

anzahpe 2013

Professional
Development
of Health
Professional
Educators



ANZAHPE

Australian & New Zealand
Association for Health
Professional Educators

24 – 27 June 2013

PULLMAN MELBOURNE ALBERT PARK

Melbourne, Victoria

CONFERENCE HANDBOOK & PROGRAM



www.anzahpe13.com

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HealthPEER offers three postgraduate courses for all health professionals, delivered through a mix of study block intensives and distance/on-line education.

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http://www.med.monash.edu.au/education/healthpeer/postgraduate_courses.html for more details or contact our course administrator

Vicki Edouard

Email: hpe.courses@monash.edu
Phone: 03 9905 0090



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Welcome TO ANZAHPE 13

On behalf of the Organising Committee I welcome you to the Australian and New Zealand Association of Health Professional Educators Annual Conference in Melbourne. The theme of this year's conference is the Professional Development of Health Professional Educators. If we are to develop a competent and sustainable health workforce fit for our current and future health care needs it is critical that our response is underpinned by the development of a competent and sustainable educator workforce. The ANZAHPE 2013 conference will focus on the professional development of our teachers and examine effective approaches in health professional education including simulation, clinical supervision, peer learning, interprofessional learning, assessment and education research skills. With the assistance of an outstanding international and local conference faculty the conference will offer a variety of stimulating activities for those involved in health professional education.

Professor Geoff McColl

Professor Geoff McColl
ANZAHPE Convenor 2013



About ANZAHPE www.anzahpe.org

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.

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



2013 ANNUAL GENERAL MEETING

The 2013 AGM will be held on Wednesday 26 June, 1230 – 1330 in Grand Room 5.

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



ORGANISING COMMITTEE

Convenor: Geoff McColl, University of Melbourne
 Brendan Crotty, Deakin University
 Elizabeth (Liz) Molloy, Monash University
 Jenny Barrett, University of Melbourne
 Debra Nestel, Monash University
 Margaret Bearman, Monash University
 Karen Nightingale, Australian Catholic University

ISBN: 978-0-9805787-4-4

CONFERENCE MANAGEMENT

*Tailored
 Statements*
 by Antoinette Woods

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

HOST DESTINATION – MELBOURNE

For information on Melbourne, flight schedules, touring information visit:

Tourism Melbourne
www.visitmelbourne.com

City of Melbourne
www.melbourne.vic.gov.au

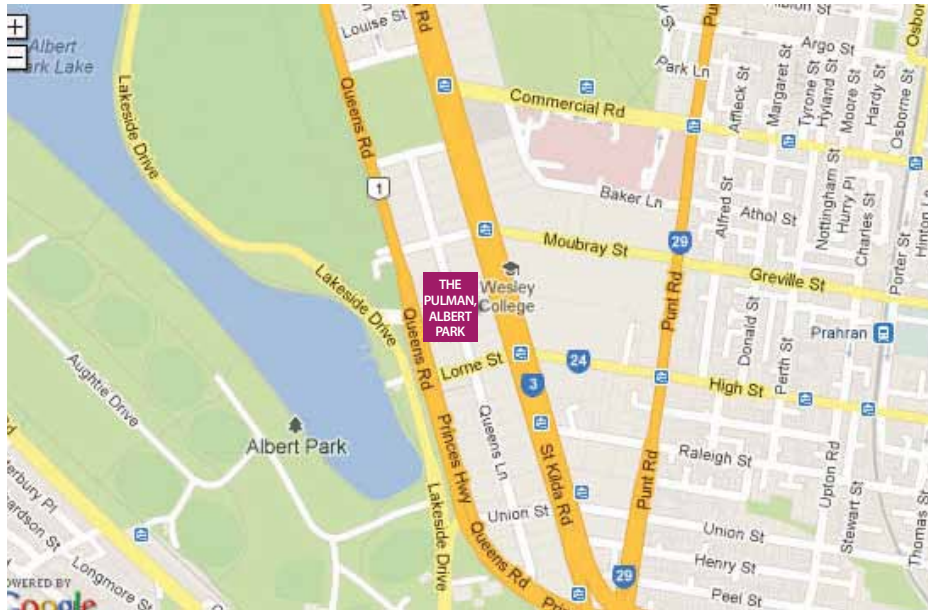
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tourism@melbourne.vic.gov.au
www.thatsmelbourne.com.au



MELBOURNE MAPS





GENERAL INFORMATION

AIRPORT TRANSFERS

The Melbourne Airport is located 20 kilometres from the CBD of Melbourne. Taxis, bus shuttles and car rental are all available from the Airport to the city and hotels.

CAR RENTAL

- Avis** www.avis.com.au
Bookings: 13 63 33
- Budget** www.budget.com.au
Bookings: 13 27 27
- Europcar** www.europcar.com.au
Bookings: 13 13 90
- Hertz** www.hertz.com.au
Bookings: 1300 132 105 1300 132 105
- Thrifty** www.thrifty.com.au
Bookings: 1300 36 72 27 1300 36 72 27

SHUTTLE BUS

SkyBus offers an express bus service from the airport to the city centre. This service operates 24/7, including all public holidays. Buses run every 10 minutes throughout the day.

- \$17 Adult - one way - return \$28
- \$38 Family 2 (2 adults and 1-4 children) - return \$65
- \$24 Family 1 (1 adult and 1-4 children) - return \$40
- \$6.50 Child (4-14 years) - one way

Tickets can be purchased on arrival at the bus stop or purchased online at www.skybus.com.au. On arrival at Southern Cross Station in the city, SkyBus provides a complimentary hotel transfer service, subject to availability.

CHILD CARE

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

CLIMATE

Melbourne enjoys a temperate climate with a cool winter. Average minimum temperatures in the winter months of June through to August are 6-7 degrees.

CLOTHING

Smart casual dress applies for the conference. Don't forget to pack your winter woollies!

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.

NAME BADGES

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

MEALS & SPECIAL DIETARY REQUIREMENTS

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

MESSAGES

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

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 Pullman Albert Park will be open as follows:

Monday 24 June	0800 – 1830
Tuesday 25 June	0730 – 1700
Wednesday 26 June	0800 – 1630
Thursday 27 June	0800 – 1700

SMOKING POLICY

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

SPEAKERS PREPARATION ROOM

The Speakers Preparation Room is located in M8 at the Pullman Albert Park 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 24 June	0800 – 1830
Tuesday 25 June	0730 – 1700
Wednesday 26 June	0800 – 1630
Thursday 27 June	0800 – 1700

SPECIAL NEEDS

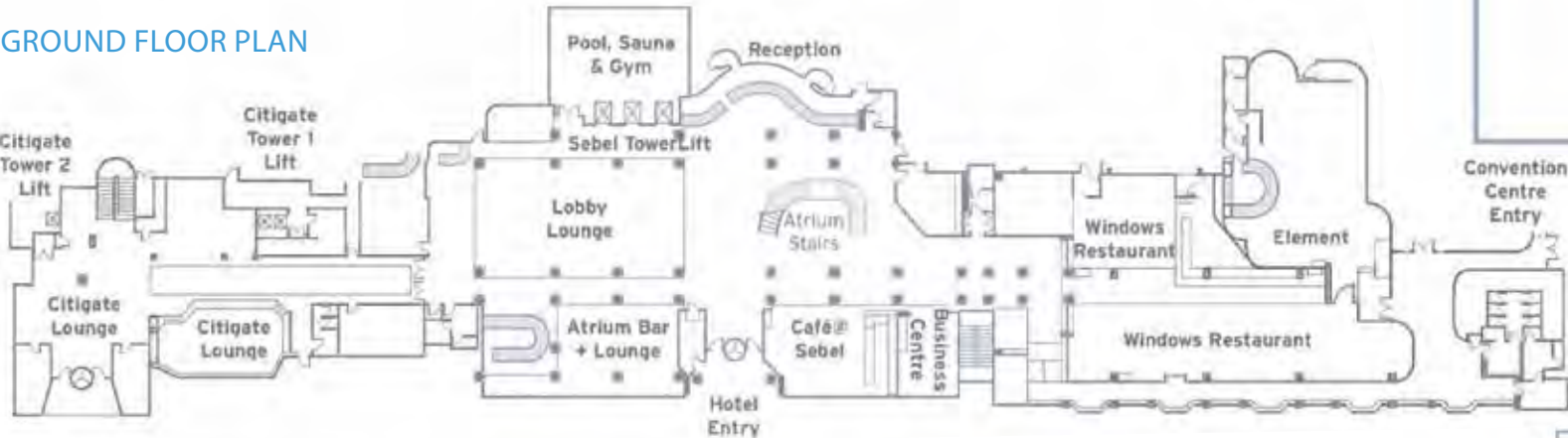
Every effort is made to ensure special needs are catered for. Should you require any specific assistance, please notify the registration desk.

Venue

PULLMAN MELBOURNE ALBERT PARK

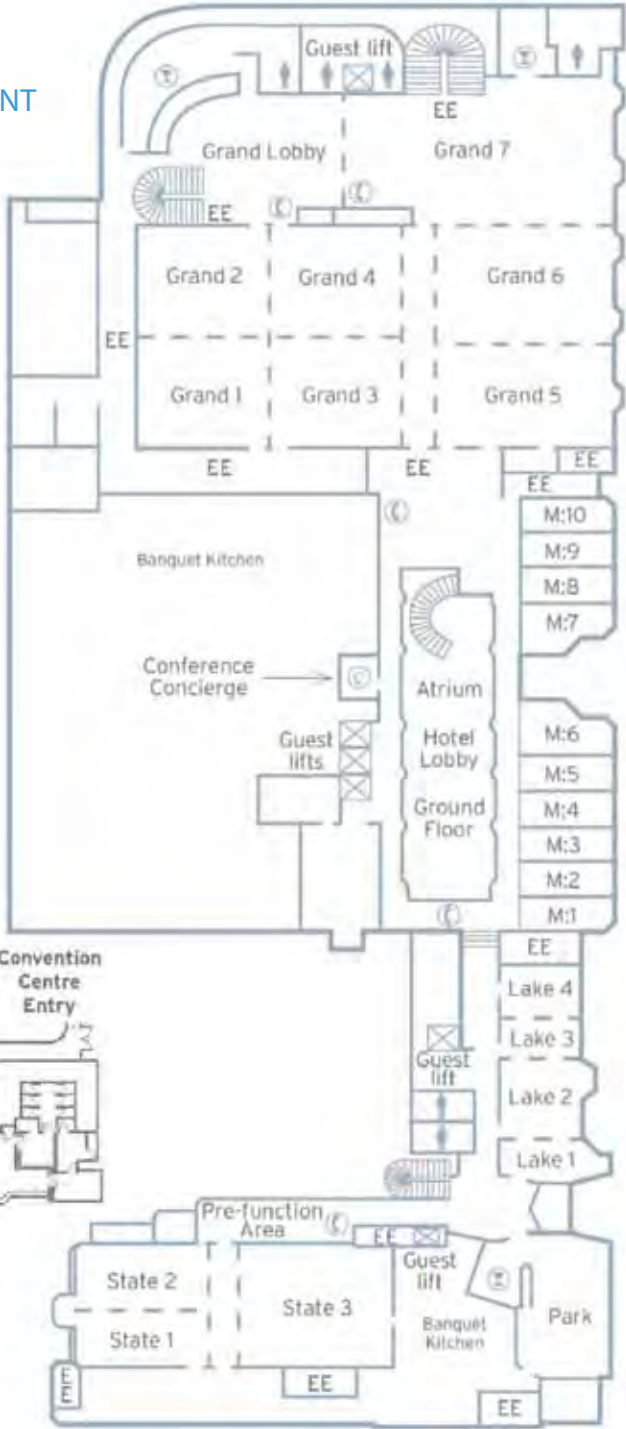
The Conference will be held at the Sebel & Citigate Albert in Melbourne Victoria.
 65 Queens Road, Melbourne
 Victoria 3004 Australia
 T +61 3 8554 2809
 Visit: www.mirvachotels.com/citigate-albert-park-melbourne

GROUND FLOOR PLAN



CONFERENCE AND EVENT CENTRE FLOOR PLAN

- KEY:
- Elevators/Lifts
 - Emergency Exit
 - Flexible Walls
 - Male Toilets
 - Female Toilets
 - Conference Concierge
 - House Telephone
 - Bar





SOCIAL PROGRAM

WELCOME RECEPTION

1700 – 1900

Monday 24 June, Pullman Melbourne Albert Park

The welcome reception is a great opportunity to catch up with colleagues and old friends and also a wonderful opportunity to make new ones. The night will be designed for networking, meet and greet and a lovely relaxing way to start the conference.

Cost for this function is included in the full registration fee.

Additional tickets can be purchased via the registration desk.

CONFERENCE DINNER

1900 – 2300

Wednesday 26 June, Pullman Melbourne Albert Park, Grand Ballroom

The Conference Dinner will be held at the Pullman Melbourne Albert Park. A networking opportunity for delegates, the conference dinner will provide a 3 course meal with beer, wine and softdrinks. 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.

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or call 03 9251 7777

CRICOS Provider Code: 00113B

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PLATINUM PARTNERS



GOLD PARTNER

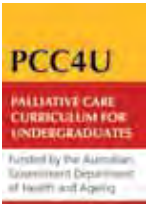


Health Workforce Australia (HWA) is a Commonwealth statutory authority established to build a sustainable health workforce that meets Australia's healthcare needs. HWA leads the implementation of national and large-scale reform, working in collaboration with health and higher education sectors to address the critical priorities of planning, training and reforming Australia's health workforce.

SILVER PARTNERS



The TELL Centre (for Teach, Educate, Learn and Lead), works to build a community of practice for clinical educators and supervisors through the online and face-to-face provision of training and resources. Teaching on the Run (TOTR) and other programs are for clinicians from all health professions with any level of experience.

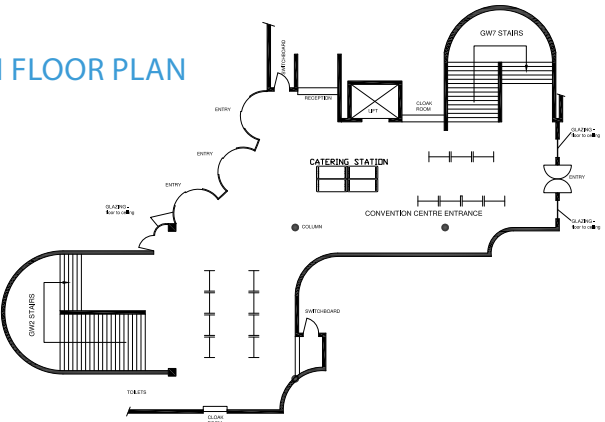


The Palliative Care Curriculum for Undergraduates (PCC4U) project aims to increase the inclusion of the principles and practice of palliative care in all health education preparing students for professional practice. Project activities include the provision of a suite of evidence-based student learning resources and academic capacity building and curriculum initiatives.

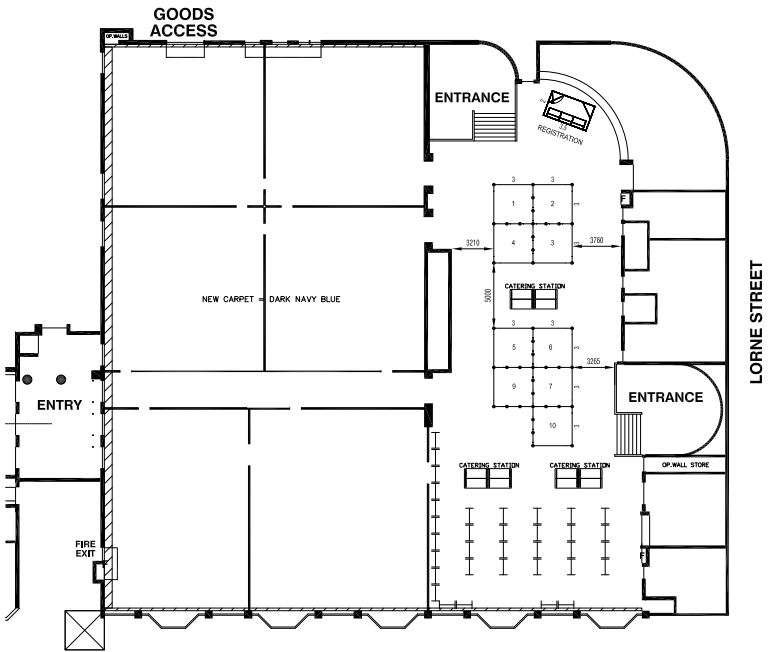
EXHIBITOR DIRECTORY

Exhibitor Hours
Tuesday 25 June 0730 - 1700
Wednesday 26 June 0800 - 1630
Thursday 27 June 0800 - 1630

EXHIBITION FLOOR PLAN



POSTER FLOOR PLAN



EXHIBITOR LISTING



EXHIBITION BOOTH: 1 MASTER OF CLINICAL EDUCATION, FLINDERS UNIVERSITY

Lori Tietz
Flinders University Rural Clinical School
PO Box 3570
Mount Gambier SA 5290
Phone: 08 8586 1026
Email: Lori.tietz@flinders.edu.au
Web: www.flinders.edu.au

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.



EXHIBITION BOOTH: 2 ANZAHPE

Jill Romeo
c/-Health Professional Education
Flinders University
PO Box 852
RENMARK SA 5341
Phone: 0478 313 123
Web: www.anzahpe.org

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 educators in the health professions.
- Is about undergraduate and postgraduate training and continuing education.
- Aims to recognise, facilitate and disseminate high quality educational research in the health professions education.
- Offers Research Seeding Grants and Awards to encourage educators, researchers, 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.



EXHIBITION BOOTH: 3 ULTRASOUND ACCESSORIES GROUP PTY LTD

Maria Thomaidis
Phone: 02 8977 4040
Email: maria@ultrasoundaccessories.com.au
Web: www.bluephantom.com

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EXHIBITION BOOTH: 4 HEALTHPEER MONASH UNIVERSITY

Margaret Bearman
Monash University, Clayton Campus 13C
Phone: 03 9902 0410
Email: margaret.bearman@monash.edu
Web: www.med.monash.edu.au/education/healthpeer/

HealthPEER (Health Professional Education and Education Research) unit offers long-standing and highly regarded graduate programs in health professional education and clinical simulation, with alumni from all states and territories and across health professional and social care disciplines. The team is committed to excellence in educational practice and educational research. HealthPEER is part of the Education Portfolio of the Faculty of Medicine, Nursing and Health Sciences.



EXHIBITION BOOTH: 5 SCHOOL OF RURAL HEALTH (SRH), MONASH UNIVERSITY

Debra Nestel
Monash University
Northways Road
Churchill Vic 3842
Phone: 0404 465 959
Email: debra.nestel@monash.edu
Web: www.med.monash.edu.au

The Gippsland Medical School (GMS) and the School of Rural Health (SRH), Monash University are leaders in rural-based medical education and research. GMS offers a graduate entry medical program and has graduated its first cohort of doctors. The SRH has education and research sites across the Northeast and Southwest of the state of Victoria.



EXHIBITION BOOTH: 6 ADINSTRUMENTS PTY LTD

Maryam Kammoun
Unit 13, 22 Lexington Drive
Bella Vista NSW 2153
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Email: m.kammoun@adinstruments.com
Web: www.adinstruments.com

ADInstruments provides computer-based data acquisition systems for research and education. LabTutor is a blended learning solution for teaching human physiology in medical and healthcare courses. The Pre-Clinical Medicine Learning Modules use real patient cases to provide students with a medically relevant learning experience, both in and out of the laboratory.

EXHIBITOR LISTING



EXHIBITION BOOTH: 7 THE EXCELLENCE IN CLINICAL TEACHING (E.X.C.I.T.E) PROGRAM

Michelle Curtis
Medical Building
Gratton Street, Parkville Vic 3010
Phone: 03 903 58006
Email: michelle.curtis@unimelb.edu.au
Web: www.excite.mdhs.unimelb.edu.au

The Excellence in Clinical Teaching (E.X.C.I.T.E) program is a range of teacher training initiatives with the common aim of improving the quality of clinical teaching provided to health professional students. The program has a clear focus on two things: excellence and the direct interface between clinician and learner. E.X.C.I.T.E activities are directly applicable to the clinician's experience, linking solid educational theory with the realities of their workplace. Key to the development of the program has been a profound knowledge of clinicians; their work, needs and preferences. It is a learner-centred program that is geared for maximum flexibility and responsiveness, in recognition that the development of a clinician's professional role needs to synergise with – and not compete with – their clinical responsibilities.

The Graduate Certificate is the first in a suite of award courses for clinical teachers being offered as part of the E.X.C.I.T.E program. The program provides a pathway from the Grad Cert to the Graduate Diploma (planned for 2014) and Masters (2015) courses in Clinical Education for those who are interested in further developing a career in this field.



EXHIBITION BOOTH: 9 INTERPROFESSIONAL CURRICULUM RENEWAL CONSORTIUM

Tagrid Yassine
P O Box 123 Broadway
Sydney NSW 2007
Phone: 0405 409 207
Email: tagrid.yassine@uts.edu.au
Web: www.ipehealth.edu.au

We present three interconnected projects that address the development of interprofessional education (IPE), in particular curriculum renewal, across all health professions in Australian higher education. We will summarise the findings from each of the projects: a national audit of IPE activity in Australian universities; a qualitative study of IPE in universities in Western Australia; a series of curriculum resources developed for use by IPE educators. The presentation will outline a national approach to IPE together with recommendations in key areas of development and capacity building.



EXHIBITION BOOTH: 10 PEBBLEPAD

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

PebblePad is a Personal Learning and Assessment system used in health education and by professional bodies in Australia, New Zealand and the UK. PebblePad is both an active teaching and learning platform and a personal space for recording and reflecting on learning experiences, evidencing competencies, and documenting ongoing professional development.





PRE-CONFERENCE WORKSHOPS

ANZAHPE PRE-CONFERENCE WORKSHOPS

MONDAY 24 JUNE 2013

WORKSHOP 1: 0900 – 1200

Building Healthcare Education Research Capacity: a Workshop for Education Researchers, Practitioners and Leaders

Prof Charlotte Rees

Widespread perception exists that healthcare education research lacks theoretical and methodological sophistication and rigour (e.g. Rees & Monrouxe 2010; Roberts & Conn 2009). Although numerous initiatives and models for education research capacity building have been developed over the last decade (e.g. Christie & Menter 2009; Murray et al. 2009), criticisms include their narrow focus on building the expertise of individual researchers through formal approaches, plus their lack of rigorous evaluation (e.g. Biesta et al. 2011). Through a combination of presentations, cases and hands-on group work, this workshop will facilitate discussion about what research capacity building is and its drivers, different models, challenges and how to evaluate initiatives.

WORKSHOP 2: 0900 – 1200

Learners in Difficulty - a Faculty Development Priority - Introduces Key Themes, Develops a Diagnostic and Management Framework

Dr Ian Curran

This workshop will give faculty members and educational leads an opportunity to explore the challenging area of managing learners in difficulty. This workshop will introduce a practical diagnostic and management framework for diagnosing the resident in difficulty.

We will explore several important and inter-related themes including:

- 1) Recognising the student in difficulty
- 2) The challenge for faculty
- 3) The aetiology of students in difficulty
- 4) A diagnostic and management framework
- 5) A robust communication model to respond to this challenging area of practice

We will explore 'acceptable' and 'unacceptable' professional behavior. Highlight the importance of effective communication and assertive feedback in professional development.

This workshop will begin with a discussion of the participants' personal experiences, and then explore the impact of learners in difficulty. Themes and patterns will be captured. Drawing upon his personal experience from the UK National Health Service causes of why practitioners get into difficulty will be used to create a conceptual framework for diagnosing and managing learners/students/trainees/professionals in difficulty.

The challenge of difficult conversations will also be discussed and a pragmatic communication model introduced.

WORKSHOP 3: 0900 – 1200

Rethinking Feedback

A/Prof Elizabeth Molloy

We all experience the influence of feedback in our working lives, and there is strong evidence to suggest that it is an important mechanism in learning. Why is it then that learners complain more about feedback than any other element in their programs? This workshop explores the 'problem of feedback' and identifies and untangles some of the reasons as to why it is

typically hard to give, hard to take, and hard to use. Analysis of feedback studies in health professions education and key conceptual frameworks will be presented to help distil the key properties needed for effective feedback. Feedback is positioned as an activity for learners, rather than an act of 'telling' that is imposed on learners. Participants will have an opportunity to rethink what practices may best benefit learners, and will experiment with these strategies.

WORKSHOP 4: 1300 – 1600

Measuring Assessment Quality and Stability using the Rasch Model

Dr Deborah O'Mara & Mrs Imogene Rothnie

This workshop will provide a brief introduction to assessment psychometrics, and in particular the Rasch model from the Item Response Theory (IRT) family of models for estimation of item difficulty and person ability. Guidelines for applying Rasch estimation using Winsteps software will be demonstrated with medical student assessments comprised of multiple choice questions. We will work through some practical examples of data preparation for Winsteps, item analysis, including estimating item difficulty, point-biserial coefficients and test equating using item anchors. Much of the workshop will be interactive to provide participants with experience in interpreting Rasch output with de-identified medical education data. We will also demonstrate how to collate item statistics over time through our ExamBank program. Our aim is that participants leave the workshop with a new set of tools for improving the quality of summative assessments in their medical or other health professional program. No prior statistical knowledge is required.

WORKSHOP 5: 1300 – 1600

Teaching on the Run: Facilitating Interprofessional Education in the Clinical Setting

Dr Fiona Lake

Increasingly, clinicians from across the professions are finding themselves responsible for students from professions other than their own. Whether in small or large groups with single or mixed professions present, it is harder to draw on familiar teaching models and scripts at short notice and be sure they are what the learner needs. The workshop will address the definition and aims of inter professional learning, strategies for interacting in an IPE setting, and will build your confidence to supervise learners from a range of professions.

WORKSHOP 6: 1300 – 1600

Theories that Inform Educational Practice

A/Prof Margaret Bearman, Prof Debra Nestel

Educational practice, including the design of activities, is often undertaken without close examination of associated educational theories. Educational theory provides valuable guidance regarding the strengths and weaknesses of particular approaches. This workshop introduces: the notion of educational theory in health professional education; how educators' own views of the learning process shape their orientations towards particular educational theories; how to use theory to better develop educational practice. Participants will discuss key learning theories relevant to health professional education and undertake activities to use theory to guide educational decisions.



SPECIAL PRESENTATION: TUESDAY 25 JUNE 1230 - 1330

CURRICULUM RENEWAL FOR INTERPROFESSIONAL EDUCATION IN HEALTH

The presentation will provide an overview of the focus and findings of three interconnected projects addressing the development of interprofessional education (IPE), in particular curriculum renewal, across all health professions in Australian higher education. Project partners include nine Australian universities and the Australasian Interprofessional Practice and Education Network (AIPPEN). The University of Technology, Sydney, leads the project. Project partners/funders include Health Workforce Australia, WA Health, the Office for Learning and Teaching and a reference group consisting of international leaders in IPE. Whilst the project focus is the Australian context, the implications of project findings have relevance internationally. We will summarise the findings from each of the projects: a national audit of IPE activity in Australian universities; a qualitative study of IPE in universities in one Australian state (WA); a series of curriculum resources developed for use by IPE educators. The presentation will outline a national approach to IPE together with recommendations in key areas of development and capacity building.

PANEL: SYSTEMATIC REVIEWS IN HEALTH PROFESSIONAL EDUCATION WEDNESDAY 26 JUNE 0930 - 1030

Chair: Margaret Bearman

Systematic reviews are increasingly common in health professional education literature. Systematic review is an approach to collating evidence which has its roots in clinical medicine and quantitative research, what is the value and the limitations of systematic review methodology relative to other forms of evidence synthesis to educators?

SITE VISITS

WEDNESDAY 26 JUNE

1700 - 1800

MONASH'S CENTRAL CLINICAL SCHOOL AT THE ALFRED HOSPITAL

Augmented eXperience Modules

Augmented eXperience Modules (AXM) is a "Just-in-time", interactive, clinical learning system that allows students to learn about a medical condition just before & whilst seeing a patient. AXM gives information through text, images, videos & audio via web-enabled handheld devices, on what to look for and ask about whilst with a patient. The student records de-identified patient information including signs, symptoms, investigations and management which becomes a logbook of patient encounters the student can reflect on. AXM assesses the students on their knowledge of each medical condition by multiple choice questions.

TOUR ONE OF VICTORIA'S LEADING SIMULATION FACILITY: THE AUSTRALIAN CENTRE FOR HEALTH INNOVATION

Australian Centre for Health Innovation

The Australian Centre for Health Innovation delivers service improvements in patient care, health administration and safety. The Centre's expertise in simulation, experiential learning and solution design delivers great outcomes to the toughest health challenges.

<http://www.healthinnovation.com.au/>

Delegates wishing to join the site visits must register by Wednesday lunch time. Please register to attend at the registration desk.

On the day, delegates are required to meet at the registration desk at 4.45pm prior to site visits.

GRADUATE CERTIFICATES/MASTERS IN CLINICAL/HEALTH PROFESSIONAL EDUCATION: **FACULTY MEETING** THURSDAY 27 JUNE 1230 - 1330, GRAND ROOM 5

Those involved in award course which teach health professional/clinical education are invited to join other course representatives to discuss shared interests at this meeting.

PANEL: "STONES IN OUR SHOES": WHAT ARE THE PRESSING ISSUES FOR THE FUTURE OF FACULTY DEVELOPMENT? THURSDAY 27 JUNE 1530 - 1615

Chair: Prof Steve Trumble

Our keynote speakers reflect on the conference and the current state of faculty development to discuss the dilemmas, challenges and potential highlights facing faculty development in health professional education. This closing session will 'wrap' the conference by looking at the controversies of the future through the prism of the previous three days.

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KEYNOTE SPEAKERS



**Professor
Charlotte Rees**
*Director, Centre for Medical
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University of Dundee, UK*

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Charlotte Rees is a social scientist and educationalist by background. She is Professor of Education Research and Director of the internationally renowned Centre for Medical Education at the University of Dundee, UK.

Charlotte has held previous positions as Associate Professor at the Sydney Medical School, University of Sydney, Australia; Senior Lecturer and Foundation Academic Lead for Human Sciences, Communication Skills and Professionalism at Peninsula Medical School, University of Exeter, UK; Lecturer at the Nottingham Medical School, University of Nottingham, UK.

For over 10 years, Charlotte has developed a program of research about patient-centered professionalism in medical education. Her current and future plans for research include exploring healthcare students' professionalism and professional identity formation and student-patient-tutor interaction in the healthcare workplace. Although she has extensive experience with quantitative research methods, her methodological approach largely draws on qualitative methods currently. Charlotte is particularly interested in innovations in qualitative data analysis in medical education research such as systematic metaphor, discourse and narrative analysis. She is Deputy Editor for one of the highest ranked education journals (scientific disciplines) Medical Education and has published over 60 articles across a broad range of journals including Medical Education, Academic Medicine, Social Science & Medicine, Communication & Medicine and Qualitative Health Research.

As Professor of Education Research across the College of Medicine, Dentistry & Nursing, she provides strategic leadership for research, builds research capacity, creates effective research partnerships between CME/IHSE and organisations within and external to The University of Dundee, manages a comprehensive programme of educational research seminars and events through IHSE, and contributes to the research output of CME/IHSE.

KEYNOTE SPEAKERS



**Professor
David M. Irby, Ph.D.**

*Office of Research and
Development
Medical Education at UCSF*

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David M. Irby, PhD is a professor of medicine in the Division of General Internal Medicine and a research faculty member in the Office of Research and Development in Medical Education at UCSF. From 1997-2011, he served as vice dean for education and director of the Office of Medical Education in the UCSF School of Medicine. In addition, he was a senior scholar at The Carnegie Foundation for the Advancement of Teaching, where he co-directed a national study on the professional preparation of physicians that culminated in the 2010 publication: *Educating Physicians: A Call for Reform of Medical School and Residency*. Prior to joining UCSF in 1997, he was a professor of medical education at the University of Washington.

Over the past 40 years, his research has focused on clinical teaching (identifying and evaluating the characteristics, knowledge, reasoning, and actions of distinguished clinical teachers in medicine), faculty development, and curriculum change.

For his research and leadership in academic medicine, he has received awards from the Karolinska Institutet in Stockholm, the Association of American Medical Colleges, the American Educational Research Association, and the National Board of Medical Examiners among others.

He earned a doctorate in education from the University of Washington in 1997, a Masters of Divinity from Union Theological Seminary in 1970, and completed a postdoctoral fellowship in academic administration at Harvard Medical School in 1983.



Dr Ian Curran

*Head of Innovation & Associate
Dean for Postgraduate Medicine
London Deanery*

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Dr Ian Curran is Dean of Educational Excellence and Head of Innovation at London Deanery. He is also the Clinical Lead for London's award winning Simulation and Technology enhanced Learning Initiative (STeLI).

STeLI promotes patient safety and excellence in education by harnessing advanced educational techniques and technologies such as simulation and e-learning. Dr Curran is a consultant anaesthetist with sub-speciality interest in chronic pain management at St Bartholomew's Hospital, where he is also Honorary Senior Lecturer in Medical Education and Senior Examiner at the Bart's and the London Hospital.

KEYNOTE SPEAKERS



**Professor
Timothy Dornan**

*Professor of Medical Education
Department of Educational
Development and Research,
Faculty of Health, Medicine and
Life Sciences
Maastricht University*

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Tim Dornan is Professor of Medical Education at Maastricht University, the Netherlands, Honorary Professor at the University of Manchester, Honorary Visiting Professor at Peninsula Medical School, UK, a member of the Centre for Health Education Scholarship in the University of British Columbia, Canada, and a UK National Teaching Fellow. From a background in internal medicine and endocrinology, he completed a masters degree in health professions education in 2002 and a PhD on the topic of clinical workplace learning in 2006, both at Maastricht University.

He now works solely as an education researcher. He headed Manchester's medical education research group until his move to Maastricht in 2009. His interests include clinical workplace learning, sociocultural theory, qualitative research, and bibliographic methodology.



Health Workforce Australia (HWA) is a Commonwealth statutory authority established to build a sustainable health workforce that meets Australia's healthcare needs. HWA leads the implementation of national and large-scale reform, working in collaboration with health and higher education sectors to address the critical priorities of planning, training and reforming Australia's health workforce.

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ANZAHPE 13 PRE CONFERENCE WORKSHOPS

The program is subject to change and correct at the time of print.

MONDAY 24 JUNE 2013

Time	Session	Venue/Room
0800 - 1830	Delegate Registrations	Grand Foyer
0800 - 1800	Speakers Preparation Room	M8
0830 - 1230	ANZAHPE CoM Meeting	M7
0900 - 1200	Exhibitor Bump In	Grand Foyer
0900 - 1200	Workshop 1 Building Healthcare Education Research Capacity: a Workshop for Education Researchers, Practitioners and Leaders Prof Charlotte Rees	Grand 3
0900 - 1200	Workshop 2 Learners in Difficulty - a Faculty Development Priority - Introduces Key Themes, Develops a Diagnostic and Management Framework Dr Ian Curran	Grand 4
0900 - 1200	Workshop 3 Rethinking Feedback A/Prof Elizabeth Molloy	Grand 5
1300 - 1600	Workshop 4 Measuring Assessment Quality and Stability using the Rasch Model Dr Deborah O'Mara, Ms Imogene Rothnie	Grand 3
1300 - 1600	Workshop 5 Teaching on the Run: Facilitating Interprofessional Education in the Clinical Setting Dr Fiona Lake	Grand 4
1300 - 1600	Workshop 6 Theories that Inform Educational Practice A/Prof Margaret Bearman, Prof Debra Nestel	Grand 5
1700 - 1900	Welcome Reception	Grand Foyer

TUESDAY 25 JUNE 2013

Time	Session	Venue/Room
0730 - 1700	Delegate Registration & Morning Coffee	Grand Lobby
0730 - 1700	Speakers Preparation Room	M8
0830 - 0900	Opening Ceremony/Welcome to Country Session Chair: Gary Rogers/Geoff McCall	Grand 1-4
0900 - 1000	Plenary Session: Session Chair: Debra Nestel Keynote Speaker: Prof Timothy Dorman Identify Construction in Practice-based Learning: Insights from Undergraduate and Postgraduate Medical Education	Grand 1-4
1000 - 1100	Plenary Session: Session Chair: Debra Nestel Keynote Speaker: Prof Charlotte Rees Involving Patients in Healthcare Education: the Case of the Invisible Patient?	Grand 1-4
1100 - 1130	Morning Tea Exhibition Opening, Posters and networking	Grand Foyer
	Session Chair: Margaret Bearman Poster Presentation 1: 12825 On the Job Support for Rural Student Supervision Ms Leanne Prout	
	Poster Presentation 2: 13028 Peer Involvement in Long Case Tutorials Dr Anna Ryan	
	Poster Presentation 3: 13049 Impact of a Clinical School "Double Teach" in Medical Education Dr Anna Ryan	
	Poster Presentation 4: 13035 How do Students Approach Learning Anatomy in a Graduate Entry Medical Course? Ms Michelle Machado	

Concurrent Session 1: (60 min)				
Theme: Assessment	Theme: iPE	Theme: Clinical Supervision	Theme: Clinical Supervision 30 Min PeARL	Theme: Simulation 30 Min PeARL
Room: Grand 1 & 2 Session Chair: Tim Wilkinson	Room: Grand 3 Session Chair: Jennene Greenhill	Room: Grand 4 Session Chair: David Irbay	Room: Grand 5 Session Chair: Rob Seizer	Room: Grand 6 Session Chair: Ian Curran
12813: Examining the Nature of Written Feedback Within the Mini Clinical Evaluation Exercise (Mini-CEX) <i>A/Prof Flanges Dadds</i>	13014: Virtual Lectures and Tutorials: can they improve Student Engagement within Paramedic Education <i>Mrs Lucinda Mayor</i>	13026: Service-Learning Placements: An Unraptured Opportunity for Educating Health Professionals <i>Dr Carol McKinstry</i>	12687: A Virtual Community of Practice for Clinical Supervisors from across the Health Professions: Build it and they will Come? or will they? <i>A/Prof Margaret Potter</i>	12901: Enabling Medical Students' Transition to Clinical Practice through Case-Based Simulation Technology <i>Dr Victoria Brazil</i>
13000: Incorporating Feedback into the OSCE for First Year Medical Students <i>Dr Ruth Sutherland</i>	12958: Attitudes and Beliefs about Interprofessional Education (iPE) in Health Faculty Staff and Students <i>A/Prof Heather Alexander</i>	12632: What do we Understand by the Term "Workplace Learning Environment"? <i>Dr Dale Sheehan</i>		12674: How do we Know Students have Positive Clinical Experiences in our Health Service? <i>Ms Bernie Bissett</i> <i>Ms Rosalyn Stanton</i>
12906: Results of an Innovative Approach to Assessing Teaching Quality <i>Dr Linda Klein</i>	13039: Can DVD Simulations be used to Promote Empathic Behaviours and Interprofessional Collaboration among Undergraduate Healthcare Students? <i>A/Prof Brett Williams</i>	13019: Shaping and Influencing Physiotherapists as Clinical Educators <i>Ms Sarah Mooney</i>	12950: Clinical Teaching, Supervision and Assessment from the Perspective of International Students: is this the Elephant in the Room for Professional Development of Health Educators? <i>Dr Kwang Yee,</i> <i>Ms Wendy Page,</i> <i>Bunmi Malau-Aduli</i>	12918: Rasch Based Methods for Test Equating <i>Ms Imogene Rothnie</i>
12845: Development and Validation of a Scale to Assess Affective Learning in Health Professional Student Reflective Journals <i>A/Prof Gary Rogers</i>	12974: Interprofessional Learning: from the Start for the Future <i>Ms Hazel Harries-Jones</i>	13017: Clinical Educators in Physiotherapy - a Distinctive and Disadvantaged Social Class <i>Ms Sarah Mooney</i>		12893: Integrating Complementary Medicine into Prevocational and Vocational Education for Medical Physicians <i>Ms Anita Pierantozzi</i>

1230 – 1330	Grand Foyer
Lunch Exhibition, Posters and networking	
Session Chair: Charlotte Rees Poster Presentation 5: 13060: Peer Assisted Learning Simulated Dispensing Sessions <i>A/Prof Liza Seubert</i>	
Poster Presentation 6: 12887: Are we Missing out? Characteristics of Students Admitted and Declined a Place in the 2011 Otago Medical School Class <i>Ms Ursula Poole</i>	
Poster Presentation 7: 13008: Links: a Novel Blended-Learning Approach to Clinical Skills Training for Physiotherapy Students <i>Dr Sean Horan</i>	
Poster Presentation 8: 12622: Incorporating Music and Dance into an Undergraduate Clinical Skills Medicine Curriculum - a Teaching Perspective <i>Mrs Deanne Johnstone, Ms Darlene Wallace</i>	
Poster Presentation 9: 12993: Innovative Education for Rural Practice Nurses <i>Ms Marnie Connolly</i>	
Poster Presentation 10: 12819: Fostering Positive Attitudes to Research Methods and Statistics in Speech Pathology Students <i>Dr Joanne Arciuli</i>	
Poster Presentation 11: 12940: Personal Tutor: Evaluation of a Student Support System Key Findings <i>Ms Kath Hoare</i>	
Poster Presentation 12: 12863: Using a Rapid Quality Improvement Cycle to Improve Medical Student Clinical Clerkships <i>Dr Aston Wan</i>	
Poster Presentation 13: 12992: The Role of Simulation Activities (Role-Play & X-Ray Phantom Imaging) in Enhancing Radiographic Knowledge in First Year Radiography Students * <i>Ms Amy Kong</i>	
Poster Presentation 14: 12835: Academic Motivation and Well-Being of Medical Students <i>Dr Matarioria Lyndon</i>	
Poster Presentation 15: 13024: Inter-Professional Simulation Based Intern Education <i>Dr Helen Rhodes</i>	
Poster Presentation 16: 12824: It's Harder if you know them Outside of Work <i>Ms Leeanne Prout</i>	
Lunch Session: OIT Project Launch	Grand 5

Concurrent Session 2: (90 min)				
Theme: Research	Theme: Simulation	Theme: Clinical Supervision	Theme: Assessment 30 Min PeARL	Theme: Peer Learning 30 Min PeARL
Room: Grand 1 & 2 Session Chair: Liz Molloy	Room: Grand 3 Session Chair: Victoria Brazil	Room: Grand 4 Session Chair: Deb Colville	Room: Grand 5 Session Chair: Pippa Craig	Room: Grand 6 Session Chair: Jenny Barrett
12752: Learning Research in the Community: Medical Students Researching Community Health <i>* Mr John Goodall</i>	13010: Coming to Grips with Interprofessional Collaboration: a Workshop Sharing Experiences from the Gipsland Interprofessional Partnership in Simulation (GRIPS) Project <i>Mrs Jenny Moloney</i>	13023: How do Interns Learn on the Job? Implications for Structure of Intern Positions <i>* Ms Joan Benjamin</i>	12879: A Clinical Decision-Making Assessment Strategy for Experienced Clinicians <i>Dr Kaye Atkinson</i>	12722: Professional Development of Student Tutors - the First Development of Future Health Educators? <i>Dr Kimberley Owens</i>
				12967: Ehealth Education for Future Clinical Health Professionals <i>Dr Kathleen Gray</i>

Concurrent Session 2: (90 min)						
Room: Grand 1 & 2 Session Chair: <i>Liz Molloy</i>	Room: Grand 3 Session Chair: <i>Victoria Brazil</i>	Room: Grand 4 Session Chair: <i>Deb Colville</i>	Room: Grand 5 Session Chair: <i>Pippa Craig</i>	Room: Grand 6 Session Chair: <i>Jenny Barrett</i>	Room: Park Room Session Chair: <i>Tony Egan</i>	Room: Lake Room
13052: The Development of an Instrument for the Work-Based Assessment of Teamwork – an Interprofessional Approach <i>Ms Robyn Dickie</i>	12715: Educational Gaming in the Health Sciences: a Systematic Review of the Evidence and Examples of Innovative Techniques <i>A/Prof Simon Cooper</i>	12710: Protected Teaching Time Scores Higher on Evaluation of Bedside Teaching Methods <i>Dr Renata Chapman</i>	12879: Continued	12722: Continued	Continued	12967: Continued
12932: The SOMERS Index: a Simple Instrument Designed to Estimate the Likelihood of Rural Career Choice <i>A/Prof George Somers</i>	12714: Managing Deteriorating Patients: Understanding Performance and the Impact and Development of the FIRST2ACT Web Training Program <i>A/Prof Simon Cooper</i>	Student Prize Presentation 1 <i>Dr David Smallwood</i>	12807: Breathing New Life into the Long Case? <i>Dr David Smallwood</i>	12862: Role Modelling Resilience: Promoting Personal Growth and Professional Development in Students <i>Ms Janet Richards</i>		
12959: Evaluating Learning Styles and Preferences: how Student's Change and why this is Important to the Educator <i>Dr Eleanor Mitchell</i>	13005: Working as a Clinical Teaching Associate: Women's Experiences of Teaching Sensitive Examinations <i>Dr Christine Fairbank</i>	13022: A Workshop for GP Supervisors: Facilitating the Development of Clinical Reasoning Skills in Medical Students: from Theory to Practice <i>Dr Sylvia Guenther</i>				
12939: The Rural Intent Questionnaire: a Measure of Medical Students' Career Intentions Grounded in the Triands and the Fishbein and Ajzen Theories of Decision Making <i>A/Prof George Somers</i>	12769: The STEPS Project: a Remotely Accessed Simulated Learning Environment to Increase the Viability of Remote Clinic Placements in Physiotherapy and Speech Pathology <i>Dr Neil Tuttle</i>	12727: Clinical Supervision Support in the Allied Health Professions <i>A/Prof Annette Mercer</i>	12649: Cultural Competency Frameworks: what Works and do Educators Practise what they Preach? <i>Dr Sharleen O'Reilly</i>	12802: Settings of Hospital-Based Education: what can Health Professional Educators Learn from Human/Environment Interaction Studies in Hospitals? <i>Dr Ben Cleveland, Jenny Barrett</i>		
12954: The Postcard Technique: a Novel Medical Education Research Method to Generate Real-Time Context and Insights for Teaching and Learning <i>Dr Kwang Yee, Ms Wendy Page</i>		12834: The Role of the Remote Clinical Supervisor and Implications for their Professional Development <i>Dr Susan Wearne</i>				

1500 – 1530	Grand Foyer
Afternoon Tea Exhibition, Posters and networking	
Session Chair: Geoff McCall Poster Presentation 17: 12997: An Integrated Aboriginal Health Curriculum in Podiatric Medicine <i>Dr David Paul</i>	
Poster Presentation 18: 13040: Self-Directed Learning: Identifying and Addressing Negative Perceptions <i>Ms Loy Perryman</i>	
Poster Presentation 19: 12854: Intercultural Communication in Nursing <i>* Mrs Susan Philip</i>	
Poster Presentation 20: 13020: Supporting Simulation Educators: a National Perspective <i>Prof Debra Nestel</i>	

Concurrent Session 3: (90 min)						
Theme: Assessment	Theme: IPE	Theme: Clinical Supervision	Theme: Clinical Supervision 30 Min PaRL	Theme: Peer Learning 90 Min workshop	Theme: Mixed Themes	Theme: Assessment 90 Min Workshop
Room: Grand 1 & 2 Session Chair: George Somers	Room: Grand 3 Session Chair: Natalie Radomski	Room: Grand 4 Session Chair: Tim Dorman	Room: Grand 5 Session Chair: Charlotte Rees	Room: Grand 6 Session Chair: Kimberley Ivory	Room: Park Room Session Chair: Margaret Bearman	Room: Lake Room
12996: An Innovative Assessment for Medical Students: the Hypothetical Presentation <i>Ms Deborah Porter</i>	12830: A Model for Capturing Stakeholder Interactions in Interprofessional Education <i>Dr Tanya Lawlis</i>	12978: Impact of Human Skills Training on Affective Learning among Pre Medical Students <i>Dr Kwong Chan, Dr Laurance Madeleine Robillard, A/Prof Gary Rogers</i>	12999: Critical Factors in Student Failure: an Exploration of Ideas <i>* Ms Rachel Davenport</i>	12812: "Ticket to Ride" - Opportunities and Challenges of Partnering Students and Patients on the Healthcare Journey: Experiences from Four Australian Medical Schools <i>Dr Kimberley Ivory</i>	12849: Wikis as Assessment in an Intensive Mode Physiotherapy Course: a Case Example <i>Dr Benjamin Weeks</i>	12804: Writing Medical Interviewing OSCs to Assess Clinical Reasoning <i>Dr David Smallwood</i>
12847: How Should Feedback be Delivered to Improve the Practical Skills of Health Professional Students? A Systematic Review <i>Mrs Robyn Gill</i>	12829: Are the Barriers and Enablers to IPE Static or Dynamic?: A Multimeethod Interprofessional Investigation <i>Dr Tanya Lawlis</i>	12811: Being a Medical Educator: Motivation, Socialisation and Navigation <i>Dr Emma Bartle</i>			12943: Implementing IPE in the School of Medicine – Successes and Challenges <i>Dr Judi Errey</i>	
12884: Using the Borderedline Regression Approach to Establish Cut Scores for Written Short Answer Questions (Sag) <i>Dr Katharine Reid</i>	13046: Interprofessional Education and Simulation: Partners for a Bridge to Interprofessional Practice <i>Ms Jane Taylor</i>	12747: Medical Teachers' Responses to Environmental Constraints <i>Ms Karen Scott, Ms Jenny Barrett</i>	12948: Developing a Professional Development Program for GP Supervisors <i>Dr Judith Culliver, Dr Gerard Connors</i>		12809: An Integrated Undergraduate Clinical Placement Model <i>Ms Angela Casey, Ms Gayle McKenzie</i>	
12701: Preparation Courses for the Undergraduate Medical and Health Sciences Admissions Test (UMAT): Effectiveness Contrasts with Opinion <i>* Mr Tom Wilkinson</i>	12984: Self-Directed Learning Readiness of Non-Traditional Students in Health Science Programs <i>Mr Craig Slater</i>	12803: Multi-Vocal Narrative and the Struggle for an Integrated Professional Identity <i>* Dr Sally Warmington</i>			12961: Developing Surgical Educators: Evaluation of the Graduate Programs in Surgical Education <i>Prof Debra Nestel</i>	

1530 – 1700					
Concurrent Session 3: (90 min)					
Room: Grand 1 & 2 Session Chair: <i>George Somers</i>	Room: Grand 3 Session Chair: <i>Natalie Radamski</i>	Room: Grand 4 Session Chair: <i>Tim Dornan</i>	Room: Grand 5 Session Chair: <i>Charlotte Rees</i>	Room: Grand 6 Session Chair: <i>Kimberley Ivory</i>	Room: Park Room Session Chair: <i>Margaret Bearman</i>
12708: Blueprinting Medical Student Selection: Identifying Domains of Importance <i>Prof Tim Wilkinson</i>	12995: The Implementation and Evaluation of a Blended IP Curriculum <i>Ms Robyn Dickie</i>	12868: Translating Inter-cultural Clinical Communication and Language Research into a Multimedia Resource for Junior Doctors and their Supervisors <i>A/Prof Robyn Woodward-Kron</i>	13013: How to Marry Undergraduate Problem Based Learning Skills to the Experience of on-the-Job Learning in the Clinical Workplace? <i>Ms Joan Benjamin</i>	12812: Continued	12695: Interdisciplinary Collaboration for Clinical Skills Acquisition: an Integrated Communication Focused Approach <i>Ms Kara Gilbert</i>
	12964: Providing a Baseline for Enhancing Practice Education <i>Prof Susan Ryan</i>	12759: A Holistic Workplace Driven Curriculum for Junior Doctors <i>Dr Dale Sheehan</i>	12930: A Multi-Disciplinary Approach for Supporting Students and Supervisors to Improve Clinical Placement Capacity and Outcomes <i>Ms Sharon Harkings</i>		12861: Using Student Confidence Ratings in Answering MCQs to Provide Feedback for Learning <i>Ms Imogene Rothnie</i>
Evening	Free Night				
* Student Presenter					

WEDNESDAY 26 JUNE 2013		Venue/Room
Time	Session	
0800 - 1630	Delegate Registration & Morning Coffee	Grand Foyer
0800 - 1630	Speakers Preparation Room	M8
0830 - 0930	Plenary Session: Session Chair: <i>Fiona Lake</i> Keynote Speaker: <i>Prof David Irby</i> Motivation Theory: Can it Offer Clues for Engaging Faculty in the Educational Mission? Panel Discussion: <i>Systematic Reviews in Health Professional Education</i> Prof Timothy Dorman, Prof Jill Thistlethwait Session Chair: <i>Margaret Bearman</i>	Grand 1-4
0930 - 1030	Panel Discussion: <i>Systematic Reviews in Health Professional Education</i> Prof Timothy Dorman, Prof Jill Thistlethwait Session Chair: <i>Margaret Bearman</i>	Grand 1-4
1030 - 1100	Morning Tea - Exhibition, Posters and networking Session Chair: <i>Tim Dorman</i> Poster Presentation 21: 12953: Facilitating Students' Advanced Communication Skills in the Melbourne MD for Transition to Practice <i>A/Prof Robyn Woodward-Kron</i> Poster Presentation 22: 12955: What are the Attributes of Excellence in an Acute-Practice Occupational Therapist? <i>*Mrs Jennifer Swan</i> Poster Presentation 23: 12718: Exploring Medical Student Motivation: a Qualitative Study <i>*Mr Alex Williams</i> Poster Presentation 24: 12625: Transition from Clinician to Supervisor - how do we Develop the Health Professional Supervisors of the Future? <i>Mrs Bernie Bissett, Ms Rosalyn Stanton</i>	Grand Foyer

Concurrent Session 4: (90 min)					
Theme: Peer Learning	Theme: Simulation	Theme: Peer Learning	Theme: Assessment 30 Min PeARL	Theme: Clinical Supervision 30 Min PeARL	Theme: Peer Learning 90 Min Workshop
Room: Grand 1 & 2 Session Chair: <i>Joanne Tai</i> 12994: Meeting the Challenges of Quantitative Assessment in Peer Observation of Teaching <i>Dr Katrina Calvert</i>	Room: Grand 3 Session Chair: <i>Gary Rogers</i> 12761: The Keys for Success: what has made RESUS4KIDS a Successful National Simulation Based Program <i>Miss Kathryn McGarvey</i> 13085: Review of Simulation in Surgery: Perspectives From the Royal Australasian College of Surgeons <i>Ms Rachel Lennon, A/Prof Stephen Tobin</i>	Room: Grand 4 Session Chair: <i>Karen Nightingale</i> 12859: Modelling Resilience to Enhance Peer Learning <i>Ms Janet Richards</i> 12972: Career Choice in Medical Students: what you do and say Counts <i>Mr Kelby Smith-Han</i>	Room: Grand 5 Session Chair: <i>Neville Chivavoll</i> 13032: Ensuring our Observed Assessments are Culturally Safe for Students - Wishful Thinking or an Achievable Goal? <i>Dr Kristin Kenrick</i>	Room: Grand 6 Session Chair: <i>Ruth Sutherland</i> 12983: Is there such thing as Helicopter Supervising? <i>Mrs Allison Hillig</i>	Room: Park Room Session Chair: <i>Julie Ash</i> 12785: Mindfulness Training for Self-Care and Enhancing Clinical Performance <i>Dr Craig Hasted</i>
Room: Grand 1 & 2 Session Chair: <i>Joanne Tai</i> 12994: Meeting the Challenges of Quantitative Assessment in Peer Observation of Teaching <i>Dr Katrina Calvert</i>	Room: Grand 3 Session Chair: <i>Gary Rogers</i> 12761: The Keys for Success: what has made RESUS4KIDS a Successful National Simulation Based Program <i>Miss Kathryn McGarvey</i> 13085: Review of Simulation in Surgery: Perspectives From the Royal Australasian College of Surgeons <i>Ms Rachel Lennon, A/Prof Stephen Tobin</i>	Room: Grand 4 Session Chair: <i>Karen Nightingale</i> 12859: Modelling Resilience to Enhance Peer Learning <i>Ms Janet Richards</i> 12972: Career Choice in Medical Students: what you do and say Counts <i>Mr Kelby Smith-Han</i>	Room: Grand 5 Session Chair: <i>Neville Chivavoll</i> 13032: Ensuring our Observed Assessments are Culturally Safe for Students - Wishful Thinking or an Achievable Goal? <i>Dr Kristin Kenrick</i>	Room: Grand 6 Session Chair: <i>Ruth Sutherland</i> 12983: Is there such thing as Helicopter Supervising? <i>Mrs Allison Hillig</i>	Room: Lake Room Session Chair: <i>Dale Sheehan</i> 12704: Recognising and Supporting the Staff who Support Students <i>Dr Eleanor Flynn</i>

1100 - 1230 Concurrent Session 4: (90 min)					
Room: Grand 1 & 2 Session Chair: Joanne Tai	Room: Grand 3 Session Chair: Gary Rogers	Room: Grand 4 Session Chair: Karen Nightingale	Room: Grand 5 Session Chair: Neville Chinvaroll	Room: Grand 6 Session Chair: Ruth Sutherland	Room: Park Room Session Chair: Julie Ash
12732: Peer Assisted Learning in Paediatric Examination <i>Prof Sandra Carr</i>	12772: The Virtual Ophthalmology Clinic <i>Dr Tony Succar</i>	12865: Good Company at the Edge of Learning <i>Prof Jennene Greenhill</i>	12956: Standard Setting in Multiple Choice Based Assessments - Problems and Solutions <i>Dr Deborah O'Mara</i>	12979: Preceptor, Mentor, Supervisor - What's in a Name <i>Mr Dale Edwards</i>	12785: Continued
12652: A Randomised Trial of Peer Assisted Learning in Physiotherapy Clinical Education <i>Mrs Samantha Sevenhuijsen</i>	13030: Capturing Complexity: the Role of Simulation in Preparing for Clinical Practice <i>* Miss-Jessica Young</i>	13059: Case Based Learning for Successful Integration: Enhancing Peer Learning <i>Dr Linda Sweet</i>			
12675: Engaging Colleagues in Publication through a Creative Writing Workshop Approach <i>Ms Deborah Austen</i>	13029: Clinical Teaching Associates and Assessment <i>Dr Christine Fairbank</i>	12858: The BEST Way: an Interdisciplinary Peer-Led Approach to Developing Teachings Skills for Staff in Health Sciences <i>Ms Catherine Snelling</i>	12980: What Influences Health Professional Educators' Assessment Decisions? <i>Dr Margaret Bearman</i>	12897: Private Hospital Placement for Healthcare Students: what do we need to Consider as Healthcare Educators? <i>Dr Kwang Chien Yee</i>	
12840: Resident-as-Teacher Training Programmes and the Clerkship Learning Environment <i>Dr Mataroria Lyndon</i>	13045: Simulation Based Training - Improving Access and Sustainability for Undergraduate Education <i>Ms Susan Harrison</i>	12926: Professional Development of Mental Health Educators through Peer Learning <i>Ms Tanya Langtree, Dr Tanya Park & Dr Nichole Harvey</i>			

1230 – 1330	Lunch Exhibition, Posters and networking						Grand Foyer
Session Chair: David Irby							
Poster Presentation 25: 12923: Using a Knowledge Network to Strengthen Health Professional Education <i>Ms Alison Farrington</i>							
Poster Presentation 27: 13086: An Innovative Reflective Teaching Approach to Community Medicine Education Benchmarked Against the Evidence <i>Dr Scott McCombe</i>							
Poster Presentation 28: 12739: The Impact of Limited Internship Positions on Victorian Medical Students' Internship Placements <i>* Miss Bharathy Gunasekaran</i>							
Poster Presentation 29: 12982: Healthcare Carers; how does the Teamwork Work? <i>Miss Michelle Butler</i>							
Poster Presentation 30: 12949: Promoting Research Skills through Evidence Based Medicine: a Pragmatic Approach <i>A/Prof Dragan Illic</i>							
Poster Presentation 31: 12817: Exploring the "follow-through Experience": a Survey of Victorian Midwifery Students and Academics <i>Ms Jane Morrow</i>							
Poster Presentation 32: 13009: Experience-Based Transformation of Learning Styles <i>Dr Shapour Jaberzadeh</i>							
Poster Presentation 33: 12855: Monash Physiotherapy Students' Attitudes to Web-Based Laboratory Simulations in Physiology <i>Dr Shapour Jaberzadeh</i>							
Poster Presentation 34: 12965: Progress Towards Development of a Spinal Palpation Simulator for Manual Therapy Skills <i>Dr Neil Tuttle</i>							
Poster Presentation 35: 12973: Gen Y as Supervisors <i>Mrs Allison Hilbig</i>							
Poster Presentation 36: 13053: Supporting Clinical Supervisors: what are our Experiences in the Adelaide School of Dentistry? <i>Dr Dimitra Lekkas</i>							
1230 – 1330	ANZAHPE Annual General Meeting						Grand 5
Concurrent Session 5: (90 min)							
Theme: Assessment	Theme: Clinical Supervision	Theme: IPE	Theme: IPE	Theme: IPE	Theme: Clinical Supervision 30 Min PeARL	Theme: Simulation 90 Min Workshop	Theme: Simulation 90 Min Workshop
Room: Grand 1 & 2 Session Chair: George Somers	Room: Grand 3 Session Chair: Debra Kiegallie	Room: Grand 4 Session Chair: Ananda Henderson	Room: Grand 5 Session Chair: Brett Williams	Room: Grand 6 Session Chair: Joan Benjamin	Room: Park Room	Room: Lake Room	
12618: An Evaluation of the use of a Tablet/Personal Computer to Teach Undergraduate and Postgraduate Nursing Students Pathophysiology and Pharmacology <i>Mr Nadim Rahman</i>	12756: The Influence of Longitudinal Integrated Clerkships on Clinical Scholarship in Regional and Rural Communities of Practice <i>Dr Kathryn Weston</i>	12054: Interprofessional Education in Allied Health: a Systematic Review of the Literature <i>Dr Rebecca Olson, A/Prof Andrea Bialocerkowski</i>	12908: Identifying the Professional Development Needs of a New Rural Interdisciplinary Teaching Team <i>A/Prof Sue Pullon</i>	12679: Supervising Challenging Students on Clinical Placement <i>Ms Catherine Johnston, Dr Lesley MacDonald-Wicks</i>	12870: Round the Table Teaching: A Novel Method of Clinical Skills Teaching Using a Simulated Learning Environment <i>A/Prof Fenton O'Leary</i>	12910: Fundamentals of Simulated Patient Methodology: Training Approaches for Role Portrayal <i>Prof Debra Nestel</i>	
12805: Adapting the Mini-CEX to an Undergraduate Nursing Context <i>Ms Gabrielle Koutoulidis</i>	12753: Augmented Experience Near-Patient Learning Tool <i>A/Prof Rob Selzer</i>	12892: Interdisciplinary Learning with VERT: a Radiotherapy Education Case Study in Bendigo, Victoria <i>Mr Alan Turner</i>					

Concurrent Session 5: (90 min)					
Room: Grand 1 & 2 Session Chair: <i>George Somers</i>	Room: Grand 3 Session Chair: <i>Debra Kiegaldie</i>	Room: Grand 4 Session Chair: <i>Amanda Henderson</i>	Room: Grand 5 Session Chair: <i>Brett Williams</i>	Room: Grand 6 Session Chair: <i>Joan Benjamin</i>	Room: Park Room
12672: Student Perceptions of Progress Testing from a Pilot Test <i>Dr Steven Lillis</i>	12768: Learning Procedures on Patients: Medical Student Narratives of Customary Consent Practices <i>*Dr Sally Warrington</i>	12725: Stepping up Expectations for Clinical Supervision: Engaging Health Professional Educators to Improve the Student Placement Experience <i>Ms Nicole Browne, Ms Jackie Tunnecliff</i>	12844: Interprofessional Working: a Model for Evaluating Learning Outcomes of the Interprofessional Placements in South East NSW <i>Dr Pippa Craig</i>	12680: Supervising Failing Students on Clinical Placement <i>Ms Catherine Johnston</i>	12870: Continued
12795: Remediation for Professional Performance: the ALSO (Additional Learning Support Opportunities) Program <i>Dr Bunmi Malau-Aduli, Ms Wendy Page</i>	12921: Building Supervisor Capacity - a National Professional Development Program for Prevocational Clinical Supervisors <i>Dr Jag Singh & Dr Susannah Ahern</i>	13007: A Prospective Evaluation of Team-Based Inter-Professional Clinical Education at the School of Dentistry and Oral Health (DOH), Griffith University <i>Dr Mark Stairs</i>	12692: Learning Outside of "your Own Little Patch". IPL in Rural Settings - how is it Achievable? <i>Mrs Lyn Gum</i>	12952: The Knowing, Acting and Being of Health Professionals: what does this Mean for Education? <i>*Ms Sarah Barradell</i>	
12889: A Web-Based Nutrition Competency Implementation Toolkit (WNCIT) for Entry Level Medical Courses <i>Mrs Sherryn Evans</i>	12831: Clinical Placement Supervision: why Supervisors do it... <i>Dr Rebecca Sealey</i>	12728: Interprofessional Learning for Undergraduate Students by Simulation and YouTube Videos <i>Dr Virginia Skinner</i>			
12917: Clinical Assessment in Medical Schools: Developing a National Resource <i>Ms Monique Haum</i>	12922: The Effects of a Natural Disaster on Student Learning <i>Mr Anthony Ali</i>	12912: Towards an Understanding of Medical Professional Identity formation: a 360 Degree Perspective <i>A/Prof Patricia Johnson</i>			
1500 - 1530	Afternoon Tea Exhibition, Posters and networking				Grand Foyer
Session Chair: Ian Curran					
Poster Presentation 37: 12820: Knowledge, Skills and Attitudes (KSAS) of Rural and Remote Psychologists <i>Prof Anna Chur-Hansen</i>					
Poster Presentation 38: 13100: Supporting Clinical Supervisors through a Multimodal Educational Program <i>Ms Margaret Bearman</i>					
Poster Presentation 39: 12814: Mobile Devices and Learning at the Bedside <i>Dr Megan Phelps</i>					
Poster Presentation 40: 13069: Tripartite Research Collaboration - Transforming Attitudes and Practise to Research <i>Ms Sarah Mooney</i>					

