

## Editorial

Every which way I turn, digital health and informatics pop up. Educators have an increasing range of digital tools to facilitate learning, and a responsibility to keep our learning both current and forward looking. Students will need to be ready to engage in an increasingly digital health environment. Clinicians debate information flow, transitions between care and ownership of data; increasingly powerful tools are at our fingertips. Institutions need to consider data security and curation. Researchers embrace and explore the opportunities of “big data”, as well as tools for managing, exploring and visualising data. Patients wrestle with data overload and health and digital literacy, and are often amazed that health doesn’t have the same agility that they see in social media and online shopping.

In the day before the opening of this year’s ANZAHPE conference, the focus of the Medical Education Collaborative Committee (a group under Medical Deans Australia and New Zealand) meeting was “Educating for a future of digital medicine”. Central to our discussions were what should be core and what could be optional for those with a strong aptitude or interest in the area—could we create pathways for small cohorts within our programs? This is a real and present issue for all of our health professional programs, and I look forward to seeing this come through in ANZAHPE’s activities, including the journal.

At the conference, we were reminded by Renée Stalmeijer that “It takes a village [to raise a child]!” She applied this to the interprofessional nature of clinical work and the necessary interprofessional education (IPE) on the way to practice. A rather tongue-in-cheek debate at the end of the conference allowed us to consider the case for and against IPE. Some further evidence and discussion appears in this issue of FoHPE. In fact, we pick up on some of the themes raised in the editorial for issue 20.1, which explored the practicalities and value of student-led clinics. Foley, Fagan and Liddle provide a short report on an ongoing project to establish an interprofessional allied health student placement within an existing community paediatric service. The service has a particular focus on serving local indigenous health needs. Bourne, McAllister, Nagarajan and Short, in another allied health clinic setting, explore the costs of embedding students in a clinic. In a third interprofessional student clinic, Morgan, Bowmar, McNaughton and Flood identify transformative learning experiences through the lens of “threshold concepts”.

Wong, Print and Gerzina describe and study the impact of incorporating an evidence-based practice curriculum in their oral health program. Moving to assessment, Bacchi, Tan, Chim, Dabarno, Lubarsky and Duggan present a comparison of the impact of script concordance tests versus traditional multiple-choice tests in a medical program. The last paper is a systematic review led by students at the University of Adelaide (Pham, Pistorius, Bacchi and Jersmann). They sought to identify the benefits and barriers to using video recordings as part of objective structured clinical examinations (OSCEs).

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Finally, we will be launching a new format entitled **focus on methodology**, which will be overseen by Professor Liz Molloy. The first article will appear in the next issue. This new format will initially be by invitation only but will move to submission plus invitation in the future.

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Editor