous health was being taught across the curriculum and how to better meet the standards and guidelines set by the profession and the expectations of the community. That year Bond established an Indigenous health team to develop and implement cultural awareness and Indigenous health education across the 5 year MBBS program. This involved an extensive mapping process, the development of innovative processes and problem based learning cases to integrate the content across the program, as well as consulting with the local community and orientating staff as to why this was important. A critical part of this process was the introduction of a cultural immersion process in first year, which is thought to be the first time in Australia that it has been done so early in the program. This paper will report on the process used in identifying, developing, implementing and evaluating the Indigenous health content into the curriculum, and the challenges faced. It will also provide an overview of two of the innovations used and their success.

ID:16556

Title: Development of a Vocational Education and Training (VET) Sector Graduate Diploma for Doctors with an Interest in Surgery

Lesley Innes, David Storey, Scott Mackenzie

Introduction/Background

In Australia, there is currently no consistent approach to early surgical training for doctors who have an interest in pursuing a surgical career. The training and education of doctors with an interest in a surgical career varies greatly, impacted on by many factors including access to senior surgeons and availability of resources. There are limited formal education opportunities to ensure that aspiring surgeons can develop the required knowledge and skills as defined by the Royal Australasian College of Surgeons (RACS).

Purpose/Objectives

To address this need, the Centre for Education and Workforce Development (CEWD) collaborated with senior surgeons from South Western Sydney Surgical Skills Network to develop a customised vocational qualification to delivered under the auspices of the NSW Health RTO. The Graduate Diploma of Essential Surgical Skills integrates the nine RACS competencies which include both technical and non-technical elements. The aim of this qualification is to prepare participants for their surgical career by developing the essential skills, knowledge and attitudes required to be safe, contributing members of an operating theatre team.

Issues/Questions for exploration or ideas for discussion

1. Identification of the skills required by junior doctors to be work ready for the operating theatre environment. 2. Writing a contextualised VET sector qualification to achieve work readiness for surgical trainees. 3. The benefits of VET sector education for doctors in comparison to university education.

ID:16436

Title: How do we Know if our Students are Achieving the Required Level of Clinical Competence?

Peta-Ann Teague, Ian Kerr, Clare Heal

Introduction/Background

An absence of accessible national data regarding student performance in clinical exams has led to the recognition that there is a need to benchmark students attainment of core clinical competencies in a way that usefully informs medical schools about the efficacy of their teaching and assessment. The Australian Collaboration for Clinical Assessment in Medicine (ACCLaIM) is a collaborative venture between medical schools in Australia and New Zealand that focuses on benchmarking graduate outcomes in the clinical domain. The OLT funded project focuses on the Objective Structured Clinical Examination (OSCE) and demonstrates an innovative way of enabling medical schools to collaborate in benchmarking and improve quality assurance practices in the assessment of medical students clinical competence. Since 2010, collaboratively developed OSCE stations have been embedded in early clinical and exit year clinical exams at participating medical schools. Data relating to student performance in these clinical examination stations have demonstrated that participating medical schools similarly prepare their students in their development of clinical competencies, quantified by student shared success and underperformance in the same shared OSCE stations.

ID:16250

Title: An Exploration of the Key Components of Exemplary Professional Supervision Practice for Dietetic Students. The Development of a Best Practice Framework for the Effective Supervision of Student Dieticians

Helen Dean

Introduction/Background

Clinical supervisors are of critical importance to the success of students given they observe, provide feedback and assess the competencies of students. It is often assumed by supervisors that the supervision they provide is effective and 'competency-based' (Falender, 2011). Although health professionals are trained in their specific professions, most have little formal training in teaching, learning and evaluation methods (Higgs, 2013).

Purpose/Objectives

There is currently a lack of well-defined competency based skills for supervisors; no clear selection criteria or clear training. There is a shortage of adequately trained professionals across all health disciplines. The intended research will seek to determine what students, supervisors and University staff consider are the most important aspects of clinical supervision so as to assist in the development of a dietetic specific tool that meets the identified gaps.

Issues/Questions for exploration or ideas for discussion

The aim of this research is to To make a significant contribution to the effective supervision of dietetic students; To review current preparation for and supervision practice in dietetics (evaluate current tools used to assess the competency of supervisors). To develop a tool specific for dietetic practice that meets the identified gaps in order to assess the competencies of supervisors. This research will provide new knowledge that improves what we already know about supervision in health care settings. This literature review and resultant identification of best practice guidelines has the potential to enable more collaboration between Universities of dietetics courses, as well as to be extrapolated to other health professions, especially other allied health disciplines.

Title: Learning through Practice: Concepts, Evidence and Potential for Healthcare Professional Education

Stephen Billett

The sites and circumstances of practice have long been accepted within healthcare professional education as being the source of legitimate and worthwhile learning experiences. Indeed, earlier, it seems that experiences in the academy were sometimes taken as poor substitutes for access to actual healthcare practice and experienced practitioners. This presentation seeks to set out some bases for explaining the potency of these practice based experiences in their own right, by drawing on historical, anthropological, cognitive and workplace based inquiries. To enhance and extend that understanding what might comprise practice i) curriculum, ii) pedagogies and iii) epistemologies are advanced, drawing upon similar sources. Each of these three key elements for explaining and promoting learning through experiences in practice settings are then elaborated with attempts to align them directly to application within healthcare professional education. Some questioning of the discourse of schooling and the premises of schooled societies is also advanced to open up the bases on which an account of learning through practice might come to be appraised. This includes the central proposition that learning co-occurs with practice in all settings, as does the remaking of occupational practice. Having established some premises for explaining and enhancing learning in clinical settings, finally, some suggestions are advanced about how practice-based experiences might be integrated into healthcare professional education programs. This is achieved through a consideration of what might happen before, during and after those experiences to promote the integration of learning arising from experiences in both settings.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16444

Title: Innovating Medical Education A Unique Model of Education Led by Students*Carolina Radwan, Alison Gould, Geoff McColl***Introduction/Background**

Lets create a culture of conferences as educational tools early in our careers. The MD Student Conference (MDSC) is a unique student-led and driven four day conference, contributing as an annual subject of the University of Melbourne's new Doctor of Medicine Program. This student-led, student-managed concept is a world first, where academic staff has bravely surrendered responsibility to medical students (with some trepidation at first) for the delivery of a core subject within the medical teaching curriculum. Furthermore, MDSC 2014 brings together all four year levels for the first time, resulting in over 1300 attendees making this one of the largest medical student conferences. The underlying principle of the MDSC is to engage students to collaborate, choosing compelling themes and inspiring education methods to deliver an outstanding learning experience to their colleagues. The MDSCs emphasis on topics such as medical, social, political, ethical issues and personal development has attracted leading speakers from around the country in previous years. The Organising Committee incorporates latest multi-platform technologies, making full use of social media in creating an unforgettable event which ultimately contributes to the wider medical community and FOAMed resource library, through publishing video podcasts of presentations. All these distinctive features of the MDSC will be showcased at ANZAHPE 2014. This will be a fresh presentation from the perspective of the student organising team that is pioneering this educational event. We will discuss successes and perils of the previous three years of MDSC, the future of the Conference and its place in current education in preparing future medical practitioners. This presentation will also detail the importance of integrating medical education with cutting-edge technologies and making use of students creativity and enthusiasm for learning. We are proud of the Student Conference model and believe its an essential component of medical education and future practice.

ID:15544

Title: Preparing for Peer Assisted Learning? Tips for Developing PAL across the Classroom and Clinical Setting*Gabrielle Brand, Helen Wright, Li Wei, Sandra Carr, Liza Seubert, Laurie Foley, John Payne, Julie Saunders, Helene Metcalfe, Pam Nicol***Introduction/Background**

In the changing higher education environment, Peer Assisted Learning (PAL) has been increasingly used as an effective teaching and learning tool to enhance health professions students learning experience. However, the effectiveness of PAL focuses mainly on student outcomes and less is known on the process of how Health Professions Faculties can successfully integrate PAL activities across classroom and clinical settings. This paper reports on the methodological approach used to develop, implement and evaluate six pilot PAL projects in 2013 across the Faculty of Medicine, Dentistry, and Health Science at the University of Western Australia. The pilot PAL projects were developed in consultation with interested unit coordinators across six health disciplines, including medicine, nursing, podiatry, pharmacy, dentistry and health science. The PAL training and activities were adapted to different health contexts and learning settings, including three classroom and three clinical settings. Prior to implementing the PAL activities, training for peer tutors/learners was conducted and focused on specific skills required for effective PAL outcomes. The PAL pilot project employed a responsive mixed method evaluation design to explore health professional students (n=149) training and learning experiences. Data collection methods included pre-post surveys, direct PAL observation, focus groups and individual interviews collected across classroom and clinical settings. This paper will describe the methodological process used to design, implement and evaluate PAL across the health professions faculty, including methodological issues, challenges and tips that may provide a useful reference point for other institutions who want to integrate PAL into their health professional courses in a sustainable and systematic manner.

ID:15628

Title: Peer Assisted Learning What Health Professional Students Expect across Clinical Setting and Classroom?

Li Wei, Gabrielle Brand, Sandra Car

Introduction/Background

Peer assisted learning (PAL) has been linked to enhancing student learning experience and skills, particularly the graduate attribute of developing teaching skills. However, there is a lack of understanding of what health professional students expect to gain from participating in PAL activities. This paper will describe peer tutor and peer learners expectations of PAL prior to engaging in PAL activities at the University of Western Australia (UWA) Faculty of Medicine, Dentistry and Health Science.

Purpose/Objectives

Data was collected from pre-PAL surveys and open-ended responses from 149 students from nursing, pharmacy, paediatrics, podiatric medicine, dentistry and health sciences at UWA. The data was analysed using thematic analysis to search, capture and describe the themes that emerged from the different PAL activities and clinical and classroom settings.

Results

The expectations of both the peer tutors and peer learners towards PAL was mainly related to their learning experience, skill development and the impact of PAL on their study and social life. The major themes included hands-on experience in clinical teaching; enhancing knowledge and skills; social interaction and relatedness with other peers. The opportunity to engage in a different learning experience and develop communication skills and feedback was also highlighted as an important element of PAL. However, interestingly the students expectations of PAL varied across different health professional courses and learning settings.

Conclusion

Students expectations towards PAL are influenced by different learning settings, courses, and the context in which PAL is delivered. The findings will provide deeper insights into students perspectives of PAL, especially in developing practical and more effective ways to introduce and develop PAL training program to maximise and enhance students learning experience.

ID:16281

Title: Beneficial Effects of Peer Learning in the UNSW Medicine Program

Anthony O'Sullivan, Patrick McNeil, Phil Jones, Helen Scicluna, Peter Harris

Introduction/Background

Peer learning describes students working together to acquire knowledge and skills. Vertical integration of learners (groups of students who are one year apart), and near-peer teaching (students a year or more apart) are two forms of peer learning.

Purpose/Objectives

To determine if vertical integration of the Medicine program facilitated peer learning in students.

Issues/Questions for exploration or ideas for discussion

At UNSW Years 1 and 2 students are taught and assessed together in the same courses, however it was unclear whether this curriculum structure would encourage peer learning. A Peer Learning Questionnaire was developed following a literature review, and focus groups.

Results

A total of 328 (20%) students completed the questionnaire, with approximately 50 students responding from each year. The student experience of vertical integration was positive overall; second year students provided guidance and set the standard for group projects and helped year 1 students negotiate the graduate capabilities. Second year students enjoyed teaching year 1 students and did not feel that this slowed down their learning. Some year 1 students felt left behind by second year students who knew more. The curriculum has students learning and being assessed together. This creates an environment which encourages peer-teaching. More than half of the responding students from years 3-6 had been near-peer teachers and felt that it had motivated deeper learning, enhanced their knowledge and skills.

Conclusion

Peer learning is promoted by vertical integration, which can be structured into the Medicine program curriculum.

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16579

Title: "Each must Play a Part": Examining the Complex Relationship Between Medical Students and Simulated Patients

Sally Sargeant, Michelle McLean, Patricia Johnson

Introduction/Background

This paper forms part of a project that explores the emergence of professional identity among medical students within an undergraduate medical programme. The project explores this phenomenon from multiple perspectives, including students, faculty members and simulated patients. While analysing data from this larger study, a specific theme about the relationship between simulated/standardised patients (SPs) emerged and warranted more detailed inquiry. SPs have been used in various medical education contexts for some years, and have an established pedigree in terms of enhancing the value of patient communication and interaction. Much has appropriately been written about the use of SPs and ethics responsibilities, as well as the enhancement of student learning that they bring. However the relationships between SPs and students have attracted less attention. Fifteen SPs were interviewed about their observations of students emerging professionalism. During the course of these in-depth interviews a noticeable pattern emerged that saw SPs positioning themselves as parental figures, through to seeing themselves simply as patients. Using thematic analysis with the conceptual framework of positioning theory (Harr, 1991), interview data were examined to chart the changing positions, through the described time-frames of the SPS and within the interviews themselves. SPs described their shifting positions to have occurred more frequently as students progressed through their degree. These positions also were fairly inconsistent in different classroom context, from history taking through to physical examination. While social psychology does not assume fixed positions of ourselves and others, it is apparent that there are emotional influence might contribute to the construction the SPs positions. These preliminary findings pose implications on SPs reporting procedures and could also affect how students attend to the scenarios they are presented with. More research is needed to examine changing positions held by SPs and medical students to ensure continued good practice.

ID:16589

Title: National Health Education and Training in Simulation (NHET-Sim) Building a Community of Simulation-Based Education Practitioners

Margaret Bearman, Debra Nestel, Tracy Morrison

Introduction/Background

In 2012, Health Workforce Australia (HWA) funded the NHET-Sim program, which aims to train health professional educators in the fundamentals of teaching simulation-based education. Participants undertake a series of online modules, and the majority also complete a range of workshops. One of the goals of NHET-Sim is building a community of simulation-based education practitioners.

Purpose/Objectives

This presentation aims to present the preliminary analysis of interview data regarding the influence of the NHET-Sim program on developing a community of practice.

Issues/Questions for exploration or ideas for discussion

In what ways does a national program for educators build a community of practice?

Results

As of February 2014, over 2000 educators have completed the NHET-Sim program. Twenty four participants have been interviewed and preliminary thematic analysis indicates four major themes 1) isolation 2) on the edge 3) workplace influence and 4) entering the community. Participating in NHET-Sim did not automatically provide a sense of community. For many interviewees, NHET-Sim facilitated connections, and some reported a strong sense of belonging to a community of practice, which operated across institutions and professions. Other interviewees, particularly those who only participated in NHET-Sim only through online modules, reported feeling isolated. Some focussed their interest on their local workplace and others described remaining on the edge of the simulation community.

Conclusion

NHET-Sim promotes a community of practice for some; but this is dependent upon the role, professional identity and the context of the participants.

ID:16541

Title: Teaching the Teacher: Improving the Standard and Consistency of Teaching by Casual Clinical Tutors

Judi Errey, Anne-Marie Williams

Introduction/Background

The teaching of physical examination skills forms an integral part of the Year2 MBBS curriculum. It is primarily taught by clinicians employed on a casual basis and from a variety of clinical backgrounds. Although enthusiastic, clinical tutors tended to have different approaches to teaching of clinical skills as well as differences in specific techniques demonstrated. This resulted in students being confused about technique and unsure of the assessment requirements. Previous attempts to standardise teaching had not been successful.

Purpose/Objectives

In 2013 we developed and implemented a new clinical skills program, focusing on improving both the learning and the teaching experience. Our aim was to create clear learning objectives around the acquisition of clinical skills, create clear and transparent processes around the OSCE, and support casual staff in the teaching of these skills. We developed new tutor and student manuals, providing specific weekly reading material, tasks and learning objectives. The manuals provided clarity and an overview of the key components of the program, and received positive feedback from tutors and students alike. Specific written examination proformas were developed for each of the major systems in consultation with local hospital clinicians. The manuals and proformas were complemented by videos using correct/standardised examination technique. This enabled tutors to check that their technique was consistent with the expected standard, as well as allowing students the opportunity to review and refine their techniques. Clinical Competency assessments were introduced - consisting of OSCE-style assessments where students received immediate and individualised feedback and remediation of technique. These assessments provided valuable opportunity for feedback to tutors regarding areas of inconsistency or difficulty for the students.

Issues/Questions for exploration or ideas for discussion

Clinical tutors have considerable experience in physical examination skills and have developed their own nuances that work for them. However for beginner students these minor differences are confusing and frequently detract from the real learning. How do we support casual clinical tutors to engage with a learning environment that supports beginner medical students? How do we support casual clinical tutors to engage with quality assurance processes in learning, teaching and evaluation?

ID:16525

Title: Influence of the Tutor in Small Group Learning on the Early Understanding and Development of Medical Graduate Attributes: The Student Perspective

Julia Wilson, Aimee Ward

Introduction/Background

Integrated Case is one of four programmes that underpin learning in the second and third year of medicine (Early Learning in Medicine) at the University of Otago. Cases are structured around weekly small-group tutorials, focused on the integration and application of core scientific and medical concepts to clinical scenarios. Most Case tutors have a medical or scientific background. Student evaluations of the programme are conducted three-yearly. Evaluations include questions that explore students' perceptions of the tutors' influence on their understanding and development of some of the key attributes desired in practicing doctors such as effective problem solving, team work, and the appropriate clinical application of learned scientific concepts.

Purpose/Objectives

The present study analysed student responses to a subset of evaluation questions that assessed students' perceptions of the ability of Case tutors to facilitate the application of theory (core scientific and medical concepts) to their understanding of clinical medicine and becoming a doctor.

Issues/Questions for exploration or ideas for discussion

Questions used a five point rating scale and addressed concept comprehension, problem solving, critical thinking, professional responsibility, team work, and tutor effectiveness in overall learning.

Results

Three quarters of students surveyed rated Case tutors as being highly effective in facilitating their understanding and their growth as a "doctor-in-training". Almost 85% of students reported that tutors consistently encouraged them to think for themselves, and "frequently" encouraged group members to work as a team.

Conclusion

Student evaluations support a role for Integrated Case tutors as having a positive influence on students' understanding and acquisition of desired medical graduate attributes during Early Learning in Medicine.

ASSESSMENT

ID:16302

Title: Development and Validation of the ACE Tool Assessing Medical Trainees' Competency in Evidence Based Medicine

Dragan Ilic

Introduction/Background

While a variety of instruments have been developed to assess knowledge and skills in evidence based medicine (EBM), few assess all aspects of EBM - including knowledge, skills attitudes and behaviour - or have been psychometrically evaluated. The aim of this study was to develop an instrument that evaluates medical trainees competency in the diverse skills of EBM.

Purpose/Objectives

The Assessing Competency in EBM (ACE) tool was developed by the authors, with content and face validity assessed by expert opinion. A cross-sectional sample of 342 medical trainees representing novice, intermediate and advanced EBM trainees were recruited to complete the ACE tool. Construct validity, item difficulty, internal reliability and item discrimination were analysed.

Results

We recruited 98 EBM-novice, 108 EBM-intermediate and 136 EBM-advanced participants. A statistically significant difference in the total ACE score was observed and corresponded to the level of training on a 0-15-point test, the mean ACE scores were 8.6 for EBM-novice; 9.5 for EBM-intermediate; and 10.4 for EBM-advanced ($p < 0.0001$). Individual item discrimination was excellent (Item Discrimination Index ranging from 0.37 to 0.84), with internal reliability consistent across all but three items (Item Total Correlations were all positive ranging from 0.14 to 0.20). The 15-item ACE tool is a reliable and valid instrument to assess medical trainees competency in EBM. The ACE tool provides a novel assessment that measures user performance across the four main steps of EBM. To provide a complete suite of instruments to assess EBM competency across various patient scenarios, future refinement of the ACE instrument should include further scenarios across harm, diagnosis and prognosis.

ID:16383

Title: EPortfolios in Medical Education: The Good, the Bad and the Ugly

Zarrin Siddiqui, Bronwen Dalziel

Introduction/Background

An E-Portfolio is a digitised collection of artefacts compiled by students which can show student reflections on their learning, present evidence of achieving program outcomes, or sometimes as electronic records that students can take with them into employment. E-Portfolios can integrate learning across a whole course to show progressive development of graduate attributes and are now increasingly used in medical schools in Australia.

Purpose/Objectives

The objective of this session is to discuss the use of portfolios in terms of assessment and share experiences

Issues/Questions for exploration or ideas for discussion

What are the attributes being assessed by the E-Portfolios? How and when they are assessed longitudinally? What are the challenges for E-Portfolio assessment? What support is available from the institutions in implementation of e-portfolios?

ID:16308

Title: MD e-Portfolio Pilot: A Novel Method of Assessing Medical Students in a Student-led Conference Subject

Allison Hempenstall, Alison Boast

Introduction/Background

The University of Melbourne Doctor of Medicine (MD) Student Conference is an annual four-day subject completed by MD students across all year levels. The conference aims to educate and empower medical students with varied skills taught in a non-traditional academic setting. A unique aspect of this conference is that it is entirely student led and driven with the guidance from the Melbourne Medical Schools Medical Education Unit.

Purpose/Objectives

This year the MD e-Portfolio was piloted as a means of assessing students involvement and reflection upon themes raised within the conference. It has been designed by students based on the MD graduate attributes that students attain over the four years of their degree. The MD e-Portfolio is an innovative and interactive method of assessment utilising a multi-modal and multi-source approach. It is comprised of a wide variety of digital tasks that students can select to individualise their MD e-Portfolio online and build upon over the course of the four-year degree.

Issues/Questions for exploration or ideas for discussion

The MD e-Portfolio provides an avenue for creativity in the MD curriculum and is underpinned by the development of medical humanities as a wider educational theme. Emerging research shows that students reflective capacities are strengthened through creative and non-conventional assessment outputs. Additionally creativity in medicine has been shown to advantage the doctor-patient therapeutic relationship. The MD e-Portfolio and similar creative modalities should be fostered when assessing critical thinking and personal reflection in medical students.

ID:16476

Title: Early Identification and Intervention for Students at Risk of Academic Failure

Peter Harris, Gwyn Jones, Tony O'Sullivan

Introduction/Background

Moving to programmatic assessment allowed new questions to be asked about student progress and their performance to be tracked.

Purpose/Objectives

Can students at risk of failure be identified reliably and will an academic intervention alter their outcomes?

Issues/Questions for exploration or ideas for discussion

Retrospective modelling of assessment results identified indicators of higher failure rates. Review of the literature and collaboration with the Learning Centre resulted in a plan for intervention. One year of prospective modelling confirmed the pattern.

Results

A barrier Portfolio assessment at the end of Year 2 of a 6 year program has a failure rate of 45%. Modelling identified a group that had almost 50% chance of failure in the Portfolio. Each student was required to consult their academic advisor and also offered a one semester enrichment program by the Learning Centre. About 20 students were identified per year (range from 7 to 25). Failure rates in the identified group who attended these enrichment sessions dropped from the initial estimate of 50% to 20%. Most students had not sought assistance. Many had non-academic factors impacting on their performance. An improved data tracking system allowed modelling of curriculum predictors for students at risk of failure. Students struggle with a variety of stressors and many do not access available voluntary resources. The intervention will be described.

Conclusion

Identification and intervention is possible and results in better outcomes for these high risk students.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16454

Title: The Influence of the “Hidden Curriculum” on Student use of Mobile Devices in the Clinical Setting

Amanda Harrison, Shirley Alexander, Karen Scott, Meg Phelps, Arany Nerminathan

Introduction/Background

Mobile devices have become hand-held mini-computers that students use to access resources such as electronic texts and drug dosage information in the clinical setting 1. Students also expect regular mobile Web access for learning, work and social connections 2. however, privacy and professionalism can be compromised in clinical settings 3. This study was conducted in a tertiary paediatric and a tertiary adult hospital to determine use of mobile devices for learning, attitudes towards etiquette and awareness of ethical and security concerns.

Purpose/Objectives

Within the social constructivist framework, this study took a qualitative and quantitative approach through the use of surveys and focus groups. Qualitative data was analysed using grounded theory 4, with statistical analysis of quantitative data. Ethics approval was obtained.

Results

We will report on the themes in the qualitative survey and focus group data, which raise issues for discussion at the presentation. Students are generally aware of the risks mobile devices pose to professionalism and practice. Some physicians attitudes about mobile devices limit students learning opportunities. Students are also influenced by physicians use and follow their directives, even if it breaches policies. For many, the benefits of using mobile devices for learning in the clinical setting outweigh the risks.

Conclusion

Just as technology has been mainstreamed into daily life 5, students have transferred their everyday use of mobile devices to the clinical setting. As society grapples with etiquette and norms governing appropriate use of mobile devices, many students are devising their own rules to aid learning, regardless of policies or conventions.

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ID:16354

Title: Virtual Clinics for Vertically Integrated Teaching

Michelle Guppy, Dimity Pond, Michelle Guppy, Patricia Knight-Billington, Michelle Moscova, J Nicky Hudson, Gerard Gill, Charlotte Hespe

Introduction/Background

Providing co-ordinated teaching across geographically distributed community clinical placements is a significant challenge. We report initial findings of one component of a Commonwealth funded multi-institution project to develop applications of Telehealth in medical education across regional and rural NSW/Victoria.

Purpose/Objectives

Teaching clinical reasoning is a key educational objective of the trial. The teaching format is an acted, scripted consultation, e.g. for depression. The consultation is streamed by broadband to medical students and general practice registrars in teaching practices (virtual clinic). The consultation is presented in four segments of 5-7 minutes each. Between each segment the case is deconstructed by a panel consisting of the moderator, clinician and actor-patient. Learners at the remote sites interact with the panel and each other using Twitter.

Issues/Questions for exploration or ideas for discussion

The trial represents a unique instance of collaboration across five medical schools and two GP training providers.

Results

Participant numbers ranged from 12 to 22 across the four sessions. Seventeen evaluations were completed, with mean ratings on a 5-point scale of 4.0 for technical quality and 4.25 for educational value. The Twitter feed content demonstrated active engagement by learners. Initial evaluation of the four pilot virtual clinics demonstrates positive responses to the technical quality and educational value of the sessions. Sustainability will be key a challenge.

Conclusion

Broadband-based telehealth provides an innovative avenue for creating rich learning experiences while also supporting community clinicians.

ID:16521

Title: Would iPads™ Assist Students on Clinical Placement?*Catherine Johnston, Leanne Brown, Luke Wakely, Catherine Johnston***Introduction/Background**

iPads™ are a common means of managing and accessing information and could aid students in managing information presented in health professional education. However, little is known about their usefulness on placement or their educational value. Students and supervisors from Nutrition and Dietetics and Physiotherapy were provided with iPads™ at the Tamworth Rural Referral Hospital. They were assessed using surveys and logged use of devices.

Purpose/Objectives

To examine student and supervisor attitudes and usage of the iPad™ device while on clinical placement.

Issues/Questions for exploration or ideas for discussion

Are these devices helpful in overcoming their barriers and inherent distractions? Can we assume that health settings are reasonable places for use of this technology?

Results

Sixteen students (N&D = 8; PT =8) and six supervisors (N&D = 4; PT =2) consented to the study. Surveys were completed by nine students and five supervisor participants. Ten students completed the self-reported usage data, with the average minutes of use per week 145 ± 71 . The primary barriers to use of the iPad™ focused on the availability and accessibility of internet connections at placement sites and the portability and security of the devices when in public.

Conclusion

iPads are a tool that could be used to assist students in data gathering, communication and decision making. However, professionally specific training to ensure appropriate usage while on placement in a public setting is important.

ID:16368

Title: iMid: Mobile Devices to Support Facilitation of Midwifery Professional Experience Placements*Linda Sweet, Kristen Graham***Introduction/Background**

Midwifery students undertake 1,696 hours of practice experience placements across the three year Bachelor of Midwifery program. Our institution uses a model of facilitation which involves only 3 primary clinical facilitators. These clinical facilitators meet regularly with the students on placement and are responsible to liaise with their clinical preceptors, undertake their assessments and provide feedback, and to deliver educational and debriefing sessions. Furthermore, these clinical facilitators manage administrative activities such as the students rosters, roster changes, attendance, placement records, assessments records and all communication with the university Clinical Coordinator Midwifery programs. This project involved distribution of iMid mobile devices, set up for immediate access to a) the midwifery Pod of educational resources such as videos, diagrams and eBooks for onsite teaching, b) the midwifery miniCEX assessment tool, c) cloud based documents shared with the clinical coordinator, and d) links to the student portal for the immediate documentation of assessment, feedback and learning contracts etc. The iMid trial will evaluate the applicability, utilisation and benefits if these mobile resources from the perspective of both staff and students involved in the project.

ASSESSMENT

ID:16549

Title: Could Less Equal More? Using a Simplified Tool to Improve the Quality of Undergraduate Radiography Student Feedback

Katrina O'Keefe, Emma Cooper

Introduction/Background

Undergraduate Radiography clinical practice within The Prince Charles Hospital is facilitated by a Clinical Educator (CE) with the majority of day-to-day supervision provided by direct clinical supervisors. Usually, the only university requirement is an end of practice summative assessment. To validate this comprehensive assessment, the CE is required to collate periodic feedback from clinical supervisors. The traditional method, using the university assessment as a template, offered no space for comments, was non-specific and did not encourage the clinical supervisor to give face-to-face feedback to the student beyond correcting technical inadequacies. The role of the CE, in addition to formal reporting to the university, is to support the student to work-shop feedback that they have received, discuss issues relating to performance, ability & professional attributes, and promote reflective practice. These discussions rely on the supervisor communicating with both CE and student. A reduction in supervisor engagement over time saw less and poorer quality information being submitted to the CE and virtually no formative shop-floor feedback. Causes were cited as time constraints, un-clear assessment criteria and supervision fatigue relating to number, frequency and variability of student supervision demands.

Purpose/Objectives

The presentation will focus on the process of design, implementation and evaluation of a new, shorter form with fewer, direct questions to promote feedback as a learning tool rather than solely for assessment. The aim is to increase the quantity and quality of clinical supervisor contributions by making the process quicker and arguably more relevant whilst encouraging them to discuss their comments directly with the student.

ID:16174

Title: Enhancing the Credibility of Competency Assessment

Kathleen Fahy

Introduction/Background

Directors of Nursing and Midwifery report that each year new graduate nurses and midwives are referred to the registering authorities as not competent yet they have passed their competency assessments. The concern that new graduates may not be safe and effective in practice led us to review the whole way that competency assessment is commonly practised.

Purpose/Objectives

To develop, implement and evaluate robust assessment tools and processes which create graduates that key stakeholders agree are competent midwives from day one of employment. Procedure for the Session We will present an overview of assessment theory as it relates to the assessment of clinical competence. We will share examples of our assessment resources basic clinical skills e.g. abdominal palpation, holistic practice assessments e.g. postnatal discharge of the woman and baby and finally our collaborative process for final competency assessment. Most importantly we will share and discuss the processes and policies that guide assessment practices in the Midwifery program.

Issues/Questions for exploration or Ideas for discussion

Is there a problem with competency assessment in the health disciplines? What are the ways that competency assessment is currently assured? What are others doing? How should we evaluate the quality and effectiveness of competency assessment practices? What can we do better?

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16655

Title: Preparing Students to Learn about Patient Safety - Constructing a Mass Trauma Simulation that Challenges Team-Working Skills

Christine Jorm, A Osmanovski, J Robertson, C Skinner, S Gentilcore, R Lim

Introduction/Background

Sydney Medical School experience running a disaster simulation scenario involving 150 medical students and 30 facilitators medical and nursing teaching staff, clerical staff, actors and volunteer junior doctors from 5 clinical schools will be presented (including video footage). The simulation was designed to change medical students attitudes to the importance of human factors (in particular the communicative practices needed for good teamwork). Cognitive load was added (noise, confusion, emotion and distraction) to stress teamwork and to encourage errors.

Purpose/Objectives

At the end of this workshop participants should feel comfortable to consider the potential of and design considerations for large-scale simulation exercises.

Issues/Questions for exploration or ideas for discussion

What are the important logistics to manage in large scale work? What are the crucial elements for suspension of disbelief? How can we judiciously use professional actors to add value? Educators have generally been reluctant to expose students to stress as heightened emotions and cognitive load can impair learning. Yet important lessons are associated with strong emotions such as fear and anxiety. It has been recently argued that medical student education does not adequately prepare students for the stress of junior doctor work. Can we do more? Describe how the presenters will engage with the audience, what strategies will be used to ensure a hands on experience. The audience will be asked to participate in the beginning of an immersive trauma scenario.

EXPERIENTIAL LEARNING IN CLINICAL SPACES

ID:16299

Title: Implementing Micro-Teaching Experiences during Practice Education to Enhance Active Learning of Theoretical Knowledge and its Application in Practice

Samantha Ashby, Emma Towns

Introduction/Background

In occupational therapy programs 1000 hours of practice education in clinical settings forms part of the explicit and implicit curriculum and is used by the majority of entry-level programs as a teaching strategy for the consolidation of theoretical knowledge. The quality of PPE experiences may vary and while they can improve students understanding of their profession and influence career choices poorly organised and experienced PPE can negatively influence learning and professional identity formation. This paper explores the ways in which the integration of micro-teaching into daily practice can enhance understanding of the role of theoretical knowledge in professional reasoning during practice education. Micro-teaching during clinical practice can involve time scheduled for the immediate reflection on an interaction with a client, asking the student to describe what underpinned the interaction and to state one or two take homessages and plan their next learning steps.

Purpose/Objectives

A phenomenological methodology was used to explore six students experiences of practice-based education. Interview data were coded and interpreted for common themes and experiences.

Results

One of the main themes was the students experience of formal and informal micro teaching opportunities. These opportunities were scheduled into daily practice, or took the form of informal discussion following client contact. They offered immediacy and time for reflection. Participants perceived that this improved the dual role of clinician and educator and allowed for the immediacy of all forms of knowledge involved in professional reasoning to be articulated. This included the clinician's use of discipline-specific theoretical knowledge which enhanced their professional identity.

Conclusion

The development of strategies for creating micro-teaching opportunities in all health professions is a method of enhancing student practitioners positive experience of clinical practice. These experiences allow them to better understand how practitioners integrate all sources of knowledge including discipline-specific theories.

ID:16431

Title: Building Capacity for Clinical Placements within Complex Health Care Environments: An Investigation into Sustainable Student Led Roles

Penny Power, Corinne Dwyer

Introduction/Background

With increasing pre-entry students in the health professions coupled with the escalating demand for efficiencies in clinical service delivery, innovation in clinical placement approaches is necessary.

Purpose/Objectives

This paper outlines the collaborative development and pilot of a student led service by the Queensland Health Occupational Therapy Clinical Education Program and the psychosocial stream occupational therapists at the Royal Childrens Hospital (RCH).

Issues/Questions for exploration or ideas for discussion

Whilst interest in student led clinical service delivery is growing due to the perceived positive contribution students can make to health care outcomes, concerns still exist with respect to safe student practice, supervision requirements and the quality of student learning. Did a governance framework utilised throughout the pilot mitigate the above concerns and risks?

Results

Results from this pilot indicate student led roles using peer supported learning approaches successfully increased clinical service capacity whilst continuing to provide quality placement learning experiences. Preliminary findings recommend ongoing support for the student led role. When managed effectively sustainable student led roles in complex care environments can increase clinical services to consumers, service productivity data, and student placement numbers as well as provide quality learning experiences thereby benefiting all stakeholders.

Conclusion

The process used to develop the OT RCH student led service may be used to guide establishment of similar roles in other complex care health environments.

ID:16295

Title: A Collaborative Model of Student Fieldwork Practice: The perspective of Allied Health Supervisors

Nancy Wright, Heather Clarke, Marlies Dorrestein, Wendy McKinstry

Introduction/Background

In New Zealand occupational therapy and physiotherapy education requires a minimum of 1000 hours of practice based learning and sourcing sufficient placements is a challenge. In 2009 AUT University and the District Health Boards (DHBs) developed a new Community and Clinical Practicum (CCP) model for student placements. This provides quality practice based learning, addresses workforce needs and strengthens the alliance between health care providers and the university. The CCP Model is a strategic and practical partnership. AUT provides academic and educational resources and support and the DHBs are contracted to provide student placements and to employ a CCP Leader for each profession. The CCP leader is responsible for placement coordination within the district including sourcing placements within and outside of the DHB, for example in non governmental organisations, private providers and schools. The CCP leader role is to support and mentor supervisors; create a positive learning environment and organisational culture for student placements; create placement opportunities; facilitate education sessions for supervisors and group supervision for students. They are readily available in close collaboration with AUT CCP staff to offer support with challenging placements and advocate for students and supervisors. A qualitative evaluation of the value of the model and the CCP Leader role was made by CCP Supervisors in the Auckland Region which supports the effectiveness of this new model. This presentation will describe the model, the results from the evaluation and the benefits of the CCP Leader role.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16120

Title: Designing and Deploying an e-Learning Resource. The Pitfalls and how to Avoid them

Rob Selzer

Introduction/Background

There has been an explosive growth of e-learning in medical education, from e-lectures to podcasts to patient simulations. E-learning has quickly become part of the medical education landscape thus there is pressure on academics to develop e-learning materials. Taking an idea and turning it into an e-reality is a complex journey with many unexpected hurdles. We created a web-based, clinical learning tool called AXM (Augmented eXperience Modules) designed to provide medical students with information about a range of medical and surgical conditions on a mobile device just prior to and whilst seeing a patient; guiding students through the patient encounter. We will outline our processes of designing, testing and deploying the AXM system, in the hope that our experiences might assist others who are considering, or have started on the path of creating an e-learning resource.

Purpose/Objectives

To walk through the process of taking an e-learning resource from conception to deployment, highlighting the key challenges, issues and how to negotiate them.

Issues/Questions for exploration or ideas for discussion

Key issues that we have encountered in developing and deploying an e-learning tool include platform design and pedagogy, the need for end-user feedback as part of an iterative design process, infection control processes, hospital liaison and curriculum integration.

ID:16588

Title: Blended Learning in Paediatric Allergic Module in Medical Education

Mushtofa Kamal

Background

Currently in Indonesia, learning methods given to students is mostly still using the conventional method, which is based on face-to-face meetings. In order to minimize the cost and the time required in learning processes, we have to develop a learning media that can be accessed by students anytime and anywhere by using Internet technology. This method also can solve poor dissemination problem in Indonesia which has wide demographic variety. Pediatric allergic learning is chosen because of its incidence in the world now been increasing. The research is an effort to evaluate both students' and staffs' perception and satisfaction in the implementation of web-based learning in pediatrics allergic diseases.

Method

The participants of this research were 10 lecturers/instructors of pediatric allergic disease module and 30 students. The students attend 3 weeks of module. In each week there was a combination between website based learning using GAMELÂ® (Gajah Mada Medical e-Learning) and face-to face panel session. Observational study conducted with qualitative data of perception and satisfaction in the implementation of web-based pediatrics allergic disease learning. It consists of modules of lectures' materials, video lectures, video skill demonstrations, and panel discussion.

Results

The students and lectures were enjoy this learning method, because very simple, can be done during anytime in any places. Although they found the internet problems during the activity.

Conclusion

Based on our findings, blended learning method in Allergic module can be done effectively to improve students' understanding in Allergic Module.

Keywords

website, e-learning, allergy, medical education

ID:16534

Title: An Innovative Approach to Deliver Activity Based Funding Education to Health Professionals: The Design and Launch of a 'Mobile App'

Lesley Innes, Bethan Richards, Leanne Felsch, Jane Dimond

Introduction/Background

Activity Based Funding (ABF) is a new federal funding model for public hospitals which commenced in July 2012. Under this new model clinical staff have an important role in accurately and fully documenting information to ensure all entitled funding is received. Many clinical staff are not fully aware of the significant funding implications that their documentation can have.

Purpose/Objectives

A mobile application was developed to increase health professionals' understanding of the documentation required in each clinical speciality to ensure that entitled funding can be claimed. The application provides specific information to support the documentation of clinical issues and discharge summaries. This information is grouped into speciality areas and then further categorised under presenting conditions and complications and co-morbidities. The application also includes tips and tricks for clinicians, their managers and the organisation.

Issues/Questions for exploration or ideas for discussion

1. The use of mobile technology to increase timely access to educational information at the bedside.
2. Challenges: the management of the scope of the application, working with industries who do not understand the health environment and evaluation of education delivered via mobile technology.

ID:16170

Title: Developing Motivational Interviewing Skills for Clinical Educators, Practitioners and Students: Feedback through Virtual Training

Adrian Schoo, Richard Leibbrandt, John Litt, Sharon Lawn, Martin Luerssen

Introduction/Background

One of the barriers to learning Motivational Interviewing (MI) is that training practice is resource-intensive, and requires an experienced trainer to guide, observe and provide feedback. Feedback is critical to successful translation of learning into ongoing practice with patients. Virtual training can be accessed whenever the trainee requires it, and at times and frequency that match their needs without trainer intervention. It can provide accurate and consistent feedback. Quality feedback on MI performance is essential to improve this complex skill since it is more than just applying a set of rules.

Purpose/Objectives

This project seeks to develop and evaluate an elementary simulation computer program that allows clinical educators and students in the Health Sciences to develop and maintain MI skills.

Issues/Questions for exploration or ideas for discussion

Training modules are based on core areas of concern for chronic disease self-management such as physical activity and nutrition adherence, and substance misuse (e.g. smoking). During training, participants will engage with an animated human being, equipped with speech capabilities, that plays the role of a virtual patient. This format is based on successful face-to-face training programs where students interact with real patients to experience the dynamic process of MI, and how their responses are interpreted by patients. As the simulation progresses, participants will be exposed to different decision making points that allow them to test, reflect on and apply their MI skills, and that facilitate different patient/client outcomes. The software provides feedback on MI integrity and success, and allows the trainee to replay interviews to test the effects of different interactions.

ID:16393

Title: eCases for Blended Delivery in a Medical Curriculum*Linda Gulliver, Steve Gallagher, Judith Swan***Introduction/Background**

In 2013 the Faculty of Medicine, University of Otago, piloted an electronic case-based learning module (eCase) in its Integrated Case Programme in Early Learning in Medicine (years 2 and 3 of the MBChB programme). This year, in collaboration with a commercial partner, Faculty is developing four eCases (3 cardiovascular and 1 renal) for blended delivery in years 2 and 3. Blended delivery means the eCase leads the integrated case, replacing the first small-group tutorial, and is followed by a second tutorial where students engage with their tutor to complete the case. The tutor-facilitated time is intended to extend the elearning experience, and concentrate on areas of the case that best suit face-to-face delivery.

During the development of eCases, challenges have emerged. These include: adapting traditional face-to-face activities for self-paced online delivery in a way that continues to engage students in critical analysis and hypothetical-deductive reasoning, developing activities that link to (and are extended by) student/tutor interaction, and pitching on-line activities appropriately to accommodate individual learning needs. A further challenge involves achieving balance between the commercial imperatives of our partners and best practice in medical education.

Purpose/Objectives

To share attendees experiences of elearning development and collate approaches to the challenges identified.

Issues/Questions for exploration or ideas for discussion

What approaches could be taken when using an elearning delivery platform to challenge medical students to think critically and develop their clinical reasoning in case-based programmes?

What are innovative ways to make linkages between eCase and face-to-face learning that accommodate all students' learning needs?

What are some considerations for academic institutions and health professional courses when entering commercial collaborations?

ID:16587

Title: GAMEL® Alert System to Improve Students' Understanding in Health System Module on Medical Curricula*Mushtofa Kamal***Background**

The advancements made in information technology have presented a number of learning methods in medical education. This research proposes a novel, innovative method of tracking students' learning in Health System module in medical education. GAMEL alert system was used to ensure the students still on track of module's learning objectives and not be blurred by many materials they had to learn.

Objective

To direct students in fulfilling the learning objectives of the health system module in order to improve their understanding through web-based alert system.

Methods

The alert system was an email reminder using Joomla!® application that been sent to each student from the coordinator(s). The email reminder contains an explanation of the learning objectives and provides chosen online website references including GAMEL (Gadjah Mada Medical e-Learning). The alert system was sent twice a day, at eight a.m. in the morning and at two p.m. in the afternoon every day for a period of one week before the module examination. An improvement in students' understanding was tested by the use of a pre-test and post-test questionnaire. User satisfaction is evaluated with the use of open question survey. There were 194 undergraduate medical students randomly chosen to join this research.

Result

There was fairly significant improvement in the students' understanding of the module's learning objectives before and after using alert system. From the open question survey, the students stated that the alert system method was very helpful in providing a more focused understanding of the health system learning objectives.

Conclusion

We suggest that alert system can be very helpful tools to increase the level of understanding in the learning objectives of the module in medical curriculum.

Keywords

GAMEL, website, alert system, medical education

ASSESSMENT

ID:15837

Title: Identifying Excellence*Mike Tweed, Tim Wilkinson***Introduction/Background**

Many medical and healthcare degrees have a category that recognises a level of performance well beyond that of meeting minimum standards. A degree or part degree can be awarded with excellence (or equivalent). In our institution, the primary purposes of assessment are: to guide learning; to ensure standards; and quality improvement of learning environment. Assessment serving these purposes may not meet that of identifying excellence or vice versa and the additional purpose of identifying excellence may compromise these purposes.

An alternative viewpoint is that the goal for a student might be achieve the standard and then personal improvement and personal excellence, not official awards.

Whether for official awards, guiding students to personal excellence, or ensuring that the learning environment supports students in trying to achieve excellence, institutions will need some way of identifying higher levels of performance.

The options might include a student demonstrating a: higher standard in existing pass/fail assessments (eg scoring clearly above pass standard in conventional assessments); required standard in assessments with advanced content/level (eg embedded content or separate assessments); required standard in an additional program (eg additional learning and assessment to run concurrently or sequentially); required standard in a different program (eg different learning and assessment to run concurrently).

Purpose/Objectives

To use participant experiences to discuss advantages and disadvantages of these and other options.

Issues/Questions for exploration or ideas for discussion

How can excellent performance be identified when assessment programs are designed primarily for other purposes?

ID:16600

Title: Incorporating Step 1 Usmlc into a Problem Based Learning Curriculum*William O'Connor***Background**

The United States Medical Licensing Examination (USMLE) is a three-step licensing exam that includes a series of computerized multiple-choice questions (MCQs) [1]. In order for a student to receive a license to practice medicine in the USA, that student must pass all three steps of the USMLE. Student performance in this exam and in particular, the Step 1 component is widely employed to compare medical schools both inside and outside North America. However, many medical schools outside North America including those using problem based learning (PBL) curricula are not focused on preparation for this exam and this disconnect that may negatively impact on medical schools and those students who plan to continue their training in North America.

Summary of work

The University of Limerick Graduate Entry Medical School (GEMS) working together with leading e-learning provider Kaplan has developed a structured Step 1 USMLE preparation programme involving four supports. These include (i) course books and e-learning materials, (iii) an online diagnostic self-test, (ii) a live webinar workshop on MCQ exam taking skills and a simulated (mock) day-long exam, (iv) a series of twenty four interactive weekly three-hour evening exam workshops where the MCQ are synchronized with the weekly PBL case and also hosted by an PBL experienced tutor.

Summary of results

Exam performance in the Step 1 USMLE over a twenty nine month period was also compared in two groups - enrolled or not enrolled in the preparation programme. A pass rate of 83% was observed in those GEMS students not enrolled (18) compared to a pass rate of 90% in those enrolled in the preparation programme (42) including one score of 252 out of a possible 300 marks - the highest score yet achieved in the School.

Discussion and conclusions

Incorporating a structured USMLE preparation programme into a four-year graduate entry programme represents a significant logistical and resource challenge. However, these data suggest that such a programme is worthwhile in that it improves the pass rate possibly by ensuring that the student is adequately prepared for this exam.

1. <http://www.usmle.org/>

ID:16364

Title: Progress Testing; 12 months of Experience as a Summative Assessment*Steven Lillis***Introduction**

Progress testing is increasing in popularity amongst medical schools in both Australia and New Zealand. This echoes increasing international interest in this assessment methodology. In evaluating assessments the concepts of validity, reliability and acceptability are important. At the University of Auckland, years 2 and 4 of the course have finished a year of summative progress testing. This paper reports data on reliability of the tests, analysis of concurrent validity and feedback from students on acceptability.

Method

Data extraction for 202 Year 4 students and 240 year 2 students. Analysis was undertaken of progress testing for indices of reliability. For estimating concurrent validity, an analysis of Year 4 students progress test results with results of tests in the domain of clinical and communication skills. Student feedback was collated and analyzed.

Results

The reliability of the three progress tests was 0.84. The correlation between progress tests and combined tests of clinical and communication skills was 0.54, a result consistent with other studies of similar correlations. Overall, the feedback from both year 2 and Year 4 students was positive about their experience.

Conclusion

Learning points have been the importance of student and faculty buy-in, partnership with an experienced University and dedicated academic, psychometric and administrative roles. Psychometric analysis of the assessments and student feedback indicate progress testing has been successfully established in the University of Auckland.

ID:16031

Title: The Impact of Progress Testing in the MBChB Programme on Students' Approach to Study and Stress*Matt Boyd, Andy Wearn, Rhys Jones, Jill Yelder, Jennifer Weller, Marcus Henning***Introduction/Background**

Theory suggests that progress testing will produce benefits, including: contextual understanding, integration of science and practice, and deep approach to learning. [1] Therefore, progress testing was introduced into our medical programme in 2013. However, studies demonstrating these benefits are few.

Purpose/Objectives

To see if progress testing in our context, including basic science years, has the effects claimed.

Issues/Questions for exploration or ideas for discussion

What is the impact of progress testing on student approach to learning and perceived stress? We surveyed students after two progress tests in 2013 using validated questionnaires (Biggs' Revised Study Process Questionnaire [2], Perceived Stress Scale [3]). Years 3 and 5 had not yet started progress testing; years 2 and 4 had.

Results

There was no significant shift in approach to study from mid-year to end-of-year. Surface approach scores differ by year in programme ($p = 0.03$). Stress was 1.9 points lower, $p = 0.054$, in years sitting progress tests. Surface approach negatively correlated with progress test scores ($r = -.30$, $p = 0.006$). A predictive model suggests deep approach improves performance. Students deduce approaches to study on their own; however tend to imitate previous students later in the programme.

Discussion

Progress testing is associated with lower stress and deep rather than surface approach leads to better scores. It is unclear yet whether progress testing drives a deeper approach.

Conclusion

Less surface and more deep approach rewards students. It is hoped that students will learn this and develop their approach to study accordingly.

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3. Cohen, S., T. Kamarck, and R. Mermelstein, A Global Measure of Perceived Stress. *Journal of Health and Social Behavior*, 1983. 24(4): p. 385-396.

ID:16047

Title: The Relationship Between Academic and Clinical Performance in Physiotherapy Students

Catherine Johnston, Peter Osmotherly, Clint Newstead, Zoe Baldwin

Introduction

Poor performance by students on clinical placement, in addition to adverse effects on the individual, may lead to increased demands on educators. Early identification of students at risk may enable better preparation and more effective support for students and educators. Academic grades are a possible means of predicting student clinical placement performance however this relationship is unclear.

Purpose

The purpose of this study was to investigate the relationship between academic and clinical placement performance in physiotherapy students.

Methods

Retrospective cohort study design. Data were included from entry-level physiotherapy students (n=512). Data collected from each student included average academic marks (overall and for each year) and assessment item marks for ten academic and six clinical courses. Relationships between overall clinical mark (OCM), course assessment item marks and average academic marks were determined using correlation and multiple regression.

Results

There was low to little correlation between OCM and academic marks for individual assessment items (rs between 0.16 and 0.41). Third year average academic mark had the strongest correlation with OCM (rs=0.50). Seven individual assessment items were found to have predictive value for OCM and these assessment items accounted for 27.4% of the variance in clinical performance marks.

Conclusion

Physiotherapy academic coursework marks were not well correlated with clinical placement marks. Individual assessment items were not strong predictors of overall clinical performance. Reasons for this lack of association may include academic and clinical performance evaluations assessing different domains of practice and the potential subjectivity and variability of site educator and university grading.

MEDICAL STUDENTS

ID:16105

Title: The Motivation and Well-being of Medical Students: A Systematic Review

Mataroria Lyndon, Thomas Masters, James Tan, Tzu-Chieh Yu, Marcus Henning, Maria Vitas, Andrew Hill

Introduction/background

There is increasing recognition of the importance of maintaining medical students' motivation and well-being. However, research directly applying theories of motivation and well-being in medical education remains scarce.

Purpose/Objectives

A systematic review was conducted to summarise and critically appraise current evidence of the relationship between medical student motivation and well-being. In December 2013 a systematic literature search of four electronic databases (Medline, EMBASE, Psychinfo, ERIC) was completed.

Issues/Questions for exploration or ideas for discussion

1. How have researchers measured medical student motivation and well-being?
2. What is the relationship between motivation and well-being?
3. What are the implications for curricula and teaching practice?
4. What are the limitations of current research and important areas for future investigation?

Results

From 2204 potential titles, 10 studies met review inclusion criteria. Two studies were qualitative, and eight were quantitative. Studies focused on well-being (quality of life, stress, depression, burnout, exhaustion) in relation to motivation, and academic achievement whilst moderating for demographic influence. Studies demonstrated a relationship between motivation (intrinsic motivation, self-efficacy), well-being (improved quality of life, less exhaustion), and higher academic performance. Demographic variables (age, gender, ethnicity) may also influence motivation and well-being. There was significant heterogeneity in the measurement of study outcomes, and risks of bias were common in study methodologies.

Discussion/Conclusion

There is evidence to suggest a relationship between medical student motivation and well-being. Longitudinal studies should consider how this relationship may change during the course of medical training, factors that may influence this relationship, and outcomes of this relationship. Future studies should incorporate more rigorous study designs and the use of standardised measures of motivation and well-being.

ID:16486

Title: Professional Identity Formation in Medical Students: Perspectives from RN Clinical Tutors

Patricia Green, Patricia Johnson, Michelle McLean

Background

There is an increasing focus on exploring the factors that contribute to medical students' professional identity formation, in order to inform curricula and enhance interprofessional role understanding and communication. However, research in this area to date has been largely from the student perspective. On their journey to 'becoming' doctors, medical students interact with teachers and trainers from varying professions, all of whom will perceive their professional development from different standpoints. Therefore, it is important to take a wider perspective, and also include the views of these key personnel.

Method

This multifaceted phenomenological study at one Australian medical school explored medical student professional identity (ID) formation from the perspective students, and their teachers and trainers, including a group of Registered Nurses (RNs) employed as clinical tutors in the undergraduate MBBS program. Semi-structured interviews were conducted with eight RNs, with questions examining: contributing factors such as culture, gender, family and society; impact of prior experience in a health profession; and when the journey begins. In addition, we also sought RNs' views on what they perceive to be their role in students' professional identity formation, and their expectations of medical students as future doctors. Transcribed interviews were analysed using template analysis.

Findings

Overall, the RNs perceived that most students were committed to the idea of being 'good' doctors in the future, but many did not have a clear understanding of what the role entails. This was seen to hinder their professional development, as they firstly saw themselves as students and didn't always perceive the seriousness of ensuing safety in clinical procedures, and appreciating the patient perspective. Exposure to the clinical setting and interacting with real patients was identified as an important event for students to move from a generic university student to a medical student, and was perceived to be powerful factor in enhancing professional ID formation. RNs felt that they played an important role in facilitating professional development by explaining the culture of hospital practices and systems, and supporting them whilst on clinical placement.

Conclusion

To develop a robust understanding of a developmental process (such as professional identity formation), it is imperative to canvas the perceptions of all stakeholders, including Registered Nurses who teach in medical programs. Although the journey of each medical student starts at a different place, some key issues emerged for curriculum planners in terms of what might facilitate professional identity formation. Real patient contact and understanding the health care system emerged as important influences.

ID:16310

Title: How do Students Evaluate their Interactions with their Teammates During their Participation in Team Based Assignments?

Carolyn Hastie, Jenny Parratt, Kathleen Fahy

Background

The need for good teamwork in healthcare is widely recognised, however students' teamwork skills are rarely the focus of teaching and assessment in undergraduate health courses (emergency drills being the exception). Team-based assignments are thought to improve student's communication and teamwork skills; but this is usually not tested. An evaluation of our attempts to teach and assess teamwork skills indicated that to do this safely and effectively, a well-grounded and systematic approach was required. In response, in 2013 we developed an overarching educational intervention called TeamUP. The intervention consists of a rubric with five domains of teamwork behaviours described in detail, which requires the students to give formative and summative feedback for themselves and each other. The rubric was developed after an extensive review of the literature. A Delphi process with health academics was used for content validation. Curriculum time was allocated for teaching teamwork lessons on each of the five domains of the rubric: Fostering a Team Climate, Project Planning, Facilitating Teams, Managing Conflict and Quality Individual Contribution.

Aims

- 1) To present an overview of the TeamUP intervention
- 2) To report on the midwifery students' experiences and evaluation of participating in teambased assignments

Participants

1st, 2nd and 3rd Year Bachelor of Midwifery students (n=15).

Methods

Semi structured in-depth interviews using critical, post-structural, interpretive interactionism for data analysis. The interviews have been completed.

Results

The results of the students' perspectives of their experiences from interviews will be presented at the conference.

ID:16249

Title: Student Ability to Assess their Peers in Long Case Clinical Examination*Annette Burgess, Kirsten Black, Chris Roberts, Craig Mellis***Background**

While students are known to benefit from the experience of acting of assessors of their peers, there are concerns regarding the ability of students to make accurate judgements on their peer's performance. In this study we sought to assess how well students performed as examiners compared to their academic co-examiners, and whether the students' accuracy as examiners improved over time.

Methods

Medical students (N=94) acted as assessors of their peers alongside academic co-examiners in both Year 3 and Year 4. The level of agreement in marking was determined by comparing the independent marking sheets of student and academic co-examiners. These results were compared to the level of agreement attained by the same group of student examiners in the previous year. Following the assessments, we invited academic co-examiners to attend a focus group to discuss their perceptions of student ability as assessors of their peers.

Results

Information on 75 sets of paired students from Year 3 to Year 4 were available, with overall agreement / disagreement available for 60 pairs of data. We found no significant improvement in the level of agreement over a one year period, with students consistently marking more leniently than academic co-examiners. Focus group data suggested that academic co-examiners perceived student peer examiners as not yet able to carry out the long case assessment without their guidance.

Conclusion

Students need supervision and guidance when assessing their peers in formative long case examinations.

Keywords

peer assessment; clinical long case.

ID:16488

Title: Methods Used by Australian Medical Students to Assess the Quality of Social Media Educational Resources*Michelle Guppy, David Townsend***Introduction/Background**

Social media (web 2.0) represents the next generation of internet technologies that focus on content creation, collaboration and sharing between users. Recently there has been exponential growth in the availability of medical educational resources through social media. Therefore it is important to study how medical students are using social media for their education.

Purpose/Objectives

To quantify the educational use of social media by Australian medical students and to determine the methods currently used by Australian medical students to assess the quality of social media educational resources.

Methodology

An anonymous online web-based survey was distributed to all students enrolled in Australian medical schools in 2013.

Results

All participants reported using social media and nearly all reported high usage of social media tools for medical education. Respondents indicated they frequently performed a number of behaviours to assess the quality of social media content. Students were more likely to trust content based on characteristics related to the credibility of content and characteristics related to the author rather characteristics related to presentation and popularity.

Discussion

High usage of social media by students for educational purposes and assessment of the quality of that media has implications for the quality of learning in medical education. As 'digital natives' in social media, students can provide valuable insights for medical educators and health professionals.

Conclusion

This study provides useful data for guiding the future development of social media training and education within Australian medical curricula.

ID:16395

Title: Career Intentions of Medical Students: Links with Academic Motivation and Quality of Life

Mataroria Lyndon, Susan Hawken, Andrew Hill, Marcus Henning, Tzu-Chieh Yu

Introduction/Background

Factors such as gender and experiences on clerkships, have been shown to play a role in influencing medical students' career intentions towards surgery. However, less certain is the role of medical students' academic motivation and quality of life.

Purpose/Objectives

The aim of the study was to explore the links between demographic variables, academic motivation, quality of life, and career intention for surgery. During 2012, all medical students (n=641) in years 2 to 4 at the University of Auckland were distributed self-reported questionnaires (1) demographic details (gender and age); (2) academic motivation (AMS, and subscales of the MSLQ); (3) quality of life (WHOQOL BREF); (4) burnout (CBI); and (5) career intention (surgical, non-surgical, unsure). Two MANOVA were performed.

Issues/Questions for exploration or ideas for discussion

What are the links between demographic variables, academic motivation, quality of life, and medical students' career intentions? What are the potential implications for workforce, and for future clinical practice?

Results

The response rate was 50%. The first MANOVA showed that there was a significant main effect for gender with respect to self-efficacy and intrinsic motivation for knowledge. Male students scored higher on measures of self-efficacy. Female students scored higher on measures of intrinsic motivation. An interaction was found between gender and career intention with respect to self-efficacy.

The second MANOVA showed that there were significant main effects for gender with respect to burnout, psychological health, and physical health. Female students scored higher on measures of burnout, and lower on measures of psychological and physical health. There were significant interactions found between gender and career intention for surgery with respect to burnout, psychological health and physical health.

Discussion/Conclusion

An association between gender and the career intention of medical students was demonstrated. However, the findings from this study also suggest that this association may be mediated by academic motivation and burnout, particular for students with a career intention for surgery.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16207

Title: Helping Students who are Struggling to Succeed

Joanna MacDonald, Peter Gallagher

Introduction/Background

Arguably we spend the majority of our time and intellectual effort improving strategies to help those learners who are likely to succeed despite our efforts. Learners who struggle have had little attention devoted to how best to help them to succeed, other than 'more of the same' (Aud tat, Laurin, and Dory 2013). There have, however, been recent initiatives focused on remedying this situation (Winston, Van Der Vleuten, and Scherpbier 2013; Burch et al. 2013), including at our own School of Medicine. Such initiatives are in their infancy.

Purpose/Objectives

To explore and share approaches to identifying and assisting struggling students.
To explore opportunities for research collaborations in this field.

Issues/Questions for exploration or ideas for discussion

How do you identify struggling students?
What sort of issues lead to students struggling?
Excluding those who have health issues-what strategies do you employ to try to help them to succeed.
How do you 'diagnose' their learning problems?
What has been your 'success' rate?
How have you measured success?
What about the ethical issues of helping somebody to 'pass an exam' vs being able to practice good medicine.

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ID:16440

Title: Expedient Self-Education: Using Mobile Devices for Learning in the Clinical Setting*Arany Nerminathan, Karen Scott, Amanda Harrison, Patrina Caldwell,
Meg Phelps, Shirley Alexander***Introduction**

Mobile learning, made possible through portable, web-enabled devices, has the potential to enhance learning through real-time connection to the Internet. Effectively serving as mini-computers, they enable students to access electronic resources and medication information during patient interactions. The capability of mobile devices drives expectations for convenient access to the Web, raising privacy and professionalism issues. Mobile devices are almost universally used amongst health workers, as in society, and have entered the clinical setting.

Purpose

Through a mixed methods approach, we studied medical students, clinicians, patients and carers in two Australian tertiary hospitals to determine attitudes and use of mobile devices for learning in the clinical setting. Awareness of etiquette, ethical and security concerns were considered.

Questions for discussion

The research results will briefly be presented to the group, with the aim of generating small group discussion of the following:

1. When using mobile devices for learning in the clinical setting, what are the privacy and consent issues for patients? How can we manage them?
2. Does convenience of learning come at the cost of breaching etiquette, affecting communication with patients?
3. How do clinicians' attitudes affect student learning?
4. Is it sufficient to abide by our own rules or should there be specific guidance from the health system around the use of mobile devices for learning?
5. How can we as educators facilitate the process of student learning using mobile devices in the clinical setting?

INTERPROFESSIONAL LEARNING

ID:16418

Title: Exploring Experience with Interprofessional Teambuilding Assessment Tools across Australia and New Zealand*Lyn Gum, Robyn Smith, Jane Taylor, Margot Brewer, Mollie Burley, Kirsty Marles***Introduction/Background**

The Australasian Community of Interprofessional Collaborative Practice (ACoIPCP) members are health professionals across Australia and New Zealand working in Interprofessional Collaboration, Practice, Education and/or Research.

ACoIPCP members developed a matrix of valid and reliable Interprofessional Teambuilding Assessment Tools and assessed each tool based on - focus on postgraduate learners; in the public domain or accessible; cost; training needed; ease of administration and scoring; permission/copyright requirements and completion time.

Purpose/Objectives

An ACoIPCP goal is to add to the body of interprofessional collaboration knowledge. Building interprofessional teams was a key objective in many ACoIPCP members' programs. The matrix enabled knowledge sharing of available tools, experience with use and application in practice.

Our objective in this session is to explore the experience of ANZAHPE participants using Interprofessional Teambuilding Assessment Tools. This information will expand the existing matrix by drawing on the expertise of ANZAHPE colleagues.

Issues/Questions for exploration or ideas for discussion

Which Interprofessional Teambuilding Assessment Tools do you use?
What are your experiences with these tools?

Conclusion

Developing a comprehensive matrix of Interprofessional Teambuilding Assessment Tools provides a quick and user based evaluation of the range of available tools. The matrix supports decision-making and the selection of an appropriate, valid and reliable Interprofessional Teambuilding Assessment Tool in health professional education activities.

ID:16426

Title: Interprofessional Education and Supervision: How is it Enacted in the Clinical Workplace and what is the Impact on Professional Identity?

Koshila Kumar, Adrian Schoo, Stacey George, Sue Mcallister, Sharon Lawn

Introduction/Background

There are numerous interprofessional learning (IPL) activities reported in the literature designed to bring students from different health profession in both clinical and academic settings together, to learn with, from and about each other. The research literature has focused on evidencing student outcomes related to IPL such as satisfaction, educational impact, and preparedness for collaborative practice. There has been less emphasis on exploring the experiences, perspectives and needs of supervisors who are charged with providing interprofessional education (IPE) and interprofessional supervision in the clinical workplace.

Purpose/Objectives

To explore:

- » how IPE and interprofessional supervision is enacted in the clinical workplace
- » clinical supervisors' experiences of IPE and interprofessional supervision and the impact on their professional identity
- » the development of a research project exploring IPE and interprofessional supervision

Issues/Questions for exploration or ideas for discussion

- » What does IPE and supervision look like in the clinical workplace, including in the interprofessional student ward or clinic?
- » How do supervisors operationalise interprofessional curricula in the clinical workplace?
- » What are clinical supervisors' experiences of and capacity and preparedness to undertake the supervision of students from different professions?
- » How does IPE and interprofessional supervision impact on supervisors' attitudes and professional identity?
- » What are supervisors' development needs in relation to IPE and interprofessional supervision?

MIXED

ID:16597

Title: Role of Selective Course in Enhancing Medical Student's Educational Experience and Clinical Skills

Shazmi Khan

Acquisition of strong clinical skill is increasingly becoming the overarching objective of a strong and rigorous undergraduate medical education. With varied background of students, the critical question remains on how to enhance student's clinical skills from the first year of medical school. This workshop will focus on how to develop a "selective course" for medical students at all stages of their undergraduate medical education. The workshop will define the difference between an elective and a selective, while covering curriculum development, subject matter content, course syllabus development, pedagogical skills and student learning experience. The workshop will also focus on enhancing clinical skills for medical student, and leave the audience with the skills to develop their own "selective" course at their home institutions. The workshop will also include examples of selective courses that the author has started at her own institution.

ID:15601

Title: Coaching and Learning Clinical Reasoning*Paul Welch, David Symmons, Louise Young, Ralph Pinnock***Introduction/Background**

Clinical reasoning is a foundational skill to medical practice. Teaching these skills presents significant challenges to senior doctors coaching it and to medical students and junior doctors learning it. In recent years there has been much research into the characteristics and psychometrics of clinical reasoning, but relatively little attention paid to translating this research into educational practice.

Purpose/Objectives

The purpose of this workshop is to briefly review the pertinent literature relating to clinical reasoning. This will highlight common pitfalls and traps that medical students and junior doctors commonly make, alongside an overview of the stages of how clinical reasoning skills develop. The final part of the workshop will teach the specific skill of *think aloud*, which is an effective way to coach and reflect on the metacognitive processes of senior clinicians. Effective feedback following the *think aloud* process develops the clinical reasoning skills of medical students and junior doctors, whilst enabling clinician teachers to better understand their own fast and generally sub-conscious thinking processes involved in formulating a diagnosis.

Issues/Questions for exploration or ideas for discussion

This workshop will focus on understanding what clinical reasoning is, and how learning to use *think aloud* as a teaching approach helps the acquisition of clinical reasoning skills.

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

Case studies will be used to practise the *think aloud* process in addition to active participation in the initial presentation sections.

INTERPROFESSIONAL LEARNING

ID:16407

Title: Defining and Understanding Effective Interprofessional Practice across Contexts*Tatjana Dordic, Liz Jones***Introduction/Background**

Research indicates that further examination is required to understand the processes involved in effective inter-professional practice (IPP), and how IPP varies across contexts (D'Amour et al., 2005; Reeves, 2013).

Purpose/Objectives

This study used a grounded theory approach to explicate the processes involved in IPP and identify differences across contexts by exploring the perceptions of health professionals and management. Thirty-seven health professionals, including doctors, nurses, allied health professionals and managers from two Queensland hospitals participated in semi-structured interviews. Participants described the processes involved in effective IPP. Interviews were thematically coded using Nvivo 9 qualitative data analysis software.

Issues/Questions for exploration or ideas for discussion

The grounded theory presented will aim to bridge the gap the theoretical and applied effectiveness of inter-professional practice by explicating key processes and stakeholder perspectives.

Results

This research indicates that contextual differences exist in regard to roles, hierarchy, leadership, and the influence of allied health and patients. Accordingly, health professionals' engagement with inter-professional practice differs.

Discussion

Professional identity, inter-professional learning and knowledge will be explored as part of understanding the current findings.

Conclusion

This research considers how understanding contextual influences and the processes involved in effective IPP can be integrated to build health professionals' capacity to bridge the theoretical and applied.

ID:16421

Title: The Well Athlete Project: A Community-Based Interprofessional Clinical Placement*Sandra Grace***Background**

Educational approaches that prepare the health workforce for new models of care include opportunities for team-based community care. The aim of this study was to develop a program that promoted the health of the local community and interprofessional learning for health students.

Method

The Well Athlete project comprised health checks for players from a local rugby league team. Students from osteopathy, nursing and exercise physiology were invited to participate. Collated patient data were used to identify patients requiring referral and to make recommendations for ongoing care. Students and supervisors were invited to complete the Readiness for Interprofessional Learning questionnaire and to participate in a series of focus groups. Patient and survey data were analysed using descriptive statistics. Qualitative data were analysed via an iterative process of constant comparison and thematic analysis.

Results

The Well Athlete project required high levels of organisation and co-ordination and a common assessment form. The project contributed to early detection of potential health threats, including cardiovascular disease, type II diabetes, and risks for musculoskeletal injuries. Students enjoyed participating in an authentic clinical placement that contributed to the health of the local community. Most students valued shared learning experiences to improve communication, problem-solving and team skills, but found little opportunity for constructive feedback, particularly in relation to patient management across disciplines.

Conclusion

This project presents an innovative partnership between a local football team and a university which widened participation of both academic and local communities. Educational approaches are also needed for participants to learn how to apply their interprofessional learning to authentic interprofessional practice that enhances patient outcomes.

ID:16278

Title: Getting your Head Around Someone else's World: A Patient World Care Model*Jessica Young, Chrystal Jaye, Martyn Williamson, Tony Egan***Introduction**

To make appropriate decisions about care, health professionals must understand the patient's context in which the illness is lived. Students must learn to reconcile the world of the health professional and that of the patient. This can be challenging because they are not fully immersed in either. We build on Wenger's[1] community of practice, describing a community of clinical practice (COCP) comprising of a variable number of professional and lay people who provide healthcare and support centred around a particular patient[2]. This offers a means of examining the articulation of the patient's and the medical worlds.

Purpose

This presentation explores our attempts to visually represent the COCPs as a tool for students (and clinicians) to gain insight into patient's care world.

Results

We explored COCPs at one medical centre, interviewing nine patients with chronic illnesses about the people who they saw as caring for them. We interviewed some of the healthcare professionals identified. These interviews formed the basis of a patient's world care model.

Discussion

The constellation of a COCP is unique to each patient and is interprofessional by nature. The model is inherently patient-centred and dynamic, complementing biomedical facts to create a holistic image of a patient's world.

Conclusion

It is possible to gain insight into the lived world of the patient by mapping out trajectories and those involved in providing care which can assist with management. COCPs highlight how interprofessional practice interacts with care.

Issues for discussion

As students are educated to see the world through a medical lens, how can we ensure that they also appreciate the relevance of the patient's lived world?

1 Egan, T., & Jaye, C. (2009). Communities of clinical practice: the social organization of clinical learning. *Health*, 13(1), 107-125.

2 Wenger, E. (1998). *Communities of practice: learning, meaning, and identity*. Cambridge, U.K: Cambridge University Press.

ID:16339

Title: Preparing Early Undergraduate Students for Interprofessional Learning through the use of an Online Video Learning Package

Pit Chan, Emma Kerkow, Gary Rogers

Background

There has been debate about when is the most effective time to introduce interprofessional learning (IPL) to health students. We suggest that the development of a student's 'health professions literacy' early in a degree program will underpin their receptiveness and understanding of future IPL opportunities. Health professions literacy is an understanding of the history, theoretical underpinnings, philosophy, roles and contributions of each of the major health professions.

Objective

Introduce health professions literacy to first year health program students through the use of an online video learning package.

Methods

We created a highly-engaging, stylized video case analysis of a patient with multiple risk-factors who, on his journey to better health, encounters 19 differing health professions. Material was presented to first year students from a range of different health programs over two large group sessions. Students then completed an online learning component where each profession provides an introduction to its own health literacy components. Student health professional literacy was assessed through scenario-based multiple-choice tests, before and after undertaking the package. The cohort was randomly divided into two groups, each receiving alternative pre- and post-tests.

Results

A total of 279 students completed both pre- and post-test. The two tests were found to be equivalent on the split halves analysis. The median pre-test score was 14/20 compared to the median post-test score of 17/20. ($P < 0.0001$ by Wilcoxon matched-pairs signed-ranks test).

Conclusion

The video-learning package significantly increased student health professions literacy. Further investigation into the impact of the first year introduction of health professional literacy on subsequent IPL activities is warranted.

ID:16198

Title: Understanding an Evaluation of Teams-Based Interprofessional Clinical Dental Education at Griffith University through Student Perceptions

Mark Storr, Jane Evans, Heather Alexander, Jeroen Kroon

Introduction/Background

The School of Dentistry and Oral Health (DOH) uses an interprofessional teams-based process focussed on peer teaching through increased collaboration between students from three separate oral health programmes. The validation of a scale to evaluate the clinical educational effectiveness of this process has been previously reported¹. This presentation will report on the qualitative research findings providing meaning to the quantitative results.

Purpose/Objectives

To identify student perceptions of aspects of the teams-based process that enhanced or negatively impacted on the quality of their clinical dental education.

Issues/Questions for exploration or ideas for discussion

What are the effects of interprofessional student teams-based processes on the quality of clinical dental education?

Results

Eighty-five of the 189 (45%) participating students supplied qualitative responses. A thematic analysis identified three factors that contributed to the success of the teams-based process: collaborating with other disciplines during treatment planning, implementing effective inter-disciplinary referrals and discussing interprofessional aspects of particular cases. Facets of the teams-based process that inhibited success related to the amount of paper-work and lack of understanding amongst junior students.

Discussion

The qualitative analysis provided a meaningful explanation of the quantitative analysis and insights into how the teams-based processes impacted on student perception of dental clinical education. This evidence has contributed to ongoing improvements to the teams-based process.

Conclusion

Both quantitative and qualitative findings from this evaluation provided understanding about the teams-based model and its impact upon quality in clinical dental education.

ID:16398

Title: Evaluation of an Emergency Department (ED) Interprofessional Simulation Program: What are the Behavioural Outcome Benefits for ED Doctors and Nurses?

Victor Lee, Joe-Anthony Rotella

Introduction/Background

High-fidelity simulation (HFS) creates a safe and supported learning environment for health professionals from a wide variety of backgrounds. It allows learners to develop their team-based clinical skills and crisis resource management skills in an environment where mistakes are allowed and participants can debrief.

Like other environments in health professional education, learners participating in HFS often do so only with members of their own profession. However, in the daily routine of the Emergency Department, nursing and medical staff are required to work together in teams to effectively communicate and collaborate in delivering quality patient care.

The Emergency Department based at our institution, a university-affiliated, tertiary level hospital has recently commenced a monthly scheduled interprofessional simulation program with medical and nursing staff in order to improve patient care.

Purpose/Objectives

To evaluate whether the learning outcomes have been met from the nursing and medical perspectives so that we can continue to make our interprofessional simulation program learner-centred for all participants.

Issues/Questions for exploration or ideas for discussion

All participants in our monthly interprofessional simulation program will complete an anonymous evaluation form at the end of every simulation session. Qualitative and quantitative data will be collected and descriptively analysed. Key issues for evaluation will be:

- Whether learning outcomes have been met
- Areas of strength
- Areas for improvement

These will then be compared from the nursing and medical perspectives and recommendations made for program improvement.

Title: Neural Basis of Cognitive and Vicarious Empathy and how Physicians and Medical Students in their Rotations, use Empathy to Respond to Patient-Related Events

Bruce Newton

Establishing an empathic rapport with patients is key to becoming a competent physician. This lecture will show how levels of vicarious and cognitive empathy change during medical education, and explain how different brain regions are being activated during a vicarious or cognitive empathic response. The neural basis for sex differences in empathy will be discussed. The end of the lecture will reveal how residents and physicians must modulate their empathic response to prevent burn-out, yet still maintain an empathic rapport with patients.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16565

Title: Implementing the use of Back Channel Software in Health Science: A Novel way to Interact with Students

*Christian Moro***Introduction**

Student interaction and engagement with peers and academics are important aspects of university learning. As universities heighten the use of technology in teaching, a rethinking of opportunities for student interaction and engagement is necessary. One of the common uses of technology involves communicating through social media, where students are becoming increasingly comfortable discussing even complex topics. Backchannel involves using networked computers and smartphones to participate in a real-time online conversations held throughout a session. The technology provides even the most timid students with the ability to engage and participate in a class. This presentation will provide an interactive example of the software and each audience member will be encouraged to participate in the live discussion via their computers or smartphones throughout the session.

Purpose

While traditional formal lectures may be well suited to a chalk-and-talk delivery, modern interactive teaching activities require higher levels of active student participation. Within a first semester health sciences course at Bond University, backchannel software was implemented to provide students with a direct method to communicate to the class and the lecturer. Throughout the semester student perceptions of the technology, lecture interactions and the overall benefits to students' content acquisition were recorded. This presentation will provide data collected from a cohort of students who used backchannel in each lecture. Examples of student comments, data from the semester's course and recommendations for educator uptake will be provided in this session.

Results

Throughout the semester students became increasingly comfortable with using the backchannel software. During the trial, classes were presented where the individual students were recorded next to their comments while other classes were held with the software allowing for anonymous participation. Far more participation was provided when the online backchannel interactions were anonymous. This demonstrated the most benefit, as it maximised the use and impact of the technology. However, it also allowed for a wide range of immature and silly comments to be posted during the lecture, which did not contribute to the overall learning objectives and could be distracting to others.

Discussion

The benefits of the increased interactivity did outweigh the negatives. Backchannel encouraged a heightened level of questioning, engagement and interaction within the lecture. Although the comments were not necessarily more advanced than if the student had simply raised-their-hand to ask, the increased number of interactions demonstrated that normally quieter or timid students were able to submit their questions without fear of speaking in front of the cohort. This is a prime example of where technology can assist the traditional lecture-style format to stimulate effective and interactive class participation.

ID:15464

Title: Online Testable Concept Maps: Benefits for Learning

*Veronica Ho, Gary Velan***Introduction/Background**

Concept maps are a way of organising and representing knowledge. They are believed to promote meaningful learning and critical thinking. However, evidence of the benefits of concept mapping for learning in the health professions is limited.

Purpose/Objectives

We utilised a randomised crossover study to assess the benefits of online testable concept maps for learning about processes in Pathology ("pathogenesis maps"). Volunteer junior medical students (n=65) were randomly allocated to two groups, which had equivalent mean prior academic performance. They received access to either online maps or existing online resources for a two-week block on renal disease. Groups then crossed over for a two-week block on hepatic disease. Outcomes were assessed by timed online quizzes, which included questions unrelated to topics in the pathogenesis maps as an internal control, as well as questionnaires to evaluate students' acceptance of the maps.

Results

In both blocks, on average the group with access to pathogenesis maps scored significantly higher on quiz questions related to topics covered by the maps than the control group (Block 1 $p < 0.001$, Cohen's $d = 0.9$; Block 2 $p = 0.008$, Cohen's $d = 0.7$), while mean scores for unrelated questions did not differ significantly between groups. Regression analysis revealed that access to pathogenesis maps was the dominant contributor to variance in performance on map-related quiz questions. Questionnaire responses by both groups regarding pathogenesis maps were overwhelmingly positive.

Discussion

The benefits for learning of using pathogenesis maps were clearly evident, with medium to large effect sizes. The use of so-called scaffolded maps may have contributed to the effectiveness of this approach for junior students.

Conclusion

Online testable pathogenesis maps are well accepted and can improve learning of concepts in Pathology by medical students.

ID:16495

Title: Integrating Bioscience and Clinical Learning through the Innovative use of Technology

Kristine Elliott, Terry Judd, Geoff McColl

Well established pedagogies embed bioscience learning in clinical contexts during pre-clinical teaching years (e.g. problem- and case-based learning). Methods that support application of bioscience knowledge to clinical training are less well defined, despite evidence pointing to difficulties students experience in transferring bioscience knowledge to clinical situations. Learning technologies can help here, allowing students on clinical placements to quickly and easily retrieve key bioscience learning resources and to access quality medical information.

We have developed a purpose-built curriculum delivery and learning system for the Melbourne MD. The system provides high level integration between bioscience and clinical resources, allowing students working with bioscience materials to efficiently locate and access related clinical resources and vice-versa. Key system features include: Personalised timetables linking resources to learning events; a browsable curriculum structure with resources linked to learning activities; a library portal for accessing a targeted selection of medical and biomedical resources via the University library's online collection; and patients and procedures modules for logging and managing patient interviews and procedures performed on clinical placement. A suite of allied mobile applications further enhances student access to key bioscience and clinical learning materials at point-of-care.

Implementation of the system is supported by an ongoing program of evaluation and research. Students are surveyed about their selection and use of digital resources, and their perceptions and use of electronic patient records has been investigated. Analytics will play an increasingly important role here by helping us to better understand how students interact with the system and the learning resources and activities it delivers and supports.

ID:16167

Title: Utilisation of e-Learning Technologies within the Post Graduate Rehabilitation Medicine Learning Environment

Merrilyn Diverall

Introduction/Background

The development and utilisation of technologies facilitate asynchronous learning, overcome geographical boundaries, provide a platform that encourages communication/support for learners and enables the transmission of learning content for transfer into clinical practice. The use of these technologies in medical education learning environments has been well established. A teaching and learning survey was conducted amongst Rehabilitation Medicine trainees and their supervisors throughout Victoria and the results demonstrated that the development and use of technology for teaching/learning purposes was a high priority.

Purpose/Objectives

The primary aim of this presentation is to report on the use of technology for trainees and trainers in Rehabilitation Medicine. These include delivery of formal education, resources that facilitate trainee progression through academic requirements and teaching/assessment tools for supervisors.

Discussion

Key objectives for this initiative include educational strategy that meets individual learning need and enhances teaching environments. This presentation intends to conclude by providing opportunity for audience discussion on issues surrounding the use of technology and its potential to facilitate learning.

ID:16437

Title: Where does Mobile Learning Fit in Continuing Nurse Education*Sharon Rees, Angela Murphy, Clint Moloney, Helen Farley***Introduction/Background**

Too often education is delivered as it has always been delivered, using outdated methods with little room for innovation. This research is investigating whether mobile learning is appropriate for continuing nurse education and if so, how to effectively incorporate it into education programs. Insights of postgraduate nurses around mobile learning and continuing education have been gained using a grounded theory methodology.

Purpose/Objectives

To develop a theory that will inform the implementation of mobile learning into postgraduate nurse education.

Issues/Questions for exploration or ideas for discussion

The findings from this research will be applicable to other health disciplines. What factors will impact the successful implementation of mobile learning in these allied disciplines?

Results

There are emerging patterns in their acceptance of learning through mobile devices and strong opinions on how these could most effectively be introduced. Results also include insight into how postgraduate nurses prefer to learn and how they choose what to learn.

Discussion

With the advent of mobile technology in society the expectations and possibilities for education have changed. Mobile learning provides opportunities for educators to gain access and provide education to postgraduate nurses in ways that provide nurses with timely and accurate information, which is available to them at convenient and appropriate times and locations.

Conclusion

This research has gained valuable insights into the learning behaviour of post graduate nurses and how Mobile learning could enhance post graduate education.

ID:16252

Title: The Development of Clinical Reasoning Skills in Undergraduate Physiotherapy Students*Jane Butler, Judith Hough, Marcella Danks***Introduction/Background**

Clinical reasoning is broadly defined as the thinking and decision-making processes associated with professional practice and is fundamental to physiotherapy clinical practice. The ability to work through a process of clinical reasoning in order to make a decision enables the clinician to respond more confidently to novel situations. For physiotherapy students, it is important to be aware of how they make decisions in relation to clinical problems and to be cognisant of the process of reasoning which they go through in order to make that decision.

Purpose/Objectives

During the practical class sessions in a paediatric physiotherapy unit, students work in small groups to analyse information presented in three case-based scenarios which represent 'virtual' paediatrics practice. Classes are primarily student-led with support from tutors who facilitate the learning process and translate concepts rather than 'teach' or serve solely as information-givers. Students gather and interpret information, form a hypothesis, determine their learning needs (what is understood, what needs to be researched), explore alternatives and subsequently make choices for action. Students are encouraged to use prior learning and experience, as well as some preliminary provided resources, to comprehend and analyse the real-life scenarios.

Issues/Questions for exploration or ideas for discussion

Students evaluate their own perceptions of their clinical reasoning ability by completing a self-evaluation questionnaire at the end of each scenario.

Does this engage students to reflect on their level of skill in this ability?

How could they be better supported to improve their clinical reasoning skills?

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:15768

Title: Developments within Postgraduate Rehabilitation Medicine training in Victoria: Needs, Changes and Challenges

Merrilyn Diverall, Rob Weller

Introduction/Background

A postgraduate training program in Rehabilitation Medicine was established in 2012 with funding from the Victorian Department of Health, to oversee Rehabilitation Medicine training in the state of Victoria. The mission of Rehabilitation Medicine Training Victoria is to provide evidence-based medical education resources/support to Victorian Rehabilitation Medicine trainers/trainees, and to operationalise the educational/academic principles established by the Australasian Faculty of Rehabilitation Medicine.

Purpose/Objectives

The primary aims of this presentation are to report on recent developments and key strategies. These measures include ongoing academic/administrative support of trainees, further professional development opportunities for their supervisors, the use of information technology to overcome geographical boundaries and the promotion of interprofessional education within the program.

Issues/Questions for exploration or ideas for discussion

Evaluation underpins the development of this program and evaluative processes have been multifaceted. The learning needs of all stakeholders are pivotal, subject to change and form foundational core principles. Significant challenges continue to exist in the learning environment of our learners.

This presentation will conclude with a discussion that explores with the audience, the nature of these challenges for learners within all learning environments, and possible solutions that can be implemented to overcome these challenges.

ID:16138

Title: Financial Management Education: From Resistance to Respect

Melanie Bournsell

This paper will outline a key strategic program being delivered by the NSW Health Education Training Institute (HETI) which commenced operations on 2 April 2012 as a Statutory Health Corporation following a Ministerial Review of Future Governance for NSW Health. HETI supports and promotes coordinated education and training across NSW Health. The work of HETI is to ensure that world-class education and training resources are available to support the full range of roles across the public health system including patient care, administration and support services.

The Financial Management Education Program (FMEP) is a priority program for the HETI. It was an initiative of the Garling Review in 2008 and is now a priority strategy under the NSW Health Professionals Workforce Plan 2012-2022. In essence this core program whilst focusing initially designed as a blended education program to support NSW Health clinical managers and other staff who oversee financial management has begun to bring about empowerment of staff who are telling stories of increased confidence and to be able to analyse the financial performance of their cost centres and/or units and assist in the process of health service reform. The methodological approach to the implementation of this course will be discussed as the model has evolved based on ongoing evaluative data.

Furthermore, this paper will outline the innovative FMEP course which is based on key financial principles and utilises a range of reporting tools and formats. It will discuss the size and reach of the program and provide narrative insights into the far reaching change that this program is enabling throughout NSW Health for health staff who are in turn being able to look at ways to increase patient care.

HETI's mission is to pursue excellence in health education and training and workforce capability to improve the health of patients and the working lives of NSW Health staff.

ID:16304

Title: Thinking in New Boxes: Why Marketing should be an Essential Component in Healthcare Education

Amy Geach

Introduction

The healthcare system in Australia is changing, with more focus on running cost effective services whilst at the same time seeking to provide best practice therapy. As health professionals, we need to accept that marketing is part of our professional responsibility to develop awareness of our specialties, and continue to strive to create value adding services for our clients. By adopting a marketing approach, therapists can better meet the needs of their clients, and continue to achieve effective relationships and long lasting customer satisfaction. Despite a need for marketing in our industry however, therapists report barriers to implementing marketing strategies and believe that their marketing knowledge is inadequate.

Method

A marketing survey to hand therapists in Australia was completed indicating their knowledge of marketing, and barriers to marketing in the hand therapy industry for occupational therapists and physiotherapists. Marketing skills in the healthcare setting, and the lack these skills and its effect on the healthcare industry has been investigated using a literature review.

Conclusion

Often therapists are not comfortable to embrace marketing strategies, and it is not commonly part of undergraduate training. Current marketing plans for therapists need to adopt a modern approach so our practices can engage, attract and evolve. We need to learn marketing at an undergraduate level, so we can promote our industry, and prevent good therapists from burnout and exiting their professions. This presentation will demonstrate the need for marketing skills for therapists, required the minute we open our clinic doors, and why it needs to be taught at an undergraduate and postgraduate level.

ID:16137

Title: Preparing Occupational Therapy Graduates for the Workplace: Targeting the 'Troublesome Knowledge'

Carolyn Murray, Merrill Turpin, Ian Edwards, Mark Jones

Disciplinary or practice knowledge (expertise) can be both propositional and non-propositional (Higgs & Jones, 2008). It contributes to unique disciplinary characteristics (Galle & Whitcombe, 2006). Knowledge is organised into concepts and these concepts are connected into frameworks or theories upon which to construct new learning and to apply in practice. Competence is linked to how well learners have been able to cognitively organise their knowledge (Higgs & Jones, 2008). The term 'troublesome knowledge' was first coined by Perkins (2006) referring to gaps in learning and application of knowledge. Sparked by Meyer & Land's (2003) theory of threshold concepts, this presentation will explain the outcomes of a systematic review for knowledge that is troublesome in occupational therapy practice. My search revealed issues with knowing how to be accountable to employers as well as clients, how to work through ethical decision making, how to maintain a client-centred and holistic approach with stretched resources and limited time, as well as difficulty knowing how to be assertive about taking an occupation-based approach and defending occupational therapy identity. My search also uncovered strategies that are employed to manage these gaps in knowledge, some of which are positive such as seeking supervision, and others which are negative, such as changing jobs or leaving the profession. Heightened awareness of this 'troublesome knowledge' can enable occupational therapy academics to develop relevant conceptual frameworks upon which learners can organise knowledge targeted at these gaps. Doing so may assist with normalising and managing the sometimes turbulent transition to practice and avoid the common experience of disillusionment expressed by graduates about their ability to hold onto the ideals of theory learned at university.

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ID:16317

Title: Health-Education Partnerships: Bridging The Theory-to-Clinical Practice Gap through Evidence-Based, Collaborative Curriculum Redesign

Emma Power, Belinda McDonald, Linda Clarke, Alex Little, Dijana Wolfram, Elise Elbourn, Elizabeth Bourne, Tennille Thomasz, Gaye Murrills, Aaron Dennis, Georgi Laney, Mimi Naylor, Maria Berarducci

Background

In this presentation we outline a process of collaborative, evidence-based, allied health curriculum development that utilises a health-education partnership to bridge the theory-practice gap. Evaluation of the previous curriculum showed that students were finding clinical application of theory particularly challenging during placements. Clinical educators reported that students lacked confidence and competence in this area (rehabilitation).

Purpose

We sought to address both issues in a knowledge transfer and exchange framework (Graham et al., 2013) utilising a cyclical approach. In phase 1, a situational analysis (Prideaux, 2003) was conducted and identified the need for ongoing expert clinical input into the curriculum. In phase 2, we established an expert reference group that consisted of clinicians from a range of service contexts and specialities (e.g., stroke). The group met regularly over 12 months to contribute to learning objectives/content, case materials and assessment tasks/rubrics. In phase 3, the curriculum was delivered and process and curriculum were reviewed. The outcome was the rapid development of a theoretically-driven and clinically relevant curriculum, endorsed by important stakeholders. Student evaluations were outstanding and markedly higher than for the previous curriculum. Subsequent clinical supervisors reported that students had greater clinical reasoning abilities and more confidence.

Issues for exploration

Both the process and evaluation will be discussed. We will argue that health-education partnerships can be successfully embedded into curriculum redesign to leverage a wider expert knowledge pool to develop the future health workforce.

ID:16063

Title: Confidence, Learning Preferences and Practice Management Knowledge amongst Graduating Dentists Entering the Work Force

Jane Manakil, Roy George

Introduction/Background

The Associations for Dental Educations in Europe and America recommended in curriculum restructuring the fundamental focus on clinical education should be evidence based patient care, but highlighted the need to include the teamwork, practice management and information/computer technology.

Purpose/Objectives

The undergraduate dental curriculum although should ensure competency in holistic patient care, they also need to be prepared to integrate into the dental work force and are familiar with the dynamics of practice management. This study explored the knowledge in practice management and their confidence in integrating into the mainstream dental work force.

Issues/Questions for exploration or ideas for discussion

In Australia and abroad studies have reported the dental graduates are not given adequate training in practice management and the future dental curriculum should address the business management training as an important component in the curriculum.

Results

Students (73.1%) indicated that they had only limited knowledge on management of practice although they claimed to have a high level of confidence in their skills, to work collaboratively with other colleagues and specialists.

Discussion

Practice management is considered as part of competency as a dental professional and student's are concerned about the future knowledge depths required to start a practice. In the current study a high percentage of graduating students perceived that they had insufficient knowledge on the practice management.

Conclusion

This study showed that students perceived that more in depth knowledge into practice management's and skills are essential in enhancing the integration process and employability.

ASSESSMENT

ID:16493

Title: What is the Future for Aptitude Tests in the Selection of Health Professionals?*Annette Mercer*

Medical schools in Australia started using aptitude tests in their student selection procedures in the late 1990s. New Zealand followed suit in the early 2000s. The two main tests for domestic students are the Undergraduate Medicine and Health Sciences Admissions Test (UMAT) and the Graduate Medical School Admissions Test (GAMSAT). Other professions such as dentistry, physiotherapy, optometry and podiatric medicine have also started to incorporate them into student selection. In the main these are high-stakes selection processes with many more applicants than places to be filled. There is often at least one other component, such as an interview score, used in conjunction with academic scores and aptitude test scores to produce a final ranked list for making offers to successful candidates.

This session focusses on the evidence surrounding the use of the UMAT and the GAMSAT in the selection of medical students, but similar issues are relevant for tests such as ISAT, MCAT and UKCAT; and in the selection of students into health professions other than medicine. In the early days of the use of aptitude tests in medical student selection there was very little evidence available on the efficacy of using such tests. In recent years a body of evidence has started to accumulate. The aim of this session is to present a very brief overview of the available evidence in relation to issues such as cost to stakeholders, psychometric properties, mode of delivery, construct validity, predictive validity, effects of repeat sittings of a test and the different ways in which the test scores are used in selection.

Following this will be a discussion on the purpose(s) of using an aptitude test in high-stakes selection; an appraisal of the efficacy of the current tests and future possible/desirable trends in the development of aptitude tests for selection into the health professions.

ID:16300

Title: Selection Measures as Predictors of Student Achievement in a Medical Course*Kate Reid, Geoff McColl, Agnes Dodds***Introduction/Background**

Selection into medical school is a challenging area and the best approaches for determining successful entrants are debated. Examination of the links between selection instruments and student achievement in the medical course is an important but sometimes neglected aspect of a debate that has focused primarily on the relationship between selection and future medical practice.

Purpose/Objectives

We sought to examine relationships between selection instruments and student achievement across the first three years of the Melbourne Medical School four-year graduate MD. Students are selected through equal weighting of Grade Point Average (GPA), Graduate Medical School Admissions Test (GAMSAT) and an eight station Multiple Mini Interview (MMI). Students study biomedicine and introductory clinical skills in first year and spend second and third years in hospitals and clinics.

Issues/Questions for exploration or ideas for discussion

To what degree do selection measures predict student achievement in the first three years of the medical course?

Results

Approximately 40% of the variation in achievement in the first year biomedicine subject was explained by selection measures, with GPA and GAMSAT the most important predictors. Selection measures predict achievement on the introductory clinical skills subject, but explain only about 10% of the variation in achievement, with MMI total score the most important predictor.

First year achievement and selection measures combined explain about 50% of the variation in second year student achievement. After controlling for first year achievement, MMI total scores remained a significant predictor of second year achievement. Analyses are currently being extended to third year, offered for the first time in 2013.

Discussion

Establishing relationships between selection instruments and academic achievement in medical school is an important part of the assessment of selection instruments. This study provides confirmation that the current selection instruments have some validity in selecting candidates likely to succeed in the MD.

Conclusion

Within a four-year MD, there is evidence that selection measures are related to achievement beyond the first year of the course.

ID:16515

Title: Should we Screen the Communication Skills of Speech Pathology Students? Opinions of Speech Pathology Students

Robyn Johnson, Emma Power, Alison Purcell

'Competent speech pathology practice is based on excellent and effective communication' (CBOS, Speech Pathology Australia, 2011 p6). This key skill underpins student speech pathologists' ability to efficiently develop the range of clinical skills required to become competent professionals. For around 15 years, the University of Sydney has screened the communication of first year speech pathology students as an extra experience for final year students. This screener is now mostly used for the early identification of first year students with communication difficulties. The value of this screener for the students and the staff working with them has never been evaluated.

This presentation will discuss our investigation, using a qualitative methodology, of first and final year students' knowledge, beliefs and opinions of the screening process. Two focus groups with 10 speech pathology students were conducted. The focus groups were transcribed and constant comparative analysis was used to identify three themes that reflected the students' experiences.

The themes indicated that student speech pathologists believe that good communication is an essential basic clinical skill and that the screener identifies some areas of weakness. Many of the themes were common to both the first and final year students although the groups viewed the screener from diverse perspectives. Both groups agreed there were positive aspects to communication screening, such as the experience for fourth years and early identification of potential difficulties in first years. Both groups believed the present process could be added to and improved in both content and process.

ID:16403

Title: What Stops Students from Seeking Feedback?

Joy Rudland, Maggie Meeks, Tim Wilkinson, Judith Swan, Phil Blyth

Introduction/Background

It has been proposed that students need to take more responsibility in the feedback process (Rudland et al 2013). This presentation reports the barriers to students taking responsibility for gaining feedback and makes suggestions on how these barriers may be reduced.

Purpose/Objectives

The purpose of the study was to determine who students felt had responsibility for ensuring feedback and the barriers for them taking responsibility.

Results

Data was collected from medical students, using an electronic survey, on who was responsible for ensuring feedback is given and what hindered the student from taking this responsibility. Students were separated into those who took responsibility for seeking feedback and those that did not. Qualitative reasons given for seeking or not seeking feedback were coded manually and compared. There were a number of reasons students fail to ask for feedback. These fell into personal and system reasons. Personal factors cited include fear of a negative response from teachers or negative feedback. Some students who did seek feedback refuted some of the barriers expressed by students for not seeking feedback. System reasons cited include unclear expectations in regards to asking for feedback.

Discussion

A number of factors need to be attended to encourage students asking for feedback. Variations in some of the reporting between those seek and those not seeking feedback indicate a lack of clarity in educational expectations and variation in how requests regarding feedback are received.

Conclusion

Encouraging students to take responsibility for seeking feedback may benefit from some active management by staff to counter some misconceptions of students and to clarify educational expectation.

Reference

Rudland J, Wilkinson T, Wearn A, Nicol P, Tunny T, Owen C, O'Keefe M. 2013. A student-centred feedback model for educators. Clin Teach. 2013 Apr;10(2):99-102.

ID:16293

Title: Case-Based Learning (CBL) Small Group Facilitation: An Exploration of Student Perceptions

Kylie Mansfield, John Bushnell, Lyndal Parker-Newlyn

Introduction/Background

CBL is an important component of the innovative 'hybrid' curriculum at the Graduate School of Medicine (GSM), which aims to develop self-directed learning in graduate students whilst providing sufficient structure and support in terms of learning outcomes and expectations.

Purpose/Objectives

The purpose of this study was to explore student perceptions of the CBL small group experience and the role of the facilitator; and to compare these with exam outcomes.

Issues/Questions for exploration or ideas for discussion

For the first 18 months of our program, students participate in fortnightly CBL small groups. The role of CBL facilitator (either a clinician or scientist) is a "balancing act" between providing necessary guidance and allowing students to function as independent learners. The student experience of CBL small groups and their facilitators was explored.

Results

An anonymous survey administered to two cohorts of students (n=106) indicated that students found CBL small groups useful for working through case learning objectives (73%) and learning from peers (64%). The vast majority (90%) indicated the usefulness of the small groups in terms of comparing their depth of knowledge with that of their peers. Interestingly, students also expressed a belief that a clinician facilitator was more beneficial than a scientist, however, when examination results achieved by students in groups with clinician or scientist facilitators were compared; there was no significant difference in assessment outcomes between these groups.

Discussion and conclusion

This discussion may be useful to others teaching adults in CBL courses and experiencing the rewards and challenges that this type of curriculum can provide.

ID:16053

Title: Individualised Feedback on MCQ Papers via Custom Software

Anna Ryan, Terry Judd

A major challenge in medical education is the provision of specific and timely student feedback. Although computer-based assessment has significant utility in meeting this challenge, paper-based examination formats are frequently considered incompatible with expedient feedback.

This study demonstrates how purpose-built software applications were used to provide rapid and individualised test feedback to medical students following formative paper-based multiple choice examination. Test items used in this study were from a protected bank and could not be released to students. Each item was coded according to the core presentation(s) and clinical rotation of relevance. Students sat 1 of 4 different paper-based tests and submitted their answers on scannable MCQ answer sheets.

Software applications were developed using an open-source rapid application development tool and were designed to:

1. Simultaneously mark the various test forms (using MCQ scanner output data)
2. Create the individualised feedback document for each student, and
3. Email all students their individualised feedback report.

Students sat the paper-based tests at nine different clinical school sites. Use of the software allowed students to receive feedback within one day of receipt of all answer sheets. Students were provided with three different feedback types (comparative data; correct and incorrect answers related to core presentations; or core presentations related to certainty) depending on their randomisation within the study.

Coding of test items and development of purpose-built software allows rapid delivery of individualised student feedback. Coding during initial item development would further decrease the feedback provision workload. Custom software applications can facilitate swift and individualised feedback after paper-based examinations.

MIXED

ID:16294

Title: Preparing for “Flipping” the Classroom*Gary Hamlin, Linda Crane, Donna Sellers, Michelle McLean***Introduction/Background**

In 2010, the School of Medicine at Bond University initiated a renewal of the PBL- based, undergraduate MBBS curriculum. To support the renewal process, educational leaders have championed the incorporation of the “flipped” classroom. The renewed curriculum was launched in 2013, with a small number of flipped classroom activities. The flipped classroom (1) approach comprised framework sessions (providing foundation information via readings, textbook excerpts or sign posting lectures) and active group-based sessions to explore and apply learning. In the first semester, these activities were scheduled in traditional teaching spaces with their success contributing to the Faculty’s efforts to identify a more flexible space for the second semester.

Purpose/Objectives

This PeArL will describe the “proof of concept” approach to initiating flipped classroom activities and the initial low tech, low infrastructure approach that has resulted in positive feedback from students. The presenters will use student feedback and the experiences of the session participants to outline successful strategies which have included a few sessions involving butcher’s paper and coloured pens; maybe, in part, it is a “back to the future” approach!

Issues/Questions for exploration or ideas for discussion

The session will commence with a 5 minute presentation to define the topic and a brief interview of a staff member and student involved in the flipped classroom activities. The session will then involve the audience to share their experiences of developing flipped learning activities and/or learning spaces and conclude with the identification of tips for championing the development of flipped learning activities.

(1) Prober C.G and Khan S. (2013) Medical Education Reimagined; A Call to Action. Academic Medicine 88:10, pp. 1407-1410.

ID:15433

Title: Anatomy Club - A way of teaching and learning anatomy*Vivek Meiyappan, Helen Winter***Introduction/Background**

Anatomy is gradually forgotten without any formal revision after leaving medical school. It is very important for junior doctors who are expected to perform varying levels of interventional procedures and interpret radiological imaging. There are no formal programs to revise anatomy after entering the medical workforce.

We initiated an Anatomy Club, where clinical anatomy could be taught and revised among junior doctors and trainee interns. The difference in this program was that the participants also took turns in teaching. The course content was decided by the participants on what was clinically most relevant. The participants had an incentive in getting recognition for their teaching with a certificate at the end of the course.

The course has continued over 6 months. We evaluated the course at the end of the teaching period.

Purpose/Objectives

Our aim was to see if the course was sustainable as part of ongoing medical education. We wanted to know if peer based teaching was useful for teaching anatomy. We wanted to identify any promoting and limiting factors in this method of teaching.

Issues/Questions for exploration or ideas for discussion

The program has been sustained over six months and is planned to continue. The participants found the content relevant and enjoyed the opportunity to teach. A key element in maintaining ongoing participation was a fellow junior doctor coordinating the course timings. The incentive of getting recognition for teaching was also helpful for maintaining participation. A limiting factor was finding a protected teaching time where all participants were available to attend.

ID:16017

Title: Effective Teaching of Pathology with Limited Resources in a Rural Medical School in Australia – Technology Enhanced Cognitive Scaffolding - One Man Army

Shashidhar Venkatesh Murthy

Background

Decreasing staff and increasing students in Australia especially in rural & remote areas has become a challenge for medical schools. As single academic staff in Pathology, I am teaching over 200 students per year placed both on campus and in remote rural centres using innovative methods and technology. I believe we have developed a unique set of tools to teach effectively theory, practical & clinical application of pathology with regular student monitoring and support system all by a single academic staff....!

Summary of innovations

1. Developed Integrated clinical pathology curriculum around patient cases & clinical learning in collaboration with clinical staff.
2. Developed modern digital media Laboratory to teach practical skills and Microscopy to large class of students. (Innovation)
3. Interactive Video podcasting of recorded teaching sessions with student feedback using Camtasia software.
4. Electronic Student Response System (ESRS) for instant in class feedback on teaching & learning.
5. Innovative concept of "Winners club" to identify and support weak students.

Summary of results

Student's feedback on the subject has significantly improved in subject participation, learning & satisfaction. since introduction of these tools, students have performed well in the final examinations. Consistently students have achieved class average of over 70% marks in final examinations.

Conclusion

Using technology has significantly improved teaching of Pathology to large number of students including student monitoring of progress and offer support to needy.

Take-home message

These innovative techniques and tools can be easily adopted to improve teaching, student participation & performance in learning pathology.

Currently I am assisting other medical schools to adopting similar tools & I am happy to share more details and assist with implementation to any medical school.

Note: Some of these works have been awarded university, local and Australian national awards for teaching excellence.

ID:16535

Title: Clinedaus – A Free, Web Repository for Allied Health Clinical Educators

Andrea Bialocerkowski, Lisa Laakso

Introduction/Background

Clinical education is an integral component of health professional training. Although many learning resources exist for clinical educators, they are not organised into one central location. Moreover, it is not known whether these resources meet the needs of allied health clinical educators, particularly those who supervise students in non-traditional placement areas of aged care, mental health, Indigenous and rural health settings.

Purpose/Objectives

This project aimed to develop a central repository of learning resources for allied health clinical educators; www.clinedAUS.org.au

Issues/Questions for exploration or ideas for discussion

The development of ClinedAus was underpinned by a detailed search for high quality clinical educator learning resources, a needs analysis of allied health clinical educators and in-depth clinical educator consultation.

Results

Many high quality clinical educator resources were identified. Awareness of these resources was limited, with most not accessible to those employed outside Queensland Health. Copyright permission was sought to include these resources on ClinedAus. Based on the needs analysis, learning resources were developed, and included navigation guides, reflection tools, quizzes, and videos.

Discussion

ClinEdAus was constructed as an open access, no user cost, evidence-based one-stop, web repository for allied health clinical educators. It is applicable beyond allied health and can be used by clinical educators across a range of placement settings.

Conclusion

ClinEdAus potentially will build clinical training capacity by providing free, high quality learning resources for clinical educators.

MIXED

ID:16456

Title: Educational Innovation in the Health Setting - the use of MOOCs in Medical Education

Lyndal Parker-Newlyn, Kylie Mansfield

Introduction/Background

In 2013, academics from the University of Wollongong Graduate School of Medicine worked with Open2Study to successfully create UOW's first MOOC; "Understanding Common Diseases". Launched in November 2013, this free open online course has received enrolments of 2,500+ students in the first 3 months with consistently positive reviews. Students come from many countries and educational backgrounds. From this experience, UOW is now developing MOOC style learning modules to support senior medical students on remote clinical placements, and aims to also use MOOCs in a "flipped classroom" model for junior medical students.

Purpose/Objectives

The purpose of the workshop is to provide a background on the use of MOOCs as an educational model, to share experience and learnings from successfully developing and implementing MOOCs both in a free online environment and as part of an existing undergraduate curriculum and allow attendees to work through the advantages, disadvantages and pitfalls of applying a MOOC model to their own learning and teaching setting.

Issues/Questions for exploration or ideas for discussion

What is a MOOC and how are they developed?

What are the advantages and disadvantages of this educational model?

What are the pitfalls in developing/implementing and evaluating MOOCs?

How could I implement this in my educational setting, what could be the barriers and how might they be overcome?

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

This workshop will use an interactive question answer style, small group work and brainstorming of problems and solutions. The presenters will use real examples from their experience and authentic video examples of MOOC content for discussion.

ID:16459

Title: Basic Science Virtually Alive Linking Basic Sciences with Clinical Science in an Undergraduate Medical Curriculum

Neelam Doshi, Victoria Brazil, Natasha Vates

Introduction/Background

Medical students find the transition from preclinical learning to clinical rotations daunting. Using Case Based Learning (CBL) in a virtual learning environment in our undergraduate medical program has enabled a smoother transition - in part through explicit connections between basic science and clinical applications. This process requires skilled educators.

Purpose/Objectives

The workshop will consider how CBL can be used to encourage students to apply foundation science knowledge into clinical relevance using virtual ward rounds.

Issues/Questions for exploration or ideas for discussion

- What linkages can be made from foundational year basic sciences to taking care of patients?
- How can practising clinicians teach basic sciences effectively?
- How should effective multi-speciality educators be selected and prepared for this role?
- How can we measure the efficacy of this constructive deep learning approach?

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

Using a case study and a 'teaching simulation', participants will experience a virtual ward round, and observe a faculty led 'debrief' of the ward round. Participants will reflect on the experience of students integrating the scholar and scientist, practitioner and professional themes of the curriculum in the ward round and debrief. Finally, participants will consider the qualities and training required for effective teachers using this method.

MIXED

ID:16420

Title: How can we Teach Less so they Learn more? The Benefits of Constructive Alignment of Clinical Activities, Learning Outcomes, and Assessments with a Flipped Classroom, to Expand on Workplace Based Learning. An Example from General Practice

Jane Smith, Natasha Yates

Introduction/Background

We have an increasing demand for clinical placements because of the mismatch between the growing number of medical students and the number of teaching practices. In general practice, extending placements beyond 4 sessions a week, triggers teaching practices to resign; despite using practices with high professional standards and interests in education and research.

Workplace based training is an essential and valid way to develop clinical confidence, practical competence, and professional identity.

Practice based education outside the workplace with case-based learning, role-play, and simulation can lack realism.

Purpose/Objectives

We needed to create structures and processes that enable practice based clinical activities to be expanded and brought back into the classroom for dissemination, discussion and feedback. At the same time we needed to limit the demands on clinical teachers.

Defining key learning outcomes, and constructively aligning them with clinical and classroom activities, as well as assessments is critical for success.

Issues/Questions for exploration or ideas for discussion

So how did we grow a full time placement equivalent, simultaneously reducing the clinical teaching load? And how did we ensure that all the necessary learning outcomes are achieved when every student's experience is different?

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

The journey to reach our innovative curriculum will be shared with the audience.

They will experience some aligned clinic and classroom activities, the demonstration will include online teaching with willing members of the audience (using GoToMeeting).

We will encourage discussion and provide a coloured paper voting system for key questions.

We will share the student and clinical teacher feedback.

ID:16464

Title: Less Teaching more Learning

Lizzi Shires, Kristen Fitzgerald

Introduction/Background

Second year Tasmanian medical students spend a week in a Rural Community as an immersive learning experience in Rural Health.

Up to 120 students are placed in 15 different communities for a week. Our experiences of developing 'Rural Week' over the last 5 years could support other university's wishing to develop the model. We wish to share experiences with other universities to develop this placement further.

Purpose/Objectives

Work with participants to develop a framework and share experiences for successful Rural Community placements

Issues/Questions for exploration or ideas for discussion

How do you prepare the students for cultural immersion in small Rural communities?

How do you prepare communities?

How do you support students and communities?

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

Short description of our programme

Facilitate 3 small groups to address the key issues of preparing and supporting students and communities.

How do we?

Change students attitudes: From " Why do I need to waste a week of uni going to a rural community"

To "Rural week changed what I want to do, I want to work in Rural practice".

Preparing the community: From: "Why would medical students be interested in coming here?"

To "We love having the medical students, their fresh eyes have shaped future developments".

INTERPROFESSIONAL LEARNING

ID:16389

Title: Interprofessional Learning using Simulation*Monique Waite, Neil Tuttle, Andrea Bialocerkowski***Introduction/Background**

Clinical educators across all healthcare disciplines are increasingly experiencing common difficulties such as finding placements that offer full-time supervision and/or a full-time caseload in all areas of practice. The Simulated Telemedicine Environment Project for Students (STEPS) aims to address this gap by providing allied health students with the opportunity to access a simulated learning program embedded into off-campus clinical placements. This project has evolved from physiotherapy and speech pathology to also include dietetics, exercise physiology, nursing and pharmacy. Simulation education also has the potential to be used for interprofessional learning activities, providing students with valuable insight into the roles of other health professionals that they might not otherwise gain in traditional placements, whilst further developing skills common to all disciplines.

Purpose/Objectives

This presentation aims to provide the audience with an insight into how the STEPS project is evolving from discipline-specific to interprofessional simulated learning experiences.

Issues/Questions for exploration or ideas for discussion

The presentation will explore how common aims and methodologies are being used to frame a simulated learning program spanning diverse disciplines. The aim of STEPS is to supplement students' traditional clinical experiences by focussing on particular areas of need. By using videoconferencing, students can access simulated learning on placement, regardless of their geographical location. We are now developing interprofessional learning activities using the same technology. Learning activities include common clinical scenarios that provide the opportunity for students from two disciplines to work collaboratively. Others will include more universal issues such as cultural awareness to enable involvement of several disciplines.

ID:16180

Title: Professional Communication during Interprofessional Undergraduate Clinical Simulation: Presentation, Performance and Patients' Response*Suzzanne Owen, Helen Massa*

This learning and teaching project aimed to assess clinical reasoning and communication skills using a low-fidelity clinical simulation workshop for undergraduate students encompassing five health disciplines. Health students volunteered and consented to participate in a workshop which comprised of four inter-professional clinical simulation sessions. Each facilitated session included a theoretical case study, a group physiology and pharmacology tutorial, and a video-recorded, low-fidelity clinical experience, involving a simulated patient. The facilitator assessed each student in real-time and the patient assessed each student post-simulation. All students completed a self-evaluation of their clinical reasoning, communication skills and patient interaction post-simulation. Post-simulation, all participants contributed to a facilitated debriefing and reflection group discussion. After watching the video recording of their session, students received constructive feedback from the facilitator. Students completed a post-workshop evaluation in which they reported positive feedback resulting from the opportunity to apply theoretical knowledge in the clinical simulation and the personal insight they gained regarding their clinical reasoning, communication skills and collaborative interaction. Facilitator feedback identified that students struggled with data gathering, interpretation of clinical findings and the verbal reporting of these findings to their colleagues or patients. Students, who had self-identified prior experience with their profession and presented confidently to the patient, were assessed favourably by the patient. In contrast, clinical facilitator feedback identified significant deficits in student attitude and communication during interaction with their patient. The post-workshop evaluation highlighted strengths and limitations of the sessions. Overall, clinical reasoning skills were poorly developed and communication skills varied by discipline group. These sessions provided a valued learning experience for students and facilitators.

ID:16362

Title: Inter-professional Clinical Learning through Extended Immersion in Medical Simulation (CLEIMS): The Dietetic Student Experience

Marie-Claire O'Shea, Anita Star

Background

The simulated learning environment has been used by medical schools to develop and assess the clinical skills of medical students. Whilst Simulated Learning Programs are widely used in Nutrition and Dietetics courses in Australian universities, the use of extended inter-professional simulation has not previously been evaluated from a dietetic student perspective.

Aim

To evaluate dietetic student experience of CLEIMS.

Methods

A Pre and Post evaluation survey of students (n=28) participating over one semester was utilised. It assessed student perceived knowledge and confidence in providing nutrition related care as well as communication within a multidisciplinary team. The survey contained 5 point likert scale items and short qualitative questions.

Results

Students' knowledge and confidence across all measures improved. For example confidence in communicating with a multidisciplinary team on matters relating to patient care was rated as having improved by all participating students.

Discussion

The CLEIMS experience was positively viewed by all students. Students reported increased confidence and communication skills in the simulated clinical setting and we anticipate this will result in improved preparedness for placement.

Conclusion

Following this trial the Nutrition and Dietetics Department will continue to participate in CLEIMS and identify further opportunities for inter-professional learning using simulation. Further research on the impact of simulated clinical experiences on placement performance will be conducted.

ID:16321

Title: Three Disciplines, Two Days, One Interprofessional Ward Simulation – Connecting Theory to Practice for Undergraduate Health Professional Students

Gihan Ganeshanatham, Jane Torrie, Jennifer Weller

Background and rationale

Translating a medical undergraduate curriculum into the reality of a ward on call is a daunting and difficult time. New medical graduates often feel underprepared for common ward calls (1) and simulation is an ideal medium for acquiring these skills (2). The Faculty of Medical and Health Sciences, University of Auckland has connected theory to practice through developing an interprofessional ward simulation course. Medical, nursing and pharmacy students currently train in silos with this course aiming to address this deficiency and complying with WHO advice (3). Clinical leadership training is a requirement of all modern curricula (4) and thus it is incorporated alongside two days of clinical leadership training in the context of junior healthcare staff.

Method

The two-day course involves undergraduate medical, nursing and pharmacy students learning in a hi-fidelity simulation ward. The unique design of the course allows every student from each discipline within a cohort to participate in the course within one academic year, equating to over 400 students per year. The faculty has overcome the common pitfalls of undergraduate simulation courses through use of an innovative timetable, clear standardization and progression of clinical cases and employing active observation of non-participating students. A faculty training programme accompanies the course, resulting in a positive by-product of a consistent throughput of enthusiastic trainee clinicians gaining experience in both simulation and education techniques.

Simulation cases revolve around caring for sub acute conditions commonly encountered that are simulated in a 3G mannequin in a ward environment. All cases have a standard design that ensures all roles are involved and learning objectives are met. Active observation by students not participating in a case is encouraged through a requirement for individual documentation of the course and contributing during the post case structured debriefing. This provides an excellent learning experience and focuses learning on systematic patient assessment, structured communication tools, role clarity alongside essential clinical skills.

Conclusion

This innovative course gives our interprofessional undergraduate students experiential learning experience that best connects theory to practice and also further develops our health professional educators.

References

1. Evans & Roberts (2006). Preparation for practice: How can medical schools better prepare PRHOs? *Medical Teacher* 28;549-552.
2. Sheehan D et al (2010). A needs based simulation curriculum to bridge the Trainee Intern and Postgraduate Year One House Officer Years. *Int J Clin Skills* 4;41-45
3. WHO Framework for Action on Interprofessional Education and Collaborative Practice (2010)
4. Frenk et al (2010). Health Professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet* 376(9756);1023-58.

ID:16280

Title: Cultivating Interprofessional Practice in New Zealand : An Intersectorial Approach to Developing and Implementing an Interprofessional Student Education Initiative

Philippa Friary, Wendy McKinstry, Suzanne Purdy, Nancy Wright, Brenda Flood

The World Health Organisation in 2010 (WHO, 2010) challenges health providers to commit to, and champion interprofessional education (IPE) and interprofessional collaboration (IPC). This is following research that has proven that collaborative practice improves health outcomes. Despite there being over 500 students from a range of disciplines, on clinical placements, within a large District Health Board (DHB) in New Zealand each year, there have been limited opportunities for IPE. They have continued to learn in silos despite having to practice in teams.

This presentation will describe the process of developing and implementing an undergraduate IPE initiative within Counties Manukau DHB, and summarizes some of the findings from the students' learning experience. Two half day interprofessional workshops were attended by 123 students from seven disciplines. The students completed a questionnaire evaluating the impact of interprofessional learning (IPL) on their perceptions of other disciplines, and were also required to rate themselves in relation to a number of IPE concepts. A total of 89 students (72%) completed the questionnaires and overall students had a more positive view of communication, teamwork and their self-confidence. Their opinions in relation to other professionals also improved following participation in the workshops.

ID:16543

Title: Graduate Support in Allied Health – the Implementation of a State Wide, Interprofessional Resource

Robyn Smith, Stacey Baldac, Kathy Gould, Anne Hastie

Introduction/Background

The transition from student to health care professional is both exciting and challenging. Themes emerging from the literature on the transition process highlight the potential for “transition shock” (where perception and reality collide); emotional, intellectual and physical challenge; a need to invest energy in establishing professional and role identify; issues with communication and teamwork; and adaptation to a shift in focus (from the self focus of a student to a patient/client and organisational/system focus as a health professional). Whilst structured graduate support programs have been common in nursing and medicine for many years, these are less likely to be found in allied health practice.

Purpose/Objectives

The purpose of the Statewide Interprofessional Allied Health Graduate Program is to support new clinicians through their transition phase. The program offers facilitated learning and complements the routine discipline specific supervision and organisational orientation that new staff receive. In 2013-14 a facilitator training program has been implemented, supported by mentoring and the development of a community of practice, for those leading allied health graduate transition activities. This presentation will provide a brief overview of the evidence on the graduate experience, outline the program and focus mostly on the development of facilitators within health care organisations able to take up the role of providing graduate support.

Issues/Questions for exploration or ideas for discussion

How do we promote organisational readiness to implement interprofessional graduate support programs? How do we train facilitators to think outside their discipline boundaries and lead effective programs that address the core issues, challenges and experiences common to graduate staff?

Title: As Educators in Health Care are we doing what we Need to do?

Amanda Henderson

Traditionally, educators in health care foster learning in one to one interactions, in small groups, or larger seminars to assist staff coach learners who may be students, new staff, or experienced staff seeking professional development. Such coaching can be effectively guided through a staged linear process of 'partner, learn, progress'. The 'partner, learn, progress' format recognises the benefits of good relationships; recommends clinical staff engage with learners to best structure knowledge acquisition for the learner in complex care situations; and advocates reflection to assist learners make sense of their observations (Henderson et al. 2006). The clinical education literature describes numerous pertinent strategies that assist clinicians in 'partnering, learning and progressing' learners in these specific contexts. Use of authentic practice situations, in particular simulation, open-ended questions, clear and consistent assessment, timely feedback, and guided critical review are examples of strategies available to educators that optimise learning in practice settings.

This presentation explores the possibilities of extending effective clinical learning practices and explores different pursuits that educators may adopt to embed activities that result in optimising learning in the practice setting. The premise of this new modus operandi is the involvement of the team in identifying its priorities. It is a cyclical process starting with effective communication and collaboration strategies that promote professional relationships. Subsequent stages progress behaviours in the practice setting that reward and recognise staff, and value reflection and evaluation. The process continues as a spiral with the identification of new goals, particularly important for organisations that aspire to quality outcomes. The successful integration of these processes and accompanying behaviours can culminate in staff sharing their responsibilities for teaching and facilitating knowledge adoption and utilisation in practice.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16128

Title: Supporting New Graduate Professional Development: Outcomes of Piloting a Clinical Learning Framework

Cate Fitzgerald, Alis Moores

Introduction/Background

The Occupational Therapy Clinical Learning Framework (OTCLF) promotes independent learning and reflective practice for new graduates transitioning to health care environments. The OTCLF was devised to support new graduate learning through encouraging the reflection, review, discussion of and engagement in goal setting and learning strategies.

Purpose/Objectives

This presentation introduces the OTCLF and reports on the outcomes of a trial of the framework within Hospital and Health Services across the State of Queensland, Australia.

Issues/Questions for exploration or ideas for discussion

To what extent the OTCLF provides a method to support the professional learning of new graduates in a planned and timely way while maximising a range of support and professional development strategies available to enable new graduates to achieve their learning goals.

Results

A pre and post survey design and action research methodology were used to elicit practice and perspectives on utilising professional learning goals and resources of new graduates, their clinical supervisors and their designated Clinical Education Support Officers. Analysis of the qualitative responses revealed two themes associated with its implementation which related to 1) support and guidance for professional development and 2) contribution to supervision.

Discussion

This study has provided evidence for inclusion of the framework in existing supervision practices and cues for adaptation of the framework and its accompanying resources for its further implementation within and outside of occupational therapy.

Conclusion

The OTCLF provides a valuable structured approach to guide new graduate professional learning and supports the transition to the demands of a health care role.

ID:16631

Title: RACS J-Doc Program for Prevocational Doctors*Stephen Tobin, David Hillis, Kathleen Hickey, Wendy Crebbin***Introduction/Background**

The College seeks to support the development and education of junior doctors to ensure that those selected into the SET training program are well informed about a career in surgery, well prepared by their prevocational residency positions and are self-motivated learners. They should then engage actively with SET and the specialty and progress efficiently through the 5-7 years of the training program achieving Fellowship.

Purpose/Objectives

Prevocational career pathways are complicated. Being a junior doctor has professional as well as personal aspects that require meaning for the individual, as well as the role. There are important attributes to "being a good doctor".

Noting the Australian Curriculum Framework for Junior Doctors (ACF-JD), and the current adaptation in New Zealand, we have established our curriculum framework to describe the many tasks, skills and behaviours that should be achieved during PGY1-3(+), as well as later years. This is referenced to the early levels of our nine RACS competencies, which are used for SET training and post-fellowship practice in surgery. The J-Doc program will certainly be helpful in developing a career in a procedural medical specialty, not just surgery.

The J-Doc program will be open to any registered doctor, from and including internship. It will require identity management to assist the College to identify the cohort and enable access to eLearning and other member resources. There will be dedicated webpages including links to external resources.

The size of the cohort and the engagement of junior doctors will be self-directed with individual choice of which activities or resources are undertaken. Some charges will be made, depending on the course or module. On-line registrations and payment, as well as capture of achievements and work based assessments through an e-portfolio system will all document progression of this early career trajectory.

The generic surgical sciences examination (GSSE) will be made available prior to SET commencement, potentially in second-half of 2014. This tests anatomy, physiology and pathology knowledge. Such availability prior to SET means that there is focus for surgical aspirants in their preSET years and eventually it will be noted with SET application.

Issues/Questions for exploration or ideas for discussion

Ultimately, final "assessment" for some J-Docs will be successful selection into surgical training: with participation in appropriate courses, GSSE accomplished and a well-developed e-portfolio, they should become competent registrars from day 1. Many will not be successful in this selection process - as there are often > 3:1 applicant: positions

ID:16132

Title: Using Cultural Immersion in a First Year Undergraduate Medical Program in Australia*Janie Smith, Shannon Springer*

All health professionals require an understanding of different cultures to be able to work effectively and safely with their patients and other team members. In 2011 Bond University renewed its undergraduate medical program to include significant cultural awareness and Indigenous health education, as a result of community need and Australian Medical Council recommendations. This included in 2012 Bond establishing an Indigenous Health Unit and an Indigenous Health Working Party to implement its curriculum.

For the past two years Bonds first year students have undertaken a compulsory two day cultural immersion process to increase their understanding of other cultures, particularly Australian Aboriginal and Torres Strait Islander culture. It is believed that this is the first time in Australia, and possibly overseas, that cultural immersion has been undertaken as a compulsory early part of a first year medical program.

This paper presents the findings from the evaluation of these two cultural immersions, as well as the initial findings of a longitudinal study to determine the impact cultural awareness programs. This information may assist others in the design and development of similar programs, or policies.

ID:16330

Title: The Wrap-up of Case Based Learning*Kylie Mansfield, Lyndal Parker-Newlyn, John Bushnell, Teresa Treweek, Sal Sanzone***Introduction/Background**

One of the shortcomings of case based learning (CBL) relates to students successfully integrating scientific and clinical aspects of the course. To counteract this we introduced an interactive case wrap-up, delivered in a large group setting, to directly demonstrate the integration of science and clinical content.

Purpose/Objectives

This study aimed to evaluate how the case presentations and wrap-up components of our hybrid CBL curriculum fostered students' engagement with and ability to integrate science and clinical concepts.

Issues/Questions for exploration or ideas for discussion

Two cohorts of first year students (n=161) at a regional Australian graduate entry medical school were provided with an anonymous survey evaluating the case presentations and wrap-ups. Specifically, we sought to evaluate whether these sessions successfully linked the medical sciences and clinical aspects of the curriculum and provided a beneficial learning experience.

Results

Both case presentations and wrap-ups were perceived by students to be valuable learning experiences, engaging them and enhancing their capacity to integrate science and clinical concepts. Presentations assisted students in setting learning objectives by providing an element of realism. Wrap-ups consolidated learning by giving a 'big picture' overview of the fortnight's learning, providing an indication of the appropriate level of knowledge.

Discussion

The wrap-up sessions, which are unique to our programme, successfully demonstrate integration and provide students with a context for their learning.

Conclusion

This innovative curriculum design empowers and engages students as independent learners, while providing structure and expert guidance to ensure that they achieve competency as future medical practitioners.

ID:16480

Title: Teaching Clinical Reasoning – Students Perception of the Value of Live Patients as a Case Based Learning Stimulus*Lyndal Parker-Newlyn, Kylie Mansfield, Sal Sanzone, Teresa Treweek, Kate Manderson***Introduction/Background**

The UOW Graduate School of Medicine takes an innovative approach to Case Based Learning (CBL), using the clinical interaction of a live patient interview as the trigger for students' hypothesis generation, clinical reasoning and learning objective setting.

Purpose/Objectives

This study aimed to evaluate the student perception of live clinical patients in CBL case introduction sessions and whether it assisted their clinical decision making, investigation planning and history taking skills.

Issues/Questions for exploration or ideas for discussion

An anonymous survey was presented to two cohorts of first year medical students (N=161) at a regional Australian graduate entry medical school. This survey evaluated the CBL curriculum and sought to assess the students' perception of using live patients in CBL sessions.

Results

The majority of students (85%) reported observing the live clinical history in the session as valuable, with 75% and 83% respectively agreeing that the session helped them plan clinical investigations and develop clinical reasoning skills. These components of the session are actively and explicitly explored with the students. Interestingly, only 58% agreed that the live patient history helped develop their history taking skills - possibly reflecting the passive nature of that part of the session, or perhaps the lack of explicit focus on history taking in the CBL structure.

Discussion/Conclusion

The use of live patients in CBL sessions is seen as valuable by students in clinical reasoning and investigation planning at any early stage in the curriculum. The passive observation of a clinical history is seen as less valuable by students and may require further engagement and development in the curriculum.

ID: 16391

Title: Professional Boundaries and Boundary Crossing: Walking the Talk*Prof Judy McKimm***Introduction/Background**

The concept of teams has become a popular form for analysing the organisation and management of work. Teaching an understanding of teams and team-working needs to reflect the reality of inter-professional working encountered in the healthcare system.

Purpose/Objectives

This presentation will use an Activity Theory (AT) lens to give further consideration to data and describe how these senior nurses and doctors learned and teach others to work inter-professionally.

Issues/Questions for exploration or ideas for discussion

How can the benefits of boundary crossing be learned while developing appropriate professional boundaries?

Results

The senior clinicians in our study articulated a clear inter professional and collaborative focus when asked to describe the nature of their work. The descriptions of these inter-professional working activities typified the concept of boundary crossing.

Discussion

Activity theory provides a framework within which it is possible to examine complex relationships between subject and object in their historical and social context.

Conclusion

It is increasingly clear that the provision of healthcare requires moving beyond the work of independent uni-professional teams into the world of inter-professional knots that encourage interaction and collaboration beyond professional boundaries and enables active boundary crossing.

EVIDENCE AND THEORY TO PRACTICE

ID:16429

Title: What Clinical Services are Students Safe to Practice within Complex Health Care Environments? Using the Calderdale Framework to Govern Student Led Activities*Penny Power, Linda Furness***Introduction/Background**

The increasing demand for student placements coupled with the demand for safety and efficiencies in clinical service delivery highlights the need for innovation in clinical placement approaches.

Purpose/Objectives

This presentation will report on Occupational Therapy Clinical Education Program's use of the Calderdale Framework, a seven stage process used to identify appropriate clinical activities for students to deliver in a tertiary paediatric occupational therapy service. The process of implementation will be discussed in the context of student placement provision and outcomes reported.

Issues/Questions for exploration or ideas for discussion

Exploration into the efficacy of student led services as a placement approach is growing but concerns exist regarding the quality of learning, supervision and health care. Utilising a framework which both identifies and provides a basis for mitigating clinical risk to consumers may be a feasible approach.

Results

The process of implementing the Calderdale Framework was evaluated and results demonstrate the framework's support in identifying safe and appropriate student placement clinical activities for inclusion in student led servicing.

Discussion

The use of a framework to identify appropriate student led clinical tasks is essential to provide governance and allay the concerns of clinical staff and support safe and effective health care.

Conclusion

The Calderdale framework is an appropriate tool to support the development and implementation of sustainable student services within a tertiary hospital.

ID:16524

Title: The Clinical Workplace Learning Culture Survey (CWLCS) – a New Tool*Jennifer Newton, Amanda Henderson, Brian Jolly***Introduction/Background**

The learning environment is fundamental to the individual's learning and expectations of learning. Research has highlighted the disparity of academic and practice learning environments due to the competing values of academia and healthcare organisations. This has a direct impact on novice practitioners' learning. This presentation reports on a new survey tool, the Clinical Workplace Learning Culture Survey, development of which has been funded through an Australian Research Council Discovery grant.

Purpose/Objectives

This survey will inform an empirically derived model of workplace learning for health professionals that will provide a supportive structure for planning education and evaluating learning in clinical environments.

Issues/Questions for exploration or ideas for discussion

What are the factors required to support learning in clinical workplaces?

Results

Using IBM SPSS V21, a factor analysis of a 55 item survey, the CWLC, was undertaken on registered nurses (n= 337) and student nurses (n= 481). Respondents were across acute care settings and aged care settings (n= 758), and rural (n= 81). The Kaiser Meyer-Olkin value was .947, exceeding the recommended value of .6 and Bartlett's Test of Sphericity reached statistical significance. Initial principal component analysis with Oblimin rotation indicates a 7 factor solution explaining 54% variance.

Discussion

The factors centre on the critical elements of person-centeredness, feeling valued, and engagement that need to be situated within the clinical workplace to support learning.

Conclusion

This study will make a significant contribution to the theoretical understanding of educational and cultural workplace learning in healthcare that impact on workforce training. For transference of clinical skills to occur, the workplace needs to be receptive, and one that promotes creative partnerships in learning. This has implications for curriculum development and implementation in clinical learning.

ID:16061

Title: Solutions to Australia's General Practitioner Shortage*Nicole Koehler, Christine McMenamin***Introduction/Background**

General practitioners play a large role in keeping the community healthy. However, Australia is currently experiencing a general practitioner shortage and this is unlikely to be alleviated if a significant proportion of graduates do not pursue a career in general practice (GP).

Purpose/Objectives

The aims of the study were to examine: 1) which attributes are related to preferences in pursuing a career in GP at commencement and completion of a medical degree, and completion of the first internship year; 2) the consistency of GP preferences across time; and 3) whether there are sufficient GP fellowship training places available. Information regarding students/interns' demographics and career preferences were obtained from the Medical Students Outcomes Database & Longitudinal Tracking Project database.

Issues/Questions for exploration or ideas for discussion

How could Australia's GP shortage be addressed?

How could medical students be encouraged to pursue a career in general practice?

Results

Numerous attributes were associated with a GP preference. The number of students/interns showing a GP preference increased at a higher rate across cohorts than the increase in GP fellowship training places available.

Discussion

Targeting students with attributes associated with a GP preference could assist in alleviating the general practitioner shortage but only if sufficient GP fellowship training places are available.

Conclusion

More GP fellowship places are needed to address Australia's GP shortage.

ID:16572

Title: Specialization in Medicine: How does General Practice 'Fit' from the Perspective of Undergraduate Medical Students?

Kelby Smith-Han

Introduction

The process of specialization in medical practice as we know it today emerged in the early nineteenth century in Paris (Weisz, 2003). This emergence and development of specialization in medicine was associated with six areas: the advancement of medical knowledge; conducting research; mastering of a particular area of knowledge; improving your skills as a physician; was a prestigious position along with being viewed as having the most advanced medical knowledge (Weisz, 2003). A modern definition of being a specialist also involves a scope of practice which has particular limitations combined with someone who is appropriately qualified by a particular authorized and accredited professional body.

The professional bodies associated with general practice in New Zealand - The Royal New Zealand College of General Practitioners (RNZCGP) and the Medical Council of New Zealand (MCNZ), declare that general practice is a specialty in its own right. However, general practice has been viewed by medical students as the opposite - not being conceptualised as a medical specialty (Smith-Han, 2013).

Purpose

In this presentation I suggest the six components associated with specializing in medical practice as outlined above, gives some explanation to why general practice is not considered a specialty by medical students. As specialisation incorporates these areas (such as mastering a particular area of knowledge), examining these areas may provide to be useful in understanding how general practice is perceived by medical students and provide some insight into declining numbers entering general practice.

Results

The findings from qualitative interview data of medical students will illustrate discourses that construct general practice and being a general practitioner and how they interact with the six areas to either validate or delegitimize specialization.

Discussion

Discussion will centre on the findings illustrated and consider issues and implications for constructing the discipline of general practice as a medical specialty (or not) for medical education and medical practice.

References

Smith-Han, K., Jaye, C., Fitzgerald, R., & Stein, S (2013). What do medical students learn about general practice in their undergraduate education? Focus on Health Professional Education: A Multi-Disciplinary Journal Vol 14 (3), 78-90.
Weisz, G. (2003). The Emergence of Medical Specialization in the Nineteenth Century. Bulletin of the History of Medicine, 77(3), 536-574.

ID:16243

Title: More Community-Sensitive Doctors - how and why: An Overview of where Community-based Medical Education has been and Might be Going

John Goodall

Introduction/Background

There is a tension in medical education that has existed at least since Flexner's day and exists just as sharply today. This is the tension between the models of the doctor as techno-scientific expert and the doctor as empathetic healer sensitive to his or her community setting. Medical education has been increasingly dominated by the former with its focus on burgeoning specialisation and sub-specialisation. Concurrently there has been increasing interest in developing community-sensitive doctors through some form of community-based medical education (CBME) but with little consensus on how best to achieve this and widely differing approaches across medical schools and countries.

Purpose/Objectives

The presentation briefly overviews the main strands operating in medical education that attempt to respond to this perceived need. Based on the author's own doctoral research and experience in coordinating a CBME program at Monash University, the presentation's objective is to map out the main strategies used around the world as reported in the literature; chart their relationship to each other and to the medical courses they operate within; and to report on the key findings from students, faculty and community partners on the effects of one of these strategies. The presentation will then pick out what appear to be the key issues and success indicators for such approaches.

Issues/Questions for exploration or ideas for discussion

What is the place for community sensitive doctoring? How might students be provided with the skills and understanding needed to become community sensitive? What are the challenges most likely to face any medical education program attempting to achieve this?

Results

The literature shows four very different strands within CBME across the world but with a number of key common features. Analysis of surveys and interviews of students, staff and community partners in one of these strands supports the importance of those common features and suggests what can be most successful.

Discussion

The paucity of the literature and the wide differences between the main strategies makes any generalisations tentative and cautious but it also suggests the need for some concerted work in developing the sort of confident consensus that underlies much of the rest of medical education.

Conclusion

Community sensitivity in our doctors is important but it is not as well supported in medical education as it might be and though roads to achieving it are being explored there still needs to be a lot of survey work and building.

ID:16654

Title: Palliative Care in Undergraduate Medical Education: How far have we Come?*Danielle Fitzpatrick, Rebecca Heah, Ward H, Patten S***Introduction/Background**

Over the past 30 years there has been an increasing emphasis on palliative care teaching in undergraduate medical curricula. Educators are increasingly aware of the need to equip junior doctors with the ability to support patients through their illness trajectory and address complex medical and psychosocial needs. Previous evidence has shown that many junior doctors feel under-prepared to perform end-of-life care. (1, 2)

Purpose/Objectives

A 2004 review by Lloyd-Williams and MacLeod identified significant variability and lack of consistency in undergraduate palliative care teaching. They called for the development of guidelines to direct medical school curricula. (1) Our review aims to update the literature on the current status of palliative care teaching to undergraduates within medical schools

Results

A systematic review was undertaken on papers published from December 2001 to January 2014 on palliative care teaching for undergraduate medical students. 565 abstract citations were obtained, of which 324 papers were excluded. Thematic analysis was performed on remaining papers, and data collated.

Discussion

Teaching time dedicated to palliative care education has increased. Key topics include attitudes to death and dying, communication skills and pain management. Paediatric care and religious/cultural issues are infrequently addressed. There continues to be heterogeneity in teaching modalities employed, with more frequent use of hospice placements and interprofessional learning. There is an increasing role for novel methods including drama and technology-based modalities. It is clear from the review that further research is required.

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2. Billings ME, Engelberg R, Curtis JR, Block S, Sullivan AM. Determinants of medical students' perceived preparation to perform end-of-life care, quality of end-of-life care education, and attitudes toward end-of-life care. *Journal of palliative medicine.* 2010 Mar;13(3):319-26. PubMed PMID: 20178433. Pubmed Central PMCID: PMC2883506. Epub 2010/02/25. eng.

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16305

Title: Embedding Human Interaction into e-Learning: Lessons Learnt from an Online Graduate Diploma in Health Professional Education*Carole Stekete*

Whilst health educators typically have extensive knowledge and skills in the area of their professional discipline, the art and science of passing knowledge from one generation to the next (pedagogy) is often overlooked in the context of demanding clinical, teaching, and/or research responsibilities. Demanding workloads are often at the root of ambivalent attitudes towards educational professional development. To confront this issue, the University of Notre Dame Australia has developed a suite of online and flexible post-graduate courses in health professional education. This presentation discusses how human interaction was crucial to the success of these courses, and argues that opportunities for synchronous and asynchronous human interaction should be embedded into online learning designs in health professional education.

The presentation first situates human interaction within an established theory of adult learning. It then describes the particular forms of human interaction that worked in an online environment. Finally, the presentation discusses some design principles that may serve to illuminate future e-learning development in health professional education.

The presentation will invite the audience to collaboratively deconstruct some of the key online tools available to support human interaction. It will then address key issues around balancing synchronous and asynchronous communication with academic and participant workloads, exploring ideas and solutions to optimize efficiency in learning without compromising quality.

ID:16527

Title: The Impact on Academic Leadership and Educational Capabilities of Students Undertaking Postgraduate Courses in Health Professional Education at the University of Western Australia

Sue Miller, Sandra Carr

Introduction/Background

A number of university programs have been developed in Australia to equip health professionals with educational expertise in response to an increasing demand for suitably qualified teachers. In 2007, we introduced postgraduate courses in Health Professional Education. One anticipated longer term outcome of the courses is an increase in participants' academic activity, and an increase in academic leadership and educational capabilities.

Purpose/Objectives

Data has been collected from students from 2007 to 2011, in order to evaluate the processes of the postgraduate courses, and the longer term impact on participant academic activity and employment in the area of health professional education. The participants were surveyed during their course and followed up annually for 3 years after course completion. In addition to the formative evaluations of the courses and any innovations implemented, their contribution in the area of health professional education was also measured.

Issues/Questions for exploration or ideas for discussion

Ongoing evaluation of education programs is essential to ensure the quality and effectiveness of the courses. It may be timely to consider how other similar Australian and New Zealand based programs are impacting on the employment and scholarly activity of their graduates.

Results

To date some 200 domestic and international students have enrolled in the courses. Their experiences and stories around the benefits of the courses, impact on their skills as educators and scholars, employment and academic activity will be shared.

Discussion

This evaluation is important for ensuring continuous quality improvement of university courses and in the development of a community of leaders in health professional education.

ID:16351

Title: Clinical Skills Tutoring of Early Undergraduate Peers: Evaluation of a Year 6 MBBS Medical Education Elective

Carole Khaw, Lynne Raw, Ray Peterson

Introduction/Background

Final year medical students, who complete a 4-6 week Medical Education elective, participate in Clinical Skills tutoring to Years 1- 2 medical students. Tutoring involves large and small group teaching and facilitation, teaching history taking and physical examination skills, providing feedback to junior peers, assessment, identification and remediation of underperforming junior peers, understanding teamwork and team roles, and improving collaboration with colleagues and role modeling to junior peers.

Purpose/Objectives

To establish, through a purposefully designed questionnaire, the Year 6 students' capabilities and effectiveness in teaching and facilitation skills, their confidence in tutoring, and their personal and professional development. Years 1-2 tutees undertook a similar questionnaire.

Results

By the end of the elective, Year 6 students felt they had developed effective skills in group facilitation and teaching history-taking and physical examination skills. They were confident in providing feedback and assessment for junior peers and had improved their understanding of teamwork, collaboration with colleagues and role-modeling to junior peers. Tutees rated Year 6 students highly in these areas.

Discussion

The continuation of this Elective is dependent on its outcomes and acceptability by student tutors and their peers, which are supported by these results. A follow-up project is planned with this Year 6 student cohort, to determine if their perception of tutoring clinical skills changes during their postgraduate years.

Conclusion

The Year 6 Medical Education elective program has benefited beginning teachers and the students they taught.

ID:16270

Title: Teach us to Teach: Medical Students as Educators*Allison Hempenstall, Daniel North, Joanna Adie, Angela Holmes***Introduction/Background**

Peer-assisted learning is a valuable tool to enhance learning and professional development in medical education. At The University of Melbourne, students of the new Doctor of Medicine program have established a peer-tutoring program, allowing them from their second year of training onwards to act as mentors and teachers to junior colleagues. A lack of formal teacher training for tutors was identified as a significant gap in the program.

Purpose/Objectives

Piloting a student-run workshop was to train current and prospective peer educators in the teaching skills required to lead an effective tutorial.

Issues/Questions for exploration or ideas for discussion

Is it feasible to provide meaningful training in educational skills to medical students?

Results

The workshop content was informed by current education literature, and areas of need that had been identified over the previous 12 months experience from the peer-tutoring program. It comprised of three sessions: a plenary on basic principles of education and effective teaching, a breakout session addressing common problems in peer-tutoring and finally a panel session on the challenges of teaching as a junior doctor. Experienced peer tutors and graduate education students under the guidance of expert clinical educators led these sessions.

Sixty-nine medical students rated their confidence and competence in teaching skills before and after attending the workshop. Average ratings of both competence and confidence in a range of teaching skills significantly improved after attending the workshop (all $p < 0.05$), and the participants reported that the program was useful for their development as educators.

Discussion

Providing education is fundamental to all medical practice; however formal teacher training is not commonly incorporated into Australian medical curricula. This study demonstrates the feasibility and effectiveness of providing teacher training for medical students, through collaboration between students and clinical educators. It also demonstrated that medical students place value in this training and skill set.

Conclusion

It was demonstrated that with adequate support from senior staff, a student-led workshop is an effective approach to developing the teaching skills and confidence of future clinical educators.

ID:16067

Title: Developing Medical Students' Understanding of how Qualitative Research can be used to Explore and Inform Curriculum*Patricia Johnson, Hiba Gundru, Sophie West, Michelle Mclean***Background**

Traditionally, research training in medical school focuses on quantitative methods. These approaches are, however, not always suitable to explore important issues in health professions education. Gaining a deeper understanding of the experiences of individuals requires an alternative approach. In 2012, a longitudinal, multi-methods study into the medical professional identity formation of Bond University medical students commenced, with the aim of utilising the research findings to inform curriculum for improved interprofessional collaboration.

Purpose

To enhance the "emic" perspective, medical students were invited to join the research team, particularly to provide input into the analysis of interview transcripts. This presentation by two medical students who volunteered for the study describes their experiences as participants and researchers, and highlights the valuable learning opportunity afforded by their participation.

Discussion

The students' developmental process from novice researcher to team collaborator can be summarised into the following five key areas:

1. Initial research training: Qualitative research workshop attendance
2. Regular meetings with the research team to discuss project progress
3. Data analysis: Independent analysis of two de-identified transcripts of junior students' interviews
4. Data triangulation: Research team discussions and validation
5. "Living the study": Reflection on how their journey as medical students enabled them to provide an insider's perspective (emic view) of the transition from medical school to the clinical environment.

Conclusion

There are numerous benefits for students in health profession programs to participate in faculty research projects. In particular, involving students in studies that utilise alternate research approaches such as qualitative methods can further enhance their research skills.

ID:16417

Title: Building Capacity for Medical Education Research: Innovative Strategies that Build on Evidence-Based Medicine

Pippa Craig, Fran Everingham, Lucie Rychetnik

Introduction/Background

The University of Notre Dame's School of Medicine, Sydney (SoMS) delivers high quality medical education. SoMS aims to support research-informed teaching, and build its capacity for medical education research. Our Clinical and PBL tutors are experienced clinicians who enjoy teaching. Evidence-based medicine (EBM) has enabled clinicians to adopt systematic and rigorous methods to find, appraise and interpret biomedical research to inform patient care. For many clinicians involved in teaching however, using medical education research to inform teaching is less familiar. Our aim is to build on clinicians' knowledge of EBM, and love of teaching, to build SoMS capacity for medical education research.

We are conducting a qualitative study among SoMS tutors to elicit their experience of using biomedical research in clinical practice and teaching; and their experience and potential engagement in medical education research. This will inform a SoMS wide survey and future research capacity building strategies.

Purpose/Objectives

Discuss the potential for drawing on clinicians' experience of EBM to build capacity for medical education research.

Issues/Questions for exploration or ideas for discussion

What is the correlation between clinicians' use of research in clinical practice (EBM) - and interest in using (and conducting) medical education research in their role as medical educators?
Does EBM offer an effective model for enhancing the use of medical education research in medical education?
And if so, how should this be pursued and achieved?

MIXED

ID:16408

Title: Using the Virtual Patient to Help Students Construct Psychiatric Histories: Simulation as Preparation for Practice

Bill Haigh, Stuart Thomas

Introduction/Background

Gathering information to construct psychiatric histories is a challenging task for students. Issues include reported discomfort / relative inexperience in working with individuals manifesting mental health problems, the complex presentation of such patients, and possible well-intentioned attempts to "shield" students from patients who are hostile, aggressive or otherwise difficult in the early years of training. Nonetheless, as in other areas of medicine history taking is a core skill that underpins clinical reasoning regarding diagnosis and treatment planning in psychiatry. The question to be explored in this session is how virtual patient software might be developed to prepare students to conduct biopsychosocial interviews in psychiatric contexts (adult in-patient, aged care, child and adolescent mental health services, and community mental health clinics). This software should allow the clinical challenge to be "pitched" to the individual student's level of competence, and the facility to review, repeat and refine particular history-taking experiences as per Kolb's cycle of learning.

Purpose/Objectives

The purposes of this session are to showcase a prototype virtual patient avatar tool, and to share the input into development of stakeholder groups regarding identified areas of need in terms of working optimally with psychiatric patients to co-construct their histories. In addition, features of the avatar that would best support preparation to enter the clinical workplace, promote reflection on practice and attempts to consolidate strengths and address areas for improvement will be explored.

Issues/Questions for exploration or ideas for discussion

How might this tool be developed and implemented to bridge the theory to practice gap in psychiatry?
How might this tool support students learning to gather information to co-construct psychiatric histories?
Might this tool be useful to provide an evidence base to underpin standard setting in assessment tasks?

ID:16551

Title: Who can I Practice with? – The Challenges of English as a Second Language (ESL) Medical Students in Communication Skills Development

Kwong Chan, Linda Humphreys

Background

An awareness of cultural difference is critical to successful medical communication teaching since it impacts upon the communication norms, expectations and interpretations pivotal to shared understanding.

Not surprisingly, the recent growth of numbers of ESL medical students in our school has brought about some new challenges to the learning and teaching of communication skills. Students claim that they do practice their communication skills with their classmates, yet formative assessment shows improvement in their communication skills over time to be unremarkable.

When further explored, we found students to largely self-select other ESL peers in their class as practice partners, which raises the question "Are they practising with the right people"?

In response to the issue, the teaching team decided to initiate Peer Assisted Learning (PAL) within the cohort and the outcome is yet to be further investigated.

Objective

This pearl would like to learn about similar challenges faced by other Schools and how they address the challenge.

Discussion questions

1. The challenges of English as a second language students in your communication skills related program
2. Successful strategies in dealing with the challenges
3. Should we consider different assessment approach by acknowledging the individual situation of the students?

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16555

Title: I am Interested but I don't know how my Roster will be - Engaging Alumni as Medical Educators

Kwong Chan, Linda Humphreys, Barbara Wallace

Background

As a young medical school, it's both a challenge and an opportunity to recruit alumni to return and contribute as a professional educator. The challenge is imposed by the comparatively small pool of alumni from which to draw. Conversely, the young age of both the alumni community and the school itself affords a vibrancy and exciting opportunity.

In a recent attempt to contact and recruit alumni and academic title holders via email, the response rate was disappointing. In an attempt to foster greater interest and connection, the School has since implemented a strategy to maintain contact via social media, the outcome of which is yet to be determined.

Objective

In this pearl we would like to explore how different medical schools engage their alumni to contribute to the learning and teaching of the school.

Discussion questions

1. The challenges in engaging alumni as educator
2. Successful strategies in engaging alumni
3. The ongoing professional training of alumni as educators

ID:16210

Title: PBL Groups and Submarine Crews: Training Tutors not to Miss the Boat*Mary Jane Dalton***Introduction/Background**

In 1965, when Tuckman described his well-known stages of group formation (forming, storming, norming, and performing), he was studying small group behaviour for the Navy as preparation for deploying small crew vessels. Like submarine duty, PBL tutorials can also trigger a variety of potentially intense responses from both students and tutors. Skilfully managed, these could provide rich learning experiences. Poorly managed, they may contribute to group dysfunction and inhibit learning. In addition, students graduating from medical school often describe how they have learned to suppress emotion as part of the "hidden curriculum" which values stoicism and detachment.

While there is agreement that tutors should have good skills in managing group dynamics, there is a paucity of suggestions for how to develop these skills.

Purpose/Objectives

This session will explore the potential benefit of expanding our approach to PBL tutor training by looking at literature in other fields such as social psychology to better prepare tutors for challenging group situations.

Issues/Questions for exploration or ideas for discussion

Can experiences in PBL tutorials help immunize students against the pitfalls of the "hidden curriculum" in medicine that encourages doctors to minimize their emotional responses?

How can PBL tutors be trained more fully in management of group dynamics? What can PBL tutors learn from the psychological literature to help them deal with challenging group dynamics?

We will explore specific scenarios such as the grieving student, the disenfranchised student, and the defensive tutor.

MIXED

ID:16516

Title: There's more than One Way to Simulate a Cat*Andrea Bialocerkowski, Simone Howells, Nathan Reeves, Sandy Edwards, Neil Tuttle, Libby Cardell***Introduction/Background**

The use of simulation is increasing in health education and now extends far beyond the historical focus of high risk/high cost areas of practice. In this workshop, brief examples will be presented of a diversity of simulation activities that have been developed across six disciplines. The simulations address widely ranging learning objectives including cultural competencies, issues related to ethics and professional conduct, technical competencies in remote provision of service through videoconferencing, and procedural skills as well as integrating procedural skills into clinical practice. Duration of the examples range from less than a minute to spanning several weeks and include role play, simulated patients, task trainers, pre-recorded material, peer review, and interprofessional student interaction.

Purpose/Objectives

The intention of this workshop is to work with the participants to develop, expand, or refine structures for simulated learning environments that will meet or exceed their learning objectives using their available resources.

Issues/Questions for exploration or ideas for discussion

Can simulated learning environments be developed to meet the need of the participants? When is simulation useful and how can it build on other teaching and learning?

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

A brief large-group introduction will be followed by smaller group discussions. The smaller groups will include participants from multiple disciplines and each will be chaired by a facilitator with experience in a particular structure or type of simulation. Solutions and further discussion will occur when the large group reconvenes to summarise and synthesise the material.

ID:16406

Title: Virtual Simulation and Non-Technical Skills in Health Professional Education*Monica Peddle***Aim**

To explore the current education strategies used to develop non-technical skill and demonstrate the application of an innovative virtual simulation resources to develop non-technical skills in undergraduate health professional education.

Background

Non-technical skills (NTS) are defined as the cognitive, social and personal skills that complement technical skill and contribute to safe and efficient patient care (Flin et al., 2010). Traditionally undergraduate health professional education programs tend to focus on the discipline and technical expertise, clinical decision making and communication skill. Other NTS that are required for competent practice in the clinical setting such as team work, task management, leadership, organisation and situation awareness are left to be attained through on the job learning experiences. This workshop will endeavor to explore the application of a virtual simulation to develop NTS in undergraduate health professionals.

VSPR Project

The Virtual Simulated Resource (VSPR) involves the development of an educational resources for health professionals which addresses the core competencies of NTS (Flin et al., 2010) including teamwork, communication, leadership, situational awareness and decision making. The resource, funded by Health Workforce Australia in conjunction with the Victorian Department of Health, utilises a variety of online pedagogy and activities including:

1. a series of learning modules created in a learning management system. accessed via a secure password protected website, www.vspr.net.au, to develop core knowledge and skills related to NTS.
2. A virtual simulation resource that can be utilised in health professional education, and
3. selected learning through simulation scenarios to enable hands on application of NTS in practice.

Learning Outcomes

At completion of this workshop participants will be able to:

- a) describe NTS required by health professionals within a health care context.
- b) explore the role of virtual simulation to develop NTS in health professionals
- c) design education activities in simulated and clinical learning environments employing virtual simulation resources to develop NTS
- d) educate other members of the interdisciplinary team regarding NTS in healthcare

Conclusion

Gaining insight into the current application and learning outcomes from virtual simulation resources to develop NTS in undergraduate health professional will inform the development of future health professional curricula. Exploring the role of virtual simulation to develop NTS will also inform the development of future virtual resources to ensure they are effective and efficient in preparing undergraduate health professionals for practice in the clinical environment.

References

Flin, R., Patey, R., Glavin, R & maran, N. (2010). Anaesthetists' non-technical skills. *British Journal of Anaesthesia*, 105(1), 38-44.

ASSESSMENT

ID:16377

Title: Clinical Learning Spaces: Crucibles for Practice Development*Narelle Patton, Joy Higgs, Megan Smith***Introduction/Background**

Clinical education plays a critical role in the experiential construction and testing of students' professional knowledge. A pivotal component of understanding students' development of professional practice capabilities in a clinical education context is recognition of the broad range of contextual factors in clinical workplaces that shape students' learning. Currently there is increasing acknowledgement in workplace learning literature of the significant influence of a broad range of workplace factors on novice learning in workplace contexts.

Purpose/Objectives

This presentation reports findings from doctoral research that explored the development of physiotherapy students' professional practice capabilities in a clinical education context.

Issues/Questions for exploration or ideas for discussion

The need for a re-imagining of practice-based education curricula and pedagogy will be discussed.

Results

Clinical learning spaces formed at the confluences of individual dimensions of clinical workplaces and individual students' dispositions were found to be complex, fluid, relational and uniquely experienced spaces that sparked powerful and meaningful learning for students.

Discussion

The understanding that clinical learning is shaped by the context or crucible within which it occurs requires a re-imagining of professional and practice-based education pedagogy and curricula. This re-imagined pedagogy moves the focus from acts of teaching within workplaces to student engagement with and participation in workplace activities and relationships.

Conclusion

This enhanced understanding of clinical education, as a relational, fluid, composite learning space, provides a means to harness the potency of clinical placement experiences to develop graduates capable of flourishing in and constructively contributing to 21st century healthcare contexts.

ID:16422

Title: Communication in the Community: An Alternative Setting for Undergraduate Medical Students to Learn Communication Skills

Nicky Peters

The Monash University Community Based Practice (CBP) program is a collaborative teaching program that provides Year 2 undergraduate MBBS students with an introduction to the social context of health whilst being placed within a community organisation. The student's placement is primarily focused on experiential learning arising from observation and participation in a community organisation's provision of health and social care to individuals who have varied needs and are often marginalised.

Whilst the basics of communication skills are taught to MBBS undergraduate students as early as Semester 1, Year 1, the importance of communicating can often be undervalued and seen as a low priority compared to their core curriculum of biomedical sciences. The CBP program strives to develop the medical student's understanding the value of communicating within a community setting.

The CBP community organisations in which the students are placed are wide-ranging and can often introduce the students to confronting and challenging experiences. Implicit to this is the expectation that students will gain a real understanding of communication skills by responding to the differing needs of the extremely diverse range of clients, carers and families. Barriers to communication can comprise mental health issues, sensory impairments, learning disabilities and language barriers. The majority of the CBP community organisations are based on a collaborative model of service delivery with interprofessional partnerships fundamental to them maintaining an overall quality of care based on common goals and shared responsibility. This provides an opportunity for students to observe, learn from and contribute to the communication skills required in this alternative setting.

ID:16083

Title: Experiences and Impacts of Short-Term Rural Placements for Medical Students

Julian Wright, Catherine Waite

Introduction/Background

Delivering rural health curriculum to metropolitan based medical students has been approached in various ways. Rural clinical placements based on the principles of experiential learning have been found to be an effective means for teaching rural practice. Unfortunately, due to the relatively long time spans involved in determining the impact of such programs questions remain. In particular, discussion concerning optimal placement length remains unresolved. Short-term effects can be explored however, and utilised to infer longer-term impacts.

Purpose/Objectives

The objective was to explore student perspectives before and after taking part in a three-week rural placement.

Issues/Questions for exploration or ideas for discussion

(1) The relationship between rural placements and quality of learning; (2) modes of teaching and learning about rural health for medical students; (3) the impact of experiential learning on future career decisions.

Results

Questionnaire and focus group data was collected from 69 medical students in a rural placement program (Rural Health Module (RHM)) during 2013. Participants reported on a range of topics related to rural health practice. They indicated an increased understanding of these issues after completing the placement. Students reported a deeper knowledge of the complexity underlying these issues after the RHM.

Discussion

Debate concerning the optimal length of rural placements to deliver quality experiential learning abounds. While long-term placements have been posited as more thoroughly achieving these goals, the three-week RHM placement engendered changes in attitudes and understanding.

Conclusion

Student perceptions regarding rural health altered significantly after having completing the three-week rural placement.

ID:16514

Title: Defining a Minimum Standard: Professional Support for the Delivery of High Quality Placements in the Medical Imaging Clinical Environment

Nathan Tosh

Introduction/Background

New Queensland Medical Imaging undergraduate courses and operational requirements demand an increased number of clinical placements within existing resources. To monitor quality, the Medical Imaging Clinical Educator (MICE) network felt it necessary to self-regulate clinical placements within the 14 member sites by defining an agreed minimum standard.

The resultant 'Standards for a Quality Clinical Placement' reflected Government policy, State & Commonwealth legislation, university requirement and experiential consensus opinion. The challenge was to create a tool detailed enough to be meaningful to new & developing clinical educators and clinical supervisors without becoming so regulatory that it reduced the incentive to innovate in the clinical education space.

Purpose/Objectives

An audit to determine the perceived usefulness of the standard, its clinical relevance and ease of/barriers to adherence.

Results

71% of MICE sites responded, representing metropolitan & regional centres and a range of FTE and clinical experience. All identified themselves as primary supervisors with half also undertaking direct clinical supervision.

All deemed the standard user-friendly. 78% identified areas for clinical placement improvement.

Discussion

Any limited adherence was largely due to a perceived lack of allocated time to perform the role effectively and reduced engagement of the direct clinical supervision workforce. The audit identified ways in which continuing with a collaborative approach could modify the standard to increase its functionality in providing support for clinical supervisors and sites providing clinical placements without formal clinical education support.

Conclusion

Medical Imaging departments with MICE representation find the standard largely useful and easy to use. Reflecting on the standard increases awareness of quality and promotes a cycle of improvement.

ID:16438

Title: Physioemergency are Students Keeping it NEAT

Kelly Thurlow, Rod Hyde Page, Jacqueline Quinn, Luke Wakely

Background

Overcrowding and extended stays in the Emergency Department (ED) are associated with poorer patient satisfaction and outcomes, delays in ambulance off-loads and reduction in access for new patients presenting to hospital. The purpose of the National Emergency Access Times (NEAT) is to increase the number of patients whose total time in the ED (triage to discharge) is within 4 hours to ensure timely, safe and high quality and care. The inclusion of physiotherapy services within the ED has been shown to positively impact on achieving NEAT targets. The question arises, however, whether physiotherapy student supervision within the ED changes this advantage.

Purpose

The aim of this study is to investigate the impact of physiotherapy student supervision in the Emergency Department on NEAT targets and compare total patient treatment time with and without student supervision.

Method

Data was collected in two regional hospitals that provide an Emergency Department physiotherapy service and had maintaining a minimum of 840 hours per year for clinical placement within the ED. NEAT targets were compared between two groups. The first group consisted of physiotherapy shift when a student was being supervised, compared to the closest same day of the week when no students were being supervised.

Results

Results have been collected across the two sites and collated on an access database. Statistical analysis has yet to be undertaken to determine if there is a significant difference between the two groups.

Conclusion

We anticipate that the results will indicate no significant difference between the two groups and therefore that the supervision of physiotherapy students within the Emergency Department does not impact on service provision and capacity to meet NEAT targets.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:15226

Title: Telehealth Consultations: A New Component of the Clinical Skills Curriculum*Helen Rienits, Greg Teuss, Andrew Bonney***Introduction/Background**

Although teleconsultations have been used for many years in Australia, there has been a recent increase following new government practice incentives and the NBN rollout. With a focus on equipping medical students for practice in rural and remote areas, our medical school has developed an innovative introductory Clinical Skills lesson to prepare our students for their practice placements.

Purpose /Objectives

The objectives of the lesson were to familiarise students with: the various methods of conducting teleconsultations currently in use; the legal and ethical considerations; the technical and procedural issues; and the barriers, pitfalls and benefits for patients and their doctors.

Results

The challenge was to develop a skills lesson which could be run for the entire cohort in small enough groups to enable interactive learning and yet also cover this broad subject adequately. Students rotated through four different stations in small groups over two hours and each station was qualitatively evaluated by the students. The lesson as a whole was quantitatively evaluated and the analysis demonstrated an increased understanding of the issues and procedures involved, and improved confidence in this skill following the lesson.

Discussion

Analysis of the results and student comments demonstrated that educators cannot make assumptions regarding the competence of our next generation of doctors with regard to videoconference technical and consultation skills. Interestingly, the students found the opportunity to discuss areas such as the ethics and barriers to the use of teleconsultations most challenging.

ID:16091

Title: The Goal is Communication: A Supervision Module to Develop Effective Communication Skills in Tertiary Students*Libby English*

New therapists must have personal and interpersonal qualities that allow them to work well with others to successfully meet the demands of a working environment that requires the achievement of maximal positive outcomes in the shortest possible time (Tickle-Degnen, 1998). In terms of communications skills, a number of competencies are essential for the developing and experienced therapist alike that will enable engagement in a successful therapeutic relationship. The context of the Education Queensland clinical placement allows students to develop these skills while working with diverse school communities and populations and a range of community organisations, external agencies and other stakeholders. Therefore, students are challenged to improve their abilities across the spectrum of communication skills.

This workshop explores the communication skills supervision module developed by Education Queensland Occupational Therapist Libby English that aims to promote the development of communication skills in tertiary students while on clinical placement. The module discusses information and strategies to assist in the improvement of communication skills, using reflective practice as a basis for improvement. In addition to discussing the development of performance skills, this session will explore how clinical educators can develop attitudes, values and motivation in students that will enhance their communication experiences in the clinical setting.

Participants will be introduced to the framework and develop their understandings to enable the provision of placements that best support students and colleagues to prepare themselves to communicate and modify their communication behaviour, to effectively perform in a dynamic and challenging health care environment.

ID:16134

Title: Using a Roundtable Approach to Refine History taking Skills for Physiotherapy Students

Neil Tuttle

Introduction/Background

Physiotherapy students often have difficulty learning to take an effective history. The skill of history taking is partly procedural and partly heuristic. Procedurally, students are typically taught to gather the patient's information in discrete categories such as area of symptoms, current history, and so on. To be effective in taking a history, however, it is also necessary to deviate from a set procedure to follow up on some aspects of the information and be responsive to the patient, their situation, culture and environment. A/Prof Fenton O'Leary and colleagues presented a workshop at the ANZAHPE conference in 2013 on a roundtable structure for teaching a procedural skill. We adapted and extended this roundtable model to include variations requiring responsiveness and problem-solving as well as procedural repetition to teach history taking for physiotherapy students.

Purpose/Objectives

The objectives of this presentation are to describe a modified roundtable teaching approach and evaluate its use in teaching history-taking to physiotherapy students.

Methods

Seventy-two penultimate year students each participated in one three-hour session. A facilitator worked with groups of eight students who were seated in a circle with one simulated patient (SP) in the centre. The student in front of the SP took a section of the history lasting one to two minutes. All students then moved one seat around the circle and a second student would seek the same information. The SP's condition would remain consistent, but they would alter their manner and demeanour requiring a different approach from the student. For example, for different students, the SP might be reserved, verbose or antagonistic. Debriefing occurred after a few repetitions of each section using an advocacy inquiry approach. The process was repeated until all aspects of the history had been completed. We evaluated the student perceptions of the sessions using open-ended and Likert scale questions.

Results

Eighty-nine percent of the students had positive responses for effectiveness of the method. Positive responses for the perceived usefulness of using the method in other areas of teaching was 72%. Seventy-one percent preferred the roundtable to the traditional approach that they had experienced in teaching similar material during the previous semester. Qualitative comments were exemplified by, "Very scary at first (because it was like a real patient) but was super useful."

Discussion and Conclusion

By introducing variations into the scenario the roundtable form was able to be extended beyond teaching purely procedural skills. The roundtable approach was perceived by students to be effective and was preferred to our previous, more traditional methods.

ID:16409

Title: A Novel Approach to Simulated Learning in Speech Pathology

Simone Howells, Monique Waite, Elizabeth Cardell, Andrea Bialocerkowsk, Neil Tuttle

Introduction/Background

Increasing numbers of speech pathology students in Australia is placing a strain on clinical placements. Simulated learning is recognised as offering similar educational opportunities to traditional clinical placements, and may be used to supplement student training.

Purpose/Objectives

This study investigated the impact of delivering simulated learning using in-person and videoconferencing technology modalities, to speech pathology students.

Issues/Questions for exploration or ideas for discussion

Thirty-six students participated in four simulation sessions designed to develop skills in clinical areas that are difficult to offer in traditional placements. The first simulation was conducted in-person while subsequent simulations occurred via the WebEx videoconferencing platform. Simulated patients were used throughout. Data was collected pre- and post-simulations using questionnaires based on the reaction, learning and behaviour levels of the Kirkpatrick model, and the System Usability Scale.

Results

All students responded to the surveys. The Intrinsic Motivation Inventory indicated students' perceived moderate to high levels of interest, competence and confidence (means ranged 3.9-6.7 on a 7-point scale). Students perceived a positive impact on communication, assessment and management performance (means ranged 5.0-6.2 on a 7-point scale). Students rated the usability of WebEx below the usable level of 68 (mean = 66).

Discussion

The results were positive, with students reporting gains in communication, assessment and management. Qualitative feedback indicated technology barriers presented a challenge.

Conclusion

Simulated learning via videoconferencing can offer similar opportunities to traditional placements. Data suggests students benefitted in the areas of communication, assessment and management, which may have broad application to their development as health professionals.

ID:16284

Title: Implementation of an Evidence Based Simulated Learning Resource with Occupational Therapy Students: A Pilot Study

David Price, Peter Brack

Background

The need for simulated learning resources stems from the current population and health trends that are placing increasing demand on the health workforce (Health Workforce Australia, 2012). The population increase, combined with population ageing and increase in prevalence of chronic disease (Australian Bureau of Statistics, 2009), has resulted in an expansion of university places for Occupational Therapy (OT) and therefore the number of clinical placements required. In turn, it has been predicted this may lead to overworked supervisors, less skilled graduates and sub-optimal care to patients (Blackstock & Jull, 2007). The aim of this pilot study is to implement a simulated learning resource that will support supervisors and enable the use of simulated learning as an educational tool during student placements.

Method

An evidence based simulated learning resource was developed with input from students from La Trobe University. This resource comprises role plays which focus on the non-technical skills of conducting an initial assessment with a simulated patient. This resource will be implemented with a cohort of 14 OT students on clinical placement from March 2014. Feedback will be collected from students participating and their supervisors to evaluate the experience and any perceived benefits gained or challenges that come from participating.

Discussion/Outcomes

The presentation will discuss:

- » The process of implementing a simulation resource with OT students
- » Feedback from students and supervisors about the experience
- » Any perceived benefits or challenges to development of non-technical\assessment skills from participation in role play.

Conclusion

Conclusions will be drawn about the resource and the potential for this modality of student education being expanded to become an interdisciplinary experience.

ID:16276

Title: How well can our Students Learn when we're not Watching? Student Reflections on the Value of a Safe Learning Environment

Jessica Young, Martyn Williamson, Tony Egan

Introduction

The Safe and Effective Clinical Outcomes (SECO) clinic simulation was designed to allow students to rehearse for General Practice consultations in a high fidelity and safe environment (Williamson et al., 2013). Unobserved by faculty, students consult with patient-actors and learning is facilitated through embedded patient outcomes and feedback, orienting students towards achieving SECO for patients. Students are afforded their first chance to take responsibility for 'patient' care in its entirety, albeit simulated.

Purpose

We will discuss the learning experiences that students attribute to particular features of the SECO clinic. The unique design of the clinic combines maximum challenge together with maximum support, facilitating students' learning within a physically and psychologically safe setting.

Results

Unprompted, in a sample of their reflective essays, just over half of all students mentioned SECO as a safe learning environment. Students linked their positive experience of learning to being unobserved yet supported through other means. They cited powerful learning through taking on challenges inherent in practising medicine in a safe environment and being provided with individualised feedback.

Discussion

The results emphasise the importance of the design features which facilitate student learning. By taking on big challenges without risk to patients or themselves, they developed in ways not available in other learning environments.

Conclusion

Student learning, confidence and morale can be enhanced by attention to features that contribute to safety and challenge of the learning environment.

Issues for discussion

What do students value about being unobserved and why?

Reference

Williamson, M., Walker, T., Egan, T., Storr, E., Ross, J., & Kenrick, K. (2013). The Safe and Effective Clinical Outcomes (SECO) clinic: learning responsibility for patient care through simulation. *Teaching and Learning in Medicine*, 25(2), 155-158.

INTERPROFESSIONAL LEARNING

ID:16197

Title: Building an Interprofessional Academic Community around Health Professional Education

Lyn Gum, Adrian Schoo, Robyn Smith

Introduction/Background

Just as health professionals build their own professional identities; academics can also acquire 'academic' professional identity (AI) within the context of their own faculty or academic department. It has been suggested that teachers who belong to a health faculty are influenced by exposure to different perspectives, altering a teacher's AI. This research project explored the relationship between AI and the development of interprofessional education (IPE) in the Faculty.

Purpose/Objectives

This 12-month project (2012-2013) provided professional development for the Faculty of Health Sciences in IPE. The aims included exploring perceptions pre and post workshop participation and, in particular, personal, relational and contextual factors pertaining to academic professional identity and willingness to amend the teaching curriculum.

Issues/Questions for exploration or ideas for discussion

In promoting a collaborative learning culture, is it feasible to focus on building an individual academic professional identity as well as an academic interprofessional community that supports this?

Results

Participants appreciated the opportunity to experience being with like-minded colleagues while learning the principles of IPE, as well as learning the benefits of sharing knowledge and co-teaching.

Discussion

There is value in supporting professional development as a strategy for promoting collaborative practice which can engage students, facilitators and the community. Studies have found professional socialisation can assist in building professional identity; therefore aiming for an interprofessional academic community may contribute to the culture change required for implementing an IPE curriculum.

Conclusion

Opportunities for clinical educators to link and share with colleagues in the faculty need to be part of IPE curriculum frameworks.

ID:16195

Title: Preparing Health Professional Educators for Interprofessional Learning: Lessons Learnt from a Pilot Program

Lyn Gum, Adrian Schoo

Introduction/Background

A series of workshops titled Teaching for Interprofessional Practice and Skills (TIPS), delivered in 2013 at Flinders University, were designed for faculty (both academics and clinicians) to consider interprofessional education (IPE) and interprofessional practice (IPP) in order to create an interprofessional learning (IPL) environment within the Faculty of Health Sciences.

Purpose/Objectives

The overall aim of the project was to run evidence-based faculty development workshops as a stepping stone to embed IPL in the Faculty of Health Sciences and to promote a collaborative learning culture.

Issues/Questions for exploration or ideas for discussion

What works well and also what challenges are associated with pursuing faculty development in the field of IPL.

Results

Important considerations included organisational support, resource provision, consensus of key terms and time for skill development. While participants reported an increase in confidence to facilitate IPL, others were still unsure how IPP could be best taught. It proved difficult to engage and motivate academics to attend. Video-conferencing was found to be a successful way to promote cross-cultural collaboration between clinicians and academics from the various disciplines.

Discussion

Academics and clinicians learning together can provide deeper insights into IPE and IPP. Facilitators and participants were able to jointly discuss the barriers and enablers to facilitating IPL and achieving consensus about what might be useful in moving forward.

Conclusion

The TIPS program was successful in increasing the dialogue and interest in relation to the delivery of IPL within curricula as well as in clinical practice, at least in the short term. It demonstrated that faculty development in IPE is a useful strategy to move the IPL agenda forward. However, to be successful, clear joint direction and leadership is required within the Faculty.

ID:16361

Title: An Innovative Case-Based Interprofessional Learning Program: Was it Worth the Effort?

Matthew Newby, Priya Martin, Zephania Tyack

Introduction/Background

Interprofessional education has positive outcomes for patients including reduced hospital stay, reduced hospital costs and better coordinated care. Most interprofessional education occurs in university settings, with few educational activities extending from pre-registration years into practice. However, the need to extend educational activities from pre-registration years into practice has been acknowledged. Lack of interprofessional learning in the workplace could undermine prior interprofessional education. A systematic interprofessional learning program consisting of six sessions was developed and implemented in Central Queensland. This program utilised principles of adult learning, problem-based and case-based learning.

Objectives

To investigate whether case-based learning in the new graduate context is a feasible and effective way of promoting interprofessional collaboration in a regional health setting.

Issues/Questions for exploration

As the few studies that have investigated the effectiveness of graduate interprofessional programs within hospital settings have been in metropolitan locations, their applicability to regional/rural settings is unknown.

Results

Twenty-one new graduates representing nine allied health disciplines across five practice settings and three geographical sites participated. Baseline and post-baseline data were collected using the Interprofessional Socialization and Valuing Scale and reflective summaries. Results indicated that the program has had a positive effect on interprofessional collaboration. Six key themes emerged from the qualitative data.

Discussion

This presentation will outline the development and implementation of the program; and discuss the results and implications to practice.

Conclusion

Case-based learning is a feasible and effective way to promote interprofessional learning and collaboration within a regional and rural health service.

ID:16253

Title: A Great Way to Learn, Network and Collaborate - The Allied Health Graduate Program

Melissa Johnson, Kari Moore

Introduction

In 2013, 44 allied health new graduates participated in the ACT Health Allied Health Graduate Program (AHGP). The six month program assisted graduates in their transition from student to interprofessional practitioner.

Purpose

The evaluation aims to understand the AHGP's impact on participant's interprofessional collaborative practice capabilities.

Issues for exploration and discussion

Scope for expanding interprofessional learning experiences for all staff groups of varying experience - practicalities, development and evaluation.

Results

Results from The Interprofessional Socialization and Valuing Scale (King et al 2010) indicated a change in participants' attitudes, behaviours and beliefs towards interprofessional collaboration. Participants in the AHGP reported an increase in their use of patient and family centred care principles, improved referrals, increased confidence in potential conflict situations and greater professional contacts.

Discussion

Feedback from the AHGP was extremely positive. Participants indicated that the networking and informal elements of the program were a strength. They felt that program content complemented discipline specific training. Sessions that had greater amounts of case discussion were more favoured than 'lecture style' presentations. As a group they demonstrated a change in comfort, ability and value in working with others. Reporting increased awareness of roles and locations of local allied health professionals, resulting in enhanced collaboration with other disciplines.

Conclusion

The AHGP participants indicated they experienced positive interprofessional learning which encouraged a broader client centred approach. Professional networking was also noted to contribute to their ability to utilise collaborative practice principles.

References

King G., Shaw L., Orchard C., Miller S. (2009) The Interprofessional Socialization and Valuing Scale: A tool for evaluating the shift toward collaborative care approaches in health care settings. *Work*. 35 (1); pp 77-85

ID:16376

Title: An Interprofessional Transition Program: Supporting the HealthCare Team Transition to Clinical Practice

Robyn Dickie, Melanie Barlow, Jill Thistlethwaite

Introduction/Background

Interprofessional Education (IPE) and research has predominately occurred with pre-qualification student groups in the higher education setting. Historically, graduates are supported within discipline specific silos during their first year of clinical practice. In 2014, an interprofessional (IP) curriculum was developed, implemented and evaluated for all graduates and interns at Mater Health Services, South Brisbane, Australia. All disciplines within Mater Health Services have been invited to attend these sessions as part of the transition to practice program.

The IP curriculum consists of simulation role plays, simulation ward rounds, recognition of deteriorating patient simulations, and case preparation and presentations in which graduates and interns participated in four sessions over six months.

Purpose/Objectives

The purpose of the project is to determine if IPE in a post graduate setting improves teamwork and effective communication within the health service. A rigorous evaluation will be conducted using validated self-report tools, observational teamwork behaviour assessments, and the review of relevant clinical and safety data to determine if patient outcomes improve within the health service. Data will be collected and analysed across six months and will be presented to illuminate the key differences in the health disciplines. A snapshot of the instruments used to quantitatively evaluate IP outcomes will also be discussed.

Issues/Questions for exploration or ideas for discussion

1. Post-graduate IPE - What are the logistics with running a program?
2. Do graduates and interns value IPE opportunities in the post-qualification clinical setting?
3. Does clinical safety and quality data improve following the implementation of this initiative?

ID:16131

Title: Engaging Health Professionals in the Development of a Post Qualification Interprofessional Education Program

Adriana Owen

Interprofessional education (IPE) has predominantly occurred in the prequalification setting. Mater Education had successfully conducted preceptor and advanced preceptor programs to support nurses and midwives since 2006. However to promote collaborative practice at a large tertiary level health service, an interprofessional approach was adopted. The newly developed Clinical Supervision and Advanced Clinical Supervision programs supported the national agenda to improve the Clinical Supervision Support Programs and build capacity for Mater Health Service's 7,000 staff. IPE is widely advocated by numerous national and international bodies to improve collaborative practice, efficiency and patient safety (1, 2, 3).

As IPE programs were not widespread throughout Mater Health Services, it was vital to engage all groups to create a program that was relevant for vastly diverse groups of professionals (4). Cultural constraints arising from territorial and professional boundaries are seen to be a major limiting factor in the implementation of IPE (3). To minimise this, key stakeholders were consulted prior to the development of the program, so that their individual concerns and needs could be addressed. Photos and video clips featuring staff and students from different professional groups and clinical units were used extensively throughout the programs. Clinical experts were consulted to develop a suite of relevant workshop scenarios. It was acknowledged that diverse groups of health professionals have different clinical demands; however there are many aspects of learner and clinical supervision requirements that are common across the professions and these were examined. The programs were promoted at senior staff forums, highlighting how staff could benefit from attendance. The workshops were co-facilitated by staff from a number of professions to enhance IP credibility.

Multilevel evaluation (including immediate response to the program, and follow up application of learning into the workplace) will be presented, including future directions.

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EVIDENCE AND THEORY TO PRACTICE

ID:16453

Title: An Australian Investigation of 'Teaching by Humiliation'*Karen M Scott, Patrina Caldwell, Jenny Barrett***Background/Purpose**

The development of professionalism features in medical education literature and is often explicit in medical curricula¹. Yet the presence of teaching by humiliation and associated behaviours has also been reported¹, and is seen to undermine the teaching of professionalism². Imran advises that '[a]cknowledgement of the existence of this problem would be a good starting point'³ for the development of professionalism. This study aimed to generate an understanding of 'teaching by humiliation' as experienced by medical students in clinical rotations.

Methodology

Conducted within the social constructivist framework, this study involved a systematic qualitative synthesis and questionnaire surveys requiring quantitative and qualitative responses. Statistical analysis was conducted on the quantitative data, while qualitative data was analysed through grounded theory⁴. Ethics approval was obtained.

Results/Issues

We will report on the emerging themes, which raise issues for discussion. 74% of students reported experiencing 'teaching by humiliation' and 84% witnessed it. Their comments reveal a range of student responses from disgust to believing that a student's poor knowledge deserves to be thus exposed. The data highlight a persistent abuse of the Socratic teaching method that shames students through aggressive questioning.

Discussion/Conclusion

Of concern is the effect on students' mental health, attitudes towards the profession⁵ and dissonance with professionalism curriculum². Interventions are needed to interrupt the culture, the transgenerational legacy¹ of 'teaching by humiliation' within the medical teaching workforce. This is particularly important given that current medical students are our future clinical teachers and warrants ongoing attention to the culture of clinical medical education.

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ID:16375

Title: Developing Critical Thinking Skills in the Sciences: Do Different Disciplines and Professions Require Different Approaches?*Christian Moro, Michelle Mclean***Introduction**

Critical thinking skills are important outcomes of many curricula as they are graduate attributes which are highly valued by employers. This is particularly important within health science programmes. Teaching critical thinking does not provide students with an obvious product to take when they leave the learning activity. Instead, its development requires each student to reflect, reason, interpret and comprehend. Critical thinking skills, like many other skills, take time to develop and one of the aims of teaching it across the sciences is to create an awareness of the transferability of critical thinking skills to their future careers. In our role as educators in various health science courses, including medicine, we have had the opportunity to review the expected learning and professional outcomes of each course and tailor our teaching accordingly.

Purpose

This presentation will provide some insight into the various critical thinking considerations required across different health sciences programmes. This is important as students wishing to pursue a laboratory-based career will probably require a slightly different set of skills from those who will work with patients in a clinical setting. Based on our professional experiences embedding critical thinking in new programmes and also during the process of curriculum renewal, we have identified a number of key aspects in critical thinking education.

Methods

Within the medicine and biomedical, health, and exercise science curricula, critical thinking training was tailored to the meet the specific needs of the programme. Students' perceptions of their critical thinking skills development was collected from various sources: semester reviews by academics, instructor reflections on their sessions and from feedback provided by students after exposure to the course.

Results

In medicine, a two-stepped approach was applied, with sessions focusing on fundamental skills followed by activities where content could be applied. Largely, medical students found that the critical thinking sessions assisted with the PBL process, e.g. inductive and deductive reasoning. Criticism came mainly from graduates who believed that they "already had critical thinking skills" from past degrees or work experience. In the health science programmes, students were most satisfied when direct links were provided between critical thinking skills and the ability to appraise published scientific research. Students found that the correct use of critical thinking techniques assisted them to produce quality research reports and comprehend research methodology within publications.

Recommendations

It is important to tailor critical thinking sessions to facilitate students' specific learning needs, while also being contextually relevant to future careers. This requires identifying the specific skills sets required for different careers whilst also catering for the prior learning to which students may have been exposed.

ID:15868

Title: What's the Point of the Question? Using Command Terms to Demand Higher-Order Thinking

Christian Moro

Introduction/Background

Command terms (also called action verbs or instructional verbs) provide a method to define expectations when answering questions while clearly indicating the skills being tested. Many revision resources and examinations contain questions which include "calculate the..." or "what is the..." as the main requirement and objective. These may add to the content provided in textbooks, through additional questions and problems, yet their main purpose is unclear. Rather than providing these 'rote learning' styles of questions and exercises, command terms can help the educator demand a far greater understanding within a topic. A useful list of command terms and definitions will be provided to attendees during this session.

Purpose/Objectives

Educational theories such as Bloom's Taxonomy indicate the importance of developing higher-order thinking in students. It is likely that the assigned textbook provides a good range of knowledge and comprehension activities. However, most examinations have questions requiring the demonstration of skills in synthesis and evaluation. Effective questioning during the semester can assist to bridge this gap between the course content and assessment requirements. In this way, the use of command terms greatly assists the educator when designing effective questions and study resources.

Issues

As an educator, making your intentions clear about exactly what you expect in an answer to a question is important. Command terms assist when demanding higher-order thinking from a student to reinforce their understanding of the required content. Participants will be encouraged to reflect on their methods of questioning and to apply educational theories and command terms to their future teaching and resource development.

ID:16286

Title: Identifying the Critical and Important Collaborative Competencies that Relate to Effective Collaborative Learning Environments in Medicine

Maha Pervaz Iqbal, Chinthaka Balasooriya, Anthony O'Sullivan, Gary Velan

Introduction/Background

Collaboration is a key element of 'good medical practice' and is highlighted in the competence statements of global regulatory bodies in medical education. In order to promote collaborative skills in students, research strongly supports the development of effective collaborative learning environments. Previous research in collaborative learning has identified a wide range of aspects, attitudes, beliefs and group characteristics that relate to effective collaboration. While a wide range of features have been identified, there is little evidence to identify the features that are most critical and important in ensuring effective collaborative learning.

Purpose/Objectives

The purpose of the research is to explore and identify the critical and important collaborative competencies which are crucial to foster effective collaborative learning environments in medicine

Issues/Questions for exploration or ideas for discussion

Year 1 and 2 medical students at University of New South Wales (UNSW) will be invited to participate in focus group discussion. Semi-structured interviews will be conducted with academic staff members at UNSW Medicine.

Results

Data will be collected from February 2014 to May 2014. Preliminary results will be presented at the conference

Discussion

The collaborative competencies identified through the above process will be refined, confirmed and ranked through a Delphi study (to be conducted in mid-2014) using the expert input of Medical Education faculty staff across Australia and New Zealand.

Conclusion

The identification of the critical and important collaborative competencies will inform the development of an educational instrument in the next stage of the project. This instrument aims to support staff and students to promote and develop specific collaborative competencies which are crucial to foster collaborative learning environments.

ID:16326

Title: Considering a Multiple Perspective View of Dental (and Health Professional) Education

Delyse Leadbeatter

Introduction/Background

Health practice is now much more complex with many possible treatment approaches and options relevant to any given situation. This context raises the questions: Do we need a new type of practitioner, and a new type of education?

Oral health and dentistry into the future is less able to be supported by the historical focus on single prescribed treatment strategies as a means of achieving oral health; it is a much more complex picture involving patients who have a variety of acute and chronic problems, where a procedure may be an inadequate approach, where there could be multiple approaches, and where imagining possibilities and discernment are needed to make judgments about what course of action to take.

Several authors (Barnett (2012), Barnett and Coates (2005), Reid (2011), Entwistle (2005) and Dall'Alba (1993,2004 & 2009)), have provided theoretical perspectives of professional learning that can support this practice context, framed around engaging students and practitioners in becoming and being professionals in an environment of uncertainty and supercomplexity.

Purpose/Objectives

This session will explore these theoretical bases and draw upon them to suggest that reconceptualising health professional education, to emphasise the achievement of more complex, multifaceted dispositional outcomes, rather than the course content, teaching delivery methods, or even, defined categories of professional competency can better describe learning for understanding in a professional context: shifting the focus towards emphasising knowledge of, and an openness to multiple perspectives.

Issues/Questions for exploration or ideas for discussion

Through the discussion participants will be encouraged to identify new ways of thinking about their curriculum.

What curriculum models could support students and academics to broaden their attention beyond the technical aspects of their learning?

Are there alternative and additional theoretical perspectives/models you know?

ID:16372

Title: Education Theories in Physiotherapy Practice: Invisible Yet Invaluable

Sarah Mooney

Introduction/Background

Physiotherapy practice relies heavily on the education of patients, family/whanau, peers and other health stakeholders including students. Compared with health and profession-specific education, educational theories have little visibility and value in professional competencies advocated by the professional body, undergraduate course curricula, and physiotherapy practice. This has implications for clinical effectiveness, student learning and morale of clinical educators.

Findings were revealed in doctoral study undertaken in New Zealand. Semi-structured interviews were undertaken with 18 clinical educators and 18 associated stakeholders. Results were interpreted through a critical lens and Bourdieu, a French philosopher.

Purpose/Objectives

To examine how clinical educators learn to 'educate' and the consequences if the value of education theories is ignored.

Issues/Questions for exploration or ideas for discussion

How can the value of education theories be increased in physiotherapy?

What are the consequences if health professions such as physiotherapy ignore the value of educational theories?

Results

Clinical educators were found to rely on previous experience and their personalities rather than educational principles to underpin their practice as physiotherapists and clinical educators.

Discussion

The disconnect between education theories and physiotherapy practice/clinical education has multidimensional and far-reaching implications. Education theories should be re-appraised and re-prioritised by clinical educators and stakeholders in clinical education in order to positively influence practice, consumer and clinical outcomes. Recommendations are proposed to address the current imbalance.

Conclusion

Education theories have relevance to patient/client care as well as student education and should therefore be afforded a greater value in physiotherapy and other health professions.

MIXED

ID:16388

Title: The 'Assessment Decisions' Framework: Enhancing Health Professional Educators' Assessment Practice

Margaret Bearman, Elizabeth Molloy, Gordon Joughin, David Boud, Sue Bennett, Matt Hall, Phillip Dawson

Introduction/Background

There is considerable information and literature regarding good assessment design available to health professional educators but there are challenges in adapting assessment principles to local contexts. The 'assessment decisions' framework, the result of conceptual and empirical study funded by the Office for Learning and Teaching, supports educators in making better assessment decisions. The data collected for this study draws from 31 interviews with educators about their 'on the ground' assessment practice, including 5 health professional educators and 4 health sciences educators. The framework integrates a learner-centred approach to assessment with the realities of working in higher education and clinical placement environments.

Purpose/Objectives

At the end of this workshop, attendees are expected to be able to:

- Discuss key influences on assessment design within their own practice
- Use the assessment decisions framework to identify approaches and strategies to enhance assessment practice within their local contexts

Issues/Questions for exploration or ideas for discussion

The central idea to be explored in this presentation is to consider strategies and approaches for health professional educators, both as individuals and as teams, to enhance assessment design. Key features of the data drawn from health professions and health sciences experiences will support the discussion.

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

The workshop will centre around an activity where workshop facilitators will ask participants to work with an assessment example from their own environments. The framework will be used as a prompt for participants to reflect, exchange and problem-solve particular issues relevant to their contexts.

ID:16338

Title: Teaching Clinical Decision Making: A Model for Explaining how it Works

Wendy Crebbin

Introduction/Background

As part of a collaborative initiative (2012-13) representatives from the Royal College of Physicians and Surgeons of Canada (RCPSC); the Royal Australasian College of Physicians (RACP); and the Royal Australasian College of Surgeons (RACS), formed a Working Group to explore ways to improve teaching and assessment of clinical decision making (CDM). Because of the interests of the group this work expanded beyond the initial stage of diagnosis to include preparing for a procedure, during a procedure, plus review.

A course based on the model has been trialled in Australia, with the outcome that experienced surgeons can understand and explain their own cognitive processes, less experienced doctors - and other members of the team - to ask questions, and both more and less experienced proceduralists to assess the efficacy of their decision making processes.

Objectives

Participants will be able to utilise the model to describe and explain four stages of CDM; analyse their own and others' (clinicians) decision making; and assess their own and other's CDM.

Questions for discussion

Can learning CDM be made more effective?

How could the model of CDM be introduced to young doctors?

Workshop processes

In large and small groups participants will explore the four stage model as a tool that will enable them to better understand and put language around the complex thinking processes which underpin the success of any medical procedure. They will review real clinical cases comprising a sequence of decision points, relating these cases to the stages of the model.

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16019

Title: Adding to the Mix: Sharing Strategies and Challenges when Providing Staff Development for Clinicians as Teachers

Peter Gallagher, Kath Hoare, Sean Hanna, Joy Percy, Helen Winter

The Medical Education Unit at the University of Otago Wellington offers a range of educational activities in support of clinicians in their role as clinical teacher.

Those activities include:

- » Observation and feedback of teaching rounds
- » Small group seminars
- » Grand round type presentations
- » Bespoke workshops
- » One-off lectures to a specific group on a specific topic
- » Whole day workshops on a single educational topic
- » Whole day workshops with a range of topics

We estimate that over a four year period, accumulatively over 400 clinicians (from a range of health professions) have attended these activities. However we also acknowledge that we are really only scratching the surface of the population of clinical teachers.

This PeArL invites those involved in educational development for clinical teachers to share ideas and consider solutions to common problems encountered when providing support and development to clinical teachers.

ID:16441

Title: Developing Professional Staff as Resilient Role Models for Medical Students

Janet Richards, Linda Sweet, Jennene Greenhill

Introduction/Background

The 2013 National Mental Health Survey of Doctors and Medical Students reveals that Australian doctors and medical students are at much greater risk of mental health problems such as depression and anxiety than the general population. One in ten doctors and one in five medical students participating in this survey reported having suicidal thoughts in the past year compared to just one in 45 Australians overall. Australian doctors and medical students also reported being reluctant to seek assistance or treatment due to the perceived stigma associated with mental illness and the impact stigma may have on career opportunities.

Medical schools are striving to promote the adoption of a healthy lifestyle in students throughout their training to better prepare them for the challenges of clinical practice. This includes encouraging them to seek early assistance as supportive relationships are a recognised protective factor in the development of resilience.

Purpose/Objectives

Medical students are not alone in experiencing extreme stress during training. It also occurs with other health professions such as nursing and paramedics. The purpose of this pearl is to explore what strategies universities employ to develop resilience in their front line professional staff that are often the first contact for students in distress?

Issues/Questions for exploration or ideas for discussion

What problems do professional staff encounter when supporting distressed students that leave them feeling 'out of their depth'?

What professional development can universities offer professional staff to foster their personal resilience and to enable them to be role models of resilience?

ASSESSMENT

ID:16356

Title: National Assessment Colloquium in Medical Education*Iris Lindemann, Helena Ward, Janice Orrell***Introduction/Background**

There are currently diverse collaborations with a focus on specific aspects of assessment in medical education. There is potential however for a community of practitioners to develop from faculty who are responsible for the comprehensive management of overall assessment design and quality in medical education. This group could meet to explore and share common issues and strategies within their assessment roles.

Purpose/Objectives

This workshop will bring together those with responsibilities for assessment in medical education from both universities and colleges to identify and share core and common challenges and achievements in assessment.

The workshop outcome will be to develop an action plan for the establishment of a collegial network of medical educators who have responsibility in assessment.

The network will aim to provide ongoing support for:

- » discussion of innovations
- » resource sharing
- » generating strategies for improving assessment
- » identifying points of engagement for joint action and development
- » identifying the potential and focus for shared research into the assurance of learning in medical programs
- » creating an annual colloquium for ongoing collaboration in assessment design and research

Issues/Questions for exploration or ideas for discussion

What issues do participants experience in assessment?

What initiatives are participants taking within their assessment roles?

What are the merits of establishing a community of practice and shared agenda?

What is a process for achieving a community of practice?

What are the priority research areas in assessment in medical education?

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

The workshop will be highly interactive with a brief introduction, then focussed discussion and debate to achieve the workshop goals.

ID:16268

Title: Using Concept Maps to Identify Changes in the Quality of Occupational Therapy Students' Learning in a Compulsory Volunteering Subject*Mary Kennedy-Jones, Kinaz Naji, Priscilla Ennals*

Occupational therapy students at an Australian university undertake a service learning (compulsory volunteering) subject in the second year of their four year program. Students are placed in a small group of two to three students and they participate in the program at one of three or four local primary or secondary schools. The learning outcomes of the subject include building skills in engagement, social participation, learning by doing, professional behaviours and critical reflective practice.

In this study students were required to construct concept maps prior to the commencement and at the conclusion of the subject. Utilizing two methods of analysis, Cognitive Structural Analysis and Quality of Learning Change, 14 students' before and after-subject concept maps were contrasted to identify the changes in their learning from the beginning to the end of the subject. The findings showed that there was considerable variation in the way students constructed their knowledge and that prior knowledge was a significant influence in learning quality.

In this presentation the process for analysing concept maps will be explained and examples of two concepts map which reveal non-learning and meaningful learning will be presented. Importantly concept mapping proved to be an effective tool in making visible the learning changes experienced by students throughout the subject. Other benefits of the concept mapping tool to both students and academics will also be discussed.

MIXED

ID:16228

Title: 15 Years of Problem-Based Learning in a Large Group Medical Program - What have we Learnt and Where to from Here?

Terry Tunny

Introduction/Background

Problem based learning (PBL) as a pedagogical platform has been utilised within the post-graduate medical program at the University of Queensland for over 15 years and has undergone a number of targeted changes in the delivery of this enquiry based learning strategy. We currently have over 550 students entering the first year of the medical program. PBL currently underpins the integration of multi-disciplinary resources and core concepts into a blended learning program which endeavours to produce a graduate who is able to utilise clinical reasoning skills through the application of applied biomedical science knowledge. Significant changes have been made over time to the classical PBL structure resulting in the current tutor-assisted hybrid PBL program. These are of great interest to educators endeavouring to maximise benefit to students and still retain the advantages of small group interactions with tutorial staff. PBL-based platforms necessarily reduce the ability to deliver the maximum quantity of some clinical sciences resources, however, an integrated approach and development of professional behaviour in the student cohort can assist in producing a productive progression through their educational program.

Purpose/Objectives

This presentation will discuss the progressive changes and advances made in the delivery of our PBL based program in order to maintain quality and sustainability of outcomes and will also discuss the current and future needs of the students. This will maintain small group teaching but with a shift to a guided case-based learning model.

Issues for exploration/Ideas for discussion

There are multiple areas for discussion related to all programs with expanding student numbers including:

- » The application of a tutor's expertise to assist in the development of professionalism and clinical reasoning skills. Students must feel that PBL supports the integration of resources delivered, while also being challenging and engaging.
- » A key factor is student acceptance of their specific responsibilities in the process and a formal summative assessment of PBL process. Tutor performance review and student feedback are integral to student perceptions and maintenance of the quality of the program.
- » Effective PBL tutoring is dependent on continued interaction with clinical lead educators and specialist staff in order to confirm the most important core disciplinary concepts for students.
- » Reflective PBL changes need to be embraced by a dedicated tutor workforce with specific group process skills.
- » With the implementation of a future MD program, we are currently moving from a PBL-based learning platform to a guided case-based strategy in the medical program.

ID:16396

Title: Asking the Right Questions: A Qualitative Study of Basic Science Learning in PBL

Graeme Horton, Jane Gair

Background

In renewing curricula, many health professional programs are critically looking at problem-based learning (PBL) and considering how students can best learn basic sciences which are relevant to patient care.

Purpose/Objectives

As part of a PBL tutor professional development collaboration of educators in both Australian and Canadian distributed medical programs, this study explored the perceptions of students and tutors of the factors which optimise basic science learning in patient-oriented PBL tutorials.

Questions explored

In October 2012 students and tutors from a distributed medical program in Canada were invited to take part in semi-structured interviews. Questions were asked about how learning of basic science concepts can be optimised, the types of questions and statements used during PBL which seemed most helpful, what barriers to the learning of the basic science aspects of patient presentations had arisen for them and how these might be best overcome. Inductive analysis produced categories of responses and codes for these were distilled into themes under which the data is reported. A model was derived to explain the linkages between the themes.

Results

Four students and ten tutors were interviewed.

Effective learning of the basic sciences was seen to require engagement between students and the patient case, between the students and their tutor and amongst the students themselves. This in turn was thought to promote deep learning, in which students are challenged and use their initiative in understanding mechanisms which underlie patient presentations. The need for tutors to model asking the "right questions" was frequently cited, and referred to prompts which brought the students back to mechanisms and which stimulated their own thoughtful enquiry. The best questions were thought to be those students asked each other.

Discussion

Teamwork is seen as a benefit of PBL, but the needs of students differ depending on their backgrounds and priming students with certain basic science concepts was proposed. Tutor motivation, preparation and sufficiently detailed tutor guides which include how patient cases relate to the overall curriculum were all seen as key.

PBL cases with the right balance of basic science and clinical learning required writing teams with representation from relevant fields.

Conclusion

In order to engage students in deep learning of basic science within PBL, professional development programs for tutors can usefully focus on questioning style exemplars, ways to encourage students to demonstrate their understanding, and the context of each PBL patient case within the rest of the curriculum.

ID:16539

Title: Peer Observation Partnership (POP) Program for PBL Tutors*Aline Smith***Introduction/Background**

In the School of Medicine University of Notre Dame, 15 Year 1 PBL tutors facilitate a small group of eight students. These tutors teach 5 hours of PBL per week. All PBL tutors are medically qualified and have clinical experience. Informal observations of experienced tutors by new and replacement tutors has been trialled previously in an adhoc fashion. In 2013, a formal POP process was implemented for these tutors. Preliminary results showed that observer tutors valued the opportunity to sit in with experienced PBL tutors in action. It was considered that existing tutors may also benefit from POP.

Purpose/Objectives

Bell (2001) explains that "while peers are often the first place educators turn to for informal sources of information, advice and support, peer observation partnerships are currently an underutilised resource in formal processes of professional development through reflection and feedback."

The objective is to formalise peer observation of teaching as a social practice and specifically to develop and evaluate POP for PBL tutors teaching medical students. Additionally, we will test the Tutorial Observation Tool (TOT) for effectiveness in generating reflection of learning strategies adapted from Dolmans questionnaire.

Issues/Questions for exploration or ideas for discussion

This project identifies certain issues for further discussion: What are the barriers to implementation? How to encourage participation? What is the best method for conducting feedback? Is the TOT appropriate tool to use for feedback and how well does it generate self-reflection. What are the perceptions of the tutor being observed and whether an observer impacts on the facilitation of the tutorial. Does POP affect the students and change the group dynamics?

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ID: 16502

Title: Competing Demands on Junior Doctor's Continuing Medical Education-The Development of a Comprehensive Opportunistically Applied Clinical Curriculum*Holly Martin***Introduction**

The benefit of structured, continuing medical education is clearly applicable to junior medical officers (JMOs). However, the delivery of sustainable, effective and engaging education programs require dedication, flexibility and innovation to overcome the competing demands placed upon JMOs busy schedules.

Purpose

This study describes the implementation of an optional, weekly small-group tutorial program, designed to complement the established didactic JMO education program in a tertiary metropolitan teaching hospital. Sporadic, low attendance of the existing education programs prompted the development of a series of weekly, senior-peer lead tutorials, implemented by JMOs and guided by the director of Medical Education. The sessions were based on individually agreed topics ranging from common clinical conditions, interesting cases or particular issues facing the junior doctors, increasing in complexity as their knowledge base consolidated. Continuous constructive feedback indicated the program successful as an educational opportunity as well as a mentorship exercise. The effectiveness of the program on knowledge, communication skills and confidence was evaluated using a questionnaire study.

Discussion

In the short-term, this program successfully improved junior doctors' knowledge, confidence, and communication with senior peers. The long-term sustainability of the program is questioned by a high dropout rate. Issues facing the program included availability with shift work commitments and unexpected patient care priorities, competing interests such as vocationally targeted courses and reliable communication methods between group members. Establishing protected teaching times, increasing flexibility in communication such as text messaging participants and improved awareness of the program throughout the hospital to promote acceptance and recognition are strategies currently being implemented to assist in overcoming these barriers.

Learning in the clinical setting continues to face the challenges of competing interests, requiring innovative approaches to ensure sustainable and engaging programs beyond initial enthusiasm.

THURSDAY 10 JULY

PLENARY SESSION 1030 - 1130

Title: Communication Technologies as Drivers and Facilitators of Change in Health Professional Education

Ralph Green

Communication technologies have revolutionized with way in which information is distributed and the speed in which that can be done. Education providers have been early adopters of those technologies as they have sort to provide flexibility in their academic programs and produce graduates who are independent life-long learners.

Learning management and course management systems have been implemented to facilitate the introduction of e-learning and blended learning environments. Electronic delivery of course materials and assessment activities has replaced the hard copy environment of the traditional distance learning courses. Flexibility in the learning environment has been introduced through inclusion of tools such as blogs, wikis, discussion boards, web-conferencing etc in course management systems. With the introduction of disruptive technologies such as smart phones and tablets, additional flexibility has been introduced with software developments including an ever expanding range of apps and social media tools.

Introduction of communication technologies by their very nature become drivers of and for change. We are now operating in a global education environment as seen with the recent ie last two years, introduction of Massive Open Online Courses (MOOCs). Such courses are only possible because of the availability of stable communication technologies. An increasing number of universities are signing up to different MOOC consortiums, not because they generate income, but because they provide exposure to a potential market of paying students. Only a few of the courses being offered at the moment are in the health field but that is likely to change over time.

The technologies are there to facilitate change in health professional education, the big challenges now are to re-examine the curriculum to see how they can be effectively used to enhance student understanding and to support academic staff in adjusting their teaching to new learning environments.

THURSDAY 10 JULY

PLENARY SESSION 1130 - 1230

Title: Exploring the Epistemological Foundations of Interprofessional Learning

Barbara Hooper

Working collaboratively with the health care team has been linked to improved quality of care and outcomes for service recipients. Thus, education across health professions seeks to foster in students the skills necessary for effective collaboration. Most basically, these skills include the capacity for mutuality, the ability to compose a discipline-specific identity in the context of others' professional identities, and interpreting and synthesizing multiple frames of reference in relation to a client's care. Achieving this cognitive complexity depends on students' simultaneously coming to see knowledge as crafted differently in unique professional contexts and see themselves as co-crafters of knowledge in professional and interprofessional contexts.

In this plenary, I will explore current understandings of effective interprofessional learning through the lens of constructive developmental theories. My aim is to illustrate the ways of knowing subsumed in the interprofessional learning literature and discuss implications for designing interprofessional learning that extends beyond skill acquisition to epistemological transformation.

INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16251

Title: Evaluation of Traditional and New Osteopathic Curriculum*Tracy Morrison, Brett Vaughan, Chris Macfarlane*

Evaluation of health professional education programs is crucial to ensure graduates are well prepared to enter the rapidly changing health workforce. Often, programs are also required to ensure their curriculum, mode of delivery and assessment processes are aligned with internal university policies (e.g. strategic vision or priorities of the department) and external regulatory organisations (e.g. the Australian Qualification Framework and accreditation bodies).

Osteopathy is one of several allied health professional services accessible to the Australian public. Graduates need to complete one of three accredited five year university programs to be eligible for registration with the Osteopathy Board of Australia. The overarching aims of these programs is to produce graduates who are safe, reflective and knowledgeable practitioners.

The majority of the osteopathic profession are full time practitioners in private practice and research activity in these privately owned clinics is rare. Osteopathic curricula has tended to focus on students developing their theoretical knowledge, clinical skills and expertise in administering osteopathic manual techniques and only recently has the profession highlighted the shift towards evidence based practice. Osteopathic educational research is in its infancy and this may be due to the young research culture of the profession.

The osteopathic program at Victoria University is approaching a significant shift in their curriculum structure and delivery. We are moving from a 'traditional curriculum' (individual units taught by content experts) to a fully integrated 'themed curriculum' (one unit per semester with integrated assessment and content) which is common of many medical and health professional programs in Australia. We are in a unique position to be able to establish a longitudinal evaluation strategy of both the 'traditional' and 'new' curriculum as we will commence roll out in 2016 and have access to students progressing through both curriculum structures. Ideally an evaluation strategy will include several threads assessing educational value of the program to various stakeholders including the learners, faculty and patients. We would like to ensure our evaluation identifies short, mid and long term benefits and challenges of the traditional and new curriculum.

This session aims to facilitate discussion of the evaluation strategies implemented in their own health professional programs and share participants experiences. Many health professional education programs have drawn on Kirkpatrick's evaluation model of instructional design to assess the impact of educational interventions and this session may highlight areas for new research to be undertaken and provide an opportunity for collaboration.

ID:16232

Title: Innovative Practices in an International Partnership: The Melaka Manipal Medical College Experience*Ramnarayan Komattil***The Program**

Melaka Manipal Medical College (MMMC) offers a medical undergraduate program in twin campuses of India and Malaysia under the auspices of the Manipal University, leading to an MBBS (Bachelor of Medicine & Bachelor of Surgery) degree. Students admitted into the program are initially in the Manipal Campus, India. After successfully completing their pre-clinical studies of 2½ years duration, they return to Melaka, Malaysia, for clinical training. The graduates are conferred with an MBBS degree, which is recognized by the Malaysian Medical Council (MMC) and the Malaysian Government. The degree is also accredited by the Malaysian Qualifications Agency (MQA).

Internationalisation of the campus

The Melaka Manipal Medical College (MMMC) admissions commenced in September 1997. The institute is a joint venture between JVMC Corporation Sdn. Bhd, Malaysia and Manipal Education & Medical Group, India. MMMC is unique for its twinning programme according to which, the programme envisages a two and a half year preclinical training course in Manipal, followed by two and a half years of clinical training in Malaysia. In July 2003, the government of Malaysia and Malaysian Medical Council recognised the MBBS degree of Melaka Manipal Medical College (MMMC), which is conferred by Manipal University, Manipal, India. The program predominantly accommodates Malaysian citizens who get an opportunity to reside in India and do their basic science component and initial phase of clinical training in Indian hospitals. This will expose them to the health care delivery and associated practices in Indian settings. The students reside in international hostels which provide housing for students from 50 countries. They also share some common facilities like library, sports and dining area. This has resulted in a milieu that fosters international exposure and promoted cross cultural and interdisciplinary approaches.

Keeping it innovative

The collaboration between an India and Malaysia with an Indian University awarding the medical degree was the first one of its kind when it was introduced in 1997. This initiative was born out of the need for more health professionals to meet with the mandated requirements of Malaysian administration. The innovation lies in its unique form of delivery happening in two distinct geographic locations. The basic science component being stronger in the Indian context, students benefit enormously from Indian teachers. However the clinical phase that happens in Malaysia prepares them best in their own settings so as to meet the health needs of the Malaysian community. The cross cultural bonding that happens as an offshoot of this program is commendable and needs special mention. The very fact that a dozen other medical schools have started operating in the same fashion is a testimony of the replicable and feasible nature of this innovation. The sustainability of the program is evidenced by an increasing demand from the student community for enrollment in our program. The recent rating of the six star status by the Malaysian accreditation authorities which is the first one of its kind awarded for a private university.

ID:16232 continued

Impact of the program

Melaka-Manipal Medical College has earned a reputation in Malaysia for producing high quality medical professionals, and many of our graduates on internship postings are often appointed as 'Head Interns'. The best reflection of our program would be that many of our graduates have been employed overseas in countries such as the USA, UK, Canada, Singapore, Australia, New Zealand, and the Middle-East. Students are trained in carrying out research and a number of students have already managed to have papers published in journals and so on, which is not usual for undergraduate students.

With the affirmative action plans of the Malaysian government to concentrate on certain sections of population, aspiring doctors from Malaysia are able to pursue medicine. Based on the high standards of medical education of Manipal University, MMMC has set the benchmark of superior medical education in Malaysia, and it has gained an excellent reputation, being awarded a Superbrand in Medical education by the Institute of Superbrands South-East Asia.

Initiatives

MMMC has emerged as a center of excellence in education as is evident from the five-year accreditation granted to this college by the Malaysian Qualifications Agency (MQA), in 2010, which is the first ever foreign university in Malaysia to have received this honor. The mission of Melaka Manipal Medical College is to prepare the students in knowledge, skills and attitudes required for the humanitarian and altruistic practice of medicine. This includes the development of an aptitude for lifelong learning, recognizing that medical science is constantly and rapidly expanding and the health needs of communities are constantly changing.

ID:16232 continued

Curricular innovations

1. MMMC curriculum is a system-based six-strand integrated curriculum, introduced in September 2006 with horizontal and vertical strands. Horizontal strands include (1) The Normal Human Body & its Function (2) Body's reaction to injury (3) Practice-Based Medicine (4) Scientific Basis of Medicine. Vertical strands include (1) Doctor, Patient, Health, Community & Environment (2) Personal & Professional Development.
2. Problem-based Learning (PBL): At MMMC (Manipal Campus), a hybrid approach to the implementation of PBL has been adopted. This provides a cognitive scaffolding of basic sciences in support of clinical studies that students will pursue later.
3. Self-Directed Learning (SDL): Students are given small components of the modules for self study to motivate independent learning.
4. Student brochure: For every admission, students are provided with fully updated colourful brochure which outlines the academic calendar, course requirements, examination rules and campus facilities.
5. Subject course guide: A booklet outlining the learning objectives in each subject and instructions regarding practicals, SDLs and examinations is provided to students.
6. Personal and Professional Development (PPD) classes: To ensure that our students are not only professionally good doctors, but also good human beings, PPD classes are conducted with topics related to doctor-patient relationship, professional ethics and related topics.
7. Mentored Student project: Year 2 students of the institution are required to pursue a project involving in-depth study of an area of interest and prepare a written, referenced report of scholarly substance. The project is conducted under the guidance of a faculty mentor. This helps the student to gain an insight into research methodology and to encourage the development of critical thinking skills.
8. Anatomy prosection, where senior students teach junior students, is an enjoyable teaching and learning experience for students.
9. Learning portfolio for clinical students: Students in the clinical semester maintain a record of their learning activities during their postings in various hospitals.

Best practices**Student related**

1. Mentorship scheme: Keeping in mind the cultural background and special needs of the international students, a group of students is assigned to a faculty mentor. A mentor functions as a professional counselor, guide and friend. The mentor monitors the progress of his wards and keeps the parents informed. Mentors maintain a profile card for each of their wards as a record of their academic pro
2. Open door policy is followed in the institution at all levels, between dean and faculty and also between students and faculty.
3. Incentive for 100% attendance: Students who have attended all classes for all subjects in the academic year are honored with a certificate of appreciation on the annual day and the institution can boast of a sizable number of students who achieve this feat.
4. Feedback box: Students are free to give their feedback regarding examination and other matters anonymously.

ID:16232 continued

Exam related

1. Objective Structured Clinical Examination and Objective Structured Practical Examination are conducted in order to have a objective and uniform assessment.
2. Clinically oriented, restricted response essay questions are part of theory examinations.
3. Continuous assessment of students is through periodic class tests, SDLs and PBL evaluations.
4. Distinction and borderline viva: Students who have scored distinction marks in the university examinations are invited for a distinction viva wherein they must defend their distinction. Students who have scored borderline marks in the university examinations are required to appear for a borderline viva and they will pass only after a satisfactory performance in the viva.
5. External examiners from India and Malaysia are involved in the conduct of the practical and viva examinations.

Faculty development

1. Weekly faculty council meetings are conducted to review and discuss academic matters. Faculty present research findings and topics of general interest in these meetings. Staff members are greeted on their birthdays with a card in which colleagues write good things about them.
 2. Research/library day: Each faculty gets one Saturday of the month as an off day to facilitate research activity. After introduction of this innovative measure, the number of publications from the faculty has increased tremendously.
 3. Teaching portfolio: A dossier/record compiled by an academic staff member of his/her own major accomplishments and strengths in the area of teaching.
 4. Medical education: All new faculty members are required to attend the workshops conducted by the department of medical education such as teaching-learning, human resource development, student evaluation, learning skills, public speaking, challenges of classroom teaching and conflict management. In addition, a large number of faculty have been trained by Foundation for Advancement in International Medical Education and Research (FAIMER).
- Undergraduate medical education, as with any other educational program, needs ongoing improvements to meet the changing demands of medical practice in the world today. MMMC, Manipal Campus has persistently been driven by the objective of ensuring the best quality of education for its students and the best possible working environment for the faculty, and the organization is continually expanding its capacity to create its future.

ID:16560

Title: Longlook – a Longitudinal Analysis of an Alternative Rural Program to the Australian Rural Clinical School Model

Scott Kitchener, Simon Broadley, Dan Faux, Renee Day

The maldistribution of the medical workforce in Australia has led to significant capital and recurrent investment in rural programs with variable success. A unique rural program began with Griffith University and Queensland Rural Medical Education developing the Queensland Rural Medical Longlook program - Longlook.

Longlook provides select students from third and fourth year in the four-year postgraduate medical degree of Griffith University with longitudinal placements in rural hospitals and practices. Placements are vertically integrated with rural general practice registrar. The longitudinal curricula have been converted from term-based rotations to accommodate the scope of practice in rural placements. Students work as part of the rural health team throughout their yearlong placements. Dedicated immediate supervisors and local medical educators have been provided in addition to teaching and accommodation facilities for rural placements.

Since the program began in 2010, 60 students have participated including 6 students through both third and fourth year. Variation in rural student academic outcomes across years (second to third year and third to fourth year) have been compared with over 900 students who have continued in metropolitan training. Longlook students perform as well overall and were found to perform better in clinical and surgical assessments.

Overall, the majority of Longlook students have chosen regional internships after graduation. Spending both third and fourth year in Longlook was most strongly associated with regional internship, followed by third year, then fourth year placements. As a result, the program shows early promise in addressing rural medical workforce issues.

ID:16630

Title: Academy Foundation Course for Surgical Educators*Stephen Tobin, Alicia Mew, Zaita Oldfield, Wendy Crebbin, Jacky Heath, Michelle Barrett***Introduction/Background**

RACS has over many years developed 'Skills' courses, courses to assist surgeons supervising trainees (SAT-SET, KTOT) and recently revised the Surgical Teachers Course(STC). Recent reviews by outside educators, as well as the concept of having a consistent educational framework, have all led to the 'Foundation course' being developed within the Academy of Surgical Educators by College staff.

Purpose/Objectives

Surgical educators are busy clinical surgeons who supervise trainees, nominated specialty supervisors, as well as instructors on Skills courses and faculty members on professional development courses. Examiners are also familiar with the clinical supervisor role. Senior trainees and younger fellows also have an emerging educator role.

Such surgical educators have expressed need for such a course. The concept of a one day course with on-line pre- and post- course work has been well received. Additional on-line modules will be developed according to demand. Having one day will focus the outcomes and not require the time (2+ days) and rich intensity of the STC, which can only be run 3-4 times per year.

All of this recognises that "good supervision is difficult". There are also many other stakeholders and resources to consider, such as recent HWA projects, state bodies such as HETI & SAMET and other Academies and medical colleges.

Issues/Questions for exploration or ideas for discussion

The course will include Educational Theory, Facilitation of Learning and Supervision. Supervision will particularly cover clinical oversight and entrustable professional activities. Ultimately it is aimed at supporting the current educators as well as those coming through, as faculty development continues to be needed.

ID:16319

Title: "Giving Back so that Curriculum Reflects the Changing Face of Healthcare": Experiences of Clinical Members of a Speech Pathology Curriculum Reference Group*Emma Power***Background**

External clinical reference groups are often seen as critical elements in the re-design of many allied health university curriculums. However, little is known about the motivations and perceived benefits that clinical members derive from involvement in these health-education partnerships.

Purpose

This presentation reports on a survey of the clinical members of the neurological language disorders curriculum reference group to understand their experiences in collaborative curriculum redesign.

Issues for exploration

A 25-item web-based survey targeted members' contributions to curriculum redesign, motivations and barriers to participation and any benefits of involvement. It also probed whether members gained new knowledge about student preparation for the workforce.

Results

12/13 surveys were completed. In addition to altruistic motivations for involvement (giving back to the profession), members sought further professional development and to improve the quality of students they received on placements. Their contributions included input on curriculum structure, cases, demonstration lectures, literature and assessment tasks/marketing rubrics.

Discussion

There was evidence of a two-way exchange of information. Members reported a range of contributions while also demonstrating a greater understanding of the aims and challenges of designing professional preparation degrees along with an increased engagement with the university.

Conclusion

By understanding the experiences of external reference group members, we can better engage with them to create stronger, more valuable health-education partnerships that enhance the clinical relevance of academic degrees.

ID:16130

Title: Breathing Life into Problem-Based Learning Cases*Michelle McLean, Victoria Brazil***Purpose of this study**

The purpose of this study was to evaluate the impact of a change in educational delivery from paper-based problem-based learning (PBL) cases to virtual patients in the Bond Virtual Hospital (BVH) using a mobile App.

Background

PBL is a pedagogical approach in which students are presented with a problem (usually a patient) and through a series of steps, brainstorm to identify their learning needs. Bond University medical students have traditionally engaged in seven semesters of paper-based PBL cases. From feedback over several years, it became clear that students were "over" PBL by Year 3. To address this, as well as further scaffold their transition to clinical clerkships, in 2013, the delivery of Semester 7 (12 weeks, second of three semesters in Year 3) was substantially revised. Paper-based PBL cases were transformed into virtual patients using a mobile App.

Format of delivery

Small groups of students ('clinical teams') managed and cared for their virtual patients during "ward rounds" twice a week. These were immediately followed by larger group sessions facilitated by clinical facilitators with whom student 'clinical teams' discussed their virtual patient care.

Evaluation

After completing Semester 7, students were invited to participate in the evaluation of the BVH. Those who consented completed a paper-based validated questionnaire, after which they were invited to participate in a focus group discussion. Clinical facilitators were invited for individual interviews. Seventy-six per cent (n = 58) of students completed the evaluation. Four students and three clinical facilitators then participated in a focus group and individual interviews, respectively. The response to the new delivery format was overwhelmingly positive. The BVH format, the data assimilation and problem-solving skills developed and the tasks required of students gave them a sense of what a doctor does in the real world of clinical practice. Several students commented on the flexibility they had within their groups to manage their own process (compared with a more rigid PBL process), but nonetheless acknowledged the role PBL had played in developing their group skills. The few complaints received were almost exclusively technology-related, e.g. App not Android-compatible. In response to students' request for 'old patient notes' for revision following "discharge", this feature has been added. Other new features include displaying the medication history and allowing prescribing, and allowing facilitators access to engage students in a 'team chat' to provide feedback on their clinical reasoning and assigned tasks.

Conclusion

A change in delivery format to virtual patients and student-led small groups was well received by students and facilitators. Both perceived this prepared them for the realities of clinical practice.

INTERPROFESSIONAL LEARNING

ID:16123

Title: From Inter-Professional to Intra-Professional: The Experience of Health Professionals as Medical Students*Peter Gallagher, Kath Hoare*

The population of medical students comprises a number of students who also hold other health professional qualifications.

By most accepted tertiary sector definitions these people are mature students and as such are thought to have specific learning and pastoral needs. The educational literature in respect of medical students addresses the challenges of the needs of the mature student, the graduate student and students from disadvantaged populations.

In 1974 Hart proposed that a solution to the shortage of doctors in the UK National Health Service (NHS) could be ameliorated by encouraging and supporting existing health professionals to train as doctors.

However, there is sparse investigation of the specific experience of those medical students who also hold registration with one of the other health professions i.e. nursing physiotherapy and so forth.

This is an interim report from a qualitative study that seeks to understand the experience of health professionals who are now students at a medical school.

Aims of the study

The general aim of the study was to understand how health professionals as medical students transition to their role as a medical student.

More specifically the study sought to understand:

1. How current experience as a medical student compares to past experience?
2. What are the specific needs of this category of student and to what extent are those needs addressed?
3. What, additional or complementary support would this category of student value?

ID:16261

Title: Students as Individuals in Inteprofessional Learning: Should there be an 'I' in 'Team'?*Anne Croker, Rebecca Wolfgang, Jacquie Leys, Katrina Wakely, Karin Fisher, Tony Smith, Kim Davidson, Janet Robilliard, Alex Little***Background**

Accompanying the need to strengthen health care teams and build collaborative practice is interest in educational strategies that challenge the traditional silo education for health professions. Such strategies commonly focus on overcoming barriers associated with interprofessional learning, including segregated learning spaces, separate academic timetables and individual discipline socialisation. Consequently, there is a need to understand more deeply how students who are co-located learn to work with other professions. As part of ongoing research, interprofessional rapport was identified as central to such learning. This rapport was interpreted to be contingent on individuals' capabilities of being 'interested', 'inclusive' and 'interpersonal' in contexts that were 'integrated' in relation to having a balance of disciplines, shared spaces and adequate time.

Objectives

This presentation explores how, using these research findings, a theoretical model of interprofessional rapport building might be used to knowingly nurture interprofessional learning. Tickel-Dengen and Rosenthal's (1990) model of rapport is discussed in relation to the temporal sequence it offers for conceptualising the changing components of mutual engagement, positivity and co-ordination in relation to individuals' capabilities for interprofessional rapport building.

Ideas for discussion

While there is no 'I' in 'team', there are 'I's in 'interprofessional learning' and 'individual capabilities'. To what extent might a focus on the 'I's in relation to individual capabilities enable nurturing of rapport for 'TEAM' work and collaborative practice?

ID:16113

Title: Students' Formal Reflections on Early Interprofessional Teamwork*Susan McNaughton***Introduction/Background**

Interprofessional teamwork in pre- or non-clinical papers introduces healthcare students to the reality of working together to meet defined objectives. The success of this learning is usually measured by assessment of the product, while students' perceptions of success have tended to be evaluated informally or not at all. Reflection skills are important for health students but need to be developed in relevant contexts, of which interprofessional learning is one.

Purpose/Objectives

This presentation provides a summary of the results of a phenomenographic study of students' formal reflections on a first-year interprofessional non-clinical teamwork project. It aims to stimulate discussion of the findings and method.

Issues/Questions for exploration or ideas for discussion

Students' perceptions of teamwork success and reflection as a way to evaluate this will be discussed.

Results

The findings include the main factors that students identify as influencing teamwork outcomes; team dynamics, team structure, individual characteristics and external factors, and the four critical elements that students perceive to be essential for successful teamwork: time management, communication, co-operation and leadership. Visual representation of the phenomenographic outcome space shows how variations in these elements are inter-related to affect team function and success.

Discussion

There will be discussion of the results and their relevance to early interprofessional teamwork, and of the value of reflective assessment for this.

ID:16394

Title: The Hidden Curriculum in Interprofessional Allied Health Education: Shifting the Gaze Beyond the Classroom

Rebecca Olson, Nerida Klupp, Thomas Astell-Burt

Background

The literature on Interprofessional Education (IPE) in allied health is often conflicting, skewed towards North American experiences and dominated by classroom- and clinic-based interventionist approaches. Little is known about the social and contextual factors underpinning university-based interprofessional socialisation across allied health degrees.

Purpose

The aim of this study is to qualitatively explore and analyse first year Australian allied health students' experiences of university-based IPE to gain a better understanding of the role of social and contextual factors. Questions for exploration: How do social factors, such as age, gender, religion, culture and socio-economic status, and contextual factors, such as university characteristics, shape students' experiences of and attitudes towards IPE?

Findings

Findings highlight the importance of student and context characteristics beyond profession to understanding variations in allied health students' perceptions of IPE. These include friendships, age, distance from campus and curriculum.

Discussion

Using Holland et al.'s theory of 'practiced identities' and qualitative data, we demonstrate the value of shifting our gaze within IPE to 'hidden curriculums.' Friendships started in class but developed beyond, may be just as important to effective IPE as interventions introduced in classrooms.

Conclusion

This highlights the importance of theory-driven qualitative analysis to extending understanding in IPE research. IPE is influenced by inter-related factors, which transcend classroom boundaries. Success of curriculum designed to enhance IPE may be contingent upon engagement with these social and contextual forces.

ID:16538

Title: The Role of Reflexivity in Developing Cultural Competency in a Large Undergraduate Interprofessional Allied Health Unit

Rebecca Olson, Tinashe Dune

Introduction/Background

Cultural competency is an important attribute of all health professionals. At the University of Western Sydney, allied health students are educated about cultural, social and sexual diversity via face-to-face lectures and tutorials within an interprofessional education (IPE) setting in a unit called Culture, Diversity and Health.

Purpose/Objectives

Our aim is to assess, within an IPE setting, if learning activities, which encourage reflexivity, can positively impact on students' perceptions of cultural competency, professional capacity and IPE. To this end, we are applying pedagogical and sociological theories on reflexivity to a learning activity scaffolded across lectures and tutorials in Culture, Diversity and Health. In lectures (n=750+ across two campuses), we are showing five (3-5 minute long) videos featuring individuals living in the greater Sydney region living with disability from a range and combination of cultural, social and sexual backgrounds. In tutorials, we are asking students to role-play as interprofessional teams in a supervised setting.

Issues/Questions for exploration or ideas for discussion

We will analyse, within a realistic evaluation framework, the impact of the reflexivity teaching exercise on students' perceptions using validated close-ended Likert scales and open-ended questions. During tutorials students will be given questionnaires that gauge their perceived cultural competency, professional capacity and experience of IPE.

Results

In our presentation, we will present preliminary analyses and implications for future innovations into this under-researched area of health professional education.

ID:16508

Title: IPE Now: Students Striving for Early Collaboration*Joseph Monteith*

Students from the University of Melbourne launched their first Interprofessional Education and Practice (IPEP) Student Council in 2013. This session will describe the successes and challenges in commencing this student-led initiative; an initiative that is novel to Australia. We will also illustrate why, as students, collaboration and interprofessional learning is vital to core health teachings in university.

The IPEP Student Council links students from all health disciplines across the University and consists of 40 students, both Office Bearers and Discipline Representatives. Key roles of the Council the students are working on include:

- Curriculum reviews and development
- Interprofessional education opportunities
- Networking events
- Integration of other disciplines into curriculum events such as the MD Student Conference

The Council developed core IPEP curriculum for medical students through engaging 12 health schools over 3 universities within Victoria. This curriculum involved workshops for 700 medical students, educating them about the roles within the multidisciplinary team and the usefulness of understanding the health care team. This event will also be critiqued during the ANZAHPE presentation.

Listeners will leave the session energised from the enthusiasm and creativity these young minds are bringing to our professions. Also, a framework and structure of such a Council will be detailed allowing fellow student listeners an insight into how they might to set up their own Student Councils in their respective universities.

EVIDENCE AND THEORY TO PRACTICE

ID:16656

Title: Context and Terminology in Continuing Education: Improving the use of Interventions in Education and Research*Simon Kitto, Nicole Miller***Background**

Researchers and leaders working in quality improvement and continuing education have a variety of interventions available to change clinician behavior and improve patient outcomes. Evidence from systematic reviews and meta-analyses of such interventions is often mixed, with methodological weaknesses contributing to challenges in summarizing and interpreting evidence. Confusion and inconsistency surrounding many of the terms contributes to this challenge. Furthermore, educators and researchers often do not fully consider the local conditions or context in which the intervention is carried out.

Purpose

This international study has been commissioned by the Society for Academic Continuing Medical Education (SACME) to use expert opinion to achieve two objectives. First, this study aims to improve the consistency of important educational terminology by describing the essential components of a set of educational interventions, such as audit and feedback. Second, this study aims to increase sensitivity about the relevance of context in the successful use of this terminology within education and research.

Issues /Questions for explorations or ideas for discussion

This presentation will describe how this project utilizes literature and an expert consensus process to create precision around the conceptualization and implementation of educational interventions. This presentation will offer a description of a two step hybrid methodology: 1) the application of the Chaffee model blended with a modified Delphi Technique that constitutes a novel expert consensus process; 2) the conduct of a parallel process of a realist synthesis methodology to identify and characterise the relevant aspects of context that affect educational interventions.

ID:16405

Title: Developing Health Sciences Students' Information Skills through Online Self-Paced Learning

Sarah Gallagher, Richard German, Trish Leishman

Introduction/Background

StudySmart is a self-paced online course originally designed for second year medical students at the University of Otago by the Health Sciences Library team. The course replaced in-class information skills labs and was piloted with this cohort in 2012. In 2013, with support from the Schools, StudySmart was rolled out to second year Dentistry, Pharmacy and Physiotherapy students. By the end of 2013 StudySmart was accepted as a requirement within the Medical, Pharmacy and Physiotherapy curricula.

The content comprises learning objects developed in-house as well as appropriate Open Educational Resources (OERs) from external sources. It comprises a series of topics, tasks and quizzes which are built within the extant Learning Management Systems (LMS) - Moodle and Blackboard. Academics are able to select topics that meet their students' needs from a pool of resources that is edited or added to as required.

This paper will also report on some of the challenges that we faced and how the course has developed within each programme for 2014.

Purpose/Objectives

We will report on qualitative and quantitative evaluation data which demonstrate the students' level of knowledge and understanding after completing StudySmart, as well as reporting on what the students believed were the most valuable and least valuable aspects of the course.

Discussion

The majority of students who completed the course reported an increase in knowledge of, and understanding about, the topics covered and were positively disposed to the value of the online course.

Conclusion

Results from students indicate that despite some challenges, this course provides the students with skills required for the ongoing study, at a time when the need them and this is a promising tool for the future delivery of information literacy skills training for health sciences students.

ID:16303

Title: How Effective is Blended Learning in Teaching Evidence-Based Medicine?

Dragan Ilic

Background

Evidence-based medicine (EBM) requires mastery of a variety of disciplines including clinical epidemiology, biostatistics, informatics and information literacy. A multifaceted approach to teaching EBM has been proposed in order to accommodate different disciplines and student learning styles. Few studies have been performed to inform how best to teach EBM to medical trainees. Current evidence can only conclude that any form of teaching increases EBM competency, but cannot distinguish which form of teaching is most effective at increasing student competency in EBM. This study aimed to examine the effectiveness of implementing a blended-learning versus didactic-learning approach of teaching EBM to medical students with respect to competency, self-efficacy, attitudes and behaviour toward EBM.

Methods

A mixed methods study consisting of a randomised controlled trial (RCT) and qualitative case study was performed with medical students undertaking their first clinical year of training in EBM. Students were randomly assigned to receive EBM teaching via either a blended learning approach or the incumbent didactic approach. Competency in EBM was assessed using the Berlin questionnaire and the 'Assessing Competency in EBM' (ACE) tool. Students' self-efficacy, attitudes and behaviour was also assessed. A series of focus groups was also performed to contextualise the quantitative results.

Results

A total of 147 students completed the RCT, and a further 29 students participated in six focus group discussions. Competency in EBM did not differ significantly between students receiving the blended learning-based course versus those receiving the didactic-based course (MD = -0.68, (95%CI -1.71, 0.34), p=0.19). No significant difference was observed between sites (p=0.89) or by student type (p=0.58). Perceived self-efficacy, attitudes and behaviour toward EBM was significantly higher in students who received the blended learning-teaching model. Qualitative analysis demonstrated a strong student preference for teaching using a blended learning approach, which integrates lectures, online learning and small group activities.

Discussion

Blended learning is no more effective than didactic learning at increasing medical students' knowledge and skills in EBM. However, blended learning is significantly more effective at increasing student attitudes and behaviour toward EBM and its implementation in clinical practice. A multifaceted approach should be adopted when teaching EBM to medical students. Further research on the cost-effectiveness of EBM teaching modalities is required.

ID:16414

Title: Pathology in the Goldilocks Zone*Diane Kenwright***Introduction/Background**

Trends in medical education have seen pathology move from a large stand alone part of the undergraduate curriculum to an integrated part of clinical teaching and problem based learning. Pathology remains the science that underpins medicine and a sound knowledge of pathology will allow students to move from a formulaic approach to patient diagnosis, to a deeper understanding of clinical problems. Pathology is also the key to future proofing graduates. As medical knowledge and new treatments arrive rapidly a sound understanding of pathology will ensure a rational assessment of the risks and benefits of these new treatments.

A core pathology curriculum should be able to be agreed across all Australasian medical schools, as the clinical problems and treatments doctors encounter are similar, yet there is widely varying pathology exposure.

Purpose/Objectives

To develop a pathology curriculum for 2014-2020 that is "not too big": deliverable across campuses and flexible in methodology, "not too small": addresses key concepts and clinical problems, and is "just right": prepares students for their future as doctors while engaging and exciting students about medical science.

Issues/Questions for exploration or ideas for discussion

What is the Goldilocks Zone for pathology? How do we decide what is too big, or too small?
How do we make the pathology curriculum visible in integrated settings?
What are the principles of curriculum development that apply?

ID:16348

Title: How do Lifestyle Habits Affect Student Attitudes and Performance?*Laura Surmon, Wendy Hu, Bronwen Dalziel, Joanne Lind, Christine Chiu***Introduction/Background**

Many undergraduate students experience stress or feelings of pressure at different times throughout their degree. In the case of medical students, this is likely to continue throughout their internship, postgraduate study and work as a physician [1].

Research suggests that high levels of stress may impact negatively on cognitive function and learning [2], current and future mental [3] and physical health [4] and patient care in the future. Having little time for personal activities such as exercise and sport participation is one of the reasons cited for contributing to stress levels among medical students [5]. Poor sleep quality has also been linked to poorer physical and psychological health [6], and academic performance [7].

As health professional educators it is useful to understand the causes and prevalence of habits that adversely affect students' physical and mental health, academic performance and attitudes towards their own health as well as that of their future patients.

Purpose/Objectives

The preliminary data from our study of the lifestyle habits of first and second year medical students will be presented. We will be seeking to understand how physical activity levels, sleep quality, stress levels and life balance change across the teaching period and how they are associated with students' academic performance, as well as attitudes towards patients and their health and their own health.

Issues/Questions for exploration or ideas for discussion

What is the role of health professional educators in promoting healthy lifestyle habits in health professional students that may impact on their learning?

What activities can be incorporated into an already crowded curriculum to engage students in healthier lifestyles?

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INNOVATION IN HEALTH PROFESSIONAL EDUCATION

ID:16292

Title: “Mary Poppins’ Position Description”*Kathy Ahern, Kim Storr***Introduction/Background**

Clinical placements are particularly problematic for emotionally troubled students and their clinical teachers. Supervising troubled students adds to the already overburdened clinical teachers’ physical and emotional workload which includes responsibility for other students on placement, their patients, and working relationships with clinical staff.

Purpose/Objectives

Research indicates that many clinical teachers lack specific knowledge about how to support troubled students while coping with their own anxieties and multiple responsibilities. One solution is the development of a specialist mental health clinical liaison officer who is knowledgeable about the unique demands of student clinical placement, mental health issues and how to access institutional and community resources.

Issues/Questions for exploration or ideas for discussion

This specialist role, conceptualised as a student case manager, will provide information and support for both troubled students who are finding their clinical placement problematic and for clinical teachers.

Describe how the presenters will engage with the audience, what strategies will be used to ensure a ‘hands on’ experience

In small groups, attendees will collaborate to write a position description for this liaison role. Each group will be provided with existing guidelines about developing one aspect of a position description, such as essential and desirable skills, knowledge and personal attributes. Following this workshop, all documents will be photocopied and compiled. Each attendee will receive a copy so that if they wish, they can follow up the development of this role at their employing institution.

ID:16301

Title: Assessment of Professionalism in Trainee Health Practitioners: Key Stakeholder and Inter Professional Perspectives*Marise Lombard, Louise Alldridge, Eleanor Milligan, Peter Westwood, Arthur Poropat, Gary Rogers***Introduction/Background**

Assessment of professionalism is a key component of health professional degree programs. In many programs, aspects of professionalism are assessed during the selection process for example, communication and listening skills; self-care; integrity and respect. This is regarded as appropriate due to the established link between poor practitioner communication and adverse patient outcomes. Selection is therefore the first assessment of professionalism. However, the ability to use the selection process to better determine the suitability of candidates to meet professional demands as future health practitioners is currently underdeveloped. Hence, there is a need to further develop robust and reliable ways to ensure effective assessment of professionalism at the selection stage prior to training.

Purpose/Objectives

This session will bring together health education professionals to explore how safe professional practice can be meaningfully assessed in health professional degree programs. Student selection will be considered as the first critical step in an ongoing assessment process. Ways to embed professional practice guidelines in curricula will be explored. Stakeholder perspectives from a medical ethicist, professional regulator and university health executive have been sought to add value to this discussion.

Issues/Questions for exploration or ideas for discussion

The topic will be explored in the following contexts

- 1) An overview of professionalism, seeking commonalities across health service professions
- 2) Selection as the first assessment in a health professional’s career. What aspects of professional practice can we reliably assess at this stage and how? Is it ‘fair’ to exclude at this stage?
- 3) Preliminary findings from a qualitative study to illustrate stakeholder opinion on good doctor attributes: How these may inform selection as well as ongoing assessment, using a medical education model as an example
- 4) What are the barriers to effective assessment for safe professional practice in trainee doctors?
- 5) Whose responsibility is it anyway? The role of universities in supporting assessment for safe professional practice to protect health consumer safety

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16306

Title: Making a Difference: The Health and Social Service Educator as Innovative Qualitative Researcher

Marise Lombard, Jenine Beekhuyzen, Arthur Poropat, Louise Alldridge, Gary Rogers

Introduction/Background

Educators in different health and social service professions, as well as health science teachers and practitioners share a commitment to ongoing rigorous and relevant qualitative research that optimises innovative education outcomes in a diversity of settings. Research studies however, seem to remain within the confines of each profession, so lessening their impact and transferability.

Purpose/Objectives

This interactive session will invite participants to share innovative and collaborative ways of undertaking qualitative research across all health and social service professions. Methods of managing qualitative data analysis will be explored, including the use of data from a study that is currently being conducted by one of the presenters as an example. Participants who select to attend the pre-conference workshop on how software application can support qualitative data analysis will find this session useful.

Issues/Questions for exploration or ideas for discussion

- 1) How have we made a difference? An inter professional forum for sharing qualitative research experiences and outcomes
- 2) Exploring qualitative research methods within selected theoretical frameworks
- 3) Innovative ways to support qualitative data analysis: Using a study that is currently being undertaken by one of the presenters as an example

ID:16378

Title: We think we're Pretty Good at Teaching X, but how can we tell we're not just Kidding Ourselves?

Neil Tuttle, Kerrie Evans, Andrea Bialocerkowski

Introduction/Background

Some aspects of teaching and learning can be evaluated relatively easily with Kirckpatrick's model. For others, evaluation can be more problematic. For example, we might think we are pretty good at teaching a 'soft', non-procedural skill such as manual therapy palpation, but:

- 1) How do we determine how student's reactions to our teaching approach compare with their reaction to other approaches when they are only exposed to one approach?
- 2) How do we evaluate learning when there is no objective way of assessing skills nor is there an agreed gold standard to compare the skills with?
- 3) The behaviours of interest are how the students perform in the clinical environment, but their performance is the result of a large range of inputs, so how can the impact of one aspect of our teaching be assessed?
- 4) Ultimately, results include factors such as patient outcomes, cost effectiveness, and therapist satisfaction which are perhaps even more multifactorial and difficult to assess.

Purpose/Objectives

To discuss and share experience and insights to expand our ability to evaluate learning and teaching outcomes.

Issues/Questions for exploration

What has worked in the past, what has failed? How might resources and experience be shared to improve our ability to evaluate our teaching effectiveness in 'soft' clinical skills?

DEVELOPING AND RECOGNISING HEALTH PROFESSIONAL EDUCATORS

ID:16509

Title: Reviewing Manuscripts*Tony Egan*

Members of the Editorial Board of Focus on Health Professional Education.

This workshop is targeted at participants who either wish to become reviewers or who have already served as reviewers but would like some additional guidance for that role. It is expected that participants will be familiar with the guidelines for reviewing. These are available from the website below.

Members of the Editorial Board will outline the steps in FoHPE's reviewing process before asking participants to read critically a sample manuscript and complete a brief review proforma. This will be followed by a whole group discussion of the reviews with commentary from Board members.

Prospective participants should be familiar with the guidelines available from the ANZAHPE website. Prior registration for this workshop is essential.

Reference

Beginner's guide to reviewing a manuscript
 Guidelines for peer review
<http://anzahpe.org>

ID:16510

Title: Writing for Publication*Tony Egan*

Members of the Editorial Board of Focus on Health Professional Education.

This workshop will be of particular interest to:

1. participants who are contemplating writing up for intended publication a piece of research, a review or a theoretical paper;
2. participants who have already embarked upon a draft of an intended publication.

Registrants will be asked to complete some preparatory work (related to 1 or 2 above) before the workshop. The Editor and members of the Board will serve as facilitators. This will be a truly 'hands-on' session.

Participants who have previously submitted manuscripts to any journal (whether successfully or not) will be asked to comment on 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 serve as a basis for a question and answer session. 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.

Prospective participants should be familiar with the Author Guidelines available from the ANZAHPE website.

Prior registration for this workshop is essential.

Reference

<http://anzahpe.org>

EXPERIENTIAL LEARNING IN CLINICAL SPACES

ID:16350

Title: Are we doing Enough to Prepare our Students for Real-World Placements? A Systematic Review

Laura Surmon, Vivek Thakkar, Tony Succar, Wendy Hu, Andrea Bialocerowski

Introduction/Background

Students in the preclinical years of undergraduate programs often report feeling anxious or unprepared for clinical learning [1]. This anxiety persists despite the fact that many undergraduate programs conduct preparatory learning activities [2]. We therefore aimed to review the evidence on the question: 'What is the effectiveness of (educational) interventions to prepare medical students for their first clinical placement?'

The literature reveals little on medical students' preparedness for entering the clinical environment aside from their own perceptions prior to and during their first clinical placement. Recurring themes relating to 'fear of hurting the patient', 'low confidence', 'difficulties with clinical reasoning ability' and 'inability to answer questions from clinical supervisors' frequently emerge [3-5]. Some strategies implemented by medical schools to better prepare students for this important transition include early preclinical clerkships, transitional courses, early patient encounters, mentoring and shadowing experiences [5-6].

Purpose/Objectives

As a result of the systematic review process, 29 studies were included for full review. The review methodology will be presented along with the findings regarding evidence on: (1) medical students' preparedness for entering the clinical learning environment (2) different strategies employed by medical schools to improve the transition from the preclinical to clinical learning environment and (3) how successful these strategies have been.

Issues/Questions for exploration or ideas for discussion

- How can we determine whether preclinical students are prepared for their first placement?
- How can we conceptualise a successful first placement and the barriers to achieving it?
- What is your experience with preparatory programs to better prepare students for their first placement?

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- Poncellet, A. and B. O'Brien, Preparing medical students for clerkships: a descriptive analysis of transition courses. *Academic Medicine*, 2008. 83(5): p. 444-51.
- Widyandana, D., G. Majoor, and A. Scherpbier, Preclinical students' experiences in early clerkships after skills training partly offered in primary health care centers: a qualitative study from Indonesia. *Bmc Medical Education*, 2012. 12: p. 7.
- Crampton, P.E., J.C. McLachlan, and J.C. Illing, A systematic literature review of undergraduate clinical placements in underserved areas. *Med Educ*, 2013. 47(10): p. 969-78.
- Dornan, T. and C. Bundy, What can experience add to early medical education? Consensus survey. *BMJ*, 2004. 329(7470): p. 834.
- Alford, C.L. and D.M. Currie, Introducing first-year medical students to clinical practice by having them "shadow" third-year clerks. *Teaching & Learning in Medicine*, 2004. 16(3): p. 260-3.

ID:16125

Title: An Audit and Exploration of Graduating Medical Students' Opportunities to Perform Sensitive Examinations as Part of their Learning

Harsh Bhoopatkar, Jim Parle, Andy Wearn

Introduction/Background

'Sensitive examinations' encompass rectal, genital, breast, and pelvic examination. There are concerns that opportunities to practice have fallen and students may be graduating with little sensitive examination experience.

An anonymous survey tool was developed as part of a multi-centred, international study (United Kingdom and Australia). New Zealand data were collected in the last week of the final year of the medical programme at the University of Auckland in 2013.

Purpose/Objectives

To quantify how many sensitive examinations have been performed by medical students at the point of graduation, and to assess self-reported competence.

Results

The response rate was 49.5% (94/190). 35% of students had never performed a female rectal examination, with 10% for a male examination. 29% had never performed a female vaginal/pelvic during labour. 46% had performed between 2-5 breast examinations and 49% had performed between 10-49 female vaginal/pelvic exams in a non-obstetric setting. In terms of self-reported competence, 75% of students felt incompetent at assessing the extent of cervical dilation during labour.

Conclusion

Rates of performance are variable - low for certain sensitive exams (eg, female rectal exam); higher for other exams (eg, breast examination). Self-reported competence at performing sensitive exams is lowest for the vaginal/pelvic exam during labour.

Issues/Questions for exploration or ideas for discussion

Which of these skills are core?

How many on average are needed?

What factors influence opportunities to perform sensitive exams?

What changes need to be made to ensure that students have adequate learning experiences?

ID:16512

Title: Effects of Structuring Clinical Handover to Support Learning in Medical Students and Junior Doctors

Catherine (Cathy) Haigh, Bill Haigh, David Birks, Alistair Wright

The Australian Commission on Safety and Quality in Healthcare has developed a toolkit to support the introduction of agreed principles in clinical handover (CH) processes for all health professionals. As yet these principles have not been universally implemented.

Handover can be and is used as an educational tool, where students at different levels are required to attend, to observe and sometimes to participate in handover sessions such those that occur at shift change.

It has been reported that little attention has been given to the educational requirements to "receive" and "send" information effectively at CH. Also evaluation of the impact of accepted protocols has not been systematically undertaken or disseminated.

The purpose of this study is to describe what typically occurs at shift change handover without a standard protocol. CH information presented by junior doctors is recorded and rated according to criteria such as relevance, where possible accuracy, clarity, identification of tasks to be done, and allocation of roles. Attendees complete questionnaires to gauge information received using similar criteria.

A second purpose is to explore the benefits of using a standardised template to structure these sessions in relation to information received and sent as above.

The principal question for exploration is the efficacy of the template. What improvement in sending and receiving behaviours, if any, should occur? Are cohort effects in performance observed across levels of expertise? Do benefits translate to other areas of practice?

ID:16520

Title: 'Thrown in the Deep End' - Graduating University of Queensland Students Transition to Medical Practice

Lorna Davin, Jill Thistlethwaite, Diann Eley, Malcolm Parker, Emma Bartle

Introduction/Background

Despite having been exposed to clinical practice during student placements, newly graduated doctors continue to describe their conditional year of internship as demanding, difficult and daunting, particularly in relation to caring.

Purpose/Objectives

To enhance understanding of how junior doctors learn to express compassion in the clinical context.

Issues/Questions for exploration or ideas for discussion

How can the undergraduate teaching and learning experience best prepare junior doctors for the transition to a complex community of practice in which doctors are required to respond to complicated problems within limited timeframes and resources?

Results

The data explores the journey of 8 students as they transition from student to doctor. In telling their experiences they integrate events and happenings into the social context in which they work, and describe how this context changes over time. Learning to express compassion becomes secondary to their struggle to survive in a challenging workplace.

Discussion

Social learning theory describes the ideal progressive shift from the periphery of practice working towards fuller roles and responsibilities. However participating interns described feeling like 'being thrown in the deep-end'. Their transition is complicated by the tensions of system and service delivery demands competing with learning opportunities embedded in practice.

Conclusion

The journeys of the novice doctors provide insights into what they perceive as possible strategies to counter what can be a traumatic and confronting transition impacting on both doctor wellbeing and patient care.

ID:16371

Title: Outcomes of Simulated Learning in Clinical Medical Imaging Environments – “Teaching Quality in Paediatric Radiographic Technique”

Nicole Turley, Deborah Sinclair

Integrating what we learn at university into clinical settings is challenging, both as students and also as educators. The Medical Imaging Departments within the Greater Brisbane Metropolitan Area Children’s Health Service network have undertaken, over the past 2 years, introduction of simulated learning environments within the clinical setting. The aim of which is to close this gap within Medical Imaging. The challenge for Radiographers is we deal with ionising radiation and hence providing a safe environment for our Medical Radiation Professionals is very important. The project co-ordinators would like to share the outcomes, so far, of this initiative undertaken by a team of Radiographers, who are currently implementing a Health Workforce Australia (HWA) funded, simulated learning experience (SLE).

As recognised by many, SLE’s are a beneficial learning resource. The introduction of this SLE to Medical Imaging departments has received positive feedback and recognised benefits in learning regarding radiographic technique, image quality and patient dose. The SLE’s needed to meet the challenge of integration within clinical workflow and practice due to the design and resources allocated to the program. The SLE has been implemented over multiple sites.

An overview will be presented on the outcomes of the team’s HWA Simulated project: Greater Brisbane Metropolitan Area - Medical Imaging, a Simulation Strategy for Paediatric Technique Optimisation in Radiography. The team will share an insight into the program outline, lessons learned, and changes made to adapt and implement SLE into pure clinical settings and where we plan to develop from here.

ID:16369

Title: The Personal Costs of Continuity of Care Experiences for Midwifery Students

Linda Sweet, Kristen Graham

With the introduction of the three year Bachelor of Midwifery program in Australia in 2002, a pedagogical innovation called the Continuity of Care Experience (COCE) was commenced. The COCE afford an ongoing relationship between a midwifery student and a woman for student learning, from initial contact in the early antenatal period, through pregnancy, birth and postnatal period. It is intended as a way to give midwifery students the opportunity to provide continuity of care in partnership with women, through their pregnancy and childbirth, thus imitating a midwifery model of continuity of care and continuity of carer. Since the introduction of the COCE into the Midwifery curriculum, there have been multiple changes in the number required in response to concerns of the expectations on students. Initially 30 COCE were required, then reducing to 20, whilst the current recommendations are looking to further reduce numbers to 15 as the national standard. While previous research has incidentally identified student concern, it should be noted that simply reducing numbers alone may not address the underlying issues. This change of clinical experience model whereby the student partners with women rather than the more traditional model of the student being partnered with a clinician or health service, has resulted in changed relationships and practices with women, clinicians, health services and universities.

When exploring student learning in the COCE, Sweet & Glover (2011) found incidental findings of significant personal cost to students undertaking COCE. Such things included financial cost of travelling and parking to health services for the many interactions between women and the health services, time commitments being with women for extended periods of time in clinics and in labour, and personal safety issues such as moving in and out of the hospitals during the night (out of normal shift hours). Students expressed difficulty in meeting their own high expectations of providing continuity for their women, as well as meeting university class attendance and personal and family commitments. There was significant distress in their ability to time managing these many competing interests and to develop professional as opposed to personal relationships with the women and their families. This study explores these personal costs, and this presentation will present findings to date.



POSTER SECTION

POSTER PRESENTATION LISTING – Alpha Order by Presenter

Surname	First Name	Title	ID	Presentation Title	Poster #	Allocated Session	Presentation Time	Page #
Aitken	Sarah	Dr	16458	Innovation in Clinical Anatomy Teaching: The Anatomage Table, New Technology, New Teachers'	PP41	Thursday 10	1010 - 1030	367
Bartle	Emma	Dr	16233	Can an Undergraduate Paramedic Student's Innate Reasoning Ability be Linked to their Academic Performance in the Biological Sciences?	PP26	Wednesday 9	1310 - 1400	362
Bedford	Rebecca	Ms	16528	The Centre for Education and Workforce Development's Clinical Nurse and Midwifery Educators Professional Development and Support Program	PP23	Wednesday 9	1310 - 1400	349
Cameron	Rhys	Mr	16272	Doctors Atire in Paediatric Wards	PP16	Tuesday 8	1510 - 1530	342
Casey	Mavourneen	Dr	16227	Do Medical Students Selected by Interview have Different Personal Attributes to those Selected without the use of Interviews?	PP6	Tuesday 8	1240 - 1330	333
Davenport	Faye	Mrs	16387	Relationships between Higher Education Institutions and Practice Placements: Strategies to Improve Nursing Student Success and Preceptor Experience in the Current Environments	PP21	Wednesday 9	1310 - 1400	347
Dwyer	Tudy	A/Prof	16307	Higher Degree by Research (HDR): What Candidates and Supervisors want	PP7	Tuesday 8	1240 - 1330	334
Edwards	Kristin	Ms	16109	Out of the Mouths of Baby Boomers!	PP34	Wednesday 9	1310 - 1400	360
El-Kishawi	Mohamed	Dr	16365	Effect of Implicit Learning on the Acquisition of Fine Motor Skills in Pre-Clinical Endodontics	PP28	Wednesday 9	1310 - 1400	354
Ellen, Rogers, McConnell	Finia, Gary, Denise	Ms, A/Prof, Ms	16580	"I'm Calling About...": A Real-Time IPL / Simulation Between Medicine and Pharmacy Students	PP43	Thursday 10	1240 - 1330	369
Ennever	Ellen	Mrs	16269	Committing to IPL: Expectation, Delivery and Reality	PP14	Tuesday 8	1510 - 1530	340
Ennever	Ellen	Mrs	16462	Teaching Performance Expectations and Online Staff Development for Sessional Staff	PP22	Wednesday 9	1310 - 1400	348
Ennever	Ellen	Mrs	16470	TELT Tactics: Selecting Suitable Technologies for Blended Learning	PP45	Thursday 10	1240 - 1330	371
Frith	Christine	Ms	15909	Reflection Training as a Form of Professional Development for Physiotherapy Clinical Educators	PP20	Wednesday 9	1010 - 1030	346
Fry	Melanie	Ms	16352	Swings and Ladders - A Quality Framework for Paediatric Physiotherapy Clinical Placements	PP42	Thursday 10	1010 - 1030	368
Harris-Reeves	Brooke	Dr	16312	Student Perceptions of Assessment in Higher Education	PP10	Tuesday 8	1240 - 1330	336
Hays	Richard	Prof	16595	Integrating Ethics and Law into Basic Medical Education	PP29	Wednesday 9	1310 - 1400	355
Hong, Daniel	Wei-Han, Esther	Miss, Prof	16594	Does Knowledge of Metacognition and Regulation of Metacognition affect Examination Results of Medical Students?	PP27	Wednesday 9	1310 - 1400	363
Hughes	Jessica	Dr	16322	Curriculum Arrangement affects Confidence more than Performance in the Barrier Exam of 2nd Year Medical School	PP5	Tuesday 8	1240 - 1330	332
Jaworski	Alexandra	Ms	16548	A Web-Based Movie Library of Optometric Procedures Improves Student Learning	PP2	Tuesday 8	1040 - 1100	329

Surname	First Name	Title	ID	Presentation Title	Poster #	Allocated Session	Presentation Time	Page #
Jones	Peter	Prof	16358	The Differences in Maternal and Perinatal Outcomes in Kirakira, Solomon Islands, Compared with Australia: How a Research Focus can Augment the Learning Opportunities for Medical Students on a Remote Clinical Placement	PP46	Thursday 10	1240 - 1330	372
Khan	Shazni	Prof	16596	Service Learning in Medical Education	PP37	Wednesday 9	1510 - 1530	363
Kumar	Koshila	Dr	16412	Enhancing Clinical Supervision Capacity in South Australia: An Evaluative Study	PP17	Wednesday 9	1010 - 1030	343
Lekkas	Dimitra	Dr	16309	Benchmarking using the BLASST Sessional Staff Standards Framework to Sustainably Support Sessional Educators in an Australian Dental School	PP13	Tuesday 8	1510 - 1530	339
Leys	Jacqueline	Mrs	16346	Into the Mix: Physiotherapy Students in the Emergency Department	PP33	Wednesday 9	1310 - 1400	359
Lloyd	Bradley	Mr	16234	Strengthening Allied Health Research Capacity: Lessons Learnt from the 2013 Sydney Local Health District Allied Health Research Forum	PP30	Wednesday 9	1310 - 1400	356
Lloyd	Bradley	Mr	16311	Strategies to Increase Workplace Learning for Allied Health Professionals: Results from the NSW Allied Health Workplace Learning Study	PP38	Wednesday 9	1510 - 1530	364
McLeod	Gopi Anne	Ms	16141	Educating Osteopathic Practitioners for Future Health Care Demands	PP40	Thursday 10	1010 - 1030	366
Miller, Taylor, Bridgman	Heidi, Penny, Marie	Mrs, Ms, Ms	16474	Perceptions Define Reality - Facilitating Students to Optimise Learning on "Role Emerging" Placements	PP12	Tuesday 8	1240 - 1330	338
Morgan	Kate	Ms	16225	Does the Dietetic Educator Workforce have enough Meat on its Bones? A Professional Profile of the Dietetic Educators Preparing Australia's Future Dietitians	PP19	Wednesday 9	1010 - 1030	345
Owen, Singh	Suzzanne, Indu	A/Prof, Dr	16175	Trialling the Development of Collaborative Practice using Inter-Professional Learning Activities between Nursing Students and Students from Medical Laboratory Sciences	PP15	Tuesday 8	1510 - 1530	341
Parker	Jessica	Ms	15220	Competency Evaluations of Clinical Pharmacists in the Workplace	PP3	Tuesday 8	1040 - 1100	330
Parker	Jessica	Ms	15221	Coping with Emotionally Challenging Situations in Clinical Pharmacy Practice: Implementation of a Training Program	PP31	Wednesday 9	1310 - 1400	357
Phillips, Warbrick	Dianne, Nerissa	Ms, Ms	16392	The Experience of Two Clinical Lecturers Supporting Internationally Qualified Nurses During their Clinical Experience Placements in Mental Health Placements	PP1	Tuesday 8	1040 - 1100	328
Pike	Rebecca	Ms	16374	Safer, Smarter Student Education on Placement	PP36	Wednesday 9	1510 - 1530	362
Reeves	Nathan	Mr	16285	Prezi as a Tool for Enhancing Exercise Physiology Student Online Learning - Evidence of Effectiveness	PP39	Thursday 10	1010 - 1030	365
Ryan	Anna	Dr	16052	Time Efficient Interview Practice for Final Year Medical Students	PP47	Thursday 10	1240 - 1330	373
Salajegheh	Ali	Dr	16569	An Integration of Traditional and Modern Learning Strengthen Learning Outcome of Histopathology for Dental Students	PP18	Wednesday 9	1010 - 1030	344
Schaffer	Sally	Ms	16504	A Loss of Bioscience Knowledge in Nursing Students	PP25	Wednesday 9	1310 - 1400	351
Selzer	Rob	A/Prof	16155	Pilot of a Near-Patient, e-Learning Tool	PP35	Wednesday 9	1510 - 1530	361

The following abstracts are listed in session order

ID:16392

Poster Number: PP1

Title: The Experience of Two Clinical Lecturers Supporting Internationally Qualified Nurses During their Clinical Experience Placements in Mental Health Placements

Ms Dianne Phillips, Ms Nerissa Warbrick

According to the Nursing Council of New Zealand [NCNZ] (2013), as population factors such as aging and increased life expectancy among the general population increases, the demand for healthcare is set to increase. This will have a follow on impact on the nursing workforce in the future and therefore on the supply of qualified Registered Nurses working in the health care industry. Strategies to meet this increased demand include increasing the number of internationally qualified nurses in the New Zealand workforce.

To meet NCNZ requirements for New Zealand registration, the internationally qualified nurse must demonstrate that they are fit for registration, that they meet New Zealand educational standards, that they have completed an English Language Assessment and that they have established their identity (NCNZ, 2013). Competency is assessed through education equivalence and/or a NCNZ approved programme of clinical assessment.

A major component of this process is the successful completion of clinical experience placements which is the focus of this presentation. According to research conducted by Miguel & Rogan (2009), clinical experience placements can be particularly challenging for internationally qualified nurses, particularly if English is a second language. Understanding colloquial language, conversations with preceptors and making small talk can all contribute to stress and misunderstanding. Students need to negotiate partnerships, interact with patients and families as well as building rapport that requires an understanding of the cultural and social context.

This presentation will focus on the experience of two clinical lecturers supporting internationally qualified nurses during their clinical experience placements in mental health placements. We hope to highlight issues and areas where we can provide a supportive and structured environment to optimise the transition of internationally qualified nurses to the field of mental health nursing and we hope to offer some suggestions, solutions and ideas to optimise the success of these IQNs while undergoing clinical assessment.

ID:16548

Poster Number: PP2

Title: A Web-Based Movie Library of Optometric Procedures Improves Student Learning

Alexandra Jaworski, Algis Vingrys, Kwang Meng Cham, Anthea Cochrane

Introduction/Background

The Department has diversified its teaching portfolio to include simulated environments that facilitate learning outcomes and knowledge transfer in graduate students.

Purpose/Objectives

To develop a web-based movie library to facilitate self-directed learning of new and practised optometric techniques to enhance in-situ learning, comprising of two tiers: gold standard videos and videos with scripted errors. The benefits of the teaching videos were evaluated by written and/or practical assessment and surveying students exposed to this teaching innovation (n=74).4.

Issues/Questions for exploration or ideas for discussion

Does a web-based video library augment student learning of clinical techniques?
Are all video types equally beneficial?

Results

Students new to patient history taking with access to the movie library scored higher on their recording of a patient history (n=24, 28.9Å±6.0) relative to students without access (n=22, 22.8Å±5.7; ANOVA p=0.05), but students revising history taking did not score significantly higher. Students new to examining the eye's anterior chamber demonstrated less spread in theoretical knowledge in relevant written assessment after watching the videos (n=24; 9.6Å±1.3) relative to controls (n=24; 8.5Å±2.9; var ratio=4.9; Levene's test p=0.001). Approximately 90% of students found this teaching resource helped them prepare for clinical training, and only 11% of students found the gold standard videos alone beneficial.

Discussion

The web-based movie library has enriched the learning of students, with students performing better in assessment of newly learned techniques and reporting that this resource has better prepared them for class and supplemented their learning resources.

Conclusion

A web-based movie library of simulated clinical procedures enhances the training of students.

ID:15220

Poster Number: PP3

Title: Competency Evaluations of Clinical Pharmacists in the Workplace*Jessica Parker***Introduction/Background**

Evaluation of competence of health professionals in the workplace is essential. In the field of pharmacy, medication accuracy and clinical review of medications is required to ensure patient safety. A national competency evaluation tool (ClinCAT: Clinical Competency Assessment Tool) has been developed by the Society of Hospital Pharmacists of Australia (SHPA) for use in hospitals to provide guidance on a national standard for hospital pharmacists to work towards.

Purpose/Objectives

The principles underpinning the ClinCAT tool are to provide objective, unbiased and contextualised peer feedback. Evaluators must attend a training seminar facilitated by SHPA. The tool is designed to be used in all areas of hospital pharmacy practice and for all levels of pharmacist experience. The process involves each pharmacist completing a self assessment prior to the day allocated for peer review.

This tool has been implemented at our facility since 2009 and 50 peer reviews have been completed to date.

Results

Feedback results collated from staff completing ClinCATs since 2009 shows; 79% of respondents felt the observations made during the ClinCAT process was a fair reflection of their every day practice, 79% of staff indicated they felt the peer review process was a positive experience, 85% of staff found the competency evaluation useful in improving their clinical practice and 64% indicated they felt the peer evaluation was practical.

Discussion

Limitations listed by participants included; Time taken out of the day for the ClinCAT feedback, time required to complete the self assessment paperwork and the anxiety of a peer review for the first time. Positive comments made included; "It was nice to realise how much I have developed. I tend to focus more on what I don't know, so this was refreshing" and "It is good to clarify departmental expectations, have someone to bounce ideas off and have the opportunity for peer feedback".

Conclusion

Providing dedicated time for staff development increases staff satisfaction and reflective practice. The use of a structured tool enables objective, contextualised feedback which is overwhelming well received by clinical pharmacists.

ID:16140

Poster Number: PP4

Title: Correctness of and Certainty in MCQ Responses Improve with Feedback*Mike Tweed, Sarah Stein, Jeff Smith, Tim Wilkinson***Introduction/Background**

The number of correct responses on MCQs can provide useful information about candidates. Additional information can be gained about candidates by their levels certainty and the relative safety of incorrect responses. Feedback linked to correctness, question content, certainty and safety may help candidate learning and alter subsequent responses.

Purpose/Objectives

How did the student response patterns change following feedback?

Nineteen medical students sat two optional exams, each consisting of 75 questions linked to core presentations and diseases, in the certainty safety response question (CSRQ) format (Tweed et al, Medical Teacher 2013), with feedback and 3 months in between.

Comparing the second exam to the first there was a significant increase in proportion correct (0.50 vs 0.43, t-test $p=0.001$), the proportion of high certainty responses (0.27 vs 0.13, t-test $p=0.001$) and a decrease in don't know responses (0.04 vs 0.13, t-test $p=0.0003$).

Although the students demonstrated elements of insight (appropriate certainty) and foresight (low unsafeness) on exam 1 with changes from low to high certainty of increasing proportion correct (0.31 to 0.81); reducing proportion incorrect (0.68 to 0.29); reducing proportion unsafe (0.50 to 0.10), (all ANOVA $p<0.001$, linearity $p<0.001$); these did not change significantly over the 2 exams.

Issues/Questions for exploration or ideas for discussion

Although feedback and/or time leads to an increase in the number correct and higher certainty, why didn't it improve the proportions correct at high certainty?

ID:16322

Poster Number: PP5

Title: Curriculum Arrangement affects Confidence more than Performance in the Barrier Exam of 2nd Year Medical School

Jessica Hughes, Alistair Lethbridge, Kylie Mansfield, Teresa TrewEEK

Introduction/Background

The Graduate School of Medicine (GSM) MBBS is a four year program, focussing on regional, rural and remote medicine. We recently implemented curriculum changes prior to the major summative exam in Year 2 in order to improve knowledge retention and understanding of complex scientific concepts.

Purpose/Objectives

We compared mean student scores for each Block in Year 2 of the program (Haemopoietic/Immune; HI, Musculoskeletal; MS and NS) between different student cohorts (2009 - 2013), encompassing the time of the curriculum change. Anonymous surveys were also distributed to students pre- and post-change.

Issues/Questions for exploration or ideas for discussion

The Nervous System (NS) Block, arguably the most challenging for pre-clinical students, was previously delivered immediately prior to the exam but was moved to improve knowledge retention.

Results

Prior to the curriculum rearrangement in 2012, there was a declining trend in NS Block content exam results. Although this decline was not statistically significant, survey data showed that students reported low levels of confidence in their knowledge of the content, and high levels of anxiety related to the timing of the Block immediately prior to the exam. This decline in student performance has now halted and students reported reduced anxiety. Conversely, a statistically significant decline in student scores was evident in HI Block content, highlighting the impact of placing this Block last.

Discussion

The change had a positive effect on student results in the NS Block, accompanied by increased confidence in the material examined in the barrier exam.

Conclusion

Timing of content delivery is critical to student performance in complex topics in early Medical School.

ID:16227

Poster Number: PP6

Title: Do Medical Students Selected by Interview have Different Personal Attributes to those Selected without the use of Interviews?

Mavourneen Casey, Diann Eley, Raymond Tedman

Introduction/Background

Admission to medical school is a highly competitive process and the utilisation of valid selection criteria that will identify candidates most suitable to professional life as doctor is crucial. Entry criteria into Australian medical schools include prior academic performance, admissions tests and frequently a selection interview. There is evidence of moderate predictive validity for the measures of academic performance however the value of the interview for measuring non-cognitive attributes remains controversial.

Purpose/Objectives

The aim of this study is to compare non-cognitive attributes between students at two medical schools in Southern Queensland; one admitting students based upon academic measures alone and another with the additional criteria of a selection interview. We will use validated instruments to compare measures of perfectionism, adaptation skills (coping, social support, distress) and student wellness.

Issues/Questions for exploration or ideas for discussion

1. Is there variation in non-cognitive attributes between the student cohorts at either medical school?
2. Are any student characteristics more significant predictors of non-cognitive attributes than an interview?

Results

Data analysis is currently under way of 719 students enrolled at the no-interview (n=566) or the interview (n=153) school in 2012. Data comparing non-cognitive measures will be presented.

Discussion

The results will enable further exploration of the question of whether adding non-cognitive variables to selection criteria can increase the incremental validity of admissions tests.

Conclusion

This study aims to enhance current understandings of the role of the personal interview in the selection of students into a medical career.

ID:16307

Poster Number: PP7

Title: Higher Degree by Research (HDR): What Candidates and Supervisors want*Trudy Dwyer, Lorna Moxham, Kerry Reid-Searl*

A major influencing factor in the timely completion of a higher degree by research (HDR) is a positive relationship between the candidate and the supervisor. Understanding the supervisory expectations of both parties has the potential to assist both the selection of a supervisor and student on the basis of 'philosophical' best fit. The aim of this study was to develop an understanding of the supervisory expectations of both the supervisor and the candidate.

A purposive sample of HDR candidates (n= 53) and supervisors (n=31) completed a self-administered survey. Candidates and supervisors expectations differed significantly as to who should be the person to choose the research topic and research methodology. Opinions also differed significantly as to whether the supervisor should insist on regular meetings.

The HDR journey is collaborative with both parties equally identifying the relationship needs to be warm and supportive. Expectations should be articulated early in the journey, with both agreeing on the frequency of meetings and the extent of support anticipated.

ID:16242

Poster Number: PP8

Title: Is there Consistency of Judgement between Examiners in Performance-Based Assessment? A Case Study in Medical Education*Amy (Wai Yee) Wong***Introduction/Background**

There are a number of reliability issues when a grading approach is applied to assess student performance in clinical competency examinations. These issues are exacerbated by the fact that the majority of examiners are clinical practitioners rather than educators and they may have differing standards regarding student performance.

Purpose/Objectives

This study aimed to explore the factors which may affect examiners' judgement of medical students' performance in the Objective Structured Clinical Examinations (OSCEs), and to recommend possible effective strategies in examiner training.

Issues/Questions for exploration or ideas for discussion

Effective strategies for the faculty development of teachers in relation to assessment and examiner training, in particular, to increase the reliability of clinical examination marking.
Factors that influence examiners' judgement of medical students' performance in the clinical examinations.

Results

Data revealed there were marking discrepancies among examiners in the OSCEs. Characteristics of examiners play an important role in determining the marks given to the students.

Discussion

Providing the examiners with feedback on their clinical examination marking of medical students, through comparison with their peers' marks, may assist in increasing the reliability of examiner scores.

Conclusion

Evidence-based recommendations for, and effective strategies for use in, the faculty development of teachers in assessment, and examiner training are needed to improve the consistency and reliability of examiner judgement on performance-based assessment.

ID:16312

Poster Number: PP10

Title: Student Perceptions of Assessment in Higher Education*Brooke Harris-Reeves, Andrea Bialocerkowski***Introduction/Background**

Assessment of student learning is at the centre of educational practices in higher education. It transforms learning into qualifications and is recognised as the point of exchange in the teaching and learning relationship. Assessment has an important influence on student's learning. The way in which a student thinks about learning determines their approach to completing an assessment task.

Purpose/Objectives

This study aimed to gain in-depth insights into student's perceptions of, and preferences for assessment in a higher education setting.

Issues/Questions for exploration or ideas for discussion

Conducted in a tertiary institution with final year Bachelor of Exercise Science students, the study employed a qualitative research approach and included the use of questionnaires. The study identified student perceptions of assessment including assessment approaches that: increase stress and anxiety; motivate; optimise learning; and student's main objectives of assessment.

Results

Students aimed to achieve the best mark possible and gain an understanding of the content. Multiple choice examinations were students' preferred method of assessment. Authentic assessment was identified as both increasing student motivation and achieved optimal student learning. The assessment approach that led to the highest levels of stress and anxiety was examinations.

Discussion

Findings suggest students hold strong opinions about different forms of assessment. Exposing students to assessment procedures which they react positively to may be an important contributor to a student's success.

Conclusion

It is suggested educators take a diverse approach to assessment and move beyond educational practices that they have an emotional attachment to, to achieve the best outcomes for students.

ID:16084

Poster Number: PP11

Title: Alternative Programs for the Support of Educators and Students in a Rural Medical School: Peer-Review of Teaching and Mentoring*Julian Wright, Catherine Waite***Introduction/Background**

Delivering medical training in rural contexts creates an environment which compounds many of the issues associated with providing development and support for educators and students. At the Rural Clinical School, University of Melbourne, this is partially related to difficulties accessing centrally located educational and professional development programs. Support for teachers and students are of particular relevance in medical tertiary contexts which are characterised by a diverse, part-time staff. This presentation reports the early findings of pilot programs (mentoring for students and peer-review of teaching) designed to mitigate some of these issues.

Purpose/Objectives

To evaluate the effectiveness and feasibility of two programs (peer-review of teaching for educators and mentoring for students) designed to support and develop educators and students at the Rural Clinical School.

Issues/Questions for exploration or ideas for discussion

(1) Effective ways to support medical educators and students in rural campuses; (2) accessing support programs in rural areas; (3) delivering effective peer-review of teaching programs; (4) delivering effective mentoring programs for students.

Results

The evaluation research on these two projects is ongoing; early findings and feasibility of implementation will be presented.

Discussion

Attracting and retaining a rural medical workforce is of importance across Australia. Evaluation research into mentoring support for rural medical students and peer review of rural medical education may have implications in this area.

Conclusion

Rural medical education initiatives must be evaluated thoroughly so that resources can be targeted to interventions which will help increase the rural health workforce.

ID:16474

Poster Number: PP12

Title: Perceptions Define Reality - Facilitating Students to Optimise Learning on "Role Emerging" Placements

Heidi Miller, Marie Bridgman, Penny Taylor

Introduction/Background

The University of Sunshine Coast occupational therapy (OT) students from years two to four have undertaken role emerging placements (i.e. where OT services are currently not provided) across a variety of settings from 2011 to 2013. Role emerging placements have been found to foster autonomy, professionalism, professional identity and communication in students(1). In our experience, there is a reluctance from students to accept these non-traditional models of placement as equally valuable to traditional placements (i.e. apprenticeship model). This impacts negatively on their willingness to engage fully, and in a timely manner, with the available learning opportunities and is a barrier to optimal learning(2).

Purpose/Objectives

Students' perceptions pre-placement can significantly impact on experiences and learning outcomes. Myth-busting and facilitating student-led analysis of learning opportunities may positively influence perceptions of role-emerging placements.

The purpose of the poster is to offer useful insights from our experiences to clinical educators across various health professions.

Issues/Questions for exploration or ideas for discussion

This poster presents the changes made to facilitate positive student perceptions prior to placement including: language (eg from placement 'models' to 'variables' across all placement contexts); placement briefing content (eg facilitated, student-led analysis of learning opportunities across all placement contexts) and structure (length, self-directed learning exercises); emphasis on student-led supervision practices utilising various modalities (eg email, face-to-face, phone, skype); structured use of reflective practice.

By sharing our insights and processes we will contribute constructively to the growing conversations about role emerging placements.

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ID:16309

Poster Number: PP13

Title: Benchmarking using the BLASST Sessional Staff Standards Framework to Sustainably Support Sessional Educators in an Australian Dental School

Dimitra Lekkas, Tracey Winning

Introduction/Background

Reliance on sessional staff to provide core learning and assessment in higher education is widespread (Percy et al., 2008). Health professional courses such as dentistry are no exception. For example in our school, 150 sessional clinical educators provide clinical supervision of 515 students across our five-year programme. Effectively supporting sessional educators is a critical task in ensuring quality learning and teaching (Percy et al., 2008; Health Workforce Australia, 2013). A project funded by the Australian Government Office for Learning and Teaching has developed a Sessional Staff Standards Framework (SSSF) and Benchmarking Interactive Tool (B-BIT) for evaluating current practice for effectively supporting sessional educators (Harvey 2013).

Purpose/Objectives

This project will use the BLASST SSSF and the B-BIT Tool (Harvey 2013) at the individual and department (School) level to evaluate our current practice. This will be completed at a workshop with key stakeholders ie, course co-ordinators, administrative staff and sessional dental educators who are experienced/new educators and supervise across different year levels.

Issues to be explored

It is anticipated that the benchmarking exercise will identify practices and processes that reflect good practice and those that need improvement. The benchmarking activity will lead to development of an action plan with strategies for enhancing good practice. A debriefing post-workshop will provide an opportunity to reflect on the ease of use and benefits in using the BLASST SSSF. It is anticipated that our findings will inform others seeking a framework to evaluate their support of sessional health professional educators.

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ID:16269

Poster Number: PP14

Title: Committing to IPL: Expectation, Delivery and Reality*Ellen Ennever, Justin Walls*

In 2011 the School of Medicine at the Faculty of Health Science, University of Tasmania, with the co-operation of the School of Nursing and Midwifery, undertook an embedded investigation into the unit of learning "Perspectives on Ageing". This unit was undertaken by undergraduate medical, nursing and paramedicine students as part of their degrees as a joint pattern of study in mixed mode, online and face to face. The review informed some changes but by the end of 2013 it was clear more fundamental changes to the pattern of engagement at introductory levels of Interprofessional learning at the Faculty of Health and School of Medicine would be necessary.

This session will go over some of the lessons learnt over the last eight years from the investment in and delivery of Perspectives on Ageing as an exercise in Interprofessional learning for the students and staff. It will address the way the expectations of the unit matched or varied from the delivery and reality of IPL as, particularly, the medical students saw Perspectives on Ageing in the years 2011 to 2013.

ID:16175

Poster Number: PP15

Title: Trialling the Development of Collaborative Practice using Inter-Professional Learning Activities between Nursing Students and Students from Medical Laboratory Sciences*Suzanne Owen, Indu Singh, Roselyn Rose-Meyer, Frances Linn***Aim**

This study was undertaken to determine the effectiveness of Inter-professional learning (IPL) in a simulated clinical environment between third year nursing and second year medical-laboratory science cohorts. This presentation reports on the student preparedness for collaborative practice in the clinical environment.

Method

Students from medical laboratory sciences and nursing were provided with information on working in a clinical laboratory including professional conduct, professional communication. For the scheduled session students were also asked to become familiar with the clinical scenarios for the simulated activities. In this session a patient was haemorrhaging and required transfusion. A pre-session survey was undertaken by all participating students to gather demographic data, prior experience in simulation and exposure to the clinical environment. Additionally students were asked about their expectations of the IPL session. Students were also questioned on their preparation for the workshop based on the supplied information. Statistical analysis was performed using SPSS.

Results

Student responded favourably to the questions on effective group practices with 72% identifying all five positive responses. However, despite information given on effective communication and student expectations that student communication would be a key element, student responses indicated limited preparedness with only 50% of the total cohort identifying professional communication components. In fact 30% failed to answer the communication questions.

Conclusion

Students require preparation for IPL. This preparedness includes not only information on professional practice and communication but on IPL as well.

ID:16272

Poster Number: PP16

Title: Doctors Attire in Paediatric Wards

Rhys Cameron, Caroline Luke, Tim Wilkinson

Objectives

To determine the most preferred mode of attire for doctors in a paediatric ward, and to ascertain the differences between preferences of patients, parents and doctors.

Design

A cross-sectional survey conducted between 20 October 2012 and June 12 2013.

Setting

The study was undertaken in the Paediatric inpatient ward at The Canberra Hospital (TCH), a tertiary hospital in Australia.

Participants

A total of 250 participants consisting of patients in the paediatric ward at TCH, parents of patients, and doctors working in the paediatric ward.

Main outcome measures

The survey gathered data regarding preferences for levels of formality, bright or neutral coloured attire as well as qualitative comments on preferences to determine common themes guiding preferences for attire.

Results

Of those interviewed (patients = 90, parents = 144 and doctors = 16) the most popular outfit was the male casual neutral attire, followed by the male formal neutral, then the male formal bright attire. A mean of 1.55 out of the top 4 images was for formal attire and was significantly higher than semi-formal ($t(249)=2.434$, $p=0.016$) (mean = 1.32) or casual ($t(249) = 3.896$, $p=0.000$) (mean = 1.11) attire. Doctors had a higher preference for semiformal attire ($M=1.875, s=0.96$) than patients ($M=1.289, s=0.914$) and parents ($M=1.285, s=1.00$). Participants preferred more neutral coloured attire in male doctors, with mixed results for female doctors. The most valued themes governing preferences were professional, friendly and fashionable.

Conclusion

This study illustrates a wide range of preferences towards doctors' attire among parents, patients and other doctors in a paediatric ward. Doctors' attire can portray professionalism, friendliness and fashion which may enhance the doctor-patient and co-worker relationships.

ID:16412

Poster Number: PP17

Title: Enhancing Clinical Supervision Capacity in South Australia: An Evaluative Study

Koshila Kumar, Danielle Abbott, Jennene Greenhill, Georgina Neill

Introduction/Background

ClinEdS's Clinical Supervision Support Program (CSSP) is funded through Health Workforce Australia (HWA) and provides training for new and experienced clinical supervisors in public, private and not for profit health and aged care sectors in regional and metropolitan settings across South Australia. To date, over 500 clinical supervisors have undertaken CSSP training.

Purpose/Objectives

Our study aims to illustrate the professional/educational and workplace value of clinical supervision training and organisational factors impacting on workplace application of supervision training.

Issues/Questions for exploration or ideas for discussion

Professional/educational and workplace value of clinical supervision training.

Results

Data collection commences in February 2014 and will involve the collection and analysis of interview data from a stratified purposive sample of clinical supervisors and workplace managers. Findings to be reported include the 1) professional/educational value of training for clinical supervisors in terms of impact on their knowledge and skills, confidence and preparation for supervision, and capacity to consolidate education/supervision and clinical roles, and 2) workplace value of training including impact on workplace processes or practices related to supervision and organisational factors impacting on workplace application.

Discussion

It is anticipated that a number of implications will emerge regarding the factors and issues to be considered and addressed in maximising the development and delivery of clinical supervision support and training. These will be discussed in more detail in the conference presentation.

Conclusion

This evaluative study goes beyond exploring participant satisfaction to exploring the educational impact and workplace value and application of clinical supervision training.

ID:16569

Poster Number: PP18

Title: An Integration of Traditional and Modern Learning Strengthen Learning Outcome of Histopathology for Dental Students*Ali Salajegheh, Alfred Lam, Elliot Dolan-Evans, Sahar Pakneshan, Elizabeth Hamilton***Introduction/Background**

It is well recognized that dental students require a basic understanding and ability to explain and apply general principle of pathology to systemic and oral pathology. Currently, the effectiveness of the use of self-directed learning materials, including on-line resources and on-line microscopy classes, in assisting and achieving this understanding in students is unclear.

Purpose/Objectives

This study aimed to analyse both students' evaluation and the effectiveness of blended learning in the General Pathology course at Griffith University Bachelor of Dentistry and Oral Health. Self-directed learning materials including online resources and on-line microscopy classes were employed as the intervention. Students' understanding and satisfaction (level of confidence) was measured with a 5-point or 7-point Likert scale questionnaire and effectiveness of the intervention in delivering the learning outcomes was examined from summative final assessment.

Issues/Questions for exploration or ideas for discussion

How effective is the blended learning in delivering the learning outcome in dental pathology course.

Results

Comparison of the summative assessment of both cohorts, students in the intervention arm of the study obtained significantly higher scores (28.84 ± 1.72) than students in the control arm (25.63 ± 3.07 ; $p < 0.01$).

Discussion

The use of blended learning tools such as virtual microscopy and interactive on-line resources for delivering pathology tuition in the field of medical education represents an exciting alternative and effective method of developing competency, confidence and satisfaction in dentistry students.

Conclusion

Dental student learning of histopathology is enhanced using a blended learning package combining traditional learning methods of lectures and tutorials with an on-line interactive resource.

ID:16225

Poster Number: PP19

Title: Does the Dietetic Educator Workforce have enough Meat on its Bones? A Professional Profile of the Dietetic Educators Preparing Australia's Future Dietitians*Kate Morgan*

The surge in demand for dietetic programs offered in Australian universities has resulted in a subsequent increase in the number of dietitians required to work in this sector. However, the size, skills and experience of the Australian dietetic educator workforce remains largely unknown. The aim of this study was to profile the professional attributes of the academic dietetic educator workforce in Australia to inform strategic planning for dietetic preparation. A cross-sectional survey was electronically distributed to dietitian academics contributing to the education of students in dietetics programs at Australian universities ($n=135$). Subjects were asked to complete and return their professional profiles from which the data was collated into SPSS for statistical analysis. Responses were received from dietetic educators ($n=79$) at all Australian universities offering dietetics programs (RR= 60%). Forty percent of respondents held PhD-level qualifications in dietetics while one third (32%) held graduate certificate qualifications in education. Around half (51%) of respondents cited clinical dietetics as their main area of practice specialisation and the largest proportion (40%) of respondents had 1-5 years experience as a dietetic educator. The dietetic educator workforce is largely comprised of dietitians with clinical experience who have been in dietetic education for a relatively short period of time. The proportion of dietetic educators with expertise in dietetic education or experience in the non-traditional yet growing areas of dietetic practice is small. Dietetics is a rapidly expanding profession. Strategies are required to build the capacity of the dietetic educator workforce to ensure that dietetic preparation effectively matches future dietetic practice.

ID:15909

Poster Number: PP20

Title: Reflection Training as a Form of Professional Development for Physiotherapy Clinical Educators

Christine Frith, Sallie Cowan, Clare Delany

Introduction/Background

An important aspect of improving clinical supervision teaching skills is providing opportunities for educators to reflect on their own teaching approaches and develop self-confidence as an educator (1).

Purpose/Objectives

To evaluate a series of structured reflection sessions with physiotherapy clinical educators focusing on teaching approaches and their impact on student learning.

Issues/Questions for exploration or ideas for discussion

This project used action research as a methodology (2). Six educators attended three structured reflective discussion sessions about theories and methods of clinical teaching over a three month period. They selected a 'new' teaching strategy to trial with students, and further refined the strategy in the discussion sessions and recorded a diary describing the teaching strategy and its impact on the students.

Results

Participating educators had a median education experience of three years. The two main teaching strategies trialled were using positive feedback with students and promoting student self-evaluation and independent thinking. Based on analysis of the diary entries, educators showed increased awareness of the impact of their teaching strategies on students' learning. Median educator self confidence scores improved over the project reflecting increased educator confidence.

Discussion

Reflection training improved educator confidence to teach, the appreciation for the impact of teaching on student learning and supported a change in teaching practice.

Conclusion

Reflection training was an effective method of clinical supervision professional development in this pilot study.

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ID:16387

Poster Number: PP21

Title: Relationships between Higher Education Institutions and Practice Placements: Strategies to Improve Nursing Student Success and Preceptor Experience in the Current Environments

Faye Davenport

Introduction/Background

There are a number of often complex challenges for nursing students, clinical lecturers, preceptors and agency staff that impact on the ability of the student to be successful and the preceptor to feel fulfilled in the practice placement.

Such challenges may be behavioural issues, physical/mental health challenges, high levels of stress and anxiety, inability to communicate effectively; poor documentation associated with the inability to meet competencies, vagueness and lateness of feedback; discomfort of failing students, preceptors who feel inadequately prepared to work with students, clinical lecturers who are unsure just where their loyalties are; there may be difficulties associated with cultural diversity, skill mix of agency staff, the busy-ness of the work environment.

Purpose/Objectives

The objective of this presentation is firstly, to explore how nursing students, preceptors, clinical lecturers and agency staff might be supported and guided most effectively in their respective roles. Secondly, how might the relationship/partnership between the educational institution and practice placement facilitate the positive support of all involved.

Issues/Questions for exploration or ideas for discussion

What strategies might be put in place so that students' chances of success are maximised and staff have a positive experience during the practice placement?

ID:16462

Poster Number: PP22

Title: Teaching Performance Expectations and Online Staff Development for Sessional Staff*Ellen Ennever, Jo Kelder*

The Faculty of Health at the University of Tasmania (UTAS) has, over 2012 and 2013, piloted initiatives to assist clinical and sessional staff to engage in professional development opportunities. These opportunities directly relate to embedding a culture of quality, evaluation and improvement in learning and teaching practices in health science and medicine and have informed how the Faculty conceptualises the way clinical academics, in particular, can meet Teaching Performance Expectations (TPEs at UTAS) into the future.

To give an example: in 2012 the Faculty piloted a wholly online Faculty Learning and Teaching Forum, with technical support and "tuning up" available prior to the actual day of the Forum so that sessional and clinical academics could experience, with their full-time counterparts, a showcase day of Faculty learning and teaching activities. Sessions like this have been run throughout 2013 to fine tune approaches to flexible engagement and to inform academic staff of initiatives related to TPEs. In future slimmer budgets may have to stretch further for professional development and it is worth exploring how more can be done on flexible platforms to provide equity of opportunity to sessional and clinical academic staff.

ID:16528

Poster Number: PP23

Title: The Centre for Education and Workforce Development's Clinical Nurse and Midwifery Educators Professional Development and Support Program*Rebecca Bedford, Jenni O'Brien, Julie Chlamers***Introduction/Background**

Clinical Nurse and Midwifery Educators (CNEs/CMEs) play an integral role in the development of the nursing and midwifery workforce. Data collected from this group working across Sydney and South Western Sydney Local Health Districts indicated that there was a need for further recognition, support and tailored development opportunities.

Purpose/Objectives

To address this need, a support and development program was designed specific to CNEs/CMEs. Program content included role identification, clinical teaching (Teaching on the Run), practical change management, self reflection and awareness, conflict resolution, networking, goal setting and an exploration of the CNE's/ CME's role in performance development.

Participants submitted a series of tasks for assessment. These included an educational needs analysis, an action plan and a presentation on the final day of the program to their directors and managers about their key learnings.

This program was delivered over an eight month period including six face-to-face teaching days.

Issues/Questions for exploration or ideas for discussion

A number of issues were addressed in this development program

- 1) An assumption that if Nurses and Midwives had mastered their clinical skills, then they were competent to teach others. This assumption fails to recognise the additional skill set unique to these educator roles.
- 2) The importance of networking with others within a similar role for support and development.
- 3) The importance for CNEs/CMEs to have a clear understanding of their role and therefore know what is expected of them.
- 4) That education is a career pathway not a stepping-stone to management.

ID:16288

Poster Number: PP24

Title: Why Clinical Teachers Need a Mary Poppins*Kim Storrie, Kathy Ahern***Introduction/Background**

The clinical setting, with its focus on patient care and safety, is especially problematic for students with symptoms of mental illness.

Purpose/Objectives

Identify challenges and strategies common and unique to clinical teachers in various health disciplines regarding the clinical supervision of troubled students.

Issues/Questions for exploration or ideas for discussion

251 Australian university clinical teachers completed an online questionnaire about how best to address these challenges.

Results

Students lacking insight and highly anxious students are the hardest to manage. Clinical teachers, regardless of discipline, reported both a need to protect themselves, and frustration about lack of university support. Dentistry, midwifery and nursing teachers reported student defensiveness and disregard for professional boundaries were especially problematic. Medical clinical teachers were less concerned about being worn down by troubled students, although they and the psychology/social work teachers reported a significantly higher concern about protecting patients.

Discussion

Clinical teachers have an unmet need for institutional support, especially regarding a standardised approach in supervising troubled students.

Conclusion

These needs can be met by the development of a role for a dedicated academic staff member, familiar with the demands of clinical placement. This individual can support emotionally vulnerable students, provide professional supervision of clinical teachers, advise about modifications of the clinical practice to accommodate student needs, and act as a liaison between stakeholders to optimise the student's learning experience without compromising academic or clinical standards.

ID:16504

Poster Number: PP25

Title: A Loss of Bioscience Knowledge in Nursing Students*Sally Schaffer, Adam Polkinghorne, Sheila Doggrell, Rinku Tuli***Background**

Knowledge of the human biosciences is fundamental to the development of competent nurse practitioners with requisite knowledge and skills for clinical practice. In general, studies of recall report relatively large losses over short retention intervals (months), which accumulate, but level off, for longer retention intervals (years).

Objectives

The objectives were to test the recall of bioscience knowledge by nursing students and their perceptions of the testing.

Questions explored

What would be the results for identical MCQs undertaken by nursing students 4, 9 and 16 months after their first bioscience exam? Would pre-warning the students of a microbiology quiz and not a gastrointestinal system quiz affect the findings?

Results

The nursing students performed better in the final exam on the gastrointestinal system than on the microbiology topic. In the exam, the students' mean marks for the gastrointestinal system ranged from 69-83%, and this declined to 63%, 53% and 49% after 4, 9 and 16 months, respectively. The mean exam marks for microbiology ranged from 48-58%, and this did not change significantly after 4 (63%), 9 (59%) or 16 months (47%). About 70% of surveyed students thought that the testing of both topics was a useful learning activity.

Discussion

Although there was a loss of knowledge of the gastrointestinal system, it appears that warning the students about the microbiology quiz may have helped their recall.

Conclusion

Regardless of the topic, after 16 months, nursing students recalled less than half the bioscience knowledge. The students valued the testing as a useful learning exercise.

ID:16233

Poster Number: PP26

Title: Can an Undergraduate Paramedic Student's Innate Reasoning Ability be Linked to their Academic Performance in the Biological Sciences?

Emma Bartle, Adam Rolley

Introduction/Background

In recent years paramedic education has transitioned from a vocational model into the tertiary education sector. The University of Queensland (UQ) offers a 3 year Bachelor of Paramedic Science program that employs a Case Based Learning (CBL) teaching model. The curriculum is designed to develop reasoning skills by linking the core biological sciences to clinical practice.

Purpose/Objectives

A longitudinal study design is being utilised to explore whether innate reasoning ability predicts a student's academic performance and progression within the UQ Bachelor of Paramedic Science program.

A validated instrument was administered to year one paramedic science students on the first day of semester 1, 2014. This instrument measures a student's capacity to reason across the domains of quantitative and formal, verbal and plausible, and critical reasoning. Demographic information was also collected to isolate the effect of admissions variables.

Issues/Questions for exploration or ideas for discussion

This research will explore whether innate reasoning ability predicts academic performance in an undergraduate CBL paramedic program. A qualitative approach is being used to analyse the baseline data against student achievement in year one science and clinical courses.

ID:16594

Poster Number: PP27

Title: Does Knowledge of Metacognition and Regulation of Metacognition affect Examination Results of Medical Students?

Wei-Han Hong, Esther Gnanamalar Sarojini Daniel, Jamunarani Vadivelu, Joong Hiong Sim

Background

Metacognitive Skills revolves around the term metacognition which was first introduced by John Flavell in the 1970s. Flavell described metacognition as the knowledge concerning one's own cognitive processes or anything related to them and identified two dimensions of metacognition; regulation of metacognition and knowledge of metacognition. These skills also referred to learners' automatic awareness of their own knowledge and their ability to understand, control, and manipulate their own cognitive processes. The presence of metacognitive skills is essential and should be prioritised in order to teach future doctors to be independent and lifelong learners who are able to continuously assess the outcome of their actions to build new knowledge. It is believed that metacognitive skills have to be emphasized in the teaching and learning process because:

- i) Students cannot rely on their teachers' teaching all the time but must be able to plan and utilise the knowledge in a wide variety of tasks.
- ii) Students have the habit to blindly follow instructions which leads them to ineffective cognitive performance in intellectual tasks.
- iii) Metacognitive skills deficiency students have no idea what they are doing as they are unable to determine the difficulty of the tasks, plan their actions, monitor their performance, use information and graphical representations.

The Metacognitive Skills Inventory developed in this study was used to assess the level of the two dimensions of metacognition in medical students' and how this affects their examination results.

Summary of work

The study aims to explore the metacognitive skills of first year medical students in the University of Malaya and how this behaviour affects their examination results. This research uses a quantitative design. A Metacognitive Skills Inventory has been adapted from Metacognitive Skills Inventory (MAI) by Schraw & Dennison (1994) and further developed to be administered to the first year medical students (n=205) of University of Malaya. A t-test was used to study the significance of the two dimensions of metacognitive skills and students' year-end examination results.

Summary of results

165 (80.49%) first year medical students completed the Metacognitive Skills Inventory. The t-test results revealed that both the dimensions, knowledge of metacognition and regulation of metacognition does affect the students' year-end examination results.

Conclusion

Metacognitive skills is an essential component to be included in selecting medical students to produce future doctors who are compassionate and persevere in both their studies and in the healthcare work force in Malaysia.

ID:16365

Poster Number: PP28

Title: Effect of Implicit Learning on the Acquisition of Fine Motor Skills in Pre-Clinical Endodontics

Mohamed El-Kishawi, Tracey Winning, Grant Townsend, Peter Cathro, Rich Masters

The use of theories or evidence for designing learning of fine motor skills for root-canal preparation is limited. Recent evidence from other disciplines indicates that implicit learners (unlike explicit learners) are better able to maintain performance when multi-tasking.

This study aimed to investigate the effect of learning implicitly (errorless) or explicitly (errorful), on the acquisition of root canal preparation hand skills. Learners who had completed the normal pre-clinical activities provided comparative (control) performance data.

We hypothesised that root canal preparation skills learnt implicitly will not deteriorate when multi-tasking. Evidence from other disciplines indicate that learning implicitly reduces attention load during learning, thereby allowing learners to process critical information more readily when completing complex root canal procedures.

Implicit (n=20) and explicit (n=20) groups showed similar performance during learning, assessed by completion time and preparation accuracy. When tested, participants who learnt explicitly showed a deterioration in preparation accuracy when multi-tasking ($p < 0.05$). Completion time and accuracy of preparation for implicit and control (n=15) groups remained stable when multi-tasking.

Our findings confirmed that learning under conditions that limit errors resulted in stable performance when multi-tasking. This may result from a reduction in working memory use for error detection and correction when learning implicitly.

These findings provide preliminary evidence for further investigation of implicit approaches as an effective method for learning root canal hand skills that are robust under demanding conditions.

ID:16595

Poster Number: PP29

Title: Integrating Ethics and Law into Basic Medical Education

Richard Hays, Gregor Becker, Roger Worthington

Contemporary medical curricula are under increasing pressure to include a formal, substantial component of ethics, law and professionalism in order for graduates to be prepared for roles they will play in local health care systems as part of the workforce. While professionalism is a relatively well understood construct, reflected in professional codes of conduct and shared understanding amongst professional colleagues, [1] it is less clear if, when and where ethics and law, which underpin professionalism, should feature in formal instruction.

We advocate the adoption of an integrated approach to teaching medical ethics and law in terms of how and where the subject fits within the curriculum. We view it as one subject, not two, since law and ethics are intertwined, recognising that ethical frameworks are possibly less susceptible to regional, national or even international variation than legal frameworks. We are aware that local, practical constraints often need to be taken into account, and while integration means different things to different people, we advocate an approach that, from an international perspective, we think is capable of implementation.

Staffing and other resource limitations, combined with pressure on curriculum time and competing educational agenda make this a relatively complex task; while we do not aim to provide a neat set of solutions, we hope that those interested in curriculum development will be able to draw from this discussion. The aim is to provide practical advice for educators on how best to develop and implement appropriate and relevant ethics and law curricula within schools of medicine, including 10 top tips.

Professional development continues post-graduation, and students need to be aware of the existence and purpose of lead regulatory bodies, and it makes sense for representatives from these bodies to be invited to come and talk with students close to graduation. Continuing professional development (or continuing medical education), whether as part of professional revalidation or another scheme for continued learning, increasingly plays a part the life of a doctor. Ethics and law is a vital component part of this process, and we maintain that the sooner it is addressed in a meaningful way within the framework of educating and training doctors, the better it should be for society as a whole.

ID:16234

Poster Number: PP30

Title: Strengthening Allied Health Research Capacity: Lessons Learnt from the 2013 Sydney Local Health District Allied Health Research Forum

Bradley Lloyd, Vanessa Nube, Lil Vrkleviski, Lesley Innes, Paula Caffrey

Introduction/Background

Research activity within a local health service is an important factor in the delivery of high quality patient care. The research completed by allied health staff is often less widely recognised and reported than research carried out by medical and nursing staff.

Purpose/Objectives

The aim of the research forum was to strengthen local allied health research capacity through bringing staff together and providing education to new and emerging clinical researchers. In addition, the forum sought to promote a culture of research through recognising, celebrating and sharing the research work being undertaken by local allied health staff.

Issues/Questions for exploration or ideas for discussion

A one-day research forum was held in Sydney Local Health District on 22 November 2013. There were 113 staff who attended from 10 professions (occupational therapy, physiotherapy, dietetics, podiatry, speech pathology, social work, psychology, nursing, medicine and oral health). Keynote presentations and a panel discussion were held in the morning. The afternoon session included poster and abstract presentations from local allied health staff.

A summary of the steps involved and lessons learnt from the organisation of a research forum within a local health service, including the planning, time and resources required and evaluation results will be provided.

Conclusion

A well-designed research forum can be used to strengthen allied health research capacity within a local health service through fostering collaboration, building research skills and knowledge and promoting a culture of research.

ID:15221

Poster Number: PP31

Title: Coping with Emotionally Challenging Situations in Clinical Pharmacy Practice: Implementation of a Training Program

Jessica Parker

Introduction/Background

The clinical environment can pose many challenges for health professionals. A tertiary hospital pharmacy department education gap analysis was conducted and identified that many staff pharmacists were reporting skills deficits in stress management, assertive communication and vicarious trauma.

Purpose/Objectives

The pharmacy department liaised with a workplace psychologist to develop an internal training package to address these needs. The education modules were; Module 1: Stress and resilience, Module 2: Communication skills (Assertive communication and Emotional Intelligence), Module 3: Vicarious Trauma, Module 4: Counselling Microskills & Debriefing (Accidental Counselling) and Module 5: Developing a Resilience Action Plan & Information on how/where to refer a colleague for professional assistance

Results/Discussion

The program evaluation involved an anonymous survey. The results were encouraging. 100% of respondents agreed or strongly agreed with the statements "the facilitator presented the material in a way I could relate to" and "the clinical scenarios discussed were relevant to the pharmacy department".

After completing the session 100% of colleagues agreed or strongly agreed that they had an increased awareness of Stress in the workplace ie. (Identifying the signs and how to deal with personal stress or reducing the stress level of a colleague).

After completing the session 37.5% strongly agreed and 57.1% agreed the learning objective "Increased awareness of Vicarious Trauma in the workplace and the difference between debriefing and counselling" had been met. All pharmacists felt the training should be completed by every staff pharmacist on the team and the large majority (93%) were happy with an internal facilitator.

Other positive comments included; "It may be worthwhile other staff members (not just pharmacists) having an opportunity to attend these courses too" and "it was very valuable, worthwhile training".

Conclusion

The recognition of workplace stress is often underestimated in Allied Health professions such as pharmacy. It is important to recognise this deficiency in the workplace and equip staff with the skills to develop support strategies for accidental counselling scenarios.

ID:16373

Poster Number: PP32

Title: Cross-Campus Collaboration: Bridging the Gap for Learners in a Multi-Centre Institution

Glenn Trainor, Roshini Thomas, Samuel English, Robyn French, Claire Goodwin

Introduction/Background

It is apparent that learners benefit greatly from discussion and collaboration with their peers when undertaking clinical placements in their field of interest. Many health institutions are expanding their departments across a number of campuses, which may create a barrier for interactions amongst learners. The use of video conferencing technology has enabled learners at our multi-campus institution to interact on a weekly basis to share and discuss their experiences. These weekly cross-campus case study sessions not only promote discussion, but also develop presentation and facilitation skills of those involved. As clinical educators it is important we empower learners to take control of their learning experience. These sessions provide a safe forum that is run by the learners, for the learners.

Purpose/Objectives

The purpose of this poster is to share the experience of our multi-campus institution in overcoming the barriers to peer-assisted learning. By sharing our experiences, we hope to promote discussion about strategies to deal with this potential barrier, and explore ideas for future development.

Issues/Questions for exploration or ideas for discussion

How has your institution attempted to overcome the difficulties in creating interactions between learners across multiple campuses?

What level of involvement do you see as appropriate for educators in an environment such as this?

ID:16346

Poster Number: PP33

Title: Into the Mix: Physiotherapy Students in the Emergency Department

Jacqueline Leys, Luke Wakely, Kelly Thurlow, Rod Hyde Page

Background

There is increasing pressure on universities to provide sufficient high quality clinical placements. The Emergency Department (ED) appears to be an underutilised area for physiotherapy student placements as it moves outside traditional placement settings. It has been questioned whether the ED is a safe and appropriate environment for students to learn in and gain exposure to a range of patient cases.

Purpose

To explore the suitability of the ED for physiotherapy student clinical placements.

Method

Statistics were collected on every patient who a physiotherapy student cared for in the EDs over a 14 month period. Student's placement evaluation responses were thematically analysed.

Results

Twenty five students completed a five week ED placement over the 14 month period. This equated to 1185 patients. Student case-mix involved a wide variety of musculoskeletal and orthopaedic injuries and they undertook a range of treatment techniques including exercise prescription, plastering, mobility assessments, manual therapy and taping. Students reported that ED provided a variety of patients, they gained experience in a range of treatment techniques and they felt well supported by all ED staff.

Conclusion

The ED provides an excellent clinical experience for physiotherapy students. The case-mix offers a good variety with students being exposed to a range of musculoskeletal conditions and treatment techniques. The ED clinical experience appears similar to that of an outpatient or private practice placement yet has the added support of the medical and nursing staff, and may be an area the profession can put to greater use in the future.

ID:16109

Poster Number: PP34

Title: Out of the Mouths of Baby Boomers!*Kristin Edwards, Sandra Walker, Marc Broadbent, Lorna Moxham, Trudy Dwyer, Teresa Sander*

The question of how to best recruit and retain students into the health professions has been widely discussed. In the looming nursing shortage that is predicted, this is paramount. Many health education programs have large numbers of older mature aged students, so the provision of quality learning environment, both off campus and at university, which meet the needs of mature aged students, is beneficial. Our research has implications for practice by identifying supports for and barriers to the experiential learning opportunities of 'baby boomer' undergraduate-nursing students in their clinical spaces. Our study indicates that developing a sense of belongingness, appreciating the contribution of past experiences to the student role and providing timely, quality feedback may support the learning opportunities of 'baby boomer' undergraduate-nursing students.

There is a very large gap in the literature for the baby boomer students' voice. The perspectives of nursing students on their experiential learning spaces are quite broad and do not address this unique group of demographics. This knowledge may benefit a broad array of health professional educators.

Our paper addresses the issue of listening to the voice of the baby boomer nursing students with special attention to their off campus clinical spaces. This is very important for health educators to incorporate the unique needs of this demographic to avoid the breakdown in communication, role clarity and connectedness that has been portrayed in participants' expressed views as one of the major causes of a sense of isolation while on placements.

Specifically, we have looked at both the unique demographic of baby boomers and also the uniqueness of the clinical placement needs in order to strengthen their voice. I will discuss belongingness and how essential this is for baby boomers for a positive and meaningful clinical placement learning experience. And also apparent through the participants expressed views that clinical staff need to engage in quality communication, behaviours that made the students feel connected to the facility and ensured that there were clear role expectations of students as one of the team. This enhanced the student sense of belongingness and being valued.

I argue that the needs of the baby boomer nursing students in clinical placements are not being heard. It is important that health educators understand the fundamental differences between learners. This will help guide the educators to more effectively meet the needs of the older learner. In conclusion, our project, by closely examining the needs of baby boomer nursing students in their clinical placements, will improve the student experiential learning experience. Until now, this issue has been a rarely acknowledged and ignored. It is our hope to educate other health professional educators and strengthen the voice of the baby boomer students on their clinical placement.

ID:16155

Poster Number: PP35

Title: Pilot of a Near-Patient, e-Learning Tool*Rob Selzer, Fiona Foley***Introduction/Background**

AXM (Augmented eXperience Modules) is a voluntary, near-patient, e-learning package. Each module covers a clinical disorder, comprising a pre-encounter section, a patient encounter section into which de-identified clinical information is entered, followed by an assessment and feedback section. AXM was piloted with junior medical students at two Hospitals in Melbourne.

Purpose/Objectives

The purpose of this study was to explore student web-site behaviours to better understand what they find valuable in a clinical learning e-tool.

Issues/Questions for exploration or ideas for discussion

What resources did students find most useful?

What was it like for students to use AXM?

Did AXM impact on students' clinical confidence?

Results

Twenty-eight students utilized the site. Students viewed a greater number of the pre-encounter sections than patient encounter sections: The top 5 topics viewed were: Atrial Fibrillation, Alcoholic Liver Disease, Acute Kidney Injury, Aortic Stenosis, and Bleeding Disorders. Only 7 voluntary feedback forms were completed: using the e-tool to learn was rated a mean score of 8.3 (scale of 1 'terrible'-9 'terrific') and contributed to clinical confidence with a score of 4.3 (1= 'not at all', 9 = 'entirely').

Discussion

Viewed resources likely represent several factors: students, curriculum, disorder complexity, and patient population. This preliminary data indicates AXM contributed to users' clinical confidence, important because students can be reluctant to engage in patient encounters early in their training.

Conclusion

The AXM deployment pilot provides insights students' e-learning.

ID:16374

Poster Number: PP36

Title: Safer, Smarter Student Education on Placement*Rebecca Pike, Christine McCormack***Introduction/Background**

To support Queensland's Health and Hospital Services to deliver safe, effective and efficient health care at the same time as supporting and sustaining an increasing number of pre-entry student placements, the Occupational Therapy Clinical Education Program recognised the need for a student placement planning process that actively engaged student learners. Safe, timely and educationally sound engagement of students in health care delivery remained the key focus areas in development of the process.

Purpose/Objectives

This presentation will introduce the Student Activity Planning process for placements and report on the outcomes of a qualitative review into the process. Student Activity Plans were designed and implemented to support the safe practice of students; to develop student competency for health care in a timely way; and, to enable students to undertake learning and development activities with a large degree of autonomy, thereby freeing the clinical educators time for patient care. Whilst improving the efficiency of student education the Student Activity Planning process also created a system for storing, delivering, and reviewing student learning experiences whilst on placement, despite frequent changes in educator personnel.

Issues/Questions for exploration or ideas for discussion

How does enabling student autonomy in learning support efficient student education practices? How important is it to develop processes that support the workload management of Clinical Educators?

ID:16596

Poster Number: PP37

Title: Service Learning in Medical Education*Shazmi Khan*

International service learning (ISL) is increasing amongst the medical students in the United States and Canada. Medical schools across the US and Canada have come to understand ISL as a valuable global health and experience aimed at acquisition of medical and clinical skills. It has also become a pedagogic tool to relay the conceptual principles that form the phrase doctor patient and society. While the medical schools and students should be praised for accepting ISL, one cannot help but question the impact ISL has on these students and communities. It is inevitable to think if the student physician pursues ISL from a learning standpoint or do they see it as a 'charity' cause and a global health resume booster. The paper discusses the methodology of developing ISL into a learning experience that enhances students clinical skills.

ID:16311

Poster Number: PP38

Title: Strategies to Increase Workplace Learning for Allied Health Professionals: Results from the NSW Allied Health Workplace Learning Study

Bradley Lloyd, David Schmidt, Annie McCluskey, Gaynor Heading, Jacqueline Dominish, Daniella Pfeiffer

Introduction/Background

Workplace learning is continuing professional development that is stimulated by and occurs through participation in workplace activities. It is essential for the ongoing development of the knowledge and skill capabilities that allied health professionals require to deliver high quality patient care.

Purpose/Objectives

The aim of this qualitative study was to determine the key factors that promote or limit workplace learning for NSW Health allied health professionals. Data were collected via semi-structured interviews (n=7) and focus groups (n=9) from a maximum variation sample (n=46). The Framework Approach was used to guide the study methods. Textual data were analysed and explored for key themes.

Results

Key enablers of workplace learning included having access to peers, experts and learning networks, quarantined learning time, management support and positive staff attitudes. Other factors that promoted workplace learning included having access to technology, a culture of learning, attendance at courses and conferences, funding assistance, libraries and learning resources, varied and challenging patient case-mix, co-located workplace design, good governance, registration requirements and dedicated education and research support staff.

Discussion/Conclusion

Many of the key enablers of workplace learning for this group have also been identified in other settings. Specific strategies that are tailored to foster these enablers and address barriers will be discussed. These strategies may be applicable to other health settings and to other health professions. Future research should be designed to evaluate the effectiveness of these strategies.

ID:16285

Poster Number: PP39

Title: Prezi as a Tool for Enhancing Exercise Physiology Student Online Learning - Evidence of Effectiveness

Nathan Reeves

Introduction/Background

Prezi is a cloud-based presentation software which employs a single virtual canvass to which text, images, videos and other objects are added. It was the preferred tool for the online courses because of its dynamic and engaging features, and its capacity to impact on student learning.

Purpose/Objectives

This study aimed to establish impact Prezi had on the learning of the 2013 cohort of Griffith Exercise Physiology (EP) students in two web-based courses.

Issues/Questions for exploration or ideas for discussion

The cross-sectional survey-based study was completed at the completion of Semester 1, 2013. Students rated their level of satisfaction with the Prezi online lectures and its ability to engage and stimulate their learning. Students commented on the features they felt most important in an online lecture and how well Prezi delivered in these areas.

Results

89 percent of the 2013 EP cohort completed the survey (n=16). Students were 25% more satisfied with Prezi online lectures compared to previous, non-Prezi, online learning they had completed. The Prezi online lecture format was 54% more effective in engaging the student and stimulating their learning. Over 50% of students reported that Prezi lectures were self-paced, interactive and stimulating.

Discussion

These results are consistent with the findings in the literature on Prezi and its capacity to positively impact on student learning.

Conclusion

Because of Prezi's features, it should be considered to be used to engage students with learning.

ID:16141

Poster Number: PP40

Title: Educating Osteopathic Practitioners for Future Health Care Demands*Gopi Anne McLeod*

Osteopaths are a valuable yet under-utilised health profession. With a university health care education of five years, osteopaths are skilled primary care practitioners who provide treatment and management of musculoskeletal conditions including chronic pain and mobility disorders. This presentation presents the findings of research conducted at Southern Cross University and reports on the current education of osteopathic health practitioners in Australia and New Zealand. The research, involving osteopathic undergraduate students, evaluates the effect of introducing a pedagogical parallel stream of critical reflective learning that had as its aim the development of professionalism, ethical awareness and reflective capacity (Mann, Gordon, & MacLeod, 2009). This presentation highlights the findings from the first phase of a longitudinal qualitative case study (Yin, 2009).

Osteopaths specialise in rehabilitation of patients suffering from injury, musculoskeletal conditions and the subsequent decline in physical performance. Osteopaths usually work in private practice and are therefore often responsible for making important decisions in complex and uncertain clinical contexts. There is however, a growing trend for osteopaths to work inter-professionally alongside medical practitioners and specialists, physiotherapists, podiatrists, psychologists and other health professionals. Student osteopaths at Southern Cross University undertake shared interprofessional units as well as interprofessional clinical placements (Grace, McLeod, Streckfuss, Ingram, & Morgan, 2013).

Findings from phase one of this research indicated that the use of reflective learning strategies provided pre-clinical students with skills that promoted self-awareness and self-assessment of skill level and learning needs. This occurred at both a technical and professional level and led to the students planning for future learning including personal development.

Evidence of the development of reflective practice in osteopathic practice has important implications for this emerging allied health profession. With an accelerating increase in the number of individuals suffering from musculoskeletal conditions and the increase in the number of people aged 65 and over, Australia's health burden continues to skyrocket (ABS, 2013). Osteopathy is well placed to contribute to the solution for this burden. This research contributes to the educational theory for the promotion of reflective practice in Osteopathic courses.

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ID:16458

Poster Number: PP41

Title: Innovation in Clinical Anatomy Teaching: The Anatomage Table. New Technology, New Teachers'*Sarah Aitken, Holly Martin, Jeffrey Chow, Yogeesan Sivakumaran***Introduction**

Advances in new technology, such as the Anatomage table (a life-size 3D touchscreen virtual dissection table) are remodelling anatomy teaching. Traditional anatomy teaching based on cadaveric models is limited by storage constraints and expense, necessitating centralisation in large tertiary institutions. Whilst undeniably important, most anatomy teaching occurs in the early years of medical school and retention is poor. Junior medical officers (JMOs) evaluated in our metropolitan teaching hospital perceived their anatomy knowledge to be inadequate for their clinical roles.

Purpose

An eight-week anatomy program based on the Anatomage table was developed in conjunction with JMOs and surgeons. Fundamental to this course are peer-lead tutorials, fostering and enriching the development of teaching ability in junior doctors. These 'new teachers' have learnt a 'new technology', to synthesise and explain anatomical concepts. The curriculum focused on clinical and procedural anatomy commonly encountered by JMOs. The Anatomage table has enabled anatomy teaching to occur within the hospital environment, integrated in clinical practice.

Discussion

Innovative teaching techniques are required to best utilise the new technology. The tactility and touch-screen capabilities of the table make interaction in small-groups straightforward. The 3D visualization of structures and relationships is exemplary, however these require careful pre-tutorial planning to optimise demonstrations (examples to be shown). Importing real-life medical imaging is a highlight, translating anatomical knowledge into a clinical setting.

This new technology is not intended to replace traditional anatomy education but instead augment and consolidate. Anatomage returns anatomy education to the clinical environment. In addition, peer-lead teaching has developed teaching skills in JMOs and developed mentoring relationships with senior staff.

ID:16352

Poster Number: PP42

Title: Swings and Ladders - A Quality Framework for Paediatric Physiotherapy Clinical Placements

Melanie Fry, Bree Cox, Meg Moller

Children's Health Queensland Hospital and Health Service (CHQ HHS) Paediatric Physiotherapy placements occur within multiple and diverse facilities and settings. This represents a significant challenge for ensuring consistency and quality of placements. Although paediatrics is core to Physiotherapy education, it is both a challenging clinical area and suffers paucity of available placements. Within CHQ HHS, previous approaches to clinical education were isolated, variable and lacked structure.

An innovative approach was necessitated to build effectiveness, consistency and quality within paediatric clinical placements. A formal project was thus undertaken using funds provided by the Queensland Physiotherapy Placement Collaborative.

A Quality Framework, Resource Repository and associated report were developed in conjunction with feedback and input from all the CHQ HHS facilities undertaking paediatric Physiotherapy placements. This included the collation of existing resources and a survey of all the facilities to establish a baseline of student placement provision. The Quality Framework uses evidence base to connect the 'science' to the theories behind clinical education.

This project, while initially confined to CHQ HHS, is planned to be rolled out state-wide. Evaluation of this project is ongoing.

The Quality Framework developed during this project is underpinned by the following four key interrelated elements: Principles of paediatrics in physiotherapy; Quality indicators for paediatric physiotherapy student clinical education placements; Common learning objectives of paediatric physiotherapy student clinical education placements and Education resource repository for paediatric physiotherapy student clinical placements.

This project is taking us in a creative new direction in how we conduct paediatric Physiotherapy clinical education.

ID:16580

Poster Number: PP43

Title: "I'm Calling About..." A Real-Time IPL / Simulation Between Medicine and Pharmacy Students

Fiona Ellem, Gary Rogers, Denise McConnell

Introduction/Background

Designing a realistic interprofessional learning activity can be daunting, when faced with the challenges of space, timetabling and funding.

Pharmacists and doctors are ideal collaborative partners, often 'sharing' the same patients. However, the majority of community pharmacists practice in 'professional isolation'.

We sought to create a high fidelity real-time simulation of everyday practice, underpinned by IPL learning objectives, that was not restricted by the barriers of physical space, timetables and funding.

Purpose/Objectives

To create a realistic scenario whereby Medicine students appreciate the value of interacting clinically with a community pharmacist, and Pharmacy students experience communicating complex drug information verbally, under time pressure. A positive patient care outcome results.

Method

Fourth-year Medicine students examine a Simulated Patient as part of an intensive simulation week. The new element of phoning the community pharmacist for information (fifth-year Pharmacy students at another location) was introduced. The role-play exercise was embedded into the Pharmacy students' final semester, as a capstone drug information/ pharmaceutical care/ communication exercise.

Discussion

The design of the simulation works efficiently, and has been repeated on multiple occasions. Being embedded into two existing learning activities, costs are sustainable. Physical location and space are manageable because the students remain in their own teaching spaces. Course convenors recognise that this simulation satisfies course learning objectives, threshold learning objectives specified in the Griffith University Interprofessional Learning Framework, and holistic Graduate Attributes. Thus it has become timetabled as a priority.

ID:16485

Poster Number: PP44

Title: Perception of Senior Undergraduate Medical and Dental Students on Interprofessional Working and Roles of the Members of a Healthcare Team

Pei Se Wong, JinLy Ooi, Vishna Devi Nadarajah, Chellappan Dinesh Kumar

Introduction/Background

Interprofessional working is increasingly recognised as a means of addressing the current demanding health care environment. Little is known about students' perceptions on the roles and competencies of their profession and other health care professionals.

Purpose/Objectives

A study was conducted in a private medical university in Malaysia to investigate the perceptions of final year dental and medical students towards interprofessional working as well as competencies of healthcare professionals.

Results

A total of 149 dental and medical students participated in the study. Medical students rated their profession to be most competent in all aspects of patient care. Dental and medical students were in agreement on competencies of other professions with the exception of nursing, whereby there was a significant mean difference. The students also had some misconceptions on the roles of pharmacists and dieticians in terms of diagnostic skills. The Attitudes toward Health Care Team Scale (ATHCTS) was used to assess the attitudes toward healthcare team working. The quality of interprofessional care scale scores for dental and medical students were 3.90 ± 0.46 and 4.00 ± 0.47 respectively.

Discussion

This study shows different perceptions and misconceptions in senior dental and medical students' towards other professional competencies. However the ATHCTS scores show positive attitudes towards interprofessional working.

Conclusion

It is suggested that the curriculum be revised to improve students' understanding of roles and competencies of healthcare members prior to graduation.

ID:16470

Poster Number: PP45

Title: TELT Tactics; Selecting Suitable Technologies for Blended Learning

Ellen Ennever

Technology Enhanced Learning and Teaching (TELT) encompasses a vast field of possibilities in the provision of blended learning experiences but sometimes it is difficult to isolate what might be suitable platforms or strategies for delivering appropriate content in a way that will engage and inform students.

This is particularly true of academics who must teach in both hospital (private or public) and university settings where incompatible or inadequate learning management systems, web technologies, student expectations, connectivity issues and administration of learning events can be extremely complex.

This poster will canvas some of the major TELT initiatives of the last two years, including topics covered in the annual Horizon Report of 2014, to shed light on some of the possibilities available and challenges to be addressed in learning and teaching for the health professions.

ID:16358

Poster Number: PP46

Title: The Differences in Maternal and Perinatal Outcomes in Kirakira, Solomon Islands, Compared with Australia: How a Research Focus can Augment the Learning Opportunities for Medical Students on a Remote Clinical Placement

Peter Jones, James Cafaro, Mark Higgins, Elloise Randle, Penelope Wyche, James Fink

Background

Kirakira is the capital of Makira-Ulawa province in Solomon Islands. 33 final year medical students of Bond University completed 3.5-week selective rotations in Kirakira in 2013. There is only 1 doctor and a team of dedicated nurses to deliver health care on the island. The local community identified obstetric and neonatal care as the area which they wished their current clinical practice evaluated. Ethics approval was granted that allowed a group of 4 students to collect data.

Summary of work

An audit of all 1233 hospital births from 2011-2013 was conducted. The perinatal mortality was 31 per 1000, 22% were premature and 12% were LBW. The median age of primiparous mothers was 20 yrs with 14% of births to teenage mothers. Antenatal care rarely occurred in the first trimester. This data demonstrates a 3-4x increase risk of these adverse outcomes compared to all Australian mothers and a 2x increase risk compared to Australian Indigenous mothers. Surprisingly, not all outcome measures were worse in Kirakira. 46% of Kirakira births delivered vaginally were 'intact' compared to only 41% of Australian vaginal births. 36% of Kirakira women delivering vaginally had a graze or tear compared with 47% Australian Women. This is despite a very low C-Section rate (1.3 v 33.0%) but similar episiotomy (17.7 v 18.0%) and instrumental delivery rates (10.9 v 12.0%).

Conclusion

This paper demonstrates the potential for medical students to conduct research while completing a developing world placement. The study provides important baseline data from which quality improvement studies can be designed. The data also suggests that despite a lack of resources, the midwives in this community are skilled. This research was feasible because this was not a one off 'elective experience', but part of a broader strategy of the Medical School to focus its 'global health' efforts by 'adopting' one community in the Pacific.

ID:16052

Poster Number: PP47

Title: Time Efficient Interview Practice for Final Year Medical Students

Anna Ryan, Richard O'Brien, Hamish Ewing

Australian medical students are interviewed as part of the Internship recruitment process. For many this high-stakes occasion is their first interview experience. The challenge for clinical schools is to provide practice interviews for students which allow individual feedback whilst being time efficient within an already busy curriculum.

Final year students at two clinical school sites were invited to participate in practice interviews prior to the beginning of the formal interview period. Fourteen medical staff volunteered to participate as interviewers, and of the entire cohort of 110 students, 80 students requested to participate. Students were allocated into groups of four and booked into one hour blocks with each interviewer. Each student had fifteen minutes as the interviewee with the other three students acting as observers until their turn. Students were encouraged to bring their curriculum vitae and a cover letter to help direct the interview. Students were also invited to bring their smartphone or tablet device to record their interview.

Interviewers were directed to look for a safe, organised and structured approach in the students' answers and for evidence of understanding of the junior doctor's role in the treating team. At the conclusion of the interview, they were requested to ask students to give an impression of their own performance, then to provide brief verbal and written feedback (within a template) with a focus on specific plans to assist in preparation for their forthcoming interviews.

A Survey Monkey link was sent to all students who participated and 62 students (76%) completed the anonymous questionnaire. On a five point Likert scale, 98% of students agreed or strongly agreed that the practice interview session was helpful as preparation for their internship interviews, and 91% of students agreed or strongly agreed they felt more confident about the real interviews after this practice session.

There was initial concern that students would not appreciate the format of the session (given that most internship interviews were not conducted in a group) but this was not the case as 85% of students agreed or strongly agreed that the format of the session was appropriate. A number of students made comments regarding the helpfulness of becoming used to others in the room, the value of watching other students being interviewed, and the usefulness of having their practice recorded.

This format of practice interview is very time efficient with eighty students being interviewed and provided with feedback in a total of twenty interview hours. Involvement of fourteen staff member interviewers and a few hours of administrative staff time for scheduling and room bookings shared the load amongst all involved making this a practical and acceptable way of providing interview practice to large numbers of students.

POSTER BOARD LISTING - in Poster Board number order

Surname	First Name	Title	ID	Presentation Title	Poster #	Page #
Bishop	Jo	A/Prof	16325	Integrated Multi-Domain Assessment - Enriching the Student Assessment Experience	1	375
Crowley	Jennifer	Ms	16460	New Zealand Medical Students' Attitudes and Confidence in Addressing Nutrition in Patient Care	2	376
Machado	Michelle	Mrs	16397	The Learning and Retention of Anatomy Among Medical Students in a Graduate-Entry Course: A Cross-Sectional Study	3	377
Banneheke	Hasini	Dr	16129	A Preliminary Study on Student Preparedness for Clinical Learning: Supervisors' Perspectives	4	378
Dissabandara	Lakal	Dr	16208	Student Perception of Dissection in a PBL-Based Medical Curriculum	5	379
Grant	Gary	Dr	16461	Simulation in Clinical Teaching and Learning: Development of an Interactive Tool for Pharmacy Students	7	380
Bialocerkowski	Andrea	A/Prof	16434	A Pilot Physiotherapy Simulated Learning Program: Evaluation of Student Perceptions	8	381
Salajegheh	Ali	Dr	16530	Developing a Self-Directed e-Learning Package to Enhance Radiological Interpretation in Medical Students	9	382
English	Sam	Mr	16323	e-Journal Club: A Contemporary Platform for Facilitating Article Analysis and Enhancing a Collaborative Environment	10	383
Horan	Sean	Dr	16381	Enhancing Authenticity by Incorporating Clinically-Oriented Multimedia Learning Objects (Clinks) into Physiotherapy Practical Classes	11	384
Weeks	Benjamin	Dr	16211	Peer Assessment of Video-Based Practical Examination Exemplars Improves Student Familiarity of Performance Standards in Physiotherapy	12	385
Wolfe	Christina	Ms	16296	Supporting Health Professionals to Undertake Postgraduate Study using a Flexible Delivery Approach	13	386
Fry	Melanie	Ms	16244	Swings and Ladders - a Quality Framework for Paediatric Physiotherapy Clinical Placements	14	387
Martin	Jenepher	A/Prof	16513	Translating a Multisource Feedback Program for Medical Students to a New Institution	15	388
Ellem	Fiona	Ms	16591	Assessing the Benefit to Pharmacy Students of a Complex Interprofessional Learning Simulation	16	389
Boursnell	Melanie	Dr	16257	Reflective Spaces for People Management: Implementing a Program of Cultural Change in NSW Health	17	390

POSTER ABSTRACTS

The following abstracts are listed in poster board number order

ID:16325

Poster Number: 1

Title: Integrated Multi-Domain Assessment - Enriching the Student Assessment Experience

Jo Bishop, Carmel Tepper, Lesley Delaney, Paul Jones, Allan Stirling

One of the common assessment issues in an integrated curriculum is how to clearly articulate the linkages between the basic and professional sciences with the clinical sciences. We suggest that a new approach to this issue using the integrated multi-domain assessment (IMDA).

Increasingly we are integrating our teaching, however, our assessment practices still often separate examination components into written papers, practical exams and clinical OSCEs (Objective Structured Clinical Examinations).

Our assessment team piloted the IMDA in 2012 when it was felt that the students were viewing their assessments as discrete items, each devolved from the next. The Bond University assessment team set out to create an assessment framework where different domains of knowledge and skills were assessed using a shared and common clinical presentation.

Delivered in a 4x4 format, the students rotate individually through 7 minute stations contained within four clinical clusters. Each cluster begins with a clinical history or examination. With this initial clinical context setting the scene, the students complete commonly themed stations relating to applied anatomy, pathophysiology, physiology, evidence based medicine and health professional topics.

Unique to this format is our ability to blueprint the incorporation of multiple modes of representation within the exam. Using audio-visual vignettes, simulated patients as well as a variety of anatomical models and cadaveric specimens, we can evaluate student knowledge and application in those learners who are visual, kinesthetic or aural. In doing so we create an assessment experience that allows for clear linkage between disciplines and in a format not possible with traditional paper based assessment.

The IMDA is used as a bridge between our preclinical and clinical years within the Bond University MBBS program. We suggest however that the format can lend itself to any health professional degree where a clinical context needs to be examined and at any stage within the programme. Ongoing evaluation of this format is underway with psychometrics of our five IMDAs to date being analysed.

1. Clinical station
2. Applied Anatomy
3. Pathophysiology/Pharmacology
4. EBM, Ethics, Professionalism: Example of an 'IMDA' Cluster.

ID:16460

Poster Number: 2

Title: New Zealand Medical Students' Attitudes and Confidence in Addressing Nutrition in Patient Care

Jennifer Crowley, Clare Wall, Lauren Ball

Aim

This study investigates the nutrition-related competence of graduating New Zealand medical students by assessing their attitudes and confidence in providing nutrition care to patients.

Methods

97 graduating medical students (response rate 61%) from Auckland Medical School completed a 65-item cross-sectional anonymous questionnaire which was informed by two previously validated questionnaires. The questionnaire investigated students' attitudes towards nutrition in patient care, confidence in skills related to nutrition care, and perceptions of the quantity and quality of nutrition education received during their medical training. Each questionnaire item was scored from 1 to 5 using a Likert scale, where 1 indicated a negative attitude or low confidence and 5 indicated a positive attitude or high confidence.

Results

Students displayed moderate attitudes towards nutrition in patient care (mean score 2.76 ± 0.86 out of 5) and low confidence in skills related to nutrition in patient care (mean score 2.46 ± 0.97 out of 5). Students reported that the nutrition education in their undergraduate medical degree was of low quantity (mean score 1.86 ± 0.81 out of 5) and low quality (mean score 2.15 ± 0.98 out of 5). There were no correlations between students' self-perceived quantity or quality of nutrition education received in their medical training and attitudes or confidence towards nutrition in patient care.

Conclusion

Students in this study report attitudes and confidence levels relating to nutrition care that suggest they are inadequately prepared in this role. Considering that GPs are well placed to provide nutrition care to patients with chronic disease in New Zealand, strategies that enhance the nutrition-related competence of medical students through medical nutrition education are warranted.

ID:16397

Poster Number: 3

Title: The Learning and Retention of Anatomy Among Medical Students in a Graduate-Entry Course: A Cross-Sectional Study

Michelle Machado

Introduction/Background

Currently in today's curriculum, formal anatomy teaching is confined to the first one or two years of a four or five year medical degree, with the presumption that anatomy learned during this stage can be retrieved from memory during clinical training in the later years (Collins, 2009). Given that anatomy is central to the practice of medicine (Herle and Saxena, 2011), it is an expectation of institutions and of the community that medical students will have attained sufficient knowledge of the discipline during their MBBS course to allow them to practice medicine safely. However, this assumption fails when students are placed in the clinical setting. Increasingly evident in the literature is feedback from clinicians and surgeons about the perceived lack of anatomical knowledge among recent medical graduates (Cottam, 1999). While much research has attributed curriculum design and teaching styles as contenders for this loss of knowledge (Patel and Moxham, 2006), the questions of when, why and how much anatomy medical students forget have yet to be answered. To address this, the research will focus on anatomy learning and retention among medical students at the School of Rural Health, Churchill (SRH-C) at Monash University.

Purpose/Objectives

At SRH-C, students enrolled in the 4-year graduate-entry MBBS course spend their first pre-clinical year (Year 1) learning all of the basic sciences including anatomy, after which students proceed to clinical training in Years 2, 3 and 4.

Given that students have one formal year of anatomy learning, this research will explore: the impact that a students' year level in the MBBS course has on their knowledge of anatomy; how anatomy performance differs among and between students in the pre-clinical and clinical years; and what factors may be accountable for a students' retention and/or loss of anatomy knowledge during their MBBS degree.

Methods

Utilizing a cross-sectional mixed-methods design, the research will begin with quantitative data collection which involves the administration of a knowledge test consisting of clinically relevant anatomy questions. The analysis of these results will help to determine the extent of a medical students' anatomy knowledge while comparing performance of students in pre-clinical vs. those in clinical years. This will lead to a follow-up stage whereby qualitative data collection and analysis will explore the factors responsible for a students' retention of anatomy or lack thereof.

Conclusion

The results of this study could plug the gap in current literature and benefit the entire medical community, as it would lead to a deeper understanding of why medical students may forget anatomy, whether retention in pre-clinical years is greater than in clinical years and how to better train future doctors to become well-versed with the discipline that is the foundation of medical practice.

ID:16129

Poster Number: 4

Title: A Preliminary Study on Student Preparedness for Clinical Learning: Supervisors' Perspectives

Hasini Banneheke, Kamalan Jeevaratnam, Purushotham Krishnappa, Ray Peterson, Benny Effendie, Sneha Ravindranath, Vishna Devi Nadarajah, Afshan Sumera, Leela Chellamuthu, Srinivasan Ramamurthy

Introduction/Background and method

Health profession students struggle during transition from preclinical to clinical phase. We explored views of supervisors from medicine, dentistry, nursing, pharmacy, chiropractic, Chinese medicine, dietetics regarding student preparedness on knowledge & understanding, willingness to learn, professionalism, communication & interaction, personal attributes and interpersonal skills rated on a 7 point Likert scale in a questionnaire with 62 items grouped under 6 themes, adopted with modifications from Chipchase et al.,2012.

Purpose/Objectives

The aim was to determine the characteristics in health profession students' preparedness for clinical learning from supervisors' perspectives.

Issues/Questions for exploration or ideas for discussion

There are deficiencies in students' preparedness for clinical learning.

Results

Supervisors were mainly nursing (50%), pharmacy (17%), medical (12.5%) and dental (12.5%) with 50% having 5-9yrs of teaching experience. Cronbach's alpha for each theme was 0.838 (knowledge and understanding), 0.874 (willingness), 0.933 (professionalism), 0.899 (communication and interaction), 0.964 (personal attributes) and 0.915 (interpersonal skills). The mean of the 6 themes were knowledge and understanding (5.44), willingness (5.95), professionalism (5.89), communication and interaction (5.54), personal attributes (5.54) and interpersonal skills (5.54).

Discussion

All 62 characteristics had high reliability for each theme. All characteristics were identified as important (score >5) for training. Since willingness emerged as an important attribute, strategies to inculcate willingness during the course of study, needs further discussion. Of the other characteristics, professionalism was highly valued while knowledge & understanding was rated comparatively low.

Conclusion

Supervisors believe willingness and professionalism make students better prepared for clinical learning.

ID:16208

Poster Number: 5

Title: Student Perception of Dissection in a PBL-Based Medical Curriculum

Lakal Dissabandara, Niru Nirthanan, Tien Khoo, Raymond Tedman

Introduction

Anatomy is the fundamental basis of medicine. The introduction of newer teaching and learning approaches such as problem-based learning have necessitated a drastic reduction for anatomy teaching, mostly the cadaveric dissection. There has been an ongoing debate regarding the usefulness of dissections in modern medical curricula.

Objectives

This study was undertaken to evaluate students' views on advantages and disadvantages of dissection based learning.

Issue

Is there a future for dissection in medical curricula?

Results

Overall, a higher percentage of students agreed with statements describing advantages of dissections. Significant difference of average scores for questionnaire items were observed between regular and non-regular attendees. Logistic regression analysis revealed; regular attendance was associated with statements "Makes learning more interesting" and "I would be disadvantaged if I did not attend dissection classes" non-regular attendance was associated with "do not like the smell"(p<0.05), "time consuming and bored with way it is carried-out".

Discussion

Overall, participants agreed on the benefit of dissection. However, there were significant differences in perception regarding anatomical dissection between regular and non-regular attendees. Addressing these factors may help improve teaching and learning of this core medical subject.

Conclusion

Student opinion suggests a definitive role for cadaveric dissection in modern medical anatomy programs. However, optimal and effective integration of this method of teaching is crucial. This may be facilitated by reinforcing positive perception and addressing negative ideas of dissection-based teaching.

ID:16461

Poster Number: 7

Title: Simulation in Clinical Teaching and Learning: Development of an Interactive Tool for Pharmacy Students

Gary Grant, Lyndsee Baumann-Birkbeck, Shailendra Anoopkumar-Dukie, Jasmina Fejzic, Sohil Khan

Introduction/Background

Currently, over-the-counter medicines training is delivered to students in a traditional didactic manner, to achieve competency in the provision of pharmacy-only and pharmacist-only medications. Simulation technology is being increasingly incorporated into healthcare education to promote active and outcome-based learning.

Purpose/Objectives

The study aimed to construct an interactive simulation tool, designed for second-year pharmacy students, to develop their over-the-counter medicines knowledge, whilst replicating the pharmacy environment and patient interaction.

Issues/Questions for exploration or ideas for discussion

Use of simulation and immersive technologies appears to enhance engagement, promoting student satisfaction and academic achievement.

Results

Interactive simulations have been successfully created by the incorporation of several technologies into this over-the-counter medicines education tool. Patients are presented as highly realistic avatars, created using SitePal. The over-the-counter medicine case is constructed using RAPTmedia, creating a storyboard where students can make numerous decisions and choices when attending to their patient. The cases are interactive and may take on a number of directions, depending on the student's action.

Discussion

During over-the-counter medicines cases, students are presented with a range of open-ended choices for patient interaction. This permits an individualised learning experience. The tool allows students to develop competency in medicines provision in a low-risk environment, both on and off campus, at their convenience.

Conclusion

Preliminary feedback from registered pharmacists and pharmacy practice educators suggests the simulation tool to be an effective intervention for practice based training in healthcare programs. A pilot study assessing the use of this training tool will begin in March 2014.

ID:16434

Poster Number: 8

Title: A Pilot Physiotherapy Simulated Learning Program: Evaluation of Student Perceptions

Andrea Bialocerkowski, Monique Waite, Neil Tuttle

Introduction/Background

Simulation can supplement clinical placements with the potential to increase placement capacity and provide students with experience in areas of need. Videoconferencing enables simulation to be administered centrally and accessed remotely.

Purpose/Objectives

This study aimed to determine the effectiveness of a remotely accessed simulated learning program designed to complement a traditional physiotherapy clinical placement.

Issues/Questions for exploration or ideas for discussion

A total of 178 students undertaking 5-week musculoskeletal placements took part in the simulated learning via one of three videoconferencing systems. Students were invited to complete questionnaires before and after their placement based on the reaction, learning and behaviour levels of the Kirkpatrick model; and perceived system usability.

Results

Twenty-eight percent (49) of students responded to the questionnaires. Intrinsic Motivation Inventory scores indicated moderate levels of interest, competence, tension and confidence (means ranged 4.0- 5.4 on a 7-point scale). Students' confidence post simulation increased in communication, assessment and management ($p < 0.0001$, Wilcoxon Signed-Ranks Test). Overall, students rated simulated learning as having a positive impact on the communication, assessment and management performance in their clinical placement (means ranged 5.1-5.8 on a 7-point scale). The videoconferencing systems were rated below the usable level of 68 on the System Usability Scale.

Discussion

Students generally reported a positive response to the program, and a positive impact on their learning and performance. The results highlight challenges associated with using videoconferencing technology for simulation or patient management.

Conclusion

This study demonstrates the potential of remotely accessed simulated learning as a valuable addition to physiotherapy students' clinical placement.

ID:16530

Poster Number: 9

Title: Developing a Self-Directed e-Learning Package to Enhance Radiological Interpretation in Medical Students

Ali Salajegheh, Sahar Pakneshan, Elliot Dolan-Evans, Jacob Sharples, Ian Kerr, Gary Rogers

Introduction/Background

The ability to interpret an X-Ray is a vital skill for graduating medical students in their early career. However, research has suggested that radiological interpretation skills are less than satisfactory in not only medical students, but also in residents and consultants.

Purpose/Objectives

This study investigated the effectiveness of e-learning for the development of X-ray interpretation skills in pre-clinical medical students. Competencies in clinical X-Ray interpretation were assessed between students in cohort 1 who received the 'intervention', which was the e-learning course, and cohort 2 who did not receive the intervention.

Issues/Questions for exploration or ideas for discussion

Could e-learning be used as an alternative to deliver radiology tuition to medical students and is it an effective method of developing competency in radiological interpretation for medical students.

Results

Assessment of the post-training cohort 1 students showed significantly higher scores (210±20.12/300) than the scores of cohort 2 (186±23.78/300; p < 0.01). One year subsequent to the training package, the intervention group retained higher radiology interpretation scores (200±17.39/300) versus the control students (186±23.78; p < 0.01) without a significant decrease from their original result.

Discussion

The development of online simulation education allows students to perfect their skills and allows them learn effectively and retain this knowledge. The teaching of radiology lends itself particularly well to implementation on a computer-based format due to the highly visual nature of the content.

Conclusion

The development of the Internet and advances in multimedia technologies has provided an excellent environment for computer-assisted education. With the establishment of more rural clinical schools, the electronic delivery of radiology teaching through websites will become a necessity.

ID:16323

Poster Number: 10

Title: e-Journal Club: A Contemporary Platform for Facilitating Article Analysis and Enhancing a Collaborative Environment

Sam English, Roshini Thomas, Claire Goodwin, Robyn French, Glenn Trainor

Introduction/Background

Health care processes and patient outcomes in general are enhanced when we question current practice and produce evidence-based outcomes. Discussing the way in which we practice with peers and highlighting areas for improvement not only contributes to this notion but it builds professional character. Journal clubs have existed and developed within the health care setting based on these very ideas. Restraining these programs in the hospital to face-to-face meetings limits 'the window of opportunity' and potentially inhibits staff participation. At Peter MacCallum Cancer Centre, we sought to overcome these likely barriers by implementing an online journal club accessible to learners and qualified staff across multiple sites within the Radiotherapy department.

Purpose/Objectives

The project aims to explore the barriers that exist with staff participation in such professional development programs as journal clubs and in turn, evolve the platform for learning programs in the workplace.

Presenting the method developed in one centre here provides an insight into the developing nature of peer discussion and will encourage the future approach in which we critique evidence-based practice in the health care setting.

Enhancing the environment in which we collaborate on evidence-based practice should in turn, create greater input of potential initiatives within current practice.

Issues/Questions for exploration or ideas for discussion

What limitations do you think exist with current professional development programs such as journal clubs?

How do you advocate professional development and staff participation in your department?

Where do you see the nature of collaborative peer programs in the future?

ID:16381

Poster Number: 11

Title: Enhancing Authenticity by Incorporating Clinically-Oriented Multimedia Learning Objects (CLinks) into Physiotherapy Practical Classes

Sean Horan, Benjamin Weeks

Introduction/Background

The use of multimedia in the classroom has the capacity to improve clinical teaching by enhancing authenticity. Videos of real patient-therapist interactions, for example, may provide an engaging platform to demonstrate aspects of professional competence that are not easily taught in the classroom, such as communication, timing, and clinical judgement.

Purpose/Objectives

To highlight academic and professional standards, we developed a series of six short videos of real clinical interactions to supplement physiotherapy practical classes. Students were surveyed and invited to participate in focus groups to examine the outcomes.

Results

Students (n=63) were highly satisfied with the new initiative and found CLinks helped them: understand the benefits of good communication (60/95%); appreciate the subtleties of patient-therapist interactions (59/94%); and improve their confidence in interacting with patients (55/87%). Focus group (n=7) themes included improved communication and heightened awareness of clinical context.

Discussion

Enhancing the authenticity of the learning environment has well-recognised benefits. For clinical teaching, providing high fidelity learning environments can be challenging, both logistically and financially. We found that a video-based approach was capable of providing a virtual experience of the clinical environment with excellent student outcomes. Further, our videos were easily developed and embedded in on-campus curricula with little financial burden.

Conclusion

Supplementing practical sessions with short videos of clinical interactions (i.e. CLinks) was an effective, cost-efficient, and convenient method of enhancing the authenticity of physiotherapy activities.

ID:16211

Poster Number: 12

Title: Peer Assessment of Video-Based Practical Examination Exemplars Improves Student Familiarity of Performance Standards in Physiotherapy

Benjamin Weeks, Sean Horan, Norman Morris, Mary-Ann Shuker

Introduction/Background

Video-based exemplars have been effective for improving practical examination performance and reducing anxiety. It is not known if peer assessment of exemplars is effective for familiarising students with clinical performance standards.

Purpose/Objectives

Four video-based exemplars of student practical examinations were developed and broadcast over two consecutive semesters of the physiotherapy teaching program. Students (n = 62) viewed the videos and assessed the performance. The difference (student mark-examiner mark) was compared for each exemplar to evaluate if students became more familiar with performance standards.

Results

Student marks were initially quite different to examiner marks, but consistently improved with subsequent exemplars. Specifically, mark differences were observed for the first three exemplars with mean differences of 14.5 \pm 8.9 (p = 0.001), -6.4 \pm 8.0 (p = 0.001), and 4.9 \pm 9.3 (p = 0.001), respectively. There was no difference between student and examiner marks for the final exemplar (0.3 \pm 6.6, p = 0.738).

Discussion

The convergence of student and examiner marks suggests students' improved their ability to recognise performance standards over time. Assuming the examiner role and assessing peer performances using the associated rubric appears to be a useful activity with potential for enhancing students' preparedness for practical examinations and their approach to feedback.

Conclusion

A video-based peer assessment activity was effective for improving physiotherapy student familiarity with performance standards.

ID:16296

Poster Number: 13

Title: Supporting Health Professionals to Undertake Postgraduate Study using a Flexible Delivery Approach

Christina Wolfe, Maree Cummins, Linda Crane

Introduction

In 2012 Bond University in partnership with the Royal Flying Doctor Service commenced a new postgraduate course in Retrieval Medicine. The program is designed for clinicians in practice. On campus delivery was not an option for this course given its nature, the location of the student cohort and use of expert clinical faculty across Australia. The delivery approach in this online program typically consists of self-directed learning activities, weekly synchronous distance tutorials and a practical residential component. Feedback from students and clinical faculty and observations from the education providers have highlighted the successes, obstacles and support required in using this learning and teaching approach.

Purpose

The poster describes the benefits and challenges in delivering and supporting health professionals to undertake postgraduate study using a flexible delivery approach. It provides strategies which may assist others to develop health professional programs that utilise blended learning approaches enabling students and staff to participate whilst working and living anywhere in Australia or New Zealand.

Discussion

Benefits include the flexibility in physical location of students and faculty; use of synchronous and asynchronous collaborative learning tools; variety and timelines of communications; and use of instructional methods that enable self-directed-self-paced learning. Challenges include technical issues and support; instructional design expertise required for online delivery; and how to support the busy clinician teaching team to fully utilise the capabilities of the online Learning Management System.

Conclusion

From our experiences we have some practical suggestions to share with colleagues who are developing postgraduate programs for health professionals in practice.

ID:16244

Poster Number: 14

Title: Swings and Ladders - a Quality Framework for Paediatric Physiotherapy Clinical Placements

Melanie Fry, Bree Cox, Meg Moller

Children's Health Queensland Hospital and Health Service (CHQ HHS) Paediatric Physiotherapy placements occur within multiple and diverse facilities and settings. This represents a significant challenge for ensuring consistency and quality of placements. Although paediatrics is core to Physiotherapy education, it is both a challenging clinical area and suffers paucity of available placements. Within CHQ HHS, previous approaches to clinical education were isolated, variable and lacked structure.

An innovative approach was necessitated to build effectiveness, consistency and quality within paediatric clinical placements. A formal project was thus undertaken using funds provided by the Queensland Physiotherapy Placement Collaborative.

A Quality Framework, Resource Repository and associated report were developed in conjunction with feedback and input from all the CHQ HHS facilities undertaking paediatric Physiotherapy placements. This included the collation of existing resources and a survey of all the facilities to establish a baseline of student placement provision. The Quality Framework uses evidence base to connect the 'science' to the theories behind clinical education.

This project, while initially confined to CHQ HHS, is planned to be rolled out state-wide. Evaluation of this project is ongoing.

The Quality Framework developed during this project is underpinned by the following four key interrelated elements: Principles of paediatrics in physiotherapy; Quality indicators for paediatric physiotherapy student clinical education placements; Common learning objectives of paediatric physiotherapy student clinical education placements and Education resource repository for paediatric physiotherapy student clinical placements.

This project is taking us in a creative new direction in how we conduct paediatric Physiotherapy clinical education.

ID:16513

Poster Number: 15

Title: Translating a Multisource Feedback Program for Medical Students to a New Institution

Jenepher Martin, Michelle Lai, Noel Roberts

Different institutions have similar aims to train future workforce to provide patient-centred, personalised medicine and manage chronic illness in an ageing population. However, due to institutions' different educational, clinical and organisational contexts, off-the-shelf programs may not transplant effectively to new environments. We describe translation of an existing program to a new institution using a program logic framework to adapt the program and manage its implementation.

Despite an increasing popularity among practising clinicians, multisource feedback is an innovative approach to improve clinical and communication skills among medical students. The Patient Partner Program (P3) recruits patient volunteers from community for supervised consult-style teaching. P3 aims to equip students for patient-centred care, development and integration of key clinical competencies. P3 was developed in 2005 by the University of Tasmania Launceston Clinical School and translated to the first clinical year at Monash University EH Clinical School in 2013. Key features of P3 are enthusiastic patient teachers, very small groups, a safe environment, adequate time, and immediate multi-source feedback from patient, peers and tutors. Tutors assess students using a structured scale and provide immediate feedback during five student-led consultation practices. Students also receive verbal feedback from peers and patients.

Logistic and educational challenges of implementation were explored, obtaining patient, tutor and student feedback. Successful implementation highlighted the value of a clear plan, starting small, defined expectations to suit our learners, experienced mentors, key staff with necessary skills, supportive faculty and associates. Learner and teacher feedback was very positive, favourably contrasting the new learning environment to the traditional setting.

The team developed a program logic to guide effective program planning and implementation, which clearly identified the enablers and barriers for success. This approach uncovered the implicit assumptions and understandings of P3, focussed the team, limited unexpected situations and provided the basis for analysis and sharing of outcomes.

ID:16591

Poster Number: 16

Title: Assessing the Benefit to Pharmacy Students of a Complex Interprofessional Learning Simulation

Fiona Ellem, Harry McConnell, Denise McConnell, Gary Rogers

Introduction/Purpose

Community pharmacists often practice in isolation from other healthcare professionals, and lack of confidence in clinical interaction with doctors has been reported.

Pharmacy students at Griffith University participate in role-play simulations with Medicine students. This particular interprofessional learning (IPL) activity requires pharmacy students to perform two 'skills' tasks, overlaid with clinical reasoning and verbal communication skills, in a setting that simulates the detached location and time constraints of community pharmacy. Learning objectives are taken from the Griffith Framework for IPL, and national Pharmacy School competency standards.

Method

Forty-two students completed a bespoke pre- and post- self-assessment (Likert scale) of their knowledge and ability related to elements of the activity (mapped to the Griffith IPL threshold learning outcomes).

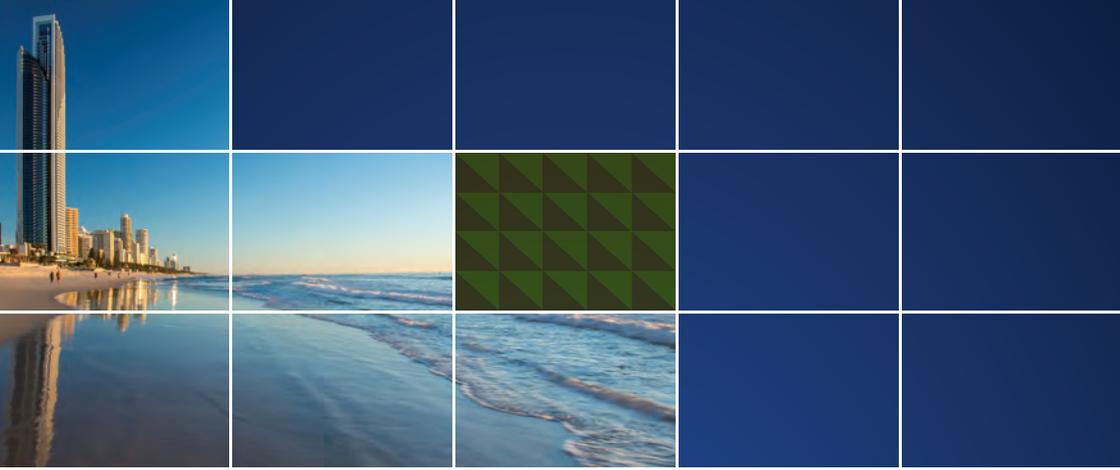
Results

The pre- and post- assessment showed minimal change in self-perceived ability to utilise drug information resources.

The results show an increase in knowledge about effective communication strategies when discussing patients with other healthcare professionals, and increased ability to do so. However, the greatest change was an increase in knowledge about assessing patients as part of a healthcare team, and the ability to do so.

Conclusion

We conclude that the skills of taking a history and searching for drug information were not enhanced during this session, but underpinned the activity, validating and allowing the pharmacy students to practise more challenging interaction. The ability to communicate effectively, and to value oneself as part of a healthcare team were strengthened.



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