Concurrent Session 6: (60 min)					
Theme: Clinical Supervision	Theme: Simulation	Theme: Peer Learning	Theme: IPE 30 Min PeARL	Theme: Peer Learning 30 Min PeARL	Theme: Assessment / Clinical Supervision 30 Min PeARL
Room: Grand 1 & 2 Session Chair: <i>Anthony Ali</i>	Room: Grand 3 Session Chair: <i>Tracy Morrison</i>	Room: Grand 4 Session Chair: <i>Minh Nguyen</i>	Room: Grand 5 Session Chair: <i>Mollie Burley</i>	Room: Grand 6 Session Chair: <i>Sandra Carr</i>	Room: Lake Room Session Chair: <i>Pam Harvey</i>
12771: Student Fitness to Practice - a Clinical Educator Perspective <i>Mrs Kristin Lo</i>	13072: Integrated 'Dialogic' Approach in Medical Education Curriculum: a Case of Clinical Pedagogy <i>* Mrs. Mahtab Irfada</i>	12648: Working in blocks: is Team Based Learning Suitable for Learning in Concentrated Time Frames? <i>Dr Sharleen O'Reilly</i>	12641: Professional Development of Healthcare Educators to Support Ecological Sustainability and Social Justice <i>Dr Jillian Dunphy</i>	12883: Are Students with Stress Causing Tutor Distress? <i>Ms Susan Clarey</i>	12871: Challenges in Nursing Education - Collaborating to Address the Academic Literacies Development of Undergraduate Nursing Students <i>Mr John Hamilton</i>
12916: Rural Placements Creating Rural Career Intent: is Clinical Epistemology the Key? <i>Mrs Lucie Walters</i>	12988: Clinical Alignment: Doctors-in-Training <i>Mrs Marnie Connolly</i>	13016: Using the PHEEM Project to Promote and Support Collaborative Learning for Medical Educators <i>Ms Marilyn Bullen</i>	12641: Professional Development of Healthcare Educators to Support Ecological Sustainability and Social Justice <i>Dr Jillian Dunphy</i>	12883: Are Students with Stress Causing Tutor Distress? <i>Ms Susan Clarey</i>	12871: Challenges in Nursing Education - Collaborating to Address the Academic Literacies Development of Undergraduate Nursing Students <i>Mr John Hamilton</i>
12945: Exploration of the Perceived Educational needs and Learning Preferences of Occupational Therapists (OTs) Working in Acute Hospital Settings <i>* Ms Sonja de Munck</i>	12815: Virtual Reality Based Clinical Cases: a Novel Method for Assessment of Competence and Clinical Reasoning Ability <i>* Dr Melyssa Roy</i>	12643: The Impact on Student Learning of Assessing Peers alongside Supervisors in the Long Case <i>* Ms Annette Burgess</i>	12641: Professional Development of Healthcare Educators to Support Ecological Sustainability and Social Justice <i>Dr Jillian Dunphy</i>	12883: Are Students with Stress Causing Tutor Distress? <i>Ms Susan Clarey</i>	12871: Challenges in Nursing Education - Collaborating to Address the Academic Literacies Development of Undergraduate Nursing Students <i>Mr John Hamilton</i>
12808: Training Clinical Neuropsychologists to Deliver Psychological Interventions: a Survey Study <i>Dr Dana Wong</i>	12894: The Victorian Simulated Patient Network: a State-wide Faculty Development Resource for Health Professionals Interested in Simulated Patient Methodology <i>Prof Debra Nestel</i>	12960: A Student-Led Peer Tutoring Program to Enhance Early Clinical Skills Acquisition <i>* Miss Allison Hemenstall</i>	12641: Professional Development of Healthcare Educators to Support Ecological Sustainability and Social Justice <i>Dr Jillian Dunphy</i>	12883: Are Students with Stress Causing Tutor Distress? <i>Ms Susan Clarey</i>	12871: Challenges in Nursing Education - Collaborating to Address the Academic Literacies Development of Undergraduate Nursing Students <i>Mr John Hamilton</i>
12665: Making Self-Reflection a Reality in Workplace Integrated Learning (WIL): Practical Strategies for Supervisors <i>Mrs Bernie Bissett, Ms Rosalyn Stanton</i>					
1900 - 2300	Conference Dinner				Grand Ballroom
* Student Presenter					

THURSDAY 27 JUNE 2013

Session					Venue/Room
Time					Grand Foyer
0800 - 1700	Registration & Morning Coffee				
0800 - 1600	Speakers Preparation Room				M8
0830 - 1000	Concurrent Session 7: (90 min)				
Theme: Clinical Supervision	Theme: IPE	Theme: Assessment	Theme: Assessment	Theme: Clinical Supervision	Theme: Clinical Supervision
Room: Grand 1 & 2 Session Chair: Gillian Webb	Room: Grand 3 Session Chair: Lyn Gum	Room: Grand 4 Session Chair: Lambert Shuwirth	Room: Grand 5 Session Chair: David Smallwood	Room: Grand 6 Session Chair: Ian Wilson	Room: Lake Room
12885: Junior Doctors Communicating Healthcare in Culturally Diverse Rural Settings A/Prof Robyn Woodward-Kron	12642: Facilitators Experience of Delivering Asynchronous and Synchronous Online Interprofessional Education Mrs Sherryn Evans	13025: Developing Competency Assessment Tools for Clinical Practice using the Rasch Model Dr Patricia Nicholson	12707: Developing and using a Checklist to Assess Professional Behaviour Dr Eleanor Flynn	12767: Towards Professionalisation of the Health Professional Education Workforce in Australia and New Zealand A/Prof Gary Rogers	12716: Teaching on the Run: Supporting Learners in the Clinical Setting Dr Fiona Lake Ms Nicole Browne
12946: The Doctor as Educator Program Dr Judith Culliver	13042: Teaching Inter-Professional Practice: the need to Effectively Orientate New Health Professionals * Ms Tatjana Dordic	12846: Do OSCE Assessments Reflect Clinical Maturation of Medical Students?: an Evaluation of Progression in Core Knowledge and Competency Domains Dr Bunmi Malau-Aduli	13038: Improving OSCE Item Performance using a Writing Error Detection Tool: a Work in Progress Dr Kathy Brothie	12713: Training Supervisors for a Revised Program Ms Cathy Schapper	
12986: Dealing with the Clinical Placement Emergency: Physiotherapy Students in the Emergency Department Miss Jacqueline Quinn	12786: The Evolution of Hands-On Education in Audiology for Ear Nose & Throat Registrars (HEAR) Ms Shaani Graves	12919: Can Participation in Pre-Enrolment Performance Activities Influence Outcomes of a 1st Year Physiotherapy OSCE? Mr Michael Storr			
12658: The Quality of Clinical Supervision: Should Clinical Supervisors be Employed by the Hospitals and Care Providers Rather than Educational Institutions Mrs Christine King					

0830 - 1000	Concurrent Session 7: (90 min)				
Room: Grand 1 & 2 Session Chair: Gillian Webb	Room: Grand 3 Session Chair: Lyn Gum	Room: Grand 4 Session Chair: Lambert Shuwirth	Room: Grand 5 Session Chair: David Smallwood	Room: Grand 6 Session Chair: Ian Wilson	Room: Lake Room
12696: The MISSILE Project: Where is it Heading and how can you get on Board? Prof Paul Worley	12789: A Moving Feast of Opportunities: how do Students in Rural Areas Learn to Work with other Professions? Dr Anne Croker	12681: Assessment of Professional Competence in Nutrition and Dietetics: Perspectives of Assessors Dr Claire Palermo	12941: What is the Best Approach for Borderline in the First Year of the MBBS Program? Dr Teresa O'Connor	12981: Which Hat am I Wearing? Exploring Role Conflict Related Issues that may Occur for Health Practitioners who are also Health Professional Educators when Working with Students Dr Kwong Chan, Dr Laurance Robillard, A/Prof Gary Rogers	12716: Continued
12975: Getting Ready for Mandatory Preceptor / Clinical Educator Training Ms Anne Leversha	12971: A Large Scale Interprofessional Orientation Program for New Graduates Ms Debra Megaldie				
1000 - 1030	Morning Tea - Exhibition, Posters and networking				
	Session Chair: Debra Nestel Poster Presentation 41: 13094: Evaluation of Two Approaches to Learning Gross Anatomy: the Medical Student Perspective A/Prof Andy Wearn				
	Poster Presentation 42: 13068: The Experience from Conversation to Conception of an Innovative Simulation Model, to Teach Quality in Paediatric Radiographic Technique Ms Nicole Turley				
	Poster Presentation 43: 12826: An Honours Research Degree is a Positive Experience for Medical Students Mr Jodie Li				
	Poster Presentation 44: 12688: Coordination and Collaboration: Streamlining Allied Health Students Placements within a Large Health Organisation Mrs Sharon Glass				
1030 - 1130	Plenary Session: Session Chair: Margaret Bearman Keynote Speaker: Dr Ian Curran In Pursuit of Professional Excellence – Paradigms, Paradoxes and Paragons				
1130 - 1230	Plenary Session: Session Chair: Margaret Bearman Invited Speaker: Prof Debra Nestel Using Communities of Practice to Support Faculty Development in Simulation Education: Learning from National Programs <i>Graduate Certificates/Masters in Clinical/Health Professional Education: Faculty Meeting</i>				
1230 - 1330					

1230 - 1330	Lunch - Exhibition, Posters and networking Session Chair: Margaret Bearman Poster Presentation 45: 13041: Supervisor Perceptions of the Impact of Simulation Based, Blended Learning on Clinical Practice Ms Kylie Fraser Poster Presentation 46: 13084: Implementation of an Electronic Patient Record System for Clinical Education Dr Kristine Elliott Poster Presentation 47: 12936: Nature or Nurture: the Effect of Undergraduate Rural Clinical Rotations on Pre-existent Rural Career Choice Likelihood as Measured by the SOMERS Index A/Prof George Somers Poster Presentation 48: 12990: GRIPS: A Qualitative Evaluation of Simulated Interprofessional Community Clinics Miss Kaytlyn Eaton Poster Presentation 49: 13061: Developing Lifelong Learners: the Ability of Students to Successfully Self-Direct their Learning in a Clinical Environment Dr Emma Bartle Poster Presentation 50: 12720: Educationally Focused "Round Table" Discussions: a Peer Approach to the Professional Development of Clinical Teachers Dr Peter Gallagher Poster Presentation 51: 12888: Enhancing Medical Students' Understanding of the Role of the Health Care Team through a Simulated Patient Journey Scenario A/Prof Patricia Johnson Poster Presentation 52: 12735: Is Measuring the Intern Learning Climate Really that Important? Mr Paul Welch Poster Presentation 53: 13006: Clinical Measurements: a Twelve-Month Multidisciplinary Graduate Training Framework Mrs Megan Harbourne, Dr Tilley Pain Poster Presentation 54: 12898: Participatory Design in Healthcare Education Research: Re-Designing Clinical Service Delivery to Maximize Clinical Teaching Efficiencies and Effectiveness Dr Kwang Chien Yee Poster Presentation 55: 12644: Team-Based Learning Methods in Teaching Topographical Anatomy by Dissection Ms Annette Burgess Poster Presentation 56: 13096: IMG Communication Skills Training in Victoria's Public Hospitals Mr Terry Miller					Grand Foyer
1230 - 1330						Grand Foyer
Concurrent Session 8: (90 min)						
Theme: Assessment	Theme: Clinical Supervision	Theme: IPE	Theme: Peer Learning / Research Skills 45 Min PeARL	Theme: Clinical Supervision / Assessment 30 Min PeARL	Theme: Assessment 90 Min Workshop	
Room: Grand 1 & 2 Session Chair: Brian Jolly 12957: An Evaluation of Multi-Mini Interviews (MMIs) Conducted for Program Admission by Skype Dr Deborah O'Mara, Ms Imogene Rothnie 12929: A Quality Control Review of the use of the Standard Error of Measurement (SEM) to Determine Borderline Students in an Undergraduate Medical Program Dr Teresa O'Connor	Room: Grand 3 Session Chair: Steve Trumble 13018: Student Clinical Supervision - Professional Development for Supervisors Mrs Marnie Connolly 13066: Emotions, Relationships and Medical Education Dr Kirsty Foster	Room: Grand 4 Session Chair: Robyn Woodward 13003: Closing the Circle, Closing the Gap: a Student-led Pilot Program in Refugee Health Mr Leander Timothy 12886: Health Partnerships: Working Together Across Professional Boundaries in Order to Enhance Healthcare to People with Disabilities and Complex Needs Dr Rachael McDonald	Room: Grand 5 Session Chair: Liz Molloy 12773: Eager but not Equipped: what and how should Medical Students Learn about Organ Donation * Miss Cayley Ingham, * Miss Lindsey Harbourn, A/Prof Warwick Bagg	Room: Grand 6 Session Chair: Agnes Dadds 12864: Advanced Specialty Competence and Clinical Learning for Health Professionals: how is it being Progressed in Clinical Settings? Dr Amanda Henderson	Room: Lake Room 12878: Not just the Facts - Writing MCQs that go Beyond Information Recall Mr Neville Chiavaroli	

1330 - 1500						Concurrent Session 8: (90 min)							
Room: Grand 1 & 2 Session Chair: <i>Brian Jolly</i>		Room: Grand 3 Session Chair: <i>Steve Trumble</i>		Room: Grand 4 Session Chair: <i>Robyn Woodward</i>		Room: Grand 5 Session Chair: <i>Liz Molloy</i>		Room: Grand 6 Session Chair: <i>Agnes Dadds</i>		Room: Lake Room			
13012: The Educational Impact of Clinical Observed Assessment Tasks: Is the MCR a Good Tool? <i>Dr Catherine (Cathy) Haigh</i>		12821: Improving Postgraduate Training in Rehabilitation Medicine - the Victorian Experience <i>Dr Rob Weller</i>		12799: Closing the Loop: a Report on Applying Student Feedback Toward Quality Improvement and Professional Development <i>Dr Tony Barrett</i>		12773: Continued		12876: Communication Skills with a Difference - the Eastern Perspective <i>Dr Johanna Jordan</i>		12878: Continued			
		Student Prize Presentation 3		12709: Leading Learning Excellence: Creating an Interprofessional Clinical Education Unit at Austin Health <i>Dr Anne-Marie Mahoney</i>		12736: Developing a Local Health Education Research Colloquium <i>A/Prof Gerry Corrigan</i>							
12655: Getting what you want from Student Selection - Three Case Studies <i>Prof Ian Wilson</i>		12770: What Doctors Value in the Doctor-Patient Consultation: an Exploratory Model <i>* Mr John Pili</i>		12837: Teaching Literature in Health Professional Education <i>Ms Pam Harvey</i>		12726: Enriching a Medical Curriculum with Community-Based Public Health Projects: are there Opportunities for Inter-Professional Learning? <i>Dr Judy Mullan</i>		12913: Implementing Programmatic Assessment for Learning in Medical Education <i>Dr Julie Ash, Dr Anne Tonkin</i>					
		12989: Review of Education and Training in General Medicine across a Multisite Health Service <i>Ms Debra Kiegaldie</i>											
1500 - 1530		Afternoon Tea Exhibition, Posters and networking										Grand Foyer	
1530 - 1615		Panel Discussion - "Stones in our Shoes" What are the Pressing Issues for the Future of Faculty Development? <i>Prof Charlotte Rees, Prof Timothy Dorman, Dr Ian Curran, Prof David Irby</i> Session Chair: <i>Steve Trumble</i>										Grand 1-4	
1615 - 1630		Closing Ceremony Conference Close Session Chair: <i>Geoff McCall</i>											
* Student Presenter													



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SPEAKER LIST



SPEAKER LIST Alpha order by presenter

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Alexander	Heather	A/Prof	12958	Attitudes and Beliefs about Interprofessional Education (IPE) in Health Faculty Staff and Students	Tuesday 25 June	1130 - 1230	68
Ali	Anthony	Mr	12922	The Effects of a Natural Disaster on Student Learning	Wednesday 26 June	1330 - 1500	176
Alrebish	Saleh	Mr	12839	Impact of Accreditation on the Quality of Undergraduate Medical Education: Case Study	Thursday 27 June	0830 - 1000	222
Ash	Julie	Dr	12913	Implementing Programmatic Assessment for Learning in Medical Education	Thursday 27 June	1330 - 1500	255
Tonkin	Anne	Dr					
Atkinson	Kaye	Dr	12879	A Clinical Decision-Making Assessment Strategy for Experienced Clinicians	Tuesday 25 June	1330 - 1500	101
Austen	Deborah	Ms	12675	Engaging Colleagues in Publication through a Creative Writing Workshop Approach	Wednesday 26 June	1100 - 1230	143
Bagg	Warwick	A/Prof	12773	Eager but not Equipped: what and how should Medical Students Learn about Organ Donation	Thursday 27 June	1330 - 1500	251
Ingham	Gayley	Miss					
Harbour	Lindsey	Miss					
Baker	Peter	Prof	12617	Using Assessment to Benefit Trainers and Learners	Thursday 27 June	1330 - 1500	238
Barradell	Sarah	Ms	12952	The Knowing, Acting and Being of Health Professionals: what does this Mean for Education?	Wednesday 26 June	1330 - 1500	188
Barrett	Tony	Dr	12799	Closing the Loop: a Report on Applying Student Feedback Toward Quality Improvement and Professional Development	Thursday 27 June	1330 - 1500	247
Bartle	Emma	Dr	12811	Being a Medical Educator: Motivation, Socialisation and Navigation	Tuesday 25 June	1530 - 1700	122
Bearman	Margaret	Dr	12980	What Influences Health Professionals' Assessment Decisions?	Wednesday 26 June	1100 - 1230	159
Benjamin	Joan	Ms	13023	How do Interns Learn on the Job? Implications for Structure of Intern Positions	Tuesday 25 June	1330 - 1500	96
Benjamin	Joan	Ms	13013	How to Marry Undergraduate Problem Based Learning Skills to the Experience of on-the-Job Learning in the Clinical Workplace?	Tuesday 25 June	1530 - 1700	129
Bissett	Bernie	Ms	12674	How do we Know Students have Positive Clinical Experiences in our Health Service?	Tuesday 25 June	1130 - 1230	80
Stanton	Roslyn	Ms					
Bissett	Bernie	Ms	12665	Making Self-Reflection a Reality in Workplace Integrated Learning (WIL): Practical Strategies for Supervisors	Wednesday 26 June	1530 - 1630	209
Stanton	Rosalyn	Ms					
Brazil	Victoria	Dr	12901	Enabling Medical Students' Transition to Clinical Practice through Case-Based Simulation Technology	Tuesday 25 June	1130 - 1230	77
Brochie	Kathy	Dr	13038	Improving OSCE Item Performance using a Writing Error Detection Tool: a Work in Progress	Thursday 27 June	0830 - 1000	227
Browne	Nicole	Ms	12725	Stepping up Expectations for Clinical Supervision: Engaging Health Professional Educators to Improve the Student Placement Experience	Wednesday 26 June	1330 - 1500	179
Tunnecliff	Jackie	Ms					
Bullen	Marilyn	Ms	13016	Using the PHEEM Project to Promote and Support Collaborative Learning for Medical Educators	Wednesday 26 June	1530 - 1630	200
Burgess	Annette	Ms	12643	The Impact on Student Learning of Assessing Peers alongside Supervisors in the Long Case	Wednesday 26 June	1530 - 1630	201

Calvert	Katrina	Dr	12994	Meeting the Challenges of Quantitative Assessment in Peer Observation of Teaching	Wednesday 26 June	1100 - 1230	139
Calvert	Katrina	Dr	13011	Reflections on the Experience of Peer Observation of Teaching	Wednesday 26 June	1100 - 1230	140
Carr	Sandra	Prof	12732	Peer Assisted Learning in Paediatric Examination	Wednesday 26 June	1100 - 1230	141
Casey	Angela	Ms	12809	An Integrated Undergraduate Clinical Placement Model	Tuesday 25 June	1530 - 1700	133
McKenzie	Gayle	Ms					
Chan	Kwong	Dr	12978	Impact of Human Skills Training on Affective Learning among Pre-Medical Students	Tuesday 25 June	1530 - 1700	121
Robillard	Laurance	Dr					
Rogers	Gary	A/Prof					
Chan	Kwong	Dr	12981	Which Hat am I Wearing? Exploring Role Conflict Related Issues that may Occur for Health Practitioners who are also Health Professional Educators when Working with Students	Thursday 27 June	0830 - 1000	231
Robillard	Laurance	Dr					
Rogers	Gary	A/Prof					
Chapman	Renata	Dr	12710	Protected Teaching Time Scores Higher on Evaluation of Bedside Teaching Methods	Tuesday 25 June	1330 - 1500	97
Chiavaroli	Neville	Mr	12878	Not just the Facts - Writing MCQs that go Beyond Information Recall	Thursday 27 June	1330 - 1500	256
Chien Yee	Kwang	Dr	12897	Private Hospital Placement for Healthcare Students: what do we need to Consider as Healthcare Educators?	Wednesday 26 June	1100 - 1230	162
Clarey	Susan	Ms	12883	Are Students with Stress Causing Tutor Distress?	Wednesday 26 June	1530 - 1630	205
Cleveland	Ben	Dr	12802	Settings of Hospital-Based Education: what can Health Professional Educators Learn from Human/Environment Interaction Studies in Hospitals?	Tuesday 25 June	1330 - 1500	106
Barrett	Jenny	Ms					
Cole	Katie	Mrs	12838	The Development and Evaluation of an Allied Health Graduate Program	Wednesday 26 June	1530 - 1630	204
Connolly	Marnie	Mrs	12988	Clinical Alignment: Doctors-in-Training	Wednesday 26 June	1530 - 1630	196
Connolly	Marnie	Mrs	13018	Student Clinical Supervision - Professional Development for Supervisors	Thursday 27 June	1330 - 1500	240
Cooper	Simon	A/Prof	12715	Educational Gaming in the Health Sciences: a Systematic Review of the Evidence and Examples of Innovative Techniques	Tuesday 25 June	1330 - 1500	92
Cooper	Simon	A/Prof	12714	Managing Deteriorating Patients: Understanding Performance and the Impact and Development of the FIRST2ACT Web Training Program	Tuesday 25 June	1330 - 1500	93
Corrigan	Gerry	A/Prof	12736	Developing a Local Health Education Research Colloquium	Thursday 27 June	1330 - 1500	252
Craig	Pippa	Dr	12844	Interprofessional Working: a Model for Evaluating Learning Outcomes of the Interprofessional Placements in South East NSW	Wednesday 26 June	1330 - 1500	184
Croker	Anne	Dr	12789	A Moving Feast of Opportunities: how do Students in Rural Areas Learn to Work with other Professions?	Thursday 27 June	0830 - 1000	219
Culliver	Judith	Dr	12948	Developing a Professional Development Program for GP Supervisors	Tuesday 25 June	1530 - 1700	128
Connors	Gerrard	Dr					

Surname	First Name	Title	ID	Presentation Title	Allocated Session	Presentation Time	Page #
Culliver	Judith	Dr	12946	The Doctor as Educator Program	Thursday 27 June	0830 - 1000	211
Curran	Ian	Dr		In Pursuit of Professional Excellence – Paradigms, Paradoxes and Paragons	Thursday 27 June	1030 - 1130	233
Davenport	Rachel	Ms	12999	Critical Factors in Student Failure: an Exploration of Ideas	Tuesday 25 June	1530 - 1700	127
de Munck	Sonja	Ms	12945	Exploration of the Perceived Educational needs and Learning Preferences of Occupational Therapists (OTs) Working in Acute Hospital Settings	Wednesday 26 June	1530 - 1630	193
Dickie	Robyn	Ms	13052	The Development of an Instrument for the Work-Based Assessment of Teamwork - an Interprofessional Approach	Tuesday 25 June	1330 - 1500	86
Dickie	Robyn	Ms	12995	The Implementation and Evaluation of a Blended IP Curriculum	Tuesday 25 June	1530 - 1700	119
Dodds	Agnes	A/Prof	12813	Examining the Nature of Written Feedback Within the Mini Clinical Evaluation Exercise (Mini-CEX)	Tuesday 25 June	1130 - 1230	62
Dordic	Tatjana	Ms	13042	Teaching Inter-Professional Practice: the need to Effectively Orientate New Health Professionals	Thursday 27 June	0830 - 1000	217
Dorman	Timothy	Prof		Identify Construction in Practice-based Learning: Insights from Undergraduate and Postgraduate Medical Education	Tuesday 25 June	0900 - 1000	60
Dunphy	Jillian	Dr	12641	Professional Development of Healthcare Educators to Support Ecological Sustainability and Social Justice	Wednesday 26 June	1530 - 1630	203
Edwards	Dale	Mr	12979	Preceptor, Mentor, Supervisor - what's in a Name	Wednesday 26 June	1100 - 1230	161
Egan	Tony	Mr		Writing for Publication Members of the Editorial Board of Focus on Health Professional Education	Tuesday 25 June	1330 - 1500	107
Egan	Tony	Mr		Reviewing Manuscripts Members of the Editorial Board of Focus on Health Professional Education	Wednesday 26 June	1530 - 1630	207
Errey	Judi	Dr	12943	Implementing IPE in the School of Medicine - Successes and Challenges	Tuesday 25 June	1530 - 1700	132
Evans	Sherryn	Mrs	12889	A Web-Based Nutrition Competency Implementation Toolkit (WNCIT) for Entry Level Medical Courses	Wednesday 26 June	1330 - 1500	169
Evans	Sherryn	Mrs	12642	Facilitators Experience of Delivering Asynchronous and Synchronous Online Interprofessional Education	Thursday 27 June	0830 - 1000	216
Fairbank	Christine	Dr	13005	Working as a Clinical Teaching Associate: Women's Experiences of Teaching Sensitive Examinations	Tuesday 25 June	1330 - 1500	94
Fairbank	Christine	Dr	13029	Clinical Teaching Associates and Assessment	Wednesday 26 June	1100 - 1230	149
Flynn	Eleanor	Dr	12704	Recognising and Supporting the Staff who Support Students	Wednesday 26 June	1100 - 1230	164
Flynn	Eleanor	Dr	12707	Developing and using a Checklist to Assess Professional Behaviour	Thursday 27 June	0830 - 1000	226
Foster	Kirsty	Dr	13066	Emotions, Relationships and Medical Education	Thursday 27 June	1330 - 1500	241
Gilbert	Kara	Ms	12695	Interdisciplinary Collaboration for Clinical Skills Acquisition: an Integrated Communication Focused Approach	Tuesday 25 June	1530 - 1700	135
Gill	Robyn	Mrs	12847	How Should Feedback be Delivered to Improve the Practical Skills of Health Professional Students? A Systematic Review	Tuesday 25 June	1530 - 1700	110

Goodall	John	Mr	12752	Learning Research in the Community: Medical Students Researching Community Health	Tuesday 25 June	1330 - 1500	85
Graves	Shaani	Ms	12786	The Evolution of Hands-On Education in Audiology for Ear Nose & Throat Registrars (HEAR)	Thursday 27 June	0830 - 1000	218
Gray	Kathleen	Dr	12967	EHealth Education for Future Clinical Health Professionals	Tuesday 25 June	1330 - 1500	108
Greenhill	Jennene	Prof	12865	Good Company at the Edge of Learning	Wednesday 26 June	1100 - 1230	150
Guenther	Sylvia	Dr	13022	A Workshop for GP Supervisors: Facilitating the Development of Clinical Reasoning Skills in Medical Students: from Theory to Practice	Tuesday 25 June	1330 - 1500	153
Gum	Lyn	Mrs	12692	Learning Outside of "Your Own Little Patch": IPL in Rural Settings - how is it Achievable?	Wednesday 26 June	1330 - 1500	98
Gustavs	Julie	Dr	13067	Supervisor Professional Development Program: Supporting Physician Educators to be Better Supervisors	Tuesday 25 June	1130 - 1230	185
Haigh	Catherine	Dr	13012	The Educational Impact of Clinical Observed Assessment Tasks: is the MCR a Good Tool?	Thursday 27 June	1330 - 1500	83
Hamilton	John	Mr	12871	Challenges in Nursing Education - Collaborating to Address the Academic Literacies Development of Undergraduate Nursing Students	Wednesday 26 June	1530 - 1630	237
Harries-Jones	Hazel	Ms	12974	Interprofessional Learning: from the Start for the Future	Tuesday 25 June	1130 - 1230	208
Harrison	Susan	Ms	13045	Simulation Based Training - Improving Access and Sustainability for Undergraduate Education	Wednesday 26 June	1100 - 1230	70
Harvey	Nichole	Dr	12926	Professional Development of Mental Health Educators through Peer Learning	Wednesday 26 June	1100 - 1230	156
Langtree	Tanya	Dr					
Harvey	Pam	Ms	12837	Teaching Literature in Health Professional Education	Thursday 27 June	1330 - 1500	249
Hassed	Craig	Dr	12785	Mindfulness Training for Self-Care and Enhancing Clinical Performance	Wednesday 26 June	1100 - 1230	163
Hempenstall	Allison	Miss	12960	A Student-Led Peer Tutoring Program to Enhance Early Clinical Skills Acquisition	Wednesday 26 June	1530 - 1630	202
Henderson	Amanda	Dr	12864	Advanced Specialty Competence and Clinical Learning for Health Professionals: how is it being Progressed in Clinical Settings?	Thursday 27 June	1330 - 1500	253
Hilbig	Allison	Mrs	12983	Is there such thing as Helicopter Supervising?	Wednesday 26 June	1100 - 1230	160
Horkings	Sharon	Ms	12930	A Multi-Disciplinary Approach for Supporting Students and Supervisors to Improve Clinical Placement Capacity and Outcomes	Tuesday 25 June	1530 - 1700	126
Hourn	Monique	Ms	12917	Clinical Assessment in Medical Schools: Developing a National Resource	Wednesday 26 June	1330 - 1500	170
Irby	David	Prof		Motivation Theory: Can it Offer Clues for Engaging Faculty in the Educational Mission?	Wednesday 26 June	0830 - 0930	138
Ivory	Kimberley	Dr	12812	"Ticket to Ride" - Opportunities and Challenges of Partnering Students and Patients on the Healthcare Journey: Experiences from Four Australian Medical Schools	Tuesday 25 June	1530 - 1700	130
Janfada	Mahtab	Miss	13072	'Integrated, Dialogic' Approach in Medical Education Curriculum: a Case of Clinical Pedagogy	Wednesday 26 June	1530 - 1630	195
Johnson	Patricia	A/Prof	12912	Towards an Understanding of Medical Professional Identity Formation: a 360 Degree Perspective	Wednesday 26 June	1330 - 1500	182

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Johnston	Catherine	Ms	12680	Supervising Failing Students on Clinical Placement	Wednesday 26 June	1330 - 1500	187
Jordaan	Johanna	Dr	12876	Communication Skills with a Difference - the Eastern Perspective	Thursday 27 June	1330 - 1500	254
Kenrick	Kristin	Dr	13032	Ensuring our Observed Assessments are Culturally Safe for Students - Wishful Thinking or an Achievable Goal?	Wednesday 26 June	1100 - 1230	157
Kiegaldie	Debra	Ms	12989	Review of Education and Training in General Medicine across a Multisite Health Service	Thursday 27 June	1330 - 1500	244
Kiegaldie	Debra	Ms	12971	A Large Scale Interprofessional Orientation Program for New Graduates	Thursday 27 June	0830 - 1000	220
King	Christine	Mrs	12658	The Quality of Clinical Supervision. Should Clinical Supervisors be Employed by the Hospitals and Care Providers Rather than Educational Institutions	Thursday 27 June	0830 - 1000	213
Klein	Linda	Dr	12906	Results of an Innovative Approach to Assessing Teaching Quality	Tuesday 25 June	1130 - 1230	65
Koutoukoudis	Gabrielle	Ms	12805	Adapting the Mini-CEX to an Undergraduate Nursing Context	Wednesday 26 June	1330 - 1500	166
Lake Brown	Fiona Nicole	Dr Ms	12716	Teaching on the Run: Supporting Learners in the Clinical Setting	Thursday 27 June	0830 - 1000	232
Lawlis	Tanya	Dr	12830	A Model for Capturing Stakeholder Interactions in Interprofessional Education	Tuesday 25 June	1530 - 1700	115
Lawlis	Tanya	Dr	12829	Are the Barriers and Enablers to IPE Static or Dynamic?: A Multimethod Interprofessional Investigation	Tuesday 25 June	1530 - 1700	116
Lennon Tobin	Rachel Stephen	Ms A/Prof	13085	Review of Simulation in Surgery: Perspectives From the Royal Australasian College of Surgeons	Wednesday 26 June	1100 - 1230	146
Leversha	Anne	Ms	12975	Getting Ready for Mandatory Preceptor / Clinical Educator Training	Thursday 27 June	0830 - 1000	215
Lillis	Steven	Dr	12672	Student Perceptions of Progress Testing from a Pilot Test	Wednesday 26 June	1330 - 1500	167
Lo	Kristin	Mrs	12771	Student Fitness to Practice - a Clinical Educator Perspective	Wednesday 26 June	1530 - 1630	191
Lyndon	Matarioria	Dr	12840	Resident-as-Teacher Training Programmes and the Clerkship Learning Environment	Wednesday 26 June	1100 - 1230	144
Mahoney	Anne-Marie	Dr	12709	Leading Learning Excellence: Creating an Interprofessional Clinical Education Unit at Austin Health	Thursday 27 June	1330 - 1500	248
Malau-Aduli Page	Bunmi Wendy	Dr Ms	12793	Remediation for Professional Performance: the ALSO (Additional Learning Support Opportunities) Program	Wednesday 26 June	1330 - 1500	168
Malau-Aduli	Bunmi	Dr	12846	Do OSCE Assessments Reflect Clinical Maturation of Medical Students?: an Evaluation of Progression in Core Knowledge and Competency Domains	Thursday 27 June	0830 - 1000	223
Mayor	Lucinda	Mrs	13014	Virtual Lectures and Tutorials: can they Improve Student Engagement within Paramedic Education	Tuesday 25 June	1130 - 1230	67

McDonald Tracy	Rachael Jane	Dr Dr	12886	Health Partnerships: Working Together Across Professional Boundaries in Order to Enhance Healthcare to People with Disabilities and Complex Needs	Thursday 27 June	1330 - 1500	246
McGarney	Kathryn	Miss	12761	The Keys for Success: what has made RESUSKIDS a Successful National Simulation Based Program	Wednesday 26 June	1100 - 1230	145
McKinstry	Carol	Dr	13026	Service-Learning Placements: An Untapped Opportunity for Educating Health Professionals	Tuesday 25 June	1130 - 1230	71
Mercer	Annette	A/Prof	12727	Clinical Supervision Support in the Allied Health Professions	Tuesday 25 June	1330 - 1500	99
Mitchell	Eleanor	Dr	12959	Evaluating Learning Styles and Preferences: how Student's Change and why this is Important to the Educator	Tuesday 25 June	1330 - 1500	88
Moloney	Jenny	Mrs	13010	Coming to Grips with Interprofessional Collaboration: a Workshop Sharing Experiences from the Gippsland Interprofessional Partnership in Simulation (GRIPS) Project	Tuesday 25 June	1330 - 1500	91
Mooney	Sarah	Ms	13019	Shaping and Influencing Physiotherapists as Clinical Educators	Tuesday 25 June	1130 - 1230	73
Mooney	Sarah	Ms	13017	Clinical Educators in Physiotherapy - a Distinctive and Disadvantaged Social Class	Tuesday 25 June	1130 - 1230	74
Mullan	Judy	Dr	12726	Enriching a Medical Curriculum with Community-Based Public Health Projects: are there Opportunities for Inter-Professional Learning?	Thursday 27 June	1330 - 1500	250
Nestel	Debra	Prof	12961	Developing Surgical Educators: Evaluation of the Graduate Programs in Surgical Education	Tuesday 25 June	1530 - 1700	134
Nestel	Debra	Prof	12910	Fundamentals of Simulated Patient Methodology: Training Approaches for Role Portrayal	Wednesday 26 June	1330 - 1500	190
Nestel	Debra	Prof	12894	The Victorian Simulated Patient Network: a State-wide Faculty Development Resource for Health Professionals Interested in Simulated Patient Methodology	Wednesday 26 June	1530 - 1630	198
Nestel	Debra	Prof		Using Communities of Practice to Support Faculty Development in Simulation Education: Learning from National Programs	Thursday 27 June	1130 - 1230	234
Nicholson	Patricia	Dr	13025	Developing Competency Assessment Tools for Clinical Practice using the Rasch Model	Thursday 27 June	0830 - 1000	221
Oates	Matthew	Mr	12900	Measuring the Nexus - Determining the Effectiveness of Interprofessional Education	Tuesday 25 June	1130 - 1230	79
O'Connor	Teresa	Dr	12941	What is the Best Approach for Borderline in the First Year of the MBBS Program?	Thursday 27 June	0830 - 1000	228
O'Connor	Teresa	Dr	12929	A Quality Control Review of the use of the Standard Error of Measurement (SEM) to Determine Borderline Students in an Undergraduate Medical Program	Thursday 27 June	1330 - 1500	236
O'Leary	Fenton	A/Prof	12870	Round the Table Teaching: A Novel Method of Clinical Skills Teaching Using a Simulated Learning Environment	Wednesday 26 June	1330 - 1500	189
Olson	Rebecca	Dr	12054	Interprofessional Education in Allied Health: a Systematic Review of the Literature	Wednesday 26 June	1330 - 1500	177
Bialocerkowski	Andrea	A/Prof					
O'Mara	Deborah	Dr	12956	Standard Setting in Multiple Choice Based Assessments - Problems and Solutions	Wednesday 26 June	1100 - 1230	158
O'Mara Rothnie	Deborah Imogene	Dr Ms	12957	An Evaluation of Multi-Mini Interviews (MMIs) Conducted for Program Admission by Skype	Thursday 27 June	1330 - 1500	235
O'Reilly	Sharleen	Dr	12649	Cultural Competency Frameworks: what Works and do Educators Practise what they Preach?	Tuesday 25 June	1330 - 1500	103

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Owens	Kimberley	Dr	12722	Professional Development of Student Tutors - the First Development of Future Health Educators?	Tuesday 25 June	1330 - 1500	104
Palemo	Claire	Dr	12681	Assessment of Professional Competence in Nutrition and Dietetics: Perspectives of Assessors	Thursday 27 June	0830 - 1000	225
Pierantozzi	Anita	Ms	12893	Integrating Complementary Medicine into Pre-occupational and Vocational Education for Medical Physicians	Tuesday 25 June	1130 - 1230	82
Pill	John	Mr	12770	What Doctors Value in the Doctor-Patient Consultation: an Exploratory Model	Thursday 27 June	1330 - 1500	243
Porter	Deborah	Ms	12996	An Innovative Assessment for Medical Students: the Hypothetical Presentation	Tuesday 25 June	1530 - 1700	109
Potter	Margaret	A/Prof	12687	A Virtual Community of Practice for Clinical Supervisors from across the Health Professions: Build it and they will Come? or will they?	Tuesday 25 June	1130 - 1230	75
Pullon	Sue	A/Prof	12908	Identifying the Professional Development Needs of a New Rural Interdisciplinary Teaching Team	Wednesday 26 June	1330 - 1500	183
Quinn	Jaqueline	Miss	12986	Dealing with the Clinical Placement Emergency: Physiotherapy Students in the Emergency Department	Thursday 27 June	0830 - 1000	212
Radomski	Natalie	Dr	13058	Making the Most of Clinical Learning and Teaching Encounters: Challenges, Opportunities and Strategies	Tuesday 25 June	1130 - 1230	84
Rahman	Nadim	Mr	12618	An Evaluation of the use of a Tablet Personal Computer to Teach Undergraduate and Postgraduate Nursing Students Pathophysiology and Pharmacology	Wednesday 26 June	1330 - 1500	165
Rees	Charlotte	Prof		Involving Patients in Healthcare Education: the Case of the Invisible Patient?	Tuesday 25 June	1000 - 1100	61
Reid	Katharine	Dr	12884	Using the Borderline Regression Approach to Establish Cut Scores for Written Short Answer Questions (Saqs)	Tuesday 25 June	1530 - 1700	111
Richards	Janet	Ms	12862	Role Modelling Resilience: Promoting Personal Growth and Professional Development in Students	Tuesday 25 June	1330 - 1500	105
Richards	Janet	Ms	12859	Modelling Resilience to Enhance Peer Learning	Wednesday 26 June	1100 - 1230	151
Rogers	Gary	A/Prof	12845	Development and Validation of a Scale to Assess Affective Learning in Health Professional Student Reflective Journals	Tuesday 25 June	1130 - 1230	66
Rogers	Gary	A/Prof	12767	Towards Professionalisation of the Health Professional Education Workforce in Australia and New Zealand	Thursday 27 June	0830 - 1000	229
Rothnie	Imogene	Ms	12918	Rash Based Methods for Test Equating	Tuesday 25 June	1130 - 1230	81
Rothnie	Imogene	Ms	12861	Using Student Confidence Ratings in Answering MCQs to Provide Feedback for Learning	Tuesday 25 June	1530 - 1700	136
Roy	Melyssa	Dr	12815	Virtual Reality Based Clinical Cases: a Novel Method for Assessment of Competence and Clinical Reasoning Ability	Wednesday 26 June	1530 - 1630	197
Ryan	Susan	Prof	12964	Providing a Baseline for Enhancing Practice Education	Tuesday 25 June	1530 - 1700	114
Schapper	Cathy	Ms	12713	Training Supervisors for a Revised Program	Thursday 27 June	0830 - 1000	230
Scott Barrett	Karen Jenny	Dr Ms	12747	Medical Teachers' Responses to Environmental Constraints	Tuesday 25 June	1530 - 1700	123

Sealey	Rebecca	Dr	12831	Clinical Placement Supervision: why Supervisors do it...	Wednesday 26 June	1330 - 1500	175
Selzer	Rob	A/Prof	12753	Augmented Experience Modules (Axm). An Electronic Near-Patient-Learning Tool	Wednesday 26 June	1330 - 1500	172
Sevenhuysen	Samantha	Mrs	12652	A Randomised Trial of Peer Assisted Learning in Physiotherapy Clinical Education	Wednesday 26 June	1100 - 1230	142
Sheehan	Dale	Dr	12632	What do we Understand by the Term "Workplace Learning Environment"?	Tuesday 25 June	1130 - 1230	72
Sheehan	Dale	Dr	12759	A Holistic Workplace Driven Curriculum for Junior Doctors	Tuesday 25 June	1530 - 1700	120
Singh Ahern	Jag Susannah	Dr	12921	Building Supervisor Capacity - a National Professional Development Program for Pre-occupational Clinical Supervisors	Wednesday 26 June	1330 - 1500	174
Skinner	Virginia	Dr	12728	Interprofessional Learning for Undergraduate Students by Simulation and YouTube Videos	Wednesday 26 June	1330 - 1500	181
Slater	Craig	Mr	12984	Self-Directed Learning Readiness of Non-Traditional Students in Health Science Programs	Tuesday 25 June	1530 - 1700	118
Smallwood	David	Dr	12807	Breathing New Life into the Long Case?	Tuesday 25 June	1330 - 1500	102
Smallwood	David	Dr	12804	Writing Medical Interviewing OSCEs to Assess Clinical Reasoning	Tuesday 25 June	1530 - 1700	137
Smith-Han	Kelby	Mr	12972	Career Choice in Medical Students: what you do and say Counts	Wednesday 26 June	1100 - 1230	152
Snelling	Catherine	Ms	12858	The BEST Way: an Interdisciplinary Peer-Led Approach to Developing Teachings Skills for Staff in Health Sciences	Wednesday 26 June	1100 - 1230	155
Somers	George	A/Prof	12932	The SOMERS Index: a Simple Instrument Designed to Estimate the Likelihood of Rural Career Choice	Tuesday 25 June	1330 - 1500	87
Somers	George	A/Prof	12939	The Rural Intent Questionnaire: a Measure of Medical Students' Career Intentions Grounded in the Triandis and the Fishbein and Ajzen Theories of Decision Making	Tuesday 25 June	1330 - 1500	89
Storr	Michael	Mr	12919	Can Participation in Pre-Enrolment Performance Activities Influence Outcomes of a 1st Year Physiotherapy OSCE?	Thursday 27 June	0830 - 1000	224
Storrs	Mark	Dr	13007	A Prospective Evaluation of Team-Based Inter-Professional Clinical Education at the School of Dentistry and Oral Health (DOH), Griffith University	Wednesday 26 June	1330 - 1500	180
Succar	Tony	Dr	12772	The Virtual Ophthalmology Clinic	Wednesday 26 June	1100 - 1230	147
Sutherland	Ruth	Dr	13000	Incorporating Feedback into the OSCE for First Year Medical Students	Tuesday 25 June	1130 - 1230	63
Sweet	Linda	Dr	13059	Case Based Learning for Successful Integration: Enhancing Peer Learning	Wednesday 26 June	1100 - 1230	154
Tai	Joanna	Dr	12667	Engaging Medical Students in Peer-Assisted Learning on Clinical Placements	Wednesday 26 June	1530 - 1630	206
Taylor	Jane	Ms	13046	Interprofessional Education and Simulation: Partners for a Bridge to Interprofessional Practice	Tuesday 25 June	1530 - 1700	117
Timothy	Leander	Mr	13003	Closing the Circle, Closing the Gap: A Student-led Pilot Program in Refugee Health	Thursday 27 June	1330 - 1500	245
Turner	Alan	Mr	12892	Interdisciplinary Learning with VERT: a Radiotherapy Education Case Study in Bendigo, Victoria	Wednesday 26 June	1330 - 1500	178

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Tuttle	Neil	Dr	12769	The STEPS Project: a Remotely Accessed Simulated Learning Environment to Increase the Viability of Remote Clinic Placements in Physiotherapy and Speech Pathology	Tuesday 25 June	1330 - 1500	95
Vnuk	Anna	Dr	13063	Engaging Medical Students in Learning Physical Examination	Tuesday 25 June	1130 - 1230	78
Walters	Lucie	Mrs	12916	Rural Placements Creating Rural Career Intent: is Clinical Epistemology the Key?	Wednesday 26 June	1530 - 1630	192
Warrington	Sally	Dr	12803	Multi-Vocal Narrative and the Struggle for an Integrated Professional Identity	Tuesday 25 June	1530 - 1700	124
Warrington	Sally	Dr	12768	Learning Procedures on Patients: Medical Student Narratives of Customary Consent Practices	Wednesday 26 June	1330 - 1500	173
Wearne	Susan	Dr	12834	The Role of the Remote Clinical Supervisor and Implications for their Professional Development	Tuesday 25 June	1330 - 1500	100
Weeks	Benjamin	Dr	12849	Wikis as Assessment in an Intensive Mode Physiotherapy Course: a Case Example	Tuesday 25 June	1530 - 1700	131
Weller	Rob	Dr	12821	Improving Postgraduate Training in Rehabilitation Medicine- the Victorian Experience	Thursday 27 June	1330 - 1500	242
Weston	Kathryn	Dr	12756	The Influence of Longitudinal Integrated Clerkships on Clinical Scholarship in Regional and Rural Communities of Practice	Wednesday 26 June	1330 - 1500	171
Wilkinson	Tom	Mr	12701	Preparation Courses for the Undergraduate Medical and Health Sciences Admissions Test (UMAT): Effectiveness Contrasts with Opinion	Tuesday 25 June	1530 - 1700	112
Wilkinson	Tim	Prof	12708	Blueprinting Medical Student Selection: Identifying Domains of Importance	Tuesday 25 June	1530 - 1700	113
Williams	Brett	A/Prof	13039	Can DVD Simulations be used to Promote Empathic Behaviours and Interprofessional Collaboration among Undergraduate Healthcare Students?	Tuesday 25 June	1130 - 1230	69
Wilson	Ian	Prof	12655	Getting what you want from Student Selection - Three Case Studies	Thursday 27 June	1330 - 1500	239
Wong	Dana	Dr	12808	Training Clinical Neuropsychologists to Deliver Psychological Interventions: a Survey Study	Wednesday 26 June	1530 - 1630	194
Woodward-Kron	Robyn	A/Prof	12868	Translating Intercultural Clinical Communication and Language Research into a Multimedia Resource for Junior Doctors and their Supervisors	Tuesday 25 June	1530 - 1700	125
Woodward-Kron	Robyn	A/Prof	12885	Junior Doctors Communicating Healthcare in Culturally Diverse Rural Settings	Thursday 27 June	0830 - 1000	210
Worley	Paul	Prof	12696	The MISSILE Project: Where is it Heading and how can you get on Board?	Thursday 27 June	0830 - 1000	214
Yee Page Malau-Aduli	Kwang Wendy Bunni	Dr Ms Dr	12950	Clinical Teaching, Supervision and Assessment from the Perspective of International Students: is this the Elephant in the Room for Professional Development of Health Educators?	Tuesday 25 June	1130 - 1230	76
Yee Page	Kwang Wendy	Dr Ms	12954	The Postcard Technique: a Novel Medical Education Research Method to Generate Real-Time Context and Insights for Teaching and Learning	Tuesday 25 June	1330 - 1500	90
Young	Jessica	Miss	13030	Capturing Complexity: the Role of Simulation in Preparing for Clinical Practice	Wednesday 26 June	1100 - 1230	148

SPEAKER ABSTRACTS



TUESDAY 25 JUNE

PLENARY SESSION 0900 – 1000

Title: Identify Construction in Practice-Based Learning: Insights from Undergraduate and Postgraduate Medical Education

Prof Timothy Dornan

Medical students and residents construct their professional identities. This presentation views their identity construction from a sociocultural angle, progressively zooming in on social structures and processes, focusing on learners' learning and the activities of clinicians who supervise them. Medical students develop their identities through activities in workplaces, which thrive under conditions of support. Striking findings are that: students' emotions and states of mind have as prominent a place in identity development as knowledge, skills, and attitudes; that participatory learning has as prominent a place as teaching and supervision; and that affective aspects of learning environments are as important as organizational and pedagogic ones. Two overlapping practices can be recognized – a practice of patient care and a practice of education. It is clinicians' ability to manage the boundaries between those practices that makes them more or less effective educators. Patients have a distinct place in clinical learners' identity development, which is distinct from and complementary to the place of clinicians. There are important differences between the conditions and processes of residents' vs medical students' learning because important learning takes place within work and there are barriers to students' learning being truly work-based. One important similarity between the two processes is that the communicative practices of workplaces lie at the heart of both. Another important similarity is that workplace learning, at undergraduate and postgraduate level, is suffused with affects and issues of status and power. The presentation will end by considering implications for professional and faculty development of the research presented.

PLENARY SESSION 1000 – 1100

Title: Involving Patients in Healthcare Education: the Case of the Invisible Patient?

Prof Charlotte Rees

Patients are the essential ingredient in healthcare education and their active involvement can bring numerous benefits to students (e.g. helping them develop their professionalism) and patients (e.g. the feeling empowered by their active involvement).^{1,2} While patients have been actively involved as teachers of healthcare students since the 1960s, these initiatives are typically 'one-off' events involving small numbers of select patients.² However, most patients come into contact with healthcare students within the workplace and here, they have traditionally been used as teaching 'materials'. Despite 'patient involvement' agendas emerging from the 1990s onwards, calling for the active involvement of patients as teachers, assessors and curriculum developers,² our 10-year programme of research examining how patients are talked to and talked about illustrates that patients are still commonly invisible in healthcare education within the workplace.³⁻⁶ Charlotte will provide examples of this patient invisibility and provide recommendations on how educators can help make visible the invisible patient in the workplace.

References

1. Rees CE, et al. (2007) "User involvement is a sine qua non, almost, in medical education": learning with rather than just about health and social care service users. *Advances in Health Sciences Education* 12, 359-390.
2. Towle A, et al. (2010) Active patient involvement in the education of health professionals. *Medical Education* 44, 64-74.
3. Monrouxe LV & Rees CE (2012) "It's just a clash of cultures": emotional talk within medical students' narratives of professionalism dilemmas. *Advances in Health Sciences Education* 17(5), 671-701.
4. Rees CE, et al. (2013) Narrative, emotion and action: analysing 'most memorable' professionalism dilemmas. *Medical Education* 47(1), 80-96.
5. Monrouxe LV, et al. (2009) The construction of patients' involvement in hospital bedside teaching encounters. *Qualitative Health Research* 19, 918-930.
6. Rees CE, et al. (2013) The construction of power in family medicine bedside teaching encounters: A video-observation study. *Medical Education* 47(2), 154-165.

CONCURRENT SESSION 1 1130 – 1230 ASSESSMENT

ID: 12813

Title: Examining the Nature of Written Feedback Within the Mini Clinical Evaluation Exercise (Mini-CEX)

A/Prof Agnes Dodds, Diantha Soemantri, Geoff Mccoll

Introduction/Background

The Mini-CEX is widely accepted as a useful tool for providing feedback on clinical performance for medical students and junior doctors. However, some studies suggest that the quality of feedback is not optimal for ensuring that the Mini-CEX is an effective learning tool.

Purpose/Objectives

In order to examine the characteristics of written feedback provided within the Mini-CEX, 1427 Mini-CEX assessment forms of final year medical students of a large Australian medical school were collated and analysed.

Issues/Questions for exploration or ideas for discussion

How can medical educators improve the quality of feedback within the Mini-CEX?

Results

The assessment form asked for feedback on students' strengths and areas for development. Almost 40% of 1563 feedback comments on areas for development were general such as work on issues. Sixty-five percent of 1460 comments on students strengths were also general (e.g. good knowledge). Specific feedback for strengths and development was found only in 17.9% and 27.9% of the comments respectively. More student-centered feedback would enable students' reaction, ask for their self-assessment and formulate learning plans. However, there was only 1 comment that fitted into this category.

Discussion

Written feedback provided within the Mini-CEX did not encourage students to reflect on their learning. Feedback will likely be more student-centred if students' responses are acknowledged and tutors assist them in formulating learning plans. This approach to feedback provision will help increase the usefulness of the Mini-CEX as a learning and assessment tool.

Conclusions

Student-centred feedback needs to be emphasized to optimize the role of Mini-CEX as a learning tool.

ID: 13000

Title: Incorporating Feedback into the OSCE for First Year Medical Students

Dr Ruth Sutherland, Simone Elliott, Helen Feniger

Introduction/Background

A common criticism of clinical assessment is that it does not incorporate specific feedback to students on their individual performances. This is especially challenging for skills-based assessments such as OSCEs, where examiner recruitment and time constraints make the provision of immediate, specific feedback logistically difficult.

Purpose/Objectives

We have introduced three levels of feedback into our OSCE for first year medical students. We did this in response to students' requests and also to allow the OSCE experience to enhance and guide future learning.

Issues/Questions for exploration or ideas for discussion

Firstly, students receive immediate feedback on their OSCE performance from their examiners and simulated patients. A summary of how the OSCE stations were performed by the student group is later released to all students. Any students who were identified as having borderline or unsatisfactory performance using our standard setting methods are then given further specific feedback on their performance. Students have generally responded well to receiving immediate feedback on their performance. Our examiners appreciate the chance to give immediate feedback, thereby ensuring the OSCE is a learning experience. Challenges include ensuring that examiner feedback is constructive and matches student marks and the time required for incorporating feedback into the OSCE and providing follow-up for borderline students. Currently we only provide feedback in student's first OSCE, so our challenge is to find ways of incorporating feedback into all OSCEs. We are currently exploring methods for electronic marking which may allow us to give immediate written feedback to students on OSCE performance.

ID: 12906

Title: Results of an Innovative Approach to Assessing Teaching Quality

Dr Linda Klein, Leo Davies, Christine Jorm, Michael Frommer

Introduction

2012 the Sydney Medical Program (SMP) implemented a novel evaluation approach, the Teaching Evaluation Exercise, to assess the quality of teaching in the first two years of the program. Historically, evaluating individual lectures has been hampered by the large number and diversity of lectures and teachers within the complex medical program, as well as by the difficulty in achieving and sustaining an adequate response rate among a student cohort. Past experience suggests that survey respondents over-represent students whose responses are either strongly positive or strongly negative. Consequently, critical feedback can be dismissed by teachers as complaints from 'a disgruntled few'.

Purpose

First, using consistent and valid methods, the Teaching Evaluation Exercise aimed to provide teachers and course coordinators with quality feedback from students about all lectures. A second aim was to promote the practice of providing constructive feedback among students. Thus, all first and second year students were required to rate and comment on lectures as part of their personal and professional development. In addition, voluntary focus groups of students addressed overarching program-level issues that emerged from initial feedback.

Results

The structured ratings and open-ended feedback obtained from the exercise provided a detailed and wide-ranging review of first and second year medicine from the students' perspective. This paper will present the quantitative and qualitative outcomes from the exercise.

Discussion

This evaluation has provided much needed information for improving the quality of teaching at SMP. In general, the response to the exercise has been very positive. Questions remain about how best to engage teachers in using the information they receive to full advantage.

Conclusions

The Teaching Evaluation Exercise will continue to evolve.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12845

Title: Development and Validation of a Scale to Assess Affective Learning in Health Professional Student Reflective Journals

A/Prof Gary Rogers, Pit Cheng Chan, Ian Kerr, Marise Lombard

Introduction/Background

In the 1950s Bloom and colleagues identified three broad domains of learning: cognitive, psychomotor and affective. Learning in the affective domain, which concerns values, motivations and attitudes, has been notoriously difficult to measure. In the 1970s, David Krathwohl identified levels of affective learning related to the extent to which new perspectives had been incorporated into the learner's world view and value system. At last year's conference, the authors presented on the successful use of a phenomenological technique to assess affective learning in reflective journals in a research context.

Purpose/Objectives

To describe the development and validation of a scale based on phenomenological analysis and the Krathwohl levels for the practical assessment of affective learning in student reflective journals.

Issues/Questions for exploration

A seven-point Likert-type scale was developed to allow rating of the extent and quality of affective learning in relation to the Krathwohl levels and trialled for the assessment of reflective journals by facilitators following training in the phenomenological technique. Each journal was then re-rated by a second independent facilitator and discrepancies resolved by an academic with high-level experience in the technique.

Results

A high degree of concordance was observed between the numerical ratings of the two assessors in a pilot study. Numerical data on the reliability of the technique in a larger sample of journals will be presented.

Discussion/Conclusion

This scale provides a practical and reliable methodology for the assessment of affective learning in health professional students' reflective journals.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 1 1130 – 1230 IPE

ID: 13014

Title: Virtual Lectures and Tutorials: can they Improve Student Engagement within Paramedic Education

Mrs Lucinda Mayor, Liz Thyer, Kerry Pantzopoulos

Introduction

Victoria University's Paramedic Degree Conversion Program (PDCP) utilises the virtual classroom in its off-campus online delivery to improve student engagement. The one-year program targets Diploma qualified paramedics who need to up skill to compete with Degree graduate students entering the paramedic workforce.

Purpose

Nothing is known about what motivates Qualified Ambulance Paramedic (vQAP) student cohort to study or what strategies they use to engage with learning. Extensive literature exists within medicine, nursing and other allied health professions, but applying this research to Victoria University's Paramedic Degree Conversion Program VU's PDCP students is a poor comparison. While the concept of student engagement remains constant, the distinctive characteristics of the vQAP cohort need to be investigated to ensure staff are effectively engaging the student in learning.

The purpose of collecting qualitative and quantitative data is to provide methodological triangulation in an area of such limited research. A thematic approach to the qualitative data will be undertaken to elucidate common themes while participation in the virtual classroom and engagement ratings will be determined through descriptive and inferential statistics.

Issues/Questions for exploration or ideas for discussion

The major issue for discussion will focus on the engagement of students through synchronous online learning and the applicability of different technologies and techniques across other disciplines "hands on" experience.

The workshop will explore the virtual classroom environment with a live demonstration, viewing a recording of virtual tutorial with the student cohort and discuss the student feedback received course evaluations surveys conducted by the university.

ID: 12958

Title: Attitudes and Beliefs about Interprofessional Education (IPE) in Health Faculty Staff and Students

A/Prof Heather Alexander, Gary Rogers, Cecilia Arrigoni, Raymond Tedman, Amanda Henderson

Introduction/Background

IPE is increasingly recognised as an essential part of health professional education, yet data are lacking on the attitudes and beliefs about IPE, views of other professionals, and preferred learning and teaching strategies.

Purpose/Objectives

There is a need for data about attitudes and beliefs about IPE and associated learning and teaching strategies to provide evidence to support the implementation of IPE curricula.

Results

Semi-structured interviews were conducted with 15 degree program convenors about their understanding of IPE, implementing an IPE curriculum, communication in health care teams and perceived attributes of other health professions. Surveys covering the same topics (based upon available instruments in the literature and focus groups) were conducted with 737 first year health faculty students. Staff had a variable understanding of IPE and recognised the importance of professional development for IPE educators. The majority of staff saw benefits to the early introduction of IPE in undergraduate curricula, while 39% of students indicated that they needed to learn about their own role first, before learning about others. Staff and students were most positive about authentic, team-based learning activities, with online discussion groups being the least favoured strategy. Results will be presented about the views of other professions held by both staff and students.

Conclusion

We have found variable levels of knowledge and understanding about IPE and relevant curriculum and learning and teaching strategies. Staff who participate in IPE need professional development, particularly about other professions' roles and theoretical perspectives, before teaching students. Students are interested in authentic learning experiences but not all will be ready for IPE in first year. Staff and students hold strong and varied views on the characteristics of other health professions.

ID: 13039

Title: Can DVD Simulations be used to Promote Empathic Behaviours and Interprofessional Collaboration among Undergraduate Healthcare Students?

A/Prof Brett Williams, Claire Palermo, Debra Nestel, Louise McCall, Liz Molloy, Susan Gilbert-Hunt, Richard Brightwell, Karen Stagnitti, Ted Brown, Lisa McKenna, Malclom Boyle

Introduction/Background

Empathy is a vital characteristic for all medical and health care professionals. However, it is also a difficult characteristic and professional skill set to teach and assess; as a result it is often a neglected component of health care curricula.

Purpose/Objectives

This project has two aims: i) to develop a toolkit that includes a range of interprofessional empathy DVD simulations and workshop resources, and ii) to evaluate the toolkit through exploring empathy and interprofessional levels pre and post DVD simulation workshop.

Issues/Questions for exploration or ideas for discussion

Would self-reported student empathy levels (Jefferson Scale of Empathy for Health Professions Students) and readiness of interprofessional learning (Readiness for Interprofessional Learning Scale) improve following a number of 90 min workshops?

Results

A total of n=296 students (from Monash University, Edith Cowan University, University of South Australia, and Deakin University) from 13 different medical and health care professions participated in the workshops and pre / post measures (at five weeks). Empathy levels improved at $p < 0.0001$, mean 114.34 vs. 120.32 ($d=4.7$). Each of the four RIPLS subscales also improved at $p < 0.0001$ ($d=1.23.9$).

Discussion

This project has shown that self-reported empathy levels and a readiness for interprofessional learning have been shown to statistically improve over time following DVD-based simulation workshops.

Conclusions

This project has provided important information in informing the development of medical and health care curricula that are directly responsive to the requirements of contemporary healthcare in Australia.

ID: 12974**Title:** Interprofessional Learning: from the Start for the Future**Ms Hazel Harries-Jones**, Julie Burrows, Anthony Smith, Leanne Brown, Luke Wakely**Introduction**

Interprofessional learning (IPL) for health students is believed to encourage them to work in a more patient focussed and collaborative way. Since 2002 the University of Newcastle Department of Rural Health has included a programme of IPL modules as part of clinical placements.

Purpose

The aim is for students of different health disciplines to understand professional roles and how each fits into the patient care pathway. This should better prepare graduates to provide collaborative care for patients with complex needs.

Methods

8 sessions are held over the academic year. Topics include conditions such as diabetes, stroke, trauma and falls. The modules are structured around a case study and include lectures, expert panels, and small group work. Student attitudes to IPL were assessed before and after participation using the Readiness for Interprofessional Learning Scale (RIPLS).

Issues/Questions for exploration or ideas for discussion

Does participation in IPL modules affect students' attitudes to interprofessional learning?

Results

Pre and post RIPLS data showed significant improvement for the domains Team work and collaboration ($p=0.026$) and Positive professional identity ($p=0.012$). (Wilcoxon Rank Sum test). The greatest change occurred after one session. Medical students significantly improved their positive professional identity ($p=0.041$). Allied health students significantly improved in the roles and responsibilities domain ($p=0.046$).

Conclusions

IPL modules had a positive effect on student's attitudes to interprofessional learning. The first IPL attended appears to have the greatest impact. The long term effect of this requires further investigation.

CONCURRENT SESSION 1 1130 – 1230 CLINICAL SUPERVISION**ID: 13026****Title:** Service-Learning Placements. An Untapped Opportunity for Educating Health Professionals**Dr Carol McKinstry**

Service-learning placements are rarely included in health courses within Australian universities. While common in other countries, particularly the US, they have been utilised to promote civic responsibility, cultural awareness, increased understanding of social determinants of health and improve professional behaviours. Service-learning placements are an effective way for universities to engage with their communities, providing benefits for all parties involved. Through being embedded within an academic subject, health students can engage in experiential learning in community settings such as schools, human services and welfare agencies, consolidating and making sense of their experiences through reflection and debriefing sessions with other students and teachers. An example of one successful program involving occupational therapy students undertaking service-learning within two local secondary schools will be presented. This example will highlight the benefits for the occupational therapy students and the students they are working with. Acquiring and practising communication skills, professional behaviours and cultural awareness provides health students with a sound foundation of preparation for placements later in their course. University health students can also act as positive role models to lift aspiration of secondary school students and promote careers in health. This session aims to promote the benefits of service-learning, discussing what is involved to set up and maintain a service-learning placement with a community partner and what other potential benefits health students could obtain from an alternative fieldwork or placement experience. Opportunities for interprofessional service-learning placements will also be discussed.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12632

Title: What do we Understand by the Term “Workplace Learning Environment”?

Dr Dale Sheehan, Celina McEwan, Franziska Trede

It is crucial for academics, clinical educators and coordinators to understand what constitutes an effective workplace environment because clinical education is an important component of preparing students for clinical practice. The workplace environments without which these educational programs occur shape what students learn. Yet, universities have no direct control over them besides selecting or rejecting placements. In 2012 we undertook a review of the literature in order to explore the question: what constitute effective workplace learning environments?

Our search strategy focused on journal articles of the past 10 years with key words including learning in professional settings, placement, work-integrated learning. We used 18 search engines including medline, EdITLib and ERIC. We developed inclusion criteria which enabled us to cull the over 800 articles to 18. Our literature covered a range of vocational programmes including health, education, police, engineering, business, hospitality, hairdressing, funeral services. Our data analysis was guided by nine questions including how workplace environments were defined and the opportunities the work environment offered students enrolled in higher education courses to learn and develop professional skills and professional identity. What was surprising was that definitions of workplace environment were rare! Often it is used as a common sense term with little description or explanation of what environment or what aspects of the environment are being referred to. From what we uncovered, an effective learning environment is relational and determined by the level and quality of interactions between three elements. The institutional arrangements, which include access to knowledge and information as well as workplace support and mentoring offered. The individual participants' motivation to take up and seek opportunities. The socio-material constructs within the organisation, which include the physical environment and the social environment of the workplace. We believe that these three elements and the interaction between them may provide a conceptual model to understand and recognise an effective WPLE.

Questions for discussion

Might a conceptual framework be useful as a quality indicator or to enhance WPL experiences for students?

How can we better articulate what constitutes an effective WPLE?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13019

Title: Shaping and Influencing Physiotherapists as Clinical Educators

Ms Sarah Mooney

Introduction/Background

Responsibility for student learning within the clinical environment predominantly lies with senior physiotherapists. Whilst experienced with clinical speciality expertise, inherent assumptions exist that such clinicians possess characteristics, knowledge and skills conducive to student learning. Limited literature exists which examines how physiotherapists develop pedagogy and are socialised to their role as clinical educators.

Purpose/Objectives

The primary research objectives examined the power interplay in physiotherapy clinical education in New Zealand and explored tensions and conflict experienced by clinical educators.

Issues/Questions for exploration or ideas for discussion

How is student learning different from patient learning? Where is pedagogy visible within the curriculum of health professionals?

Methods of Research/Description of Activity

Semi-structured interviews were undertaken with 18 clinical educators and 18 stakeholders in clinical education throughout New Zealand. A critical lens is provided by Bourdieu, a French philosopher whose work frames the methodology, method and analysis.

Results

Two distinctive phases of socialisation were identified as opportunities to shape and influence the trajectory of physiotherapists as clinical educators. Primary socialisation represented embedded dispositions brought by individuals to undergraduate education. Secondary socialisation occurred during phases as a student in university and within practice, attendance at clinical educator workshops and as post-graduate students.

Discussion

Bourdieu argues that dispositions formed through primary socialisation are resistant to change. Yet there is an over-reliance on clinical educator workshops provided by Schools of Physiotherapy. Recommendations are made to influence phases of socialisation and more successfully embed clinical education into the practice of physiotherapists.

Conclusions

Given the international shortage of clinical educators and its impact on student placements, optimising opportunities to shape physiotherapists as clinical educators is essential.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13017

Title: Clinical Educators in Physiotherapy - a Distinctive and Disadvantaged Social Class

Ms Sarah Mooney

Introduction/Background

Clinical education is pivotal to the professional socialisation and registration of physiotherapy students. Traditionally, senior physiotherapists self-select to become clinical educators, in tandem with other duties. The international shortage of clinical educator challenges the ability of the profession to meet projected workforce requirements. Yet there is little known about clinical educators despite their unquestionable value to the profession.

Purpose/Objectives

This research examined power interplay in clinical education through the perceptions of New Zealand clinical educators in physiotherapy, contextualised by stakeholders in clinical education.

Issues/Questions for exploration/Ideas for discussion

What inhibits physiotherapists from engaging in clinical education?

Methods of Research/Description of Activity

Located in the critical paradigm, semi-structured interviews were undertaken with 18 clinical educators and 18 stakeholders in clinical education. Methodology, method and analysis are framed by the work of Bourdieu, a French philosopher.

Results

Clinical educators were identified as a distinctive and disadvantaged social class compared with clinical and academic staff. Unique attributes, ideology and motives were found to hold limited value resulting in tension and conflict. Students recognised these challenges and described little motivation to become clinical educators.

Discussion

Social hierarchies within teams, organisations and the profession were found to be associated with dissimilar values afforded to different forms of knowledge. Competing value systems impacted on stakeholder relationships, resource allocation, morale, and recruitment of future clinical educators. Recommendations are proposed to reconfigure value systems, mediate relationships and promote a cohesive and sustainable future.

Conclusions

Undermining clinical educators as a social class has implications for the next generation of clinical educators, students and the future of physiotherapy practice and the profession.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 1 1130 – 1230 CLINICAL SUPERVISION

ID: 12687

Title: A Virtual Community of Practice for Clinical Supervisors from across the Health Professions: Build it and they will Come? or will they?

A/Prof Margaret Potter, Fiona Lake

Introduction/Background

Communities of practice (CoP) are groups of people who share a concern, a set of problems or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.

The purpose for developing CoP within the health professions is to support learning and to encourage information sharing that improves practice. In recent years this has been facilitated through improvements in information communication technologies enabling CoP to move from a reliance on face-to-face contact to greater levels of electronic communication. This has been particularly beneficial for health professionals dispersed over a large geographical area, as well as fostering global interaction at any time and place. However, with virtual CoP within the health context the research evidence suggests that online interactions are generally low and many communities fail to reach their potential.

Wenger ER, McDermott R, Snyder, WM. Cultivating Communities of Practice: A guide to managing knowledge. Harvard Business School Press, Boston (2002).

Purpose/Objectives

The purpose of this session is to outline a virtual CoP for all health professionals interested in teaching and learning and to identify strategies to facilitate and promote its implementation.

Issue/Questions for exploration or ideas for discussion

What level of interest is there in a virtual CoP focused on supporting health professionals to improve their knowledge and skills in teaching and supervision?

What components of the virtual CoP will be most used? e.g., accessing publications or electronic information; interacting with colleagues on a topic; sharing resources; research collaborations.

How can one foster the growth and development of such a CoP?

How would you identify and then nurture clinical supervisors from across the health professions who wish to join and contribute to this virtual CoP? Is there a role for a local champion?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12950

Title: Clinical Teaching, Supervision and Assessment from the Perspective of International Students: is this the Elephant in the Room for Professional Development of Health Educators?

Dr Kwang Yee, Wendy Page, Morag Porteous, Bunmi Malau-Aduli

Introduction/Background

International students represent a small but significant proportion of healthcare students in Australia. International students provide cultural diversity, an internationalisation and globalization view as well as financial benefits to many universities. International students however are often over-represented in the struggling students cohort and many do not achieve their full potential in assessments. A review of the medical education literature and conference abstracts, identify few studies which investigate the journey of international students and the issues they face when attending healthcare courses. This PeArL session encourages educators to share experiences and opinions regarding international students.

Purpose/Objectives

The purposes of this PeArL session is to:
Define the issues surrounding international students in studying healthcare courses in Australia.
Identify potential solutions to support international students
Discuss research and our research proposal regarding international students.

Issues/Questions for exploration or ideas for discussion

This PeArL aims to explore and discuss the following issues:
Clinical teaching and supervision in relation to international students
The potential impact and validity of assessments for international students
The potential for peer learning support for international students
Professional development needs of educators to effectively support international students
My Aussie Journey: our research proposal regarding international students.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 1 1130 – 1230 SIMULATION

ID: 12901

Title: Enabling Medical Students' Transition to Clinical Practice through Case-Based Simulation Technology

Dr Victoria Brazil, Patricia Johnson, Michelle McLean

Introduction/Background

At our undergraduate medical school PBL forms the core of learning for the first seven semesters. This provides a framework for achievement of learning objectives across all themes, as well as a thorough grounding in small group, self-directed learning. Our evaluation suggests that students outgrow this format of PBL as they prepare for transition to clinical rotations. Our project is to transform the current paper-based PBL case process into a simulated hospital environment in which learners will participate in supervised simulated patient care using an app currently used in clinical practice. In clinical teams, students will work together online and in face-to-face meetings to identify learning issues triggered by the patient cases, and to be responsible for reviewing their patients' status and making clinical management decisions.

Purpose/Objectives

We aim to enable a shift a) in the content of their learning from predominantly scientific basis of medicine learning outcomes to a greater emphasis on practitioner and professional themes, and b) in their approach to learning - from learning in the university context to learning in the clinical environment. Finally, we aim to familiarise students with technology used in clinical practice.

Issues/Questions for exploration or ideas for discussion

What learning behaviours and clinical practice behaviours do students engage in using this approach?
How well do students perceive this approach prepares them for clinical practice?
How feasible and effective is this from a teacher perspective?
Can this approach be used to improve formative assessment through analysis of online 'patient care'?

ID: 13063**Title:** Engaging Medical Students in Learning Physical Examination**Dr Anna Vnuk****Introduction/Background**

Physical examination is taught in all medical schools and students are expected to be proficient in physical examination on graduation and as practitioners. However, the research suggests that medical students and doctors are becoming increasingly de-skilled in the area of physical examination particularly as the teaching is removed from the patient's bedside and as they become more reliant on investigations for diagnosis rather than history and physical examination findings.

Purpose/Objectives

To describe the major factors that influence the learning of physical examination by medical students as detailed in the literature and recent research (including the presenter) and to discuss strategies to improve the engagement of learning and the proficiency of students and graduates.

Issues/Questions for exploration or ideas for discussion

The role of assessment of physical examination and how to alter its focus to improve student learning.
 Challenging the sequential order of physical examination teaching.
 Ways to encourage the development of clinical reasoning in physical examination teaching.
 The development of expertise in physical examination.
 The role of patients in learning physical examination.
 The benefits of responsibility to assist learning physical examination.

CONCURRENT SESSION 1 1130 – 1230 MIXED SESSION**ID: 12900****Title:** Measuring the Nexus - Determining the Effectiveness of Interprofessional Education**Mr Matthew Oates**, Megan Davidson

The importance of interprofessional education (IPE) is recognised both nationally and internationally. Health professional graduates must have the capabilities and competencies required to work collaboratively with other health and human service professionals to deliver sustainable health care that is responsive, safe, effective and efficient (Interprofessional Curriculum Renewal Consortium, 2013). While there appears to be growth in the development of IPE within the curricula of health professional training programs both nationally and internationally, there is an obvious lack of rigorous evaluation of the effectiveness of IPE initiatives and interventions (Reeves et al., 2009). A number of instruments have been developed or modified for the purpose of evaluating IPE programs and activities (Canadian Interprofessional Health Collaborative (CIHC), 2012). However, available instruments lack sufficient theoretical and psychometric development (Thannhauser, Russell-Mayher, & Scott, 2010, p.336). The lack of a measurement instrument with demonstrated psychometric properties (validity, reliability, responsiveness) is a fundamental barrier to the development of an evidence-base for interprofessional education research.

The primary purpose of this workshop is to stimulate discussion around the notion of effective IPE and measuring the effectiveness of IPE interventions. The authors hope to identify colleagues planning IPE interventions who may be prepared to trial the instrument once this has been developed. Participants will explore a number of questions including, How would we know if an IPE intervention was effective? How can we measure the effectiveness of IPE interventions? What are some of the barriers to measuring the effectiveness of IPE? The presenters will draw on the experience and knowledge of workshop participants. Participatory discussion will be facilitated to engage the audience with the workshop's central themes and issues.

References

Canadian Interprofessional Health Collaborative (CIHC). (2012). An inventory of quantitative tools measuring interprofessional education and collaborative practice outcomes.
 Interprofessional Curriculum Renewal Consortium. (2013). Interprofessional Education: a National Audit. Report to Health Workforce Australia. Sydney, Australia.
 Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Hammick, M., & Koppel, I. (2009). Interprofessional education: effects on professional practice and health care outcomes (review). Cochrane Database of Systematic Reviews(1). Doi .1002/14651858.CD002213.pub2
 Thannhauser, J., Russell-Mayher, S., & Scott, C. (2010). Measures of interprofessional education and collaboration. Journal of Interprofessional Care, 24(4), 336-349. doi: 10.3109/13561820903442903

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12674

Title: How do we Know Students have Positive Clinical Experiences in our Health Service?

Ms Bernie Bissett, Ms Rosalyn Stanton

Introduction/Background

As supervisors strive to ensure that students have high quality workplace integrated learning (WIL) experiences, it is important to evaluate the experiences from the students' perspective. This is particularly important with increasing pressures on WIL placements and with less experienced staff stepping up to supervisory roles in a wide variety of clinical areas.

Purpose/Objectives

To determine the quality of WIL placement experiences from the students' perspective. To ascertain the quality of supervision provided by physiotherapy staff across the health service.

Issues/Questions for exploration or ideas for discussion

Do physiotherapy students find it challenging to have multiple supervisors within a single WIL placement? Is there consistency between the university and the WIL environment? Do students feel welcome and included as part of the team whilst undergoing WIL placements in our health service? How can our student supervision be improved?

Results

In 2012, all 100 physiotherapy students were surveyed electronically on completion of their WIL placement at Canberra Hospital and Health Services. Surveys were completed by 55 students from 4 different universities. Feedback covered quality of supervision, structure of placements, experience within teams and suggestions for improvement. An overwhelming majority reported a positive WIL experience, rating their placement as 'Excellent' and 98% would recommend the placement to other students. Students reported high satisfaction with multiple supervisors (allowing experience of a range of treatment approaches and styles, as well as increased objectivity in assessment); 100% reported feeling welcome and included as part of the team; and the vast majority felt they had adequate supervision to feel safe and supported. Scope for improvement included educating novice supervisors to be wary of using the word 'Excellent' in incidental communication with students, as the student may interpret this as an 'Excellent' score on the formal assessment tool when perhaps this isn't warranted.

Discussion

Formal evaluation of students' experiences of WIL in our health service is one essential element of ensuring high quality supervision. In combination with feedback from supervisors, student evaluations allow managers to have a clear idea of the quality of supervision provided by their staff, and future WIL placements can be modified and optimised based on ongoing student feedback.

Conclusions

Based on student evaluations, the physiotherapy staff at Canberra Hospital and Health Services currently provide positive WIL experiences for students. Meaningful evaluation of students' experiences should continue to influence supervision strategies in our Health service.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12918

Title: Rasch Based Methods for Test Equating

Ms Imogene Rothnie

Introduction/Background

Establishing cut scores for assessments that represent equivalent difficulty of assessments over time presents a challenge for medical educators. Exercises such as the Angoff method are a valuable tool for establishing standards for assessment but may not be feasible to run for every assessment. Individual assessments that have not been subjected to a standard setting process may vary in overall difficulty, creating a dilemma as to where to establish a cut score for satisfactory performance. The Sydney Medical Program (SMP) has therefore implemented a process of Rasch based test equating to ensure the required cut score for satisfactory performance can be matched to a standard set previously by criterion referenced methods.

Purpose/Objective

The purpose of this presentation is to demonstrate the utility of Rasch based approaches to overcoming fluctuations in pass standards as a result of variations in item difficulties and student cohort abilities. We will describe and use illustrated test curves to demonstrate the equivalence or difference of test difficulties and the impact of using different cut scores to maintain required standards over time.

Issues/Questions for exploration or ideas for discussion

In addition to demonstrating this technique, the presentation will encourage discussion about the factors that may produce fluctuation in assessment difficulty over time and approaches to overcoming this issue. We will explore the impact of constructive alignment through assessment blueprinting to curriculum and other mitigating factors in the fluctuation of test difficulty over time.

ID: 12893

Title: Integrating Complementary Medicine into Prevocational and Vocational Education for Medical Physicians

Ms Anita Pierantozzi

The use of Complementary and Alternative Medicine (CAM) in Australia has grown exponentially over the past two decades. Data indicates that more than two-thirds of the Australian adult population use at least one form of CAM, that visits to medical and CAM practitioners are identical, and Australian consumers are spending in excess of \$4 billion on CAM annually. CAM in the context of medical education is a controversial topic amongst the medical fraternity with many raising concerns relating to safety, lack of evidence and absence of statutory regulation. However with increasing use of CAM amongst the Australian population, ensuring health care professionals are adequately educated is of increased importance. In order to address this, a pilot education session was delivered as part of the Intern Only Education Program at Redcliffe Hospital in 2011. A one hour case-based teaching session was delivered by a qualified naturopath and participants were invited to complete a pre and post session survey. Results from this pilot study indicated that attitudes towards CAM education was positive, with 92% of interns indicating that it was important for junior doctor education. Participants also self-reported acquisition of knowledge in relation to common interactions post-session and indicated a positive impact on subsequent clinical practice, specifically noting increased awareness of CAM enquiry in the clinical setting. Subsequent sessions have now been delivered to interns in 2012 and are scheduled for 2013. Further to the sessions for junior doctors, two CAM sessions for Brisbane based GP Registrars were also delivered in 2012 in which participants were invited to complete a pre-and post-session survey regarding knowledge, attitudes and clinical enquiry in regards to CAM. Results indicated that GP Registrars showed significant improvement across knowledge and had an improved attitude and awareness of CAM after the delivery of the session. A thematic analysis of the qualitative data indicates that GP Registrars wanted further education on CAM to be included in education and training sessions. As the Australian public continues to use CAM, issues surrounding patient safety continue to become heightened and increased numbers of patients may refer to their primary care physicians for guidance and information regarding CAM, CAM in the content of medical education will be essential.

CONCURRENT SESSION 1 1130 – 1230 CLINICAL SUPERVISION

ID: 13067

Title: Supervisor Professional Development Program: Supporting Physician Educators to be Better Supervisors

Dr Julie Gustavs, Priya Khanna

Background

Good supervision is fundamental to the success of any clinical training program. It is, however, well documented that supervision is one of the least investigated, discussed and developed aspect of clinical training. It is also well acknowledged that in complex environments such as in large tertiary hospitals, supervisors face several dilemmas such as managing diverse workforce demands with training responsibilities and adapting to changing medical education approaches. This presentation focuses on supervision at the Royal Australasian College of Physicians, which is the specialist membership organisation for over 13 000 Fellows and 5 000 trainees across Australia and New Zealand in over twenty-five specialties. Recently, as a part of improving the training programs, the RACP undertook extensive consultations with supervisors, trainees and medical administrators across various training settings in Australia and New Zealand. As a result, the RACP has developed a Supervisor Support Strategy which has as one of its core elements, the Supervisor Professional Development Program. The program comprises a series of workshops currently being piloted. Workshops focus on the provision of effective feedback and coaching, teaching diverse levels in the medical training continuum and work-based assessment. As the consultation finding suggests, the success of such a program extends well beyond getting the content of the program right. It relates to how the program is resourced, implemented and evaluated. This presentation provides a brief overview of this program and invites discussion on how better resource, implement and evaluate such a program which currently relies heavily on a pro bono workforce.

Purpose

The purpose of this presentation is to focus on providing an overview of the Royal Australasian College of Physicians support strategy for supervisors including the new training program for clinical supervisors and physician educators. It also seeks feedback from the wider medical education community on how such programs can be implemented successfully; what risk factors or resistance can be anticipated and how can we continuously evaluate and improve it?

Issues/Questions for exploration

What lessons can be learnt for other similar medical education programs?

What risk factors, resistance and pitfalls can be expected when implemented such training program for diverse group of clinical educators in diverse settings?

How can we improve the buy-in for this program?

What are the ways to continuously monitor and evaluate the outcomes and impact of such training programs?

ID: 13058

Title: Making the Most of Clinical Learning and Teaching Encounters: Challenges, Opportunities and Strategies

Dr Natalie Radomski, Pamela Harvey

Introduction/Background

Some of the most valuable teaching takes place unexpectedly you need to be able to utilise and capitalise on those opportunities (Rural GP). In clinical placement settings, learning and teaching opportunities are embedded in day-to-day healthcare activities (Fuller, Munro & Rainbird, 2004). The insights that arise in health professional practice with patients and colleagues may be taken for granted. Clinical supervisors may not recognise the rich learning and teaching opportunities afforded by their workplace environments. If made more explicit, these educational situations could enhance work-readiness skills for learners in healthcare services. In this workshop, these contextualised learning and teaching opportunities will be explored and recommendations made to advance models of clinical teaching.

Purpose/Objectives

To identify and analyse opportunities for learning and teaching in expanded clinical placement settings. To share strategies to maximise student engagement and participation in the clinical setting To reflect on current clinical supervision models drawing on participants examples of good practice and relevant workplace-based learning concepts.

Issues and questions for discussion

How can we encourage health services and clinical placement supervisors to think big when planning practice-based learning experiences for their learners?
What methods can we use to identify and analyse clinical learning opportunities in expanded placement settings?
What supports do health services need to harness day-to-day clinical learning and teaching opportunities?
Audience engagement\Interactive workshop activities will be used to explore workshop discussion questions and share ideas.

Reference

Fuller, A. Munro, A. & Rainbird, H. (2004). Introduction and overview. In A. Fuller, et. al. (Eds.). Workplace Learning in Context (pp.1-18). London: Routledge.

CONCURRENT SESSION 2 1330 - 1500 RESEARCH**ID: 12752**

Title: Learning Research in the Community: Medical Students Researching Community Health

Mr John Goodall

Introduction/Background

From 2008 to 2011, Monash University's Community Based Practice (CBP) program required MBBS students to complete small-scale research projects contributing to the health promotion work of their placement community organisations. They were taught the basics of research, ethics, and conference poster presentation. The resulting 464 Clayton Campus projects ranged from the trivial to the highly useful and raised important issues for the faculty about the place and purpose of undergraduate research.

Purpose/Objectives

The presentation briefly overviews the program and its resultant projects. It then analyses two sample projects to demonstrate the achievements, pitfalls and possibilities of this approach to teaching research as well as what can come from small-scale community-based projects in health promotion and support.

Issues/Questions for exploration or ideas for discussion

What are the tensions around having inexperienced students learning about community health research by actually doing it? In practice, what can be the results?

Results

Analysis of the projects shows wide-ranging involvement and impact on health micro-issues through a medical faculty partnering with community organisations.

Discussion

The small-scale and short timelines of the projects, and the constrained range of community organisations involved place some limitations on the investigations findings. For some organisations and projects this can also raise ethical concerns when involving inexperienced students as researchers.

Conclusions

There is much potential in small-scale university/community research partnerships using medical students but also much to learn about doing it well.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13052

Title: The Development of an Instrument for the Work-Based Assessment of Teamwork - an Interprofessional Approach

Ms Robyn Dickie, Kathy Dallest, Jill Thistlethwaite

Introduction/Background

This project is funded by the Office of Teaching and Learning to develop and deliver a validated package of work-based assessment (WBA) tools for health professional students in diverse settings to test their performance and readiness for practice in a healthcare team. Our focus is the assessment of observable behaviours of an individual student within a team: an area that is underdeveloped and lacking in valid, reliable and feasible instruments for both assessment for and assessment of learning. To align interprofessional learning outcomes with assessment, there is a need for a framework and set of WBA instruments, and resources to support learning that may be used across and between professions. The initial stages of the development process include a literature review and Delphi consultation.

Purpose/Objectives

Outline the literature review process for identifying suitable WBA instruments/scales using observational assessment of individuals in clinical or simulated practice. Highlight the challenges of undertaking an interprofessional Delphi Consultation. Present initial Delphi findings

Issues/Questions for exploration or ideas for discussion

A realistic evaluation and statistical analysis of the Delphi consultation will be presented to answer the following questions:

How do researchers ensure they have comprehensively reviewed all the literature?

How do researchers determine the number and type of items to include in a Delphi?

How do researchers assemble and manage a Delphi panel that is representative of Australian and global experts across the health disciplines, higher education institutions, and health governance and delivery sectors?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12932

Title: The SOMERS Index: a Simple Instrument Designed to Estimate the Likelihood of Rural Career Choice

A/Prof George Somers

Introduction/Background

Governments across the world have implemented strategies to encourage health workers to live and work in remote and rural areas. Until now, a comprehensive instrument designed to evaluate the effectiveness of programs designed to increase rural career choice has not yet been tested. Factors such as stated rural intention (SRI), optional rural training (ORT), medical sub-specialisation (MG), self-efficacy (E) and rural status (RS) have been widely accepted as valid measures, but have only been used individually or in limited combinations.

Purpose/Objectives

This paper examines the development, validity, structure and reliability of the easily-administered SOMERS Index incorporating five indicators of rural career choice likelihood.

Results

Complete data were collected from 1064 responses to a questionnaire developed during the author's PhD. Internal consistency (Cronbach's Alpha) of the index was high at 0.73. Factor analysis of the five components of the index revealed a single, strong factor (Eigenvalue: 2.70) explaining 53.9% of the variance in the model. SRI was the index variable. Multiple regression modelling (Adj R Sq = .617) revealed that each of the other variables contributed independently and strongly to the dependent variable, SRI.

Conclusions

This paper presents the reliability and validity of an index, which seeks to estimate the likelihood of rural career choice. The index may be useful in student selection, the allocation of rural undergraduate and postgraduate resources and the evaluation of programs designed to increase rural career choice.

ID: 12959

Title: Evaluating Learning Styles and Preferences: how Student's Change and why this is Important to the Educator

Dr Eleanor Mitchell, Santhamma James, Angelo D'Amore

Understanding the learning styles of undergraduate university nursing and midwifery students is increasingly important for educators as students are taught using an array of pedagogical approaches. Learning is not a stagnant process, as individuals travel through life they become less reliant on one type of learning and can eventually draw on most learning styles or preferences. Learning styles is the individual's approach to assimilating information (examples of instruments include Kolb's Learning Style Inventory (LSI)) whereas, learning preference refers to the individual's choice of environment in which learning occurs (examples of such instruments include VARK (Visual/Aural/Read-Write/Kinaesthetic) questionnaire). In this study we investigated the changes in learning styles and preferences of first-year undergraduate nursing and midwifery university students and hypothesised that re-examining students after six months of University teaching would result in an increase in multimodal VARK learners with lesser changes in their LSI. A cross-sectional survey including the LSI and VARK questionnaire was utilised. This research was approved by ethics and participation was voluntarily. Of the 285 nursing and midwifery students who completed the pre-questionnaire, 96 students completed the post-questionnaire (34% response rate). VARK questionnaire results showed that 43 students remained in the same learning mode (45%), 29 students became more multimodal (30%), while 24 students reduced their learning modalities (6%) or changed their learning preference completely (19%). Surprisingly, the more stable LSI questionnaire showed similar results with 45% of the students remaining in the same learning modality, and 55% of students changing. This highlights the dynamic changes within students' learning styles and preferences, which is important for educators to be aware of.

ID: 12939

Title: The Rural Intent Questionnaire: a Measure of Medical Students' Career Intentions Grounded in the Triandis and the Fishbein and Ajzen Theories of Decision Making

A/Prof George Somers

Introduction/Background

An instrument seeking to measure and understand medical students' attitudes toward a rural career was developed in 2003 as part of the author's PhD. It is grounded in the theoretical frameworks developed by Fishbein, Ajzen and Triandis and comprises 30 items, based on the determinants of intention as described by these early researchers. These include affect (A) perceived consequences (PC) and social drivers (SD).

Purpose/Objectives

This paper will present the development, structure validity and reliability of the instrument based on complete data from 1344 students.

Results

The internal consistency (reliability) of the measure, calculated as the Cronbach alpha, was .768. Factor analysis (PCA) revealed a single component explaining 71.9% of the variance. Regression modelling with Stated Rural Intent (SRI) as the dependent variable and A, PC and SD as independent variables, found adjusted R square, .566. All three IVs loaded strongly and independently on the model.

Discussion

The instrument probes the belief systems of students and helps gain an understanding of their attitudes toward a rural career. This presentation can only offer a summary of the results. Copies of the instrument will be made available and its structure will be discussed.

Conclusions

It has strong psychometric properties, and may have a place in the selection of health professional students into courses designed to increase rural career uptake.

ID: 12954

Title: The Postcard Technique: a Novel Medical Education Research Method to Generate Real-Time Context and Insights for Teaching and Learning

Dr Kwang Yee, Wendy Page

Introduction/Background

Learning is a journey. Through this journey, students learn within a specific socio-cultural context to generate knowledge and skills through an internalisation process. Current research methods often do not take into account this journey. Various research methods in medical education research such as surveys and interviews provide a cross-sectional understanding of the learner's perceptions. This often introduces bias and does not reflect the learning journey.

Purpose/Objectives

This presentation aims to discuss learning as a journey and data collection through the journey to reflect in-depth contextual insights to guide teaching and learning. This presentation introduces the postcard method into medical education research and presents and experience of using the postcard method in a pilot study.

Results

We used the postcard method in an electronic format to collect data from final year medical students during their transition to internship. The research aims to understand the learning journey during the transition process. We analysed the data using inductive grounded theory. We found that the postcard technique allows us to map the learning process, emotional imprint, growth and responsibility, as well as the tactical knowledge acquired through that process.

Discussion

The postcard technique allows real time data collection in order to map the learning journey. It allows evaluation of the learning journey with less emotional and recall bias. The analysis of the data however requires inductive enquiry. We are in the process of designing a large scale study to understand the technique and the transition process.

Conclusions

The postcard technique is a novel and useful technique to understand the learning journey in medical education research.

CONCURRENT SESSION 2 1330 - 1500 SIMULATION**ID: 13010**

Title: Coming to Grips with Interprofessional Collaboration: a Workshop Sharing Experiences from the Gippsland Interprofessional Partnership in Simulation (GRIPS) Project

Mrs Jenny Moloney, Bill Haigh, Michelle Butler, Kaytlyn Eaton, Kerry Bell, Katie Yeomans, Jane Taylor, Mollie Burley, Debra Nestel

Introduction/Background

Health Workforce Australia (HWA) has funded a 12 month simulated learning program (2012-2013) for healthcare students and professionals in five selected Gippsland partnership agencies. The five GRIPS partner agencies across Gippsland consist of health professionals, which provide student placements. Facilitators from the partner sites undertook 3 separate training days based on a train the trainer capacity building model. The following elements underpinned this training: IPCP, adult learning principles, character development of a simulated patient, facilitation of simulated clinics, simulation based training as an educational method, providing feedback to participants and use of simulation audiovisual equipment. Furthermore our indigenous partnership site - Ramahyuck developed a simulation clinic to coach potential healthcare workers on culturally safety. Following completion of the three day training, simulation or non-simulation clinics are run by the Interprofessional Collaboration Facilitators, at each partner site.

Purpose/Objectives

The workshop proposes to introduce participants to the constructs of the GRIPS project and practical training examples of the development of a simulated client clinic.

Issues for discussion

Issues for discussion include capacity building across a vast rural land mass, managing continuity within a dynamic healthcare workforce, benefits and challenges of simulation. Describe how presenters will engage with the audience, what strategies will be used to ensure a hands on experience. The first part of the workshop will provide an overview of the GRIPS project. The GRIPS team will then provide practical examples from the training models.

Acknowledgments

Health Workforce Australia
Mollie Burley - Team Leader
Jane Taylor - IP educator and Consultant
Debra Nestel - Professor of Simulation Education in Healthcare

ID: 12715

Title: Educational Gaming in the Health Sciences: a Systematic Review of the Evidence and Examples of Innovative Techniques

A/Prof Simon Cooper

Introduction

This presentation will focus on the potential benefits of interactive teaching styles using examples of games and simulated activities.

Objectives

To describe the evidence for the use of games in the health sciences and to demonstrate interactive gaming techniques.

Issues for Exploration

How do a range of innovative teaching strategies create a dynamic environment and how will this enhance learning? Contemporary developments in experiential learning methods include clinical skills teaching technology, simulation techniques and innovative games for teaching and learning. In the clinical skills arena a number of games have been proposed, for example, GI rummy name that drug, psych baseball, the pain game, the triage game and electrocardiogram interpretation games.

Audience Engagement

A short presentation of the key issues and evidence will be presented followed by a brief discussion on the pertinent issues. This will be followed by a demonstration of a number of innovative activities such as the ECG interpretation game, draw a leader, Bulls eye, learning styles, and MaskEd.

ID: 12714

Title: Managing Deteriorating Patients: Understanding Performance and the Impact and Development of the FIRST2ACTWeb Training Program

A/Prof Simon Cooper, Bogossian Fiona, Tracey Bucknall, The FIRST2ACT Team

Introduction

This presentation will focus on the development of a patient deterioration management program (FIRST2ACT), its impact on clinical performance and subsequent development as a web based resource. The educators experience in the field will be a particular focus.

Objective of the studies

To examine nursing students' ability to manage patient deterioration and to demonstrate the impact and development of the FIRST2ACTWeb training program.

Methods

In five studies since 2008 we have measured nursing students, midwives and registered nurses (n= 266) ability to manage deteriorating patients in simulated settings. Participants completed knowledge and situation awareness tests and video recorded simulated scenarios with patient actors (standardised patients). To enhance the feasibility the program we developed a web based resource incorporating knowledge tests, a course manual and slide set, and interactive scenarios (video recordings of patient actors deteriorating)¹.

Results

Across all the studies knowledge of deterioration management varied and skill performance was low (approx. 50% Range 26-76%) with many important observations and actions missed. However, following the training intervention with registered nurses, patient notes review identified significant improvements in the applicable frequency of observations ($p = .025$), pain score charting ($p = .001$), and improvements in oxygen therapy 2,3. These findings enabled us to use our experiences as educators to develop on on-line educational program.

Conclusion

In these populations knowledge and skills are low however the FIRST2ACT program does have an impact on clinical skills. These findings and the subsequent development of the web based training program will be presented. See Web Site at: <http://first2actweb.com>

References

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 Buykx P. Cooper S. Kinsman L. Endacott R. Scholes J. McConnell-Henry T. Cant R. (2012) Patient deterioration simulation experiences: impact on and learning. Collegian. 19 (3). 125-129
 Kinsman L. Buykx P. Cant R. Champion R. Cooper S. Endacott R. McConnell-Henry T. Missen K. Porter J. Scholes J. The First2Act simulation program improves nursing practice in a rural Australian hospital. Australian Jn of Rural Health. In Press accepted June 2012.

ID: 13005

Title: Working as a Clinical Teaching Associate: Women's Experiences of Teaching Sensitive Examinations

Dr Christine Fairbank, Katharine Reid

Background

Clinical Teaching Associate (CTA) programs have existed overseas since the 1980s with the University of Melbourne program first developed over 10 years ago. Our female CTAs are trained to teach students the technical, and communication skills needed for a patient centred examination. Professional patient programs are important approaches to teaching students to perform sensitive examinations but are rarely the subject of research. In particular, we know little of the experiences of women working as CTAs.

Methods

Twelve CTAs volunteered to be interviewed for the research, by an interviewer independent of program administration. Interviews comprised ten broad questions designed to elicit women's experiences of joining the program and their motivation to continue teaching in the program. They considered challenges they encountered and benefits they derived from participating.

Findings

CTAs interviewed tended to share health or education backgrounds, and an interest in improving women's health. They regarded the CTA role as requiring skilled communication, sensitivity and self awareness, a capacity to give feedback and to work in a team. They valued other CTAs, while recognising difficulties with team dynamics and giving negative feedback to colleagues. Most women expressed positive feelings about the value of their work, but found it difficult to be open about discussing their work with others as many had encountered negative attitudes.

Implications

Exploring the experiences of CTAs is important in highlighting and validating the experiences of women undertaking this essential work, as well as gaining greater understanding of the motivations of women for joining and remaining in the program, so recruitment and support may be better targeted.

ID: 12769

Title: The STEPS Project: a Remotely Accessed Simulated Learning Environment to Increase the Viability of Remote Clinic Placements in Physiotherapy and Speech Pathology

Dr Neil Tuttle, Andrea Bialocerkowski

Introduction/Background

The STEPS (Simulated Telemedicine Environment for Physiotherapy and Speech Pathology) project addresses two of the most frequently occurring factors limiting clinical education: an overall lack of sufficient clinical placement capacity and a shortage of service delivery in rural and remote locations.

Purpose/Objectives

To describe a novel model of delivery to supplement physiotherapy clinical placement capacity. Issues/questions for exploration or ideas for discussion: In this project, students in remote locations use a videoconferencing platform to access an on-campus simulated learning environment (SLE) including simulated patients and a clinical facilitator. There are four main innovation and reform outcomes anticipated from this project. First is the leveraged increase in clinical placement capacity as each simulation hour can create up to five hours of increased clinical placement capacity. Secondly, enabling a larger number of students to undertake clinical placements in rural and remote communities increases the likelihood of those students taking employment in these areas. Third, telemedicine is an emerging model for service provision in physiotherapy, but to date few students have direct experience in this area. Finally, the SLE scenarios are based on demonstrated areas of need. Information from registration boards and professional indemnity insurers on previous complaints as well as perceptions of employers on areas where practice of new graduates could be improved has been used to inform the content of the simulation scenarios.

Results and Discussion

Lessons learned in the development of the project and results of preliminary evaluation will be presented.

CONCURRENT SESSION 2 1330 - 1500 CLINICAL SUPERVISION

ID: 13023**Title:** How do Interns Learn on the Job? Implications for Structure of Intern Positions**Ms Joan Benjamin**, Margaret Bearman, Brian Jolly**Introduction/Background**

There have been significant changes to the intern experience in recent years. However many challenges are still to be met in providing an optimum on-the-job learning environment for interns. This qualitative research analysed the experiences of thirty interns at Victorian hospitals interviewed three times across their intern year.

Purpose/Objectives

A phenomenographic methodology was chosen to identify the elements that lead to effective on the job learning and how the learning experience can be enhanced within the medical workplace.

Results of the study presented for discussion

Four qualitatively different ways of experiencing on the job learning emerged from the interns' accounts. Following the phenomenographic tradition these descriptions are presented as an inclusive hierarchy, D being the most inclusive. A. Learning through acquiring knowledge about the intern environment. Learning through providing patient care. Learning through participation in collaborative patient centred care. Learning through review and reflection on patient outcomes. Discussion and conversation with seniors and peers about patient care was found by the interns, in this study, to be the most effective form of on the job learning.

Discussion

The sources for learning were found to be: Navigation of the complex system that comprises the hospital workplace; managing patients with same or similar conditions over a period of time; participation and interaction with others regarding decisions about medical care; and recognition of own limitations mediated by recognition of own competence.

Conclusions

Given the demand for increased numbers of intern positions consideration should be given to interns working as pairs or triads to increase the opportunity for collaborative problem solving and decision-making.

ID: 12710**Title:** Protected Teaching Time Scores Higher on Evaluation of Bedside Teaching Methods**Dr Renata Chapman**, Lucy Wynter, Annette Burgess, Craig Mellis

Clinical bedside tutorials are an essential part of medical education as they introduce students to the hospital environment in a structured and supervised manner. However, the organization of clinical bedside tutorials is often logistically difficult. The main obstacles identified are: availability of tutors/clinicians and access to suitable patients.

The aim of this study was to evaluate Sydney University medical students' perceptions and satisfaction with two structured bedside teaching methods. In the first method (old traditional type) a tutor was formally allocated to a group and was responsible for all bedside teaching for that group. In the second method (new type) - a protected clinical teaching time was chosen, during which any tutor available would perform clinical bedside teaching for a selected students group. The strengths and weaknesses of the two methods were evaluated and areas for ongoing development and improvement were identified. In the new system 100% of students had a bedside tutorial to attend every week compared with 20% in the old system, 70% of tutors had patients prepared every week compared with 25% in the old system and 64% of students had no frustration with clinical bedside tutorials compared with 27% in the old system. The new method using protected clinical teaching time and opportunistic available clinical staff having access to suitable patients has been perceived by students as superior to the old method of one constant tutor per student group. Using a "protected time" system with variable available tutors for bedside tutoring is a valuable logistic option for the delivery of the medical curriculum.

Practice Points

The protected teaching time system of bedside teaching as compared with the traditional system of one tutor allocated to one group offers: no cancelled tutorials, increase in students' exposure to patients, improved level of students' satisfaction, promotes a culture of teaching in Junior Medical Officers (JMOs).

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13022

Title: A Workshop for GP Supervisors: 'Facilitating the Development of Clinical Reasoning Skills in Medical Students: from Theory to Practice'

Dr Sylvia Guenther

Introduction/Background

University of Sydney Medical School students participate in an 8 week Community Term rotation that includes clinical placements in General Practice. GP Supervisors have a complex role when teaching medical students while the focus during the consultation is on the patient the GP also has another role as a teacher who engages the student in learning. Challenges for GPs include lack of time for teaching and accessing professional development to develop their teaching skills.

Purpose/Objectives

This presentation describes an interactive workshop that has been accredited as a 6 hour Active Learning Module by the RACGP. The workshop has been framed by the concept of communities of practice at both the level of the workshop and that of the general practice clinical placement. The workshop has been developed to provide professional development and collegiate support for GP Supervisors. By providing a variety of teaching and learning activities, clinical examples and practical advice, it aims to provide them with a theoretical and practical framework to enable them to confidently facilitate the development of medical student's clinical reasoning skills by using the One Minute Preceptor teaching model.

Issues for discussion

Issues to be discussed include the challenges of applying educational theory to practice when providing professional development for GP clinical teachers.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12727

Title: Clinical Supervision Support in the Allied Health Professions

A/Prof Annette Mercer, Fiona Lake, Margaret Potter

Introduction

To meet health workforce needs the number of training places across the health professions has increased. This has resulted in more student placements in both traditional and non-traditional clinical areas, and in the process greater demands have been placed on clinical supervision staff.

Purpose/Objectives

An e-survey was conducted with allied health professionals to gather information about barriers and enablers to clinical student supervision; and resources available to support staff development needs.

Results

Responses (n=2181) were received from nine professions across five participating jurisdictions (WA, SA, NT, QLD, VIC); 47% of respondents worked in a capital city, 21.6% in another metropolitan area and 31.3% were from a rural or remote location; 83% were females and 17% were males; 23.9%, 34.4% and 41.7% respectively were categorised as early career (< 5 years experience) mid-career (6 - 15 years) and later career (> 15 years); with respect to workplace settings, 49.7% worked in a public hospital, 18.6% were from primary or community care settings and 15.8% from private settings. The vast majority of respondents recognised the importance of, and their commitment to developing skills in clinical supervision. Less than half indicated training to be routinely provided within their profession.

Discussion and conclusion

There were significant differences in access to clinical supervision training, with the lack of opportunities in some allied health professions seen as problematic.

For Discussion:

This presentation will reveal key findings by profession, state and location (metropolitan v rural) with discussion regarding how these differences can be addressed.

ID: 12834

Title: The Role of the Remote Clinical Supervisor and Implications for their Professional Development

Dr Susan Wearne, Pim Teunissen, Tim Dornan, Timothy Skinner

Introduction

In isolated areas, experienced clinicians use information and communication technology to remotely supervise health professionals in training. This enables placements in non-traditional and remote settings and prepares practitioners for future work in such under-served areas (Hays and Peterson, 1997). Health Workforce Australia has launched draft national guidelines for clinical supervisor competencies (Human Capital Alliance, 2012). The aim of this research was to explore the suitability of the generic guidelines for remote clinical supervisors.

Methods

We interviewed 16 GPs about their experiences as remote supervisors. We used insights from socio-cultural learning theory, work-based clinical learning, and our own conceptualisation of on-site general practice (GP) supervision to provide a theoretical framework. Verbatim interview transcripts and memos formed our data set for template analysis.

Results

Remote GP supervisors drew on their own experience of remote medicine to holistically support the next generation learning and practising in this challenging context. Mutual trust between registrars and supervisors was generated through personal, even intimate working relationships. Supervisors facilitated learning by giving registrars virtual autonomy in clinical-decision-making and trusted registrars to seek help when needed. Supervisors listened carefully to informal sources to assess when registrars required extra support. Views on whether supervisors had responsibility for patient care varied.

Discussion

The National Clinical Supervisors competency framework domains are: development of competence, summative assessment of competence, administration of clinical supervision, management of clinical supervision resources and facilitation of safety in clinical supervision. There is little overlap between the expected generic domains of competency of clinical supervisors and the role perceived and enacted by remote clinical supervisors. This paper will discuss these differences and similarities and their implications for remote clinical supervisor development. Hays, R. B. & Peterson, L. 1997. Distant supervision in training for remote medical practice Education for General Practice 8: 123-127. Human Capital Alliance. 2012. Draft National Clinical Supervision Competency Framework, for Health Workforce Australia [Online]. Available: http://www.hwa.gov.au/sites/uploads/Draft_Competency_Framework_for_Clinical_Supervision_Aug_2012.pdf [Accessed].

CONCURRENT SESSION 2 1330 - 1500 ASSESSMENT**ID: 12879**

Title: A Clinical Decision-Making Assessment Strategy for Experienced Clinicians

Dr Kaye Atkinson, Margaret Bearman, Stephen Trumble, Brian Jolly

Introduction/Background

Dealing with uncertainty in the context of undifferentiated illness presentations is the reality of general practice, and yet there is limited understanding of how clinical decision-making occurs within that real context and how experience influences decision-making. Competence in this skill needs to be assessed in both experienced and novice GPs. In order to design an assessment strategy to measure the clinical decision-making of experienced GPs, four questions have been identified:

How do general practitioners reason clinically?

Do experienced GPs reason differently to novices?

Is there a better way of assessing competence in clinical reasoning by general practitioners?

Is this new method of assessment suitable for both experienced and novice GPs?

Purpose/Objectives

A literature review has only partially elucidated the clinical decision-making processes of GPs. Empirical studies are underway to explore with experts in the field suitable methods of assessment for assessing experienced GPs in clinical decision-making.

Issues/Questions for exploration or ideas for discussion

There is scant literature available on clinical reasoning by general practitioners. This means that answering the first 2 questions is challenging; how to develop and validate an assessment strategy for experienced GPs in clinical decision-making when the decision-making process is unknown? Given the variation between experienced clinicians when making decisions, how is the assessment strategy validated? Can the assessment strategy ignore this process and focus solely on the product or outcome of decision-making, and if so what is that outcome?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12807

Title: Breathing New Life into the Long Case?

Dr David Smallwood, Agnes Dodds, Ruth Sutherland

Introduction

For many years the Clinical Long Case was one of the key methods of assessing the clinical skills of medical students. The long case format requires students to learn how to take a full history, complete a detailed examination and then bring all the threads of the case together for further discussion. This whole patient perspective is one of the crucial skills medical students must master. However, the Long Case is seldom used for summative assessment in modern medical courses due to the difficulties posed by patient and examiner variability, and the need for multiple Long Cases to ensure reliability. The problems are compounded by the lack of appropriate patients in tertiary hospitals, as in-patients are often too ill or impaired in other ways.

Objectives

This session will explore ways of assessing long case skills to overcome the reliability issues while maintaining the validity of the whole person approach.

Issues

Is it possible to have a standardized long case as part of assessment?

How many Long Cases should be completed by students to ensure they have mastered appropriate skills?

Is there a place for an observed Long Case?

How do different schools access suitable patients for long cases?

Are there other methods of assessment that might drive learning of the particular skills that the Long Case is ideally suited to encourage?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12649

Title: Cultural Competency Frameworks: what Works and do Educators Practise what they Preach?

Dr Sharleen O'Reilly

Introduction/Background

The interactions between cultures has added a new dimension to health professions, given the role that culture can play in the decisions that people take about their health, who they seek help from and their understanding of the respective roles of client and health professional. These changes also influence the provision of student learning environments, as educators attempt to meet the needs of student populations that have much greater inherent variability. Cultural competence is a set of skills that enable health practitioners meet the needs of all patients through creating respectful, reciprocal and responsive effective interactions across diverse cultural parameters. These skills are commonly found on health professional competency standards yet research would support this as an ongoing issue with both students and practising health professionals having lower than expected levels of cultural competency.

Purpose/Objectives

Several published frameworks exist for cultural competency and take different approaches to curriculum development. The purpose of the PeArLs is to explore what elements of different frameworks have worked in practise and examine how others assess for cultural competency.

Issues/Questions for exploration or ideas for discussion

Is any specific framework more suitable for different professions?

Are checks to applied educators or only students?

What action is undertaken where educators/students fail to achieve competency?

CONCURRENT SESSION 2 1330 - 1500 PEER LEARNING

ID: 12722

Title: Professional Development of Student Tutors - the First Development of Future Health Educators?

Dr Kimberley Owens, Simone Ross

Introduction/Background

Medical students in Years 1 -3 participate in a structured pastoral and study support program titled Home Group (HG) at the School of Medicine and Dentistry at James Cook University. HG's meetings occur weekly with a dedicated facilitator to work collaboratively on activities that are aligned with the course curriculum and required student skill development. In the same medical program an elective subject titled Tutoring in Health is available to year 2 students. Equipped with some basic educator skills these students are then invited to participate in the HG program as co-facilitator in their 3rd year and facilitator in subsequent years.

Purpose/Objectives

It is thought the alignment of these two programs provides a valuable training and apprenticeship pathway for the development of future health educators. 360° data has been collected in the form of self-reviewed survey from the student facilitators, peer reviewed survey from their educator colleagues, and student survey feedback. Student participation as facilitators has been tracked over several years to test the assumption that student facilitators will become future health educators.

Issues/Questions for exploration or ideas for discussion

Results relating to participation and attrition rates, student educator confidence levels and feedback relating to the quality of work by student facilitators will be considered and discussed with the group. Topics and questions for consideration include: the influence of monetary incentives/pressure; the influence of study workload pressure; is there such a thing as being too prepared; the influence of student facilitation towards the development of future health educators, and more. Any attendee experiences with similar programs and/or general use of student tutors are particularly sought.

ID: 12862

Title: Role Modelling Resilience: Promoting Personal Growth and Professional Development in Students

Ms Janet Richards, Linda Sweet, Jennene Greenhill

Introduction/Background

Health professionals are expected to demonstrate ethical values and humanism in practice. Professional competence comprises not only disciplinary knowledge and skills but also the ability to effectively communicate, collaborate, supervise, and to be self-reflective. Promoting student resilience is reported to be important to academic success and professional development. Resilience is defined as a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma (Luthar et al 2000). A resilient individual perceives challenges as opportunities for personal growth and approaches problems confidently and proactively.

Purpose/Objectives

A culturally and contextually sensitive construct, resilience is considered central to maintaining mental health and wellbeing. Protective factors for students include higher levels of social support, a positive learning environment and perceiving student education as a priority for faculty staff. The best educational setting for promoting resilience is one that enhances socialisation between peers and other adults, facilitates goal setting, monitors student wellbeing and provides positive role models (McAlister 2009).

Issues/Questions for exploration or ideas for discussion

How do clinical educators and program support staff currently role model resilience to individual students and enhance wellbeing and professional development of student cohorts?
How could clinical educators and program support staff improve their role modelling resilience to students?

ID: 12802

Title: Settings of Hospital-Based Education: what can Health Professional Educators Learn from Human/Environment Interaction Studies in Hospitals?

Dr Ben Cleveland, Ms Jenny Barrett

Introduction/Background

Hospitals are designed primarily to support the care of patients. Therefore, it is not surprising that studies of the physical environments in hospitals have tended to focus on the influence of spatial design on patient health. Nevertheless, physical settings are increasingly being integrated into teaching hospitals to support educational goals. While it is recognised that health education occurs in myriad settings, such as wards, surgical units, meeting rooms, simulation spaces, video-conference facilities, cafes, corridors etc., there remains little literature concerning the influence of hospital-based education settings on the learning and teaching activities and educational experiences of medical students and their teachers.

Purpose/Objectives

This session will report on current research being undertaken by the Learning Environments Applied Research Network (LEARN) of which the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne is a partner (along with the Karolinska Institute and a number of school and other related educational institutions). This research is exploring the relationships between medical education models and the socio-spatial settings in teaching hospitals. The session will invite participants to explore early results and discuss what they mean in the context of the professional development of health professional educators.

Issues/Questions for exploration or ideas for discussion

What can health professional educators learn from human/environment interaction studies in hospitals?
How might the physical design of hospitals influence learning and teaching practices?
How might hospitals be better designed to support health education?
How could physical settings in hospitals be better used to enhance learning and teaching?

CONCURRENT SESSION 2 1330 - 1500 WORKSHOP

Title: Writing for Publication Members of the Editorial Board of Focus on Health Professional Education

Tony Egan

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.

Reference

<http://anzahpe.org/General/journal.html>

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 2 1330 - 1500 INTERPROFESSIONAL LEARNING

ID: 12967

Title: Ehealth Education for Future Clinical Health Professionals

Dr Kathleen Gray, Anthony Maeder, Ambica Dattakumar, Kerryn Butler-Henderson, Helen Chenery

Background

The health workforce increasingly needs clinicians who are able to work professionally and proactively with the emerging and converging information and communication tools and technologies for healthcare that are collectively described as ehealth. A two-year Australian Government project has produced important evidence and innovative resources to support systematic improvements in the ehealth education of future clinicians across the health professions, including:

Review of the international scholarly and report literature

Survey of degree coordinators perspectives and practices

Comparison of degree accreditation requirements

Analysis of key knowledge, skills and attributes in job advertisements

Inventory of internationally available resources for teaching

Development of introductory case studies for learning

Objective

Provide an interactive interprofessional learning experience focused on ehealth education issues and approaches in Australia and other parts of the world, suitable for teachers, students, academic developers and researchers.

Focus Questions

Why do health professionals need to know about ehealth and what does it mean for a health professional to be competent in ehealth?

What methods and resources are appropriate, available and effective for learning, teaching and assessment in the ehealth education of future clinical health professionals?

Activities

In a 90 minute workshop, in small groups and in plenary sessions with Australian project team members, participants will be guided to:

Examine current understandings about ehealth

Share existing ehealth education methods and activities

Devise ways to evaluate the impact of ehealth education locally and globally

Develop critical perspectives on ehealth education theory and practice

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 3

1530 - 1700

ASSESSMENT

ID: 12996

Title: An Innovative Assessment for Medical Students: the Hypothetical Presentation

Ms Deborah Porter, Sharyn Milnes

The challenge - develop an assessment for final year medical students that synthesises learning from all years of teaching in the ethics, law and professional development theme (ELPD), that is engages students, provides an opportunity to showcase student knowledge and engages our clinical partners. The solution - students develop a realistic hypothetical scenario, incorporating and applying key concepts of their learning in ethics, law and professional development, and presenting as a panel discussion in a hospital forum. Students (as part of a small group) are required to develop a scenario, with the support of a clinician, and then research and apply relevant ELPD concepts. Having seen hypothetical presentations by lecturers, clinicians and experts in the first two years of their studies, students are familiar with the format. Students require critical thinking and problem solving skills to successfully complete each of the components of this assessment. These include effective teamwork, well-developed research skills, a sound understanding of a number of key concepts of the ELPD theme, including the ability to apply those in a clinical environment, the ability to prepare a concise written outline of the ELPD issues and their application to their hypothetical scenario. The hypothetical incorporates input from staff, clinicians and the students' peers. Components of the assessment include a preparation session prior to the hypothetical presentation, a group written outline, peer evaluation and the presentation itself. Anecdotally, this is well received by students, clinicians and hospital staff.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12847

Title: How Should Feedback be Delivered to Improve the Practical Skills of Health Professional Students? A Systematic Review

Mrs Robyn Gill, Jessica Stanhope

Introduction/Background

Feedback is an important component of teaching clinical skills, however little is currently known about the amount and type of feedback health professional students require to improve these skills.

Purpose/Objectives

To determine the amount and type of feedback required to improve the clinical skills of health professional students.

Issues/Questions For exploration or ideas for discussion

How much feedback is required to improve the practical skills of health professional students and how should that feedback be delivered?

Results

183 studies were obtained through a database search, five of which were relevant, and met the inclusion criteria. Four studies (80%) identified that there was benefit in providing feedback of any amount or type in terms of improved skills. One study (20%) reported that providing specific feedback to students, did not result in a significant improvement in skill level, when compared with those who only received their score. However, due to differences between the studies, no conclusions can be drawn regarding the type and amount of feedback which is most effective.

Discussion

There is little information currently available regarding the amount and type of feedback required to improve the practical skills of health professional students, however the evidence suggests that any amount and type of feedback is better than no feedback.

Conclusions

There is insufficient data available to make firm recommendations regarding the amount and type of feedback that should be provided to health professional students to improve their practical skills. More research is required in this area.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12884

Title: Using the Borderline Regression Approach to Establish Cut Scores for Written Short Answer Questions (Saqs)

Dr Katharine Reid, Agnes Dodds, Michael Fink

Introduction/Background

A need to establish defensible standards of performance on assessment has increased the exploration of appropriate standard setting methods. We have used the Borderline Regression approach to establish cut scores for OSCEs and wished to explore the usefulness of this method for establishing cut scores on written short answer questions (SAQs).

Purpose/Objectives

We set out to model the impact of establishing cut scores for SAQs with the Borderline Regression approach, using all scores on a question to develop a cut score using linear regression. Four examiners on each of 6 questions provided a global rating on a five-point scale in addition to a total score out of 20 for each SAQ marked.

Results

Average scores were relatively high across the six questions (range 12.8 16.8). There was, however, reasonable variation in scores and fairly consistent standard deviations. A linear regression equation predicting total score from global rating categories was used to predict the scores of borderline students. These scores served as the cut score for acceptable performance and ranged from 10.8 to 14.4. More students were identified as below the Borderline Regression standard compared with a 50 per cent standard.

Discussion

The Borderline Regression approach can be utilised in the context of written SAQs to establish defensible standards. With appropriate training, examiners can complete a global rating at the same time as they mark responses. The method is relatively easy to apply and achievable within the constraints imposed by examination periods.

Conclusions

Further exploration of standard setting methods is warranted to establish those appropriate to different assessments. The practical implications of implementation must also be considered when choosing a standard setting method.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12701

Title: Preparation Courses for the Undergraduate Medical and Health Sciences Admissions Test (UMAT): Effectiveness Contrasts with Opinion

Mr Tom Wilkinson, Tim Wilkinson

Introduction/Background

Expensive preparation courses for UMAT are widespread, yet their effectiveness is uncertain.

Purpose/Objectives

To determine the effects of preparation courses on UMAT performance and to compare these with students' perceptions of their performance. Students who sat UMAT twice across two consecutive years completed an online survey that gathered information on preparation activities, costs of preparation activities and students' opinions regarding their expected performance. Survey responses were compared with students' second UMAT scores, adjusted for first UMAT score and university performance.

Issues/Questions for exploration or ideas for discussion

Do preparation courses for the UMAT work, and if not, why do so many students use them?

Results

The cohort (n=263) was sufficiently powered to investigate courses offered by MedEntry (a UMAT preparation provider), tutoring offered by the students' halls of residence, and the variables of total time and total money spent preparing. None were found to significantly affect UMAT score. However, a significant positive association ($p < 0.001$) was found between money spent on preparation and predicted score. 85% of students improved their score.

Discussion

Two common forms of UMAT preparation were ineffective. However, the favourable opinions of students towards such courses are consistent with the known effects of confirmation bias and regression to the mean.

Conclusions

Commercial preparation courses for the UMAT appear ineffective, however student self-assessment of this may be subject to cognitive bias that refers to the money invested in such courses.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12708

Title: Blueprinting Medical Student Selection: Identifying Domains of Importance

Prof Tim Wilkinson, Tom Wilkinson

Introduction/Background

Determining the ability of admission tools to predict later outcomes is an important component of validating admissions schemes. However, most research focuses on individual assessment tools in isolation, rather than the domains each should aim to measure and their relative importance.

Purpose/Objectives

We broke down all measures used for admissions at Otago Medical School into the smallest possible component scores and used linear regression to assess the validity of each score for predicting performance in fifth year examinations. Those found to be useful were re-grouped into domains on the basis of assessed attributes. Regression was repeated to determine the optimum weighting for each domain in an admissions model.

Issues/Questions for exploration or ideas for discussion

What are the important domains that medical admissions tools should measure?

Results

Three measures were found to have no independent predictive value (chemistry, physics, and UMAT section 3). We were able to group the remaining measures into discrete domains of Biological Science, Critical Reasoning, Understanding People, and Communication Skills, each of which was independently and significantly associated with later success.

Discussion

These results suggest that the validity of an admissions scheme can be optimized by focusing on desirable domains to measure, rather than those tools that will measure them. This programmatic approach parallels recent advances in approaches to assessment.

Conclusions

Medical admissions schemes work best when blueprinting to a range of desirable attributes. However, including components without objectively evaluating their value risks undermining those elements known to be effective.

ID: 12964**Title:** Providing a Baseline for Enhancing Practice Education**Prof Susan Ryan**, Paul Sijpkens, Catherine Studdert, Carol Hills, Kim Nguyen**Introduction**

Pivotal to the successful graduation of competent health professionals is the practice educator. These therapists provide the real life therapy experiences that students crave. Yet, in Australia, there are no baseline qualifications that enable therapists to shift from being a therapist, or a supervisor to being an educator. Therefore, there is a lack of consistency between placement educational experiences. Without a baseline of educational knowledge a variable experience is guaranteed.

Purpose

In 2010-2012 an Office of Learning and Teaching (OLT) grant with five partner Australian Universities designed a website to form a consistent baseline for developing competency at graduation. The core of this work is a matrix that is divided into three levels: 1) emerging, 2) consolidating, and 3) competent to graduate. These levels delineate what is expected of a student at each level. This matrix is hyper-linked to already published material on competency at graduation. Students self-evaluate themselves against this matrix. They then show evidence to their practice educator who verifies their work as being true to their abilities. This matrix gives a consistent baseline which the practice educator can elaborate further. An inter-rater reliability study will be carried out in 2013.

Issues for exploration or ideas for discussion

The following issues arise: a) does this matrix provide a structure for the less experienced practice educator to follow as a baseline for student development, 2) is the content of the matrix sufficient for the breadth of placement experience, 3) will this baseline work enhance equity between placements?

CONCURRENT SESSION 3 1530 - 1700 IPE**ID: 12830****Title:** A Model for Capturing Stakeholder Interactions in Interprofessional Education**Dr Tanya Lawlis**, Judith Anson, David Greenfield

Government, community members, institutional administrators, health professional bodies and academics are stakeholders who have the potential to influence the implementation of interprofessional education (IPE) within higher education institutions. The aim of this study was to capture the interactions within and between stakeholders by exploring the barriers and enablers associated with IPE in health professional education. The research was conducted across four higher education institutions within the Australian Capital Territory. Participant-identified barriers to and enablers of IPE were explored through a series of focus groups (n = 4, n=16 participants) and interviews (n = 28). A two-step thematic analysis was undertaken to assess interactions between and within three stakeholder levels: Government and Organisations, Institutions and Individuals. A total of n = 63 barriers and n = 28 enablers were identified. Each barrier and enabler was assigned to a particular stakeholder level. Additionally, it was possible to determine which stakeholder(s) were the driver behind the barrier or enabler. These interactions were captured in an IPE Higher Educational Interactive Model. The Model consists of three circles each representing a different stakeholder. Where interactions exist between stakeholders the circles overlap. The size of circles and their overlaps depends on the number of interaction within and between stakeholders. The IPE Higher Educational Interactional Model was developed to visualise stakeholder interactions and the complexities inherent in achieving pedagogical change. Application of the Model provides a means by which to identify stakeholder interactions and monitor changes over time. The Model offers a more systematic approach to capturing the complexities of IPE, in a variety of different contexts than hitherto possible.

Contact: Dr Tanya Lawlis: Tanya.Lawlis@canberra.edu.au

ID: 12829

Title: Are the Barriers and Enablers to IPE Static or Dynamic?: A Multimethod Interprofessional Investigation

Dr Tanya Lawlis, Judith Anson, David Greenfield

The pedagogical change from single disciplines to an integrated interprofessional approach to health professional education is complex. This change is influenced by factors that either impede (barriers) or enhance (enablers) the development, implementation and sustainability of IPE. Within the literature, barriers and enablers are identified and reported as separate entities. The aim of this study was to examine if factors identified as barriers and enablers are fixed, discrete entities or change and interact in some way subject to context. The study was implemented within and across four higher education institutions and three health professional groups (medicine, nursing and allied health) in the Australian Capital Territory. Data was collected from four focus groups (n=16), a case study comprising 28 structured interviews and a survey (n=234). Data were analysed through a combination of thematic and statistical analyses. Factors were found to be interactive, dynamic and contextual. A factor may be both a barrier to and an enabler within an IPE initiative. For example, factors such as funding, inclusion of IPE in government policies, timing of IPE initiative and institutional and individual commitment to IPE can both negatively and positively influence IPE outcomes and sustainability. Further, factors identified as a barrier or enabler within a program may change with successive iterations as a program evolves. For example, the level of communication within and across the higher education institutions and the IPE - single discipline pedagogy ratio within the program. Capturing and understanding the interactive, dynamic and contextual role barriers and enablers play is critical as stakeholders strive for sustainable implementation of IPE initiatives.

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ID: 13046

Title: Interprofessional Education and Simulation: Partners for a Bridge to Interprofessional Practice

Ms Jane Taylor, Mollie Burley, Debra Nestel

While interprofessional education is being delivered, to varying extents, in training institutions across Australia, there are difficulties in providing a bridge from theory to interprofessional practice when students step out to their health service placements. To build that bridge for students, Monash University Department of Rural and Indigenous Health (MUDRIH) partnered with Latrobe Community Health Service (LCHS) in Gippsland.

We aimed to provide student opportunities for interprofessional collaboration in a rural placement through simulated client-based education and for students to progress to interprofessional assessment of clients in an integrated student supervised clinic.

Our pilot model provided for students from any two disciplines to collaborate in interviewing a simulated client who volunteered to take on the role of a real client story. Contextual realism was enhanced by embedding the simulation into the active consulting rooms. That is, students worked alongside real practitioners and clients. Convenience samples of students and simulated clients were recruited and responses from questionnaires were analysed thematically. Both groups overwhelmingly reported a highly positive experience. Students reported the interprofessional interview enhanced learning about the other person's discipline and felt authentic. The student clinic is now being successfully expanded for increasing numbers and disciplines of students to progress to interprofessional interviewing of real clients. The simulated interviews proved a valuable tool for increasing students' rural opportunities, improving their interviewing and collaboration skills by delivering powerful and contextually authentic interprofessional education as a bridge to real interprofessional practice.

ID: 12984

Title: Self-Directed Learning Readiness of Non-Traditional Students in Health Science Programs

Mr Craig Slater, Anne Cusick, Jimmy Louie

Introduction

Existing literature typically defines non-traditional students as mature aged, however in an historically homogenous allied health context, this definition may also include male students, and students from culturally diverse backgrounds. In undergraduate health science programs, self-directed learning is commonly considered a desirable student attribute, and often, curriculum is developed with an assumption of self-directed learning maturation over time. While this may be the case for some student groups, there is evidence to indicate that self-directed learning readiness may decline over time for non-traditional students in allied health disciplines.

Purpose

A study of undergraduate students across eight health science programs was conducted to determine the effect of the university experience on self-directed learning readiness over time, and to identify whether differences exist in self-directed learning readiness for non-traditional students.

Methods

Health science students in their first year completed a standardised self-directed learning readiness instrument in 2010. The same cohort was asked to complete the instrument again in 2012. This data was analysed along with student demographic data obtained from the university.

Results/Discussion

Results indicate that a large proportion of students across the cohort still demonstrated below average self-directed learning readiness in their third year of enrolment. Results also indicate that there may be some differences between non-traditional students and the rest of the cohort. Curriculum development may, therefore, need to consider targeted approaches to support maturation of self-directed learning readiness over time in whole cohorts, as well as varied approaches for non-traditional students.

ID: 12995

Title: The Implementation and Evaluation of a Blended IP Curriculum

Ms Robyn Dickie, Neil Cottrell, Adam Burston, Darrell Crawford

Introduction/Background

In 2010-2012, an interprofessional (IP) curriculum was developed, implemented and evaluated for final and penultimate year University of Queensland students (n=185) on clinical placement at a large private teaching hospital in Brisbane, Australia. Students from the following disciplines participated; Medicine (n=37), Nursing (n=43), Pharmacy (n=71), Physiotherapy (n=18) and Occupational Therapy (n=16). The IP curriculum consisted of simulation role plays, simulation ward rounds, online learning modules and case preparation and presentations in which students participated on one afternoon a per week over three weeks.

Purpose/Objectives

The purpose of the project is to evaluate the attitudes and perceptions of health science students undertaking IP education at a large private hospital. Data collected and analysed across four semesters (2011-2012) will be presented to illuminate the key differences in student cohorts and 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

A quantitative analysis of the evaluation surveys composed of the Readiness for Interprofessional Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IEPS) will be presented to answer the following questions:

Does the composition of IP teams alter results of RIPLS and IEPS?

Do RIPLS and IEPS provide an accurate representation of students' attitudes and perceptions toward IP education?

What other scales are available that may be useful when evaluating IP education?

Do students prefer a particular mode of IP education (online vs didactic vs simulation)?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12759

Title: A Holistic Workplace Driven Curriculum for Junior Doctors

Ms Dale Sheehan, Pat Alley

Clinical learning is of course vocational work place learning and hence there is much to learn from the field of vocational and professional education outside of health. An influential researcher is Stephen Billett who describes work place curricula and how all work places have a natural curriculum which can be identified and captured to describe the learning that the work place affords. Compare this to the approach of writing a curriculum for an academy perspective hoping that it can be moulded into the messy world of practice. Drawing on these concepts we have developed a teaching programme for first year doctors at Waitemata District Health Board which recognises and matches the MCNZ requirements but is driven by the natural curriculum of the North Shore and Waitakere hospitals. This recognises the bigger picture of service delivery. In this way we seek to capture and utilise the strengths of the organisation and the progressive learning needs of the new graduate doctors. The outcome is a one year programme recognising four stages linked to learner development (orientation, survival, consolidation and finishing school) with integrating threads drawn from key organisation values and drivers. The integrating threads are quality, clinical skills, interprofessional education and collaborative practice and the fourth safe, informed prescribing. In this presentation we will share our design, the principles that have driven it along with feedback and comments we have received from learners.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 3 1530 - 1700 CLINICAL SUPERVISION

ID: 12978

Title: Impact of Human Skills Training on Affective Learning among Pre Medical Students

Dr Kwong Chan, **Dr Laurance Robillard**, **Gary Rogers**

Background

School of Medicine researchers are developing a method to measure students' learning in the affective domain. This refers to changes in learners' feelings, values, appreciation, enthusiasms, motivations and attitudes as a result of their educational experiences. This aspect of learning has traditionally been regarded as very difficult to measure. This project evaluates a new pre-medical human skills course through qualitative examination of student's reflective journals to identify learning examples in the affective domain. Students enrolled in 'Human Skills for Medicine' kept textual reflective journals to support reflection on their educational experiences. 57 (out of a total of 62) enrolled students provided consent for their reflective journals to be examined using the qualitative methodology known as interpretative phenomenological analysis which provides an opportunity to identify evidence of student affective domain learning. The Krathwohl taxonomy will be used to classify the level of affective learning described.

Purpose/Objective

To explore whether the Human Skills course has increased student's affective learning, if so how?

Issues/Questions for exploration or ideas for discussion

To explore how Krathwohl's taxonomy can be used to classify the level of affective learning described. For the affective learning identified, determine which educational experiences contributed to the outcome.

Results

Data collection occurred between July 2012 and October 2012. Preliminary results will be presented at the conference.

Discussion

Will be developed when preliminary findings are available.

Conclusion

Will be developed when preliminary findings are available.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12811

Title: Being a Medical Educator: Motivation, Socialisation and Navigation

Dr Emma Bartle, Jill Thistlethwaite, Mark Bahnisch

Introduction/Background

Doctors have always had a commitment to teaching; indeed this is enshrined in the Hippocratic oath and further professionalised in the Australian curriculum framework for junior doctors. Some doctors will become motivated to spend a greater proportion of their time in education, and will seek out opportunities to do this. There is little in the literature about the experiences of junior doctors, who seek to develop their teaching but do not pursue academic pathways, and their socialisation and navigation as educators in service environments. There is a need for research in this area given the current concern about a shortage of academic educators and clinical education capacity.

Purpose/Objectives

This study aimed to explore the experiences of current and past medical education registrars in Queensland Health. Semi-structured interviews were audiotaped and transcribed, and data analysed using socio-cognitive career theory (SCCT) and actor network theory (ANT) as theoretical frameworks. SCCT and ANT provide useful conceptual frameworks for understanding the interplay of self efficacy beliefs, outcome expectations and personal goals, as well as the contextual supports or barriers that influence an individual's career interests, choice, and performance.

Issues/Questions for exploration or ideas for discussion

A qualitative interpretative approach is being used to analyse the data against the following research questions:

What influences junior doctors to become educators?

What do the career pathways of junior doctors as educators look like and what factors facilitate or hinder this journey?

What experience do junior clinician educators have during their professional socialisation as educators?

The findings of the research and possible recommendations for junior doctor training will be discussed.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12747

Title: Medical Teachers' Responses to Environmental Constraints

Ms Karen Scott, Ms Jenny Barrett

Introduction

Concerns have been raised about the conditions in which medical teachers teach in hospitals, the low value placed on teaching and the neglect of teachers by universities. Recent research in higher education has identified that environmental constraints can affect teachers and their development as teachers.

Purpose

Our study sought to understand medical teachers' intentions in teaching, the environmental factors they identified as constraints to teaching and the teachers' perceptions of the effects these constraints have on their teaching.

Methods

This study was conducted through a qualitative approach, coming from grounded theory. Purposive sampling identified eight medical teachers; all agreed to participate. Semi-structured interviews were conducted by one researcher; both researchers analysed the results through a constant comparison process. Approval was obtained from the hospital HREC.

Results

The study identified the participants' positive intentions in teaching, such as harnessing the evidence-base for medicine and teaching with patients rather than mock cases. However, we identified factors that inhibited teachers' intentions, especially lack of time and knowledge about teaching methodologies, and disconnect with universities and colleges. Significantly, we identified compromises teachers make to deal with these constraints.

Discussion

The environmental constraints on these medical teachers appear to affect their teaching, often resulting in compromises. For some, this affects the way they feel about teaching and their potential development as teachers.

Conclusions

This research highlights the challenges facing medical teachers, as well as the challenges hospitals and universities face in supporting them and helping them deal with their constraints and develop as teachers.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12803

Title: Multi-Vocal Narrative and the Struggle for an Integrated Professional Identity

Dr Sally Warmington

The formation of a professional identity is recognised as a vital part of a medical students education, and integral to every learning interaction. Students come to their training with multiple established identities, associated with certain attitudes and values, with which their emerging identities must coexist. It has been proposed that the nature of the relationship between a students emerging and pre-existing identities may influence his or her capacity to develop empathy for patients from diverse backgrounds.

This paper explores medical students' identity construction, using a dialogic narrative analysis of interview data from one student who participated in an ethnographic study of student-patient encounters in a teaching hospital. It investigates how a student negotiates the relationship between her emerging and pre-existing identities, and the part played in this process by feedback from a clinical tutor about her interactions with patients. As she tells a story about an interaction with her clinical tutor, this student juxtaposes three versions of her own voice with that of her tutor. There is evidence of a struggle between her preferred way of interacting with the patient and the tutors advice, and of her efforts to resolve the conflicting demands of the situation. She indicates that she wishes to develop a professional way of working with patients that would be harmonious with her established identities. This story does substantial identity work for this student, as she positions herself in relation to the interviewer and story characters. It also allows insight into the nature of the evolving relationship between her multiple identities. This work provides empirical support to the growing body of literature which addresses the integration of medical students' emerging and pre-existing identities. It has been proposed that the integration of each individual's multiple identities promotes empathic capacity. Rather than uncritically complying with her tutors instructions, this student works to construct a new identity which can be integrated with her pre-existing selves. This is an example of the way in which students actively participate in their own professional identity formation.

This study confirms the utility of narrative methods in the investigation of this critical but under-researched aspect of medical education. Future investigations should explore how various factors, including local occupational cultures and educational practices, influence the construction and integration of students' identities. Research should also inform clinical teachers, who play a central part in this process, assisting them to appreciate and support the identity work taking place in every interaction through which students learn.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12868

Title: Translating Intercultural Clinical Communication and Language Research into a Multimedia Resource for Junior Doctors and their Supervisors

A/Prof Robyn Woodward-Kron, Eleanor Flynn, Catriona Fraser, John Pill

Background

International Medical Graduates (IMGs) whose first language is not English must demonstrate language proficiency to receive initial professional registration; nevertheless, concerns about IMGs communication skills remain. Opportunities for IMGs and their supervisors to address these concerns systematically are limited. The multimedia resource Doctors Speak Up: Communication and language skills for IMGs, <http://doctorspeakup.com/>, was designed to address this.

Objective

To identify language and communication aspects that hinder IMG doctor-patient interactions. Findings informed development of the resource. Interactional data with simulated patients was collected in four IMG communication training workshops. The cases required doctors to pursue culturally sensitive questioning. Forty-eight interactions were analysed for language and communication features.

Issues/Questions for exploration or ideas for discussion

How can communication skills and language and intercultural skills for medical interviewing be effectively combined in a web-based resource for IMG doctors and their supervisors?

Results

IMGs spoken English language proficiency (i.e. grammar, intonation, phrasing) alone does not result directly in miscommunication, while interactional skills, e.g. picking up patient cues, were integral to successful interviews. Essential elements of medical interviewing, e.g. clarifying information and acknowledging patients' concerns, also warranted attention.

Discussion

These findings informed Doctors Speak Up, a web-based resource combining communication skills teaching with language (grammar, word choice and phonology/prosody) instruction for medical interviewing. The resource includes videos of sample cases for discussion and analysis, linked activities developing users clinical communication and language skills, and pronunciation advice for speakers from specific language groups (e.g. Indian languages).

Conclusion

The integrated approach of Doctors Speak Up addresses IMGs language, intercultural and communication needs and can assist supervisors to provide IMGs with tailored communication skills training.

ID: 12930

Title: A Multi-Disciplinary Approach for Supporting Students and Supervisors to Improve Clinical Placement Capacity and Outcomes

Ms Sharon Horkings, Shaani Graves, Sam Sevenhuysen, Jo Thorpe, Cylie Williams, Lisa Barker, Rachel Corea, Sharon Glass

Introduction/Background

Southern Health is the largest public health service in Victoria with over 2000 Allied Health staff, across 40 different sites. Successful clinical placement experiences and increasing placement capacity are essential for us to grow our future workforce. A review in 2010 identified inconsistency between Allied Health disciplines and sites in relation to orientation processes for students, clinical placement expectations and procedures. Professional development for clinical supervision skills was available to staff on an ad hoc basis and not widely advertised.

Purpose/Objectives

Three initiatives were identified as priorities for achieving consistent clinical placement practices and developing skill level of staff. An orientation procedure was established to induct students to the organisation prior to commencing placement. A student handbook was developed to reinforce organisational procedures and specify expectations of students whilst on placement. A series of Clinical Education Seminars and Teaching on the Run workshops were made available to staff free of charge to provide training in clinical supervision.

Issues/Questions for exploration or ideas for discussion

Evaluation of these initiatives revealed 75% of students found it useful to receive the handbook prior to commencement of placement. Of clinicians who attended clinical supervision workshops, 66% and 34 % rated these events as very helpful and helpful respectively. Implementation of these initiatives supported a 45% increase in Allied Health Clinical Placement days in 2012, compared to 2011 data.

CONCURRENT SESSION 3 1530 - 1700 CLINICAL SUPERVISION**ID: 12999**

Title: Critical Factors in Student Failure: an Exploration of Ideas

Ms Rachel Davenport, Sally Hewat, Michelle Lincoln, Sue McAllister, Alison Ferguson

Introduction/Background

In any given cohort of health professional students a small percentage will struggle or fail one or more of their placements. Situations of failure are likely to be multi-factorial across both personal and environmental dimensions, and so when this situation occurs and the dynamics of the learning environment go wrong it has huge implications and challenges for all involved (therapist/CE (Clinical Educator), student/learner, university staff/mediator) (Ryan, 2005) across all health professions. Dealing with the difficulties is often all-consuming and overwhelming for all involved. Even though there are constantly reoccurring clusters of factors reported in the literature (Maloney, Carmody, & Nemeth, 1997) it is not currently known is if there is a critical cluster or combination of factors that render a student more likely to fail a placement. The first author is in the initial stages of her PhD investigating the critical factors involved in student failure.

Purpose/Objectives

To explore the factors that need to be investigated as part of this research project from other health professionals' perspectives.

Issues/Questions for exploration or ideas for discussion

How might critical factors (including personal and/or contextual) in the situational and institutional environment be explored?

References

Maloney, D., Carmody, D., & Nemeth, E. (1997). Students experiencing problems learning in clinical settings. In L. McAllister, M. Lincoln, S. McLeod & D. Maloney (Eds.), *Facilitating Learning in Clinical Settings* (First ed., pp. 185-213). Cheltenham: Stanley Thornes. Ryan, S. (2005). The Challenging Learning Situation. In M. Rose & D. Best (Eds.), *Transforming Practice through Clinical Education, Professional Supervision and Mentoring* (First ed.). Sydney: Elsevier, Churchill Livingstone.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12948

Title: Developing a Professional Development Program for GP Supervisors

Dr Judith Culliver, Dr Gerard Connors

Introduction/Background

General practice supervisors have responsibility for both vocational (registrar) and prevocational (PGPPP) training and supervision within their practices. Supervisors are required to participate in ongoing professional development annually as part of their accreditation for training and regional training providers are required to provide professional development programs for their supervisors. Victorian Metropolitan Alliance (VMA) is the Melbourne Metropolitan provider of GP training in Victoria with over 100 training practices, many new in 2013. Currently the program consists of full day workshops and half day small group meetings while peer visits have occurred in the past.

Purpose/Objectives

The purpose is to explore how to develop a program that caters for a large number of supervisors with varying educational needs and levels of expertise. Core competencies have been defined by the Bridging Program and modules for delivery been provided by the Doctor as Educator program which provides some content. However, the program requires structure and flexibility and the content needs to be tailored to individual needs.

Issues/Questions for exploration or ideas for discussion

What are the core needs of supervisors and how can we cater to the varying levels of experience of supervisors?
What modes of educational delivery are available and what are their strengths/weaknesses?
How do we ensure the skills of our supervisors are adequate to meet the needs of learners?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13013

Title: How to Marry Undergraduate Problem Based Learning Skills to the Experience of on-the-Job Learning in the Clinical Workplace?

Ms Joan Benjamin

Introduction/Background

The current formal arrangements for on-the-job learning of medical interns draw heavily on the traditional supervisor/apprentice model and revolve around a view of teaching and learning passing from the master to the learner (Bleakley 2006). The intern's undergraduate experience has included both lecture-based learning as well as the more collaborative problem based learning model. This 2008 study with medical interns identified that their experience of collaborative problem solving within their team was pivotal to their learning. Despite the intern's indication of the value of collaboration, their experience of their supervision was largely one to one interaction with their immediate senior, usually the registrar; and clinical knowledge was favoured over the more tacit learning that is integral to the on-the-job learning experience.

Purpose/Objectives

To collectively identify methods that could introduce a more collaborative and reflective paradigm of on-the job learning experience for new graduates in other health professions such as those described as learning practice (Billett and Newton 2010).

Issues/Questions for exploration or ideas for discussion

To consider how learning practice by supervisors can be deployed to allow the intern to practice the skills of collaboration learnt during PBL based undergraduate programs in the clinical environment.

References

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CONCURRENT SESSION 3 1530 - 1700 PEER LEARNING

ID: 12812

Title: "Ticket to Ride" - Opportunities and Challenges of Partnering Students and Patients on the Healthcare Journey: Experiences from Four Australian Medical Schools

Dr Kimberley Ivory, Sarah Mahoney, Kim Rooney, Jennifer Barr, Karen Ogden, Lucie Walters, Eleanor Flynn, Hamish Ewing

Introduction/Background

Several Australian medical schools now run programs in which students engage with one or more patients for an extended period. Some are very new; others have been running for some years. There are differences in aims and organisation but all are underpinned by the desire to improve students' understanding of the patient's experience of illness beyond the consultation.

Purpose/Objectives

This workshop will interest educators already working with patient partner programs and those considering developing one. Using the experience of four Australian medical schools, participants will consider the challenges and opportunities of working with patient partners and develop ten essential tips for success.

Issues/Questions for exploration or ideas for discussion

Buy your ticket: Developing the program, engaging students in the concept of chronic versus acute learning.

Take your seat: Recruiting, engaging and maintaining patients in an active teaching role.

Bon voyage: Ethical and safety considerations for students, patients and faculty. Preparing students to be good travelling companions

Journey's end: Assessment, evaluation and saying goodbye.

CONCURRENT SESSION 3 1530 - 1700 MIXED SESSION

ID: 12849

Title: Wikis as Assessment in an Intensive Mode Physiotherapy Course: a Case Example

Dr Benjamin Weeks, Sean Horan

Introduction/Background

With a shift toward post-graduate programs, some physiotherapy courses are being presented in an intensive mode. With the change comes a need to reconsider assessment to ensure compatibility with a time-limited format without compromising academic standards or learning objectives.

Purpose/Objectives

Our aim was to determine student satisfaction of wikis as a learning activity and assessment method in an intensive-mode physiotherapy course. To achieve this, we designed a wiki and included it in the assessment schedule for a first year course in the Master of Physiotherapy program. All enrolled students (n = 70) completed the wiki and were invited to participate in a survey and focus group.

Results

From the survey (n = 52), students found the wiki: to be enjoyable (67.3%); helped them understand their clinical case (65.3%); helped them be more confident with web-based assessment (78.8%); to be preferable over traditional written assignments (73.1%); and overall to be an effective activity to support their learning (71.2%). While focus group responses (n = 7) were generally supportive, some students were dissatisfied with the presentation/design element of the activity.

Discussion

In our experience, a wiki was an effective inclusion in the assessment schedule for an intensive-mode physiotherapy course. Students found the activity to be enjoyable and an effective aid to their learning. Criticisms were mainly related to poor team member contributions in some instances and an opposition to marks awarded for presentation/layout.

Conclusions

Students were satisfied with the use of a wiki as assessment in an intensive-mode course.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12943

Title: Implementing IPE in the School of Medicine - Successes and Challenges

Dr Judi Errey, Marianne Catchpole, Anne-Marie Williams, Richard McMinn, Dale Edwards

Interprofessional learning (IPL) experiences are becoming increasingly important for undergraduate courses in the Health Care professions (Greenstock, Brooks, Webb & Moran, 2012). Interprofessional education was identified as a strategic direction for the Faculty of Health Science (FHS) at UTAS in 2011 and a number of approaches to IPL have been undertaken in the Faculty. Within the UTAS Faculty of Health Science, the School of Medicine runs courses in medicine (MBBS) and paramedic practice (BParaPrac). In 2011 and 2012, a group of interested academics from both the medical and paramedic programs developed two new events using Case-Based Learning (CBL) as a tool to introduce IPL into the mainstream of the curriculum for both courses. The evaluation of each activity focused on student attitudes to IPL before and after the event as well as feedback from faculty involved in presenting the educational activity. This presentation will outline the successes and challenges encountered in each activity and then discuss the issues around evaluation in IPL. Our experiences have highlighted significant challenges in the sustainability of an IPL curriculum involving the MBBS and BParaPrac courses. Some of the challenges have been met successfully to the point where we now have a module that can be rolled out across other courses, schools and faculties. Other challenges remain to be faced with innovative approaches to IPL and its evaluation. There are implications for interprofessional education more generally within the Faculty of Health Science and the broader medical education environment.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12809

Title: An Integrated Undergraduate Clinical Placement Model

Ms Angela Casey, Ms Gayle McKenzie

Introduction/Background

Nursing students in their final semester based at the Latrobe Alfred Clinical School undertake a 240 hour clinical placement. Traditionally students undertake this placement as a block of clinical time.

Purpose/Objectives

A 2011 pilot study was undertaken to explore the feasibility of changing the placement to a more flexible placement model. Students were required to complete placement over a 13 week period on a part-time basis. Our primary objective was to negate the concerns related to back to back cohorts resulting in a gap between placement and graduate commencement for the first cohort; and delayed registration for the final cohort.

Issues/Questions for exploration or ideas for discussion

Evaluation of the pilot focused on student satisfaction using a validated tool.

Results

Results indicated a high level of student satisfaction from a learning, work preparation and personal life perspective. Over 40% of the students completed the on-line survey.

Discussion

Survey responses indicated a positive response from the students to the supervisory relationship, the pedagogical atmosphere on the ward, and the role of the La Trobe University facilitator. Students also described the longer period of time to consolidate and having a shorter gap between final clinical placement and commencement of graduate programs as advantages. However, a small number of students complained the placement was too long and contributed to exhaustion and stress.

Conclusions

More advantages than disadvantages were identified by the students; with over 20% of responding students specifically identifying no disadvantages with the integrated clinical placement model.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12961

Title: Developing Surgical Educators: Evaluation of the Graduate Programs in Surgical Education

Prof Debra Nestel, Ruth Druva

Introduction

In 2012, the Graduate Programs in Surgical Education at the University of Melbourne and the Royal Australasian College of Surgeons were launched. The Programs are designed for surgeons interested in advanced educational practice. Content is contextualized for surgical settings. Core modules include contemporary context of surgical education, educational methods, curriculum design and theories that inform surgical education. Elective modules include recruitment and selection into surgical training and managing underperforming trainees etc. The structure of the program is flexible and multi-modal with study days, online tutorials and e-learning. Exit points are at Graduate Certificate, Diploma and Master levels. A research component is highly recommended.

Methods

Program content and structure draw on literature findings, key informants in surgical education internationally and a survey of College members perceived needs. The evaluation strategy is highly qualitative: baseline free text data on participants approaches to teaching and learning in surgical settings; end of module online forms that collect participants responses and statements of their learning and examination results. Additionally, individual interviews with participants seek developmental data across the program.

Results

Twenty-eight participants have enrolled. Baseline data suggests participants vary in their current and intended educational practices. Module content is appropriate and the educational methods valued although the online tutorials need development. Interview data collection commences shortly.

Discussion

The preliminary results suggest the Program is well received and goes some way to supporting the development of high quality surgical educators able to lead their profession in times of significant change in the healthcare services.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12695

Title: Interdisciplinary Collaboration for Clinical Skills Acquisition: an Integrated Communication Focused Approach

Ms Kara Gilbert, Andrea Paul

Introduction/Background

Internationalization of higher education affects strategies accommodating different learning styles and the provision of communication and learning support to students, especially at transition stages of their learning cycles.

Purpose/Objectives

This paper describes clinical communication skills training initiatives developed by linguists in collaboration with clinicians for Year 3 medical students on clinical placement in the Faculty of Medicine, Nursing and Health Sciences at Monash University, Melbourne. Communication frameworks and application are described with two illustrative cases. Three years of evaluation data determined impacts on students and tutors.

Results

Students report increased confidence in communication with patients and peers, capacity to practice clinical skills independently, and support for integration of medical knowledge into clinical practice. Co-delivery enriched teaching methodology for all tutors.

Discussion

Clinical knowledge, practice, and assessment are based in the oral culture of the clinic. Clinical communication is described and taught through: context, purpose, register, moves, organization, cohesion, and language features. This tool box explicitly deconstructs the characteristics, language, underlying behavioral factors, interactional features of professional tasks and communication of clinical reasoning. This serves several pedagogical purposes: Learning needs analysis; Deconstruction of tutor and clinical modelling; Provision of concrete strategies to improve learner performance. Focus on discourse allows learners to conceptualise communication in its constituent elements and outcomes, as relevant to professional practice.

Conclusions

The program increases student confidence in communication and clinical skills in their transition to ward-based learning. Collaboration between linguists and clinicians provides a useful model for clinical and communication skills teaching in a wide range of undergraduate and graduate clinical training contexts and health disciplines.

ID: 12861

Title: Using Student Confidence Ratings in Answering MCQs to Provide Feedback for Learning

Ms Imogene Rothnie

Introduction/Background

Providing valuable feedback for learning from MCQ basic science assessments presents a challenge for medical educators. Students who struggle with preparing for assessments and face reassessment sometimes demonstrate a lack of insight into their readiness for assessment whilst many students who perform well display a marked lack of confidence in their knowledge levels.

Purpose/Objectives

The Sydney Medical Program (SMP) has been exploring ways to provide feedback for learning from MCQ assessments, including curriculum based feedback using learning objectives and disciplines. We also wanted to provide students with individual feedback about their levels of confidence in answering MCQs compared to their level of accuracy. We also examined the confidence patterns of students who performed poorly, to provide insight for future study. We also gathered information about how confident a cohort of students felt about their basic science knowledge at first assessment.

Issues/Questions for exploration or ideas for discussion

The results and feedback potential will be discussed. Students were generally quite accurate in indicating confidence for accurate responses and guesses for items answered incorrectly. Students reported confidence in answering around 60% of items. Overall students were certain of their answers for 35% of items and reported a guess for 10% of the items. In general students with a not satisfactory (NS) result overall indicated less confidence in their answers, higher guess rates and were justified in doing so with guessed questions were more likely to be incorrect than students with a satisfactory result (S). Most students with NS result were less certain of their responses than average, although one showed remarkable over-confidence in responses. Some high performing students reported some of the lowest levels of certainty in responses.

CONCURRENT SESSION 3 1530 - 1700 ASSESSMENT**ID: 12804**

Title: Writing Medical Interviewing OSCEs to Assess Clinical Reasoning

Dr David Smallwood, Ruth Sutherland, Jonathan Knott, Agnes Dodds

Introduction/Background

Although OSCEs are in widespread use for assessing medical interviewing skills, it is still challenging to write an OSCE that rewards astute diagnostic reasoning.

Purpose/Objectives

We have developed an approach to OSCE writing that uses a diagnostic algorithm and template to structure an OSCE and elicit purposeful questioning as an important tool for the development of diagnostic reasoning. We use evidence to give added weight to purposeful questions on our OSCE checklists. Post-encounter questions are included to probe further a students diagnostic reasoning.

Issues for Discussion

Does the use of a diagnostic algorithm help us to write OSCEs that reward diagnostic reasoning? Is it possible to infer diagnostic reasoning from a students use of purposeful questioning? How can we design mark sheets to reward diagnostic reasoning while keeping them objective and structured?

Participation

Participants will be introduced to the concept of using diagnostic algorithms to structure an interview OSCE. They will then view an OSCE scenario on DVD and mark with a traditional checklist and then with our structured mark-sheet. The differences between the approaches will be discussed. In small groups, participants will be able to work on constructing their own OSCE based on a diagnostic algorithm, using our template. The workshop is designed for new OSCE writers and experienced writers who want to extend their skills.

WEDNESDAY 26 JUNE

PLENARY SESSION 0830 – 0930

Title: Motivation Theory: Can it Offer Clues for Engaging Faculty in the Educational Mission?

Prof David Irby

Creating a competent and sustainable educator workforce in the health professions is a challenging task. By understanding the needs of faculty members and universities, we can discover strategies for engaging teachers and creating educational leaders. Motivation theory offers insights into how to develop and energize clinicians so that they actively contribute to the educational mission.

CONCURRENT SESSION 4 1100 - 1230 PEER LEARNING

ID: 12994

Title: Meeting the Challenges of Quantitative Assessment in Peer Observation of Teaching

Dr Katrina Calvert, Annette Mercer, Dianne Carmody, Lexie Tregonning, Paul McGurgan

Introduction/Background

Peer observation of teaching (POT) is well used in tertiary education. Potential benefits of POT include improvement in teaching and self-reflection skills, and development of collegial relationships. Much of the evidence supporting this is qualitative, demonstrating that participants perceive themselves to have benefitted. There is little evidence demonstrating a measured improvement in skills following observation and feedback.

Purpose/Objectives

A randomised controlled trial utilising a quantitative assessment tool was designed using a triangulated assessment approach with students, a peer observer and the tutor's self-assessment. Following an observed tutorial the participants were randomised to immediate feedback or delayed feedback (prior to or after a second tutorial). The aim was to assess whether teaching performance improved when observed a second time by an observer blinded to the randomisation status. A pilot study revealed that inter-observer reliability was difficult to achieve utilising single observers, despite discussion and modification of the tool. The project design was adapted to include two observers, collaborating to determine a consensus score.

Issues/Questions for exploration For discussion

Should institutions continue to use quantitative peer assessment protocols? Given the subjective nature of teaching performance can teachers be assessed in this way?

Strategies for audience participation

The audience will be given an assessment tool to individually rate the opening presentation. Small groups will be used to discuss consensus scores. Differences between the individual assessments and the collaborative scores will be examined.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13011

Title: Reflections on the Experience of Peer Observation of Teaching

Dr Katrina Calvert, Lexie Tregonning, Dianne Carmody, Paul McGurgan, Annette Mercer

Introduction/Background

The development model of peer observation of teaching (POT) describes an experienced educator observing and providing feedback to a junior colleague. It is an interactive process focussing on individual skill development and faculty collegiate relationships. A peer observation teaching project was undertaken by four experienced educators, who observed sixty-five undergraduate case-based learning tutorials facilitated by thirty-four junior medical staff volunteers.

Purpose/Objectives

As part of a large study on POT a project was implemented to explore the effects of involvement in the process from the point of view of the observers and the observed. The junior participants completed self-assessment tools after each tutorial and the four observers participated in a focus group discussion.

Results

The junior staff found the process of being observed to be highly stressful, although stress levels decreased as the project progressed. Participants reported an improvement in their teaching skills and the majority found the process to be enjoyable and positive. The peer observers also found the experience to be positive, with multiple learning points raised in the focus group. Themes discussed were the innovative use of visual and kinaesthetic teaching aids, the imaginative use of role play and other strategies, and integration of the hidden curriculum.

Discussion

The potential for junior staff skill development and for faculty development from POT is acknowledged in educational research. Our focus group provides additional evidence to suggest that POT has the potential to improve the teaching skills of senior as well as junior staff.

Conclusion

The peer observation process potentially benefits all participants when delivered in an appropriate format and setting.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12732

Title: Peer Assisted Learning in Paediatric Examination

Prof Sandra Carr, Pam Nicol, Helen Wright

Introduction

A peer assisted learning (PAL) program in paediatric examination skills was introduced in a six year MBBS program at a Western Australian university in response to student requests for increased teaching in these skills. The program enrolled final year student tutors and consenting 5th years, with the first term students who did not receive PAL tutoring acting as a control group.

Objectives

To improve students' skill and confidence in examining and interacting with children; and
To provide senior students with teaching experience.

Issues for exploration

The results show the tutors increased significantly in confidence in their own paediatric examination skill and in their ability to teach peers. The training workshop, ongoing support, debriefing, training and peer observation of teaching were essential steps. The 5th year group who received PAL teaching was significantly more confident in examining children compared to the No-PAL group. The increase in students' confidence following PAL maybe due to more practice, individual feedback, teaching to the 'right level and the focus on examination skills; or because it is a safe learning environment where they felt encouraged to try and receive feedback. The PAL program is a successful way of meeting students learning needs.

Solutions to the sustainability of PAL programs may require rethinking of current options.

1. What capabilities, teaching, learning and assessment methods would an academic unit on peer teaching require?
2. What evaluation method would best explore the learning from such a unit?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12652

Title: A Randomised Trial of Peer Assisted Learning in Physiotherapy Clinical Education

Mrs Samantha Sevenhuysen, Lyn Raitman, Stephen Maloney, Elizabeth Skinner, Terry Haines, Liz Molloy, Melanie Farlie, Wendy Nickson, Jenny Keating

Background

Demand for clinical placements continues to outstrip supply. Peer assisted learning, in various formats, has been trialled by programmes to increase capacity and facilitate student learning during clinical education. Currently, no measurable or repeatable peer assisted learning model, workable for clinicians across different areas, has been documented.

Aim

The aim of phase one of this research was to develop a clinically applicable, measureable, peer assisted learning model of clinical education for paired undergraduate physiotherapy students; and to evaluate the impact of clinician engagement in the model development process, on their self-rated ability to facilitate components of peer assisted learning. The aim of phase two of this research was to evaluate the efficacy and acceptability of the model from the perspectives of the student and the clinical educator.

Methods

In phase one, clinically relevant educational tools and approaches, identified from the literature and existing practice, were introduced during a series of four workshops, where clinicians were enabled to discuss and develop a peer assisted learning model. A survey was administered prior to, and on completion of, the workshops to ascertain the participants' self-rated ability to facilitate components of peer assisted learning. In phase two, the model was tested using a cross-over design with participants randomised to a starting position. Student participants completed a 5-week block of the intervention (clinical education utilising the peer assisted learning model) and of the control (traditional clinical education) in a random order. The primary outcome measure was student performance as assessed by the supervising clinical educator and a blinded assessor. Student and clinical educator workload and satisfaction measures were also collected.

Results

A peer assisted learning model that facilitates peer interaction in the areas of clinical reasoning, observation of performance, risk identification and mitigation, and feedback and coaching, including minimum frequency of usage of each strategy was developed. On completion of the workshops, participants were significantly more confident in their ability to facilitate components of peer assisted learning. When tested, the model was demonstrated to be comparable to traditional practice when analysing student performance outcomes and clinical educator and student workload measures. Clinical educators and students identified many ways in which the learning experience was enhanced by utilising peer assisted learning strategies.

Conclusion

Development of a new model of clinical education that is acceptable to clinicians and produces comparable student performance outcomes can be effectively achieved through stakeholder involvement from concept stage. Clinical educators and students value the contributions that student peers make to the learning experience.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12675

Title: Engaging Colleagues in Publication through a Creative Writing Workshop Approach

Ms Deborah Austen

Introduction/Background

Publication in high-ranking peer review journals is one of the 'benchmarks' in research and scholarship for many disciplines and for health professional educators support in undertaking such activities is limited. CQUniversity is hosting a dynamic and collaborative Writing Workshop for academic staff and industry partners with the themes of Creativity and Collegiality, to generate an environment conducive to thinking, sharing, learning about each other and thinking differently about advancing one's discipline through writing and publishing.

Purpose/Objectives

It aims to develop a culture that values scholarship in both teaching and research; build confidence through the sharing of ideas; create space where collaborations can emerge; and explore and minimize anxiety and inertia that results from allowing teaching practice to dominate workloads. Designed based on the communities of practice learning theory and using four principles of: imaginative space; structured interventions; solitary confinement model; and collegiality, it has the potential to move academics from the position of 'peripheral' participation to one of participating in a community of writers.

Issues/Questions for exploration or ideas for discussion

Writing workshops have demonstrated evidence of creating space, increasing motivation, developing collegiality between both teaching staff and industry partners and addressing writing-related anxiety to facilitate publication. Structured writing retreats also model writing leadership to develop sustainability of writing support and a writing and publication community within the school.

ID: 12840

Title: Resident-as-Teacher Training Programmes and the Clerkship Learning Environment

Dr Mataroria Lyndon, Tzu-Chieh (Wendy) Yu, Susan J Hawken, Susan E Farrell, Andrew G Hill, Joanna M Strom

Background

The impact of Resident-as-teacher (RaT) training programmes on the attitudes, knowledge and skills, and teaching behaviours of residents has been thoroughly investigated. However, less is known about how RaT programmes impact medical students' perceptions of the clerkship learning environment.

Objectives

To determine the impact of a RaT programme on medical students' perceptions of the clerkship learning environment. Therefore, a two-day RaT Programme was implemented for interns at a major tertiary teaching hospital in November 2009. Throughout 2010, the Department of Surgery Student Learning Environment Questionnaire (DOSSEQ) was used to evaluate the perceptions of Year 4 medical students towards their General Surgery clerkship learning environment at this intervention hospital and at two other comparable control hospitals simultaneously.

Results

A total of 101 (81%) questionnaires were returned from intervention and control hospitals. Students reported that a number of clerkship features were significantly better at the intervention hospital including effectiveness of intern teaching, integration of students into clinical teams, and overall enjoyment of the clinical experience.

Discussion/Conclusions

A RaT Workshop for interns had significant positive impacts on student perceptions towards their General Surgery clerkship learning environment. Additional investigative work could utilise qualitative methods to determine the underlying mechanisms by which RaT interventions bring about these effects.

CONCURRENT SESSION 4 1100 - 1230 SIMULATON**ID: 12761**

Title: The Keys for Success: what has made RESUS4KIDS a Successful National Simulation Based Program

Miss Kathryn McGarvey, Fenton O'Leary

Introduction

RESUS4KIDS is a New South Wales (NSW) Child Health Network interdisciplinary program designed to teach paediatric resuscitation knowledge and skills to healthcare workers that care for acutely unwell children. The program has a blended approach combining e-Learning with a 90 minute Short Practical Course, both parts incorporating Simulated Learning Environments as part of the instructional design. As of December 2012, 10,000 people have successfully completed the e-Learning and over 5,000 people have completed the Short Practical Course. RESUS4KIDS is currently being taught in NSW, Australian Capital Territory, Sunshine Coast and Metro South (Queensland), the Women and Children's Hospital (South Australia) as well as a number of Universities across NSW.

Purpose

To discuss the key features that have made the program a success, including potential and real barriers and how they have been overcome, so that other programs can learn from our experience

Discussion

Key aspects that have contributed to the success of the program such as
Personnel

Leadership, subject matter experts, instructional design and educators

Finance - Phased project grants, NSW Health support and governance

Engagement of participants: trainers and administrators at local, area and State level

Course design: e-Learning, Short Practical Course, pause and discuss, round the table methodology, cost and time

effective for participants and instructors, easy access and incorporating teamwork, leadership and

communication into the Short Practical Course

Trainers: Train the trainer and Super trainer program,

e-Learning trainer refresher and course standardisation.

ID: 13085

Title: Review of Simulation in Surgery: Perspectives From the Royal Australasian College of Surgeons

Ms Rachel Lennon, A/Prof Stephen Tobin

Introduction/Background

Simulation is presented in many forms and technologies. This presentation outlines an extensive literature review exploring the models of simulation currently used including virtual reality, patient simulators, part-task and box trainers, animal and human cadavers and other computer-based systems. A comparison of simulation models is provided to identify the advantages and disadvantages of individual models. Knowing potential outcomes for different modes of simulation are imperative in order to understand each system, particularly in addressing technical and non-technical competencies.

Purpose/Objectives

The purpose of this research is to explore the advantages and disadvantages and compare models of simulation available for surgical training. The research will also explore the range of simulation and the benefits of embracing an inter-professional approach to simulation for non-technical skill acquisition.

Issues/Questions for exploration or ideas for discussion

Given the range of simulation systems, what are the ways forward for the College in simulation training for both trainees and surgeons?

What are the best ways in approaching simulation and how can the College implement simulation activities that include all of the nine core competencies?

ID: 12772

Title: The Virtual Ophthalmology Clinic

Dr Tony Succar, John Grigg

Introduction

Application of educational technology and virtual simulation are key components in the professional development of health educators. The Virtual Ophthalmology Clinic (VOC) provides educators with opportunities to teach history taking, examination and case management online. VOC is an interactive simulation in which students adopt the professional role of a family doctor and experience the process of clinical decision making in a non-threatening environment. The purpose of this project was to determine whether VOC integrated into the curriculum enhances learning outcomes.

Methods of Research

Participants were students (n=188) enrolled in the University of Sydney medical program. A Randomised Controlled Trial (RCT) and 12 month follow up study was conducted using a pre and post test to measure learning outcomes. The post test was re-administered at 12 months. Qualitative student feedback was also collected.

Results of Research

Both groups scored similarly on the pre-test ($p=0.316$). Students with access to VOC integrated into the curriculum scored significantly higher on post tests (mean=62% to 80%) than the control group (mean=65% to 75%) ($p<0.001$, 95% CI 0.75 to 2.30). At 12 months graduates from the VOC curriculum scored statistically significantly higher (mean=76%) than graduates from the traditional curriculum who were given access to VOC after the intervention (mean=68%) (P value = 0.007, 95% CI=0.45 to 2.75). VOC was highly valued and enthusiastically received.

Conclusion

Authentic virtual simulation places students in the professional role of doctor patient relationship. Based on a statistically significant improvement in academic performance and highly positive student feedback, VOC provides an additional support to student learning and assists in developing student confidence in approaching their patient interactions.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13030

Title: Capturing Complexity: the Role of Simulation in Preparing for Clinical Practice

Miss Jessica Young

Introduction

Simulation-based medical education (SBME) is traditionally narrowly focused on a discrete task, observed by a tutor and time restricted, and emphasises efficiency (McGaghie et al., 2010). The aim of SBME is to prepare students for clinical practice and in order to maximise the transfer of learning must be an authentic representation. The Safe and Effective Clinical Outcomes (SECO) clinic was designed specifically to allow students to rehearse for General Practice consultations in a high fidelity and safe environment (Williamson et al., in press). In addition, it orients students towards achieving SECO for patients.

Purpose

This paper presents qualitative data from 77 students' reflective essays on their experiences in SECO clinics.

Results

Students recount feeling prepared for clinical practice due to the opportunity to rehearse complete consultations and the inherent challenges in an authentic simulation.

Discussion

They identified features such as the usefulness of feedback (via patient outcomes and patient feedback which are rarely available) and a range of meaningful patient interactions that are appropriately challenging and psychologically authentic.

Conclusion

We conclude that simulations capturing the complexity of a patient's presentation and allowing students to take responsibility from diagnosis to management in a safe, supported environment are beneficial. They facilitate students' identifying learning needs, emergent professional identity, and an orientation towards SECO.

Ideas for discussion

Demand characteristics of reflective essays; can we consider behaviours observed in simulation to be predictive of behaviour in practice?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13029

Title: Clinical Teaching Associates and Assessment

Dr Christine Fairbank, Katharine Reid

Background

Clinical Teaching Associates (CTAs) have teaching sensitive examinations in USA and Canada for many years and are widely used as assessors even for 'high stakes' examinations. We have very occasionally used CTA assessment of communication skills.

Purpose

We looked at how CTA assessment of technical and communication skills compared with the self assessment of those skills by students. This would demonstrate any correlation between the student perception of their skills and CTA assessment. It would also indicate the spread of CTA assessment. At the end of the tutorial each student completed an evaluation form which included their self assessment on a 5 point scale of a number of technical and communication skills in pelvic examination. The CTA pair involved in teaching each student completed an identical assessment.

Results

Complete data was obtained from 275 students. There was a degree of correlation between CTA assessments and the students' assessment with CTA assessment being slightly higher than that of the students. The spread of CTA assessment was slightly broader - with more students scoring at either end of spectrum.

Discussion

That the CTA assessments do correlate with student self assessments to a reasonable degree suggests that all agreed on the skills demonstrated or not demonstrated. The CTAs tended to assess the students more highly than the students themselves. This indicates that at least the students do not leave the tutorial with an inflated idea of their capabilities.

Implications

The next step would be to compare CTA assessments with clinician assessments of student skills. It is possible that, with specific training, CTAs could become reliable examiners in OSCEs.

ID: 13045

Title: Simulation Based Training - Improving Access and Sustainability for Undergraduate Education

Ms Susan Harrison, Samantha Dix, Bruce Joy, Agnetha Clarke, Tim Gray

Introduction

The current system of health workforce training is under mounting pressure to enable students to gain valuable clinical experience whilst also ensuring safety and quality for patients and their families. Simulation-based education (SBE) using mannequins and part-task trainers, provides a partial solution to this sustainability problem, but access to SBE is limited by geographical isolation and cost as well as low numbers of appropriately trained educators. Virtual world technologies create opportunities to augment traditional SBE platforms, thus addressing the issues of cost and access, however merely creating exciting online environments in isolation is insufficient to adequately ensure the 'real world readiness' of future healthcare workers. Opportunities for undergraduate educators to allow their students to practice clinical assessment and decision making skills on real patients under supervision are relatively few. Such opportunities are serendipitous and dependent on the availability of appropriate cases and the availability or clinical load of the educator.

Purpose/Objectives

We have developed a prototype immersive virtual ward environment designed to provide undergraduate nurse educators with an remotely accessible online simulation based education environment that is always available when required. Nursim is an immersive simulation experience that allows undergraduate nurses to collaboratively practice clinical assessment and decision making skills using graded virtual patient scenarios designed to highlight a range of clinical problems. Educators are able to remotely supervise and communicate with groups of students who also log in remotely from separate locations and are represented as avatars of themselves in the virtual environment. They may also vary the pace or difficulty of the scenarios to suit the learners needs. Linking this environment with a collaborative online learning environment will further assist educators in making the connection between the classroom and the 'real' world clinical environment.

Issues/Questions for exploration

How can educators best use virtual environments to enhance the effectiveness of increasingly scarce clinical placements
What constitutes a valid online learning experience
How do we train educators of the future to teach in virtual environments

CONCURRENT SESSION 4 1100 - 1230 PEER LEARNING**ID: 12859**

Title: Modelling Resilience to Enhance Peer Learning

Ms Janet Richards, Linda Sweet

Introduction/Background

The concept of medical practitioner resilience is gaining attention as the impact of increasing stress in doctors becomes more evident. The literature reports on the problem of physician suicide, mental distress, substance abuse and the personal, professional and patient impact of an impaired doctor. Medical students are reported to have higher levels of stress, depression, suicide and burnout than their age matched peers. Resilience is defined as a dynamic process wherein individuals display positive adaptation despite experiences of significant adversity or trauma (Luthar et al 2000). Promoting student resilience is important to academic success and professional development. The best educational setting for promoting resilience is considered to be one that enhances socialisation between peers and other adults, facilitates goal setting, monitors student wellbeing and provides positive role models (McAlister 2009).

Purpose/Objectives

A research study is being conducted which explores elements of a longitudinal rural community medical program that influence student resilience. This honours project focuses on how administrative staff role model resilience for students and promote wellbeing within the peer group. The participants were purposefully recruited from staff, students and educators of the PRCC program. Single, semi-structured interviews were recorded and the transcripts coded using a grounded theory approach, aiming for theoretical saturation using NVivo 10 software.

Issues/Questions for exploration or ideas for discussion

This presentation will discuss how administrative staff model resilience to students.

Conclusions

Analysis is currently underway and will be complete in time for presentation.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12972

Title: Career Choice in Medical Students: what you do and say Counts

Mr Kelby Smith-Han

Introduction/Background

In addition to learning the knowledge and skills required to be a doctor, medical education is also a socialisation process where students learn and internalise professional values, attitudes and behaviours (Jaye et al, 2006). 'Discourses' (statements, conversations and practices which contain ideas, values, and beliefs) are a means by which this socialisation process occurs. These discourses are taken up and espoused by medical students and include their understanding and conceptions of specialties. This may provide useful insights into the issues surrounding low numbers of graduates entering certain specialties such as General Practice.

Purpose/Objectives

The purpose of this workshop is for participants to come away with a heightened awareness of some of the discourses involved in the teaching and learning of health professionals, their role within them, and strategies to influence these discourses.

Issues for exploration for discussion

This workshop will briefly look at the background and theoretical underpinnings of discourse, examine what these discourses are, explore who contributes to them, and generate ways to influence these discourses.

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

A combination of individual work and group discussion between participants and with the facilitator will be used. As discourses permeate across society and institutions, this workshop will be useful for anyone teaching health professionals of any description - not just medical students. This workshop will also be suitable for anyone who is involved with teaching in a professional school (e.g. medical school), teaching hospital and/or private practice. Participants will be asked to introduce themselves & the role they have with their students.

Reference

Jaye, C., Egan, T., & Parker, S. (2006). 'Do as I say, not as I do': Medical Education and Foucault's Normalizing Technologies of Self. *Anthropology & Medicine*, 13(2), 141-155.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12865

Title: Good Company at the Edge of Learning

Prof Jennene Greenhill, Sarah Mahoney, Lucie Walters, Ash Julie, Narelle Campbell, Janet Richards

Introduction/Background

This presentation will explore in what ways students are active agents in the development of a peer support network. Researchers at Flinders University propose that Mezirow's transformation learning theory offers a theoretical foundation for the changes seen in medical students as they move from theory-based knowledge to novice clinician within the longitudinal integrated clerkships. Mezirow proposes adults learn by reframing their meaning structures through experiencing a 'disorienting dilemma'. This dilemma prompts the learner to be critically reflective of their own assumptions, leaving them bewildered at the edge of understanding, struggling to shift their perspective. This is followed by a reintegration when new knowledge and actions are developed, and followed in time by assimilation and reintegration such that the person is fundamentally changed. One factor that Mezirow suggests enhances this transformative process is the presence of 'Good Company' strong relationships with educators, mentors or peers who encourage the learner to stand at the edge and develop new meaning structures rather than retreat from their discomfort.

Purpose/Objectives

Preliminary analysis of 5 interviews with medical students during a longitudinal study (from the end of 2nd year to the end of 4th year) which seeks to understand how students develop knowledge, clinical skills and professional values during clinical training across 3 Flinders University medical program settings.

Issues/Questions for exploration or ideas for discussion

This presentation looks at how fellow students become the 'Good Company' on the transformative learning journey during the clinical years.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 13059

Title: Case Based Learning for Successful Integration: Enhancing Peer Learning

Dr Linda Sweet

Introduction/Background

The Graduate Entry Medical Program (GEMP) at Flinders University is a 4 year program comprising 2 pre-clinical years and 2 clinical years. The core curriculum is based on authentic learning opportunities in clinical health care settings. However, a recognised deficit of the traditional block placement model is the lack of integration across the discipline based rotations, and the lack of educational continuities.

Purpose/Objectives

A study was undertaken to appraise the use of case-based learning groups as an innovative curriculum and pedagogical approach that **Aimed** to support effective and rich integration of learning experiences for students undertaking their first clinical year in the traditional block placement model.

Issues/Questions for exploration or ideas for discussion

An integrated student group from mixed discipline blocks was used as an intervention group. The approach used incorporated student-led peer learning, group problem solving, reflective practice and group discussion once per month.

Results

The findings identified pedagogical issues associated with: i) relations between student and supervisors; ii) the types of learning opportunities afforded in the workplace; iii) responsibility for authentic learning opportunities; and iv) students' awareness of self as learners in practice-based learning.

Discussion

The use of case based discussion groups were successful for their authenticity, being a supportive and appropriate level peer discussions, effective for reflection on practice, and also providing opportunities for promoting a dialogue about the students' role and potential role with patients, clinicians and ward activities. These groups also highlighted the value of authentic learning compared with test-based learning (i.e. books) and assisted students with dealing with difficult relationships and integration of experiences across clinical and educational settings.

Conclusions

This paper builds on the work of Billett and others who highlight the need to better understand ways in which to support individuals and organisations to develop learning professionals at both the initial and ongoing stages of their development.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12858

Title: The BEST Way: an Interdisciplinary Peer-Led Approach to Developing Teachings Skills for Staff in Health Sciences

Ms Catherine Snelling, Sophie Karanicolas, Adriana Milazzo

In 2009, due to ongoing requests for better induction of new teachers in the Faculty of Health Sciences at the University of Adelaide, an inter-disciplinary team of experienced academics was assembled. As a result, 31 teaching staff from all five disciplines across the faculty attended a one-day course. Overwhelmingly positive feedback prompted the Faculty to develop this initiative and the course, subsequently entitled Becoming an Effective Supervisor or Teacher (BEST), is now offered at the start of each academic year. Although it is primarily aimed at novices, a significant number of experienced teachers attend to refresh their enthusiasm, update their knowledge and share their expertise. The BEST program aims to provide an introduction to how students learn, how to create and manage effective learning environments, gives an insight into different assessment strategies, and supports the participants in developing effective ways to provide feedback to their students. Experienced educators from health sciences facilitate the program and contextualised case studies are used to allow participants to apply principles in 'real life' situations - indeed, the scenarios have been developed by staff from within the health sciences faculty. Information on ongoing pathways in learning and teaching are included to foster further professional development. A key issue for discussion is how the peer-led program for teaching staff from the entire health science faculty has proven to be highly effective - rather than more generic presenters running an induction program for participants from a single discipline. Participants often ask at the start of the day why they are being 'mixed' up with other health areas, but this is eventually seen as a major advantage of when post-course evaluation is reviewed. Since the BEST program began in February 2009, over 350 health science staff have undertaken the one-day course. Course evaluation consistently demonstrates that participants feel they have increased skills in planning and managing tutorial and clinical groups, have a better understanding of the purpose of assessment, and feel more confident and knowledgeable about the critical factors that are involved in giving effective feedback. Our oral presentation will provide more detail on the content of the BEST program, as well as demonstrate how the day unfolds. Feedback from course participants from all disciplines within the Faculty of Health Sciences will be included and will emphasise how effective this form of peer learning has become in their development as health educators.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12926

Title: Professional Development of Mental Health Educators through Peer Learning

Dr Nichole Harvey, Dr Tanya Langtree, Tanya Park

Introduction/Background

The School of Nursing, Midwifery and Nutrition teach students to use the ventrogluteal (VG) site as the preferred site for intramuscular injections. While on clinical placement, third year nursing students enrolled in a mental health subject identified that clinical preceptors and educators were not familiar with the VG site and felt uncomfortable when supervising students performing this task, and preferred instead for the student to use the dorsogluteal site for intramuscular administration of antipsychotic medications. In response to this identified theory-practice gap a practical educational intervention was developed by staff at James Cook University, in collaboration with mental health educators at the hospital, for hospital clinicians.

Purpose/Objectives

The purpose of the presentation is to describe the benefits of peer learning between qualified health professionals working in two different environments and how role modelling this behaviour had positive benefits on student to student peer learning. An outline of the development and implementation of a training package for industry peers and the benefits of peer learning for hospital clinicians, academics and students will be discussed. Feedback from industry peers and subsequent students will also be shared to demonstrate the success of this intervention. Further outcomes from peer learning, within this context, will also be described.

Issues/Questions for exploration or ideas for discussion

Do you believe peer learning between qualified health professionals, in particular between industry and university, improves patient/client outcomes and encourages student to student learning?

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 4 1100 - 1230 ASSESSMENT

ID: 13032

Title: Ensuring our Observed Assessments are Culturally Safe for Students - Wishful Thinking or an Achievable Goal?

Dr Kristin Kenrick, Mike Tweed

Background

Our Medical Faculty, like most other Health Professional training institutions, caters for students from a diverse range of backgrounds and cultures. Concern has been expressed by staff and students that students from some cultures and backgrounds are being unfairly judged by patients (real and simulated) in OSCE assessments, on the basis of their appearance rather than the skills they demonstrate. Previously we asked patients whether they would be happy to return to the student doctor or not. Although we found no systematic evidence for bias from station scores, the possibility led us to adjust this. We now ask patients to focus on particular skills. We have also begun to analyse the influence that scores from patients have on overall Results, and to evaluate aspects of the students' performances have most impact on the patients' scoring. We have yet to find a way to identify if and how patients' own personal biases may impact on how they score each student.

Purpose

In this PeArL we would like to hear from others what their experiences have been with identifying and, if necessary, ameliorating the occurrence of culturally-determined patient bias in OSCE exams.

Questions for exploration

Is this a real issue about which we should be concerned?

Should we be reassured if we cannot find evidence of bias on further individual analysis?

How can we prepare patients (real and simulated) to minimise the potential for this type of bias?

How do we ensure that we construct OSCEs which will safely and reliably assess our diverse range of students?

ID: 12956

Title: Standard Setting in Multiple Choice Based Assessments - Problems and Solutions

Dr Deborah O'Mara

Introduction/Background

The importance of standard setting in high stakes clinical and academic assessments in medical programs is widely documented. There is a large body of theoretical literature on the principles and methods of standard setting. Recent research on standard settings in medical education has primarily focused on clinical assessments rather than MCQ based academic assessments. While there is much available to assist the selection of the method and the calculation of the standard setting, guidance on the problems encountered in implementation is sparse. Implementing standard setting is sometimes a volatile exercise that can produce a pass mark that is an average of a disparate range of views.

Purpose/Objectives

The purpose of this session is to share the experiences of the Sydney Medical School in standard setting to date and to canvass the opinions and experiences of other health professionals. I would like to raise some of the problems we have encountered and some of the solutions we are considering to achieve more accountable pass mark setting in written assessments.

Issues/Questions for exploration or ideas for discussion

Problems we have encountered so far include low-attendance at calibration sessions, low participation rates, small disciplines, limited availability of clinicians' time, dominance of personalities, borderline versus minimally competent student, focus on what a borderline student should know rather than what he/she does know, fixation on the quality of the questions rather than the standard setting, small number of students and/or items for some assessments. Possible solutions include conducting the calibration session by telephone, conducting the data gathering electronically via telephone or email, ensuring senior medical academics attend the calibration session, conducting standard setting on a random sample of the test, providing feedback to participants on the actual percent of borderline students who correctly answered a question.

ID: 12980

Title: What Influences Health Professional Educators' Assessment Decisions?

Dr Margaret Bearman, Sue Bennett, Matt Hall, Gordon Joughin, David Boud, Elizabeth Molloy, Phillip Dawson

Introduction/Background

There is no shortage of literature describing current 'best' assessment practice. However, recent literature indicates that university teachers learning more sophisticated thinking about assessment may not lead to changed assessment practices (Offerdahl & Tomanek 2011). The decision to implement sub-optimal assessment strategies must be influenced by other intrinsic or contextual factors but there are few studies investigating this phenomenon. An Office of Learning and Teaching (OLT) funded study is investigating 'on the ground' assessment practices, with a particular focus on university educators' choices which shape the assessment task. We are calling these choices 'assessment decisions'. We argue that these decisions, which include determining the purpose, timing and form of formative and summative assessments, have an enormous impact on student learning. This study is investigating what influences assessment decisions and how educators can be best supported to improve their assessment practice.

Purpose/Objectives

This workshop will explore the assessment decisions within health professions education, including similarities and differences to assessment practice in the general higher education environment.

Issues/Questions for exploration or ideas for discussion

- a) The common assessment design decisions facing health professional educators
- b) The cultures of assessment across the various health professions and how these cultures may influence educator practice
- c) Any other key influences on assessment design decisions in the health professions education context Offerdahl, E., & Tomanek, D. (2011). Changes in instructors' assessment thinking related to experimentation with new strategies. *Assessment & Evaluation in Higher Education*, 36(7), 781-795

CONCURRENT SESSION 4 1100 - 1230 CLINICAL SUPERVISION

ID: 12983**Title:** Is there such thing as Helicopter Supervising?**Mrs Allison Hilbig****Introduction/Background**

The term helicopter parenting has become a popular phrase for the latest parenting style and much has been documented about the potential problems this over-parenting can cause. It may be possible that situations of helicopter supervising are now developing. When perusing clinical placement evaluation forms from physiotherapy students I noticed a recurring theme related to level of responsibility. The students who had a higher level of responsibility early in the placement regarded this as one of the features of the placement they enjoyed the most. The students who were constantly being supervised were less satisfied with the placement and wanted greater opportunities for independence. Level of supervision did not correlate with the final mark or perceived ability of the student. A specific student example situation highlighted how two very contrasting supervisory styles affected performance.

Purpose/Objectives

To explore whether there is a problem with helicopter supervising, what the implications may be and ideas to address this further.

Issues/Questions for exploration or ideas for discussion

A specific scenario will be shared to initiate the discussion, followed by these questions:

Are we creating co-dependency by over-supervising?

How does this restrict student development?

What can we do to change this?

ID: 12979**Title:** Preceptor, Mentor, Supervisor - what's in a Name**Mr Dale Edwards****Introduction**

Across the many health disciplines there are a number of names used to identify the role or person responsible for supporting / teaching / assessing and even supervising students or others undergoing education and training.

These names include, but are not limited to: Mentor; Preceptor; Instructor; Supervisor; Tutor; Clinical educator; Many of these names are used interchangeably within the same discipline. Research in some health professions suggests that the person fulfilling this role does not meet the needs of the student, and may not be prepared for or understand the role they fulfil. This author is investigating the role preparedness of one discipline in which these names are often used interchangeably (the Paramedic discipline). In doing so one area being investigated is the understanding within the discipline of the meaning of each name, and particularly the meaning of the name they are known by in this role.

Purpose

To explore the impact of the language used in defining these important roles. In what way might the name impact the meaning and therefore the preparedness for and performance of the role?

Questions for exploration

What is your understanding of the meanings for each of the names used?

How might the meaning impact the preparedness for and performance of the role?

How can the investigator situate the name during the investigation to minimise impact on the subjects being investigated?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12897

Title: Private Hospital Placement for Healthcare Students: what do we need to Consider as Healthcare Educators?

Dr Kwang Chien Yee

Introduction/Background

There has been an increasing number of student admissions to healthcare courses in order to reduce the shortage of healthcare workforce in the future. This increase in number of students, however, occurs at a time of reduced patient stay in hospital setting. As such, traditional teaching hospital might not be adequate to support student teaching and learning. In Australia, 30% of hospital admissions occur via private hospitals. Private hospitals therefore form the ideal additional placement available for clinical attachment. There are significant differences, however, between private and public hospital service arrangement. These differences need to be considered when designing and delivering clinical teaching in private hospital setting.

Purpose/Objectives

The purposes of this PeArL session are to discuss:
Potential benefits of private hospital attachment
Challenges of private hospital attachment
Our experience and lessons learnt for private hospital placement

Issues/Questions for exploration or ideas for discussion

This PeArL aims to explore and discuss the following issues:
The need for alternative placement and potential benefits of private hospital exposure for students
The service and education balance in private hospital
Challenges of clinical attachment in private hospital attachments
Potential solutions for private hospital attachments
Key success factors for private hospital attachment model

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 4 1100 - 1230 PEER LEARNING

ID: 12785

Title: Mindfulness Training for Self-Care and Enhancing Clinical Performance

Dr Craig Hasted

Although many elective mindfulness programs exist for training health professionals there are very few integrated mindfulness programs in core curriculum. At Monash University in Melbourne, Australia mindfulness-based programs have been introduced into the core curriculum of Medical since 2002. Since then programs have been developed for Physiotherapy, Occupational Therapy, Dietetics and Nursing students.

This workshop will outline:

1. the rationale for introducing such programs into core curriculum
2. the outcomes for self-care
3. what is taught at Monash and how it is delivered
4. the role of mindfulness for both self-care and as a clinical skill. We will use the experience at Monash as a foundation upon which to explore and extend competencies in designing, integrating and implementing mindfulness programs in the training of medical and allied health professionals. This workshop will benefit all those involved in educating health professionals and developing curriculum in these fields.

By the end of this workshop you will have gained skills in:

1. Making the case for the integration of mindfulness into core curriculum.
2. Enhancing the delivery of the mindfulness message as well as the content of it.
3. Tailoring mindfulness-based programs to particular educational and health contexts.

CONCURRENT SESSION 4 1100 - 1230 PEER LEARNING

ID: 12704**Title:** Recognising and Supporting the Staff who Support Students**Dr Eleanor Flynn**, Robyn Woodward-Kron, Wendy Hu**Introduction**

Academic and pastoral support is often required when struggling students are identified through assessment and other means. However, the work of providing support is a complex activity that is usually distributed amongst staff in informal and under-recognised ways.

Purpose/Objectives

This workshop will provide evidence from an ANZAHPE funded project which has interviewed clinical and administrative staff in medical schools who find themselves providing support to students with personal, health or academic problems. The issues raised are relevant to all health disciplines, and to students and staff on both university campus and clinical sites.

Issues/Questions for exploration or ideas for discussion

Supporting students is often seen as informal work which is not documented in formal descriptions of workload and role responsibilities. This can create tensions between what is seen as 'real' work and the need to respond to student concerns. We are not aware of any existing programs to provide orientation, support or training for staff who undertake these student support roles.

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

A brief introduction to the topic will precede a presentation of the findings to date, including some de-identified cases from the interviews. The attendees will be divided into groups to consider the following topics: recognising the need for staff support, developing programs for staff support, planning an orientation for new staff who will have a support role, and methods of implementing these programs. The workshop will conclude with presentations from the group members.

CONCURRENT SESSION 5 1330 – 1500 ASSESSMENT

ID: 12618**Title:** An Evaluation of the use of a Tablet Personal Computer to Teach Undergraduate and Postgraduate Nursing Students Pathophysiology and Pharmacology**Mr Nadim Rahman**, Allison Williams

Delivering a theory component to a large cohort (n=285) of second year undergraduate and postgraduate nursing students while keeping students' participation and engagement is challenging. This paper will discuss the use of a Tablet Personal Computer (PC) to facilitate interactive learning of two pathophysiology and pharmacology units at a large Australian university. The Tablet PC replaced the use of white board and marker in weekly lectures and will be used to deliver this paper. A large portion of the content involved medication names, medication properties and the pathophysiological explanation of how the medication worked, which frequently required drawing diagrams during lectures. The built-in software such as PowerPoint and METL assisted with this purpose, ensuring the content was delivered efficiently and in an engaging way. The device also enabled the lecturer to add extra pages instantly to write, draw pictures, and graphs 'on the go', allowing plenty of time to answer queries. The interactions and additional information were able to be formally recorded for students to review at a later date. Formal feedback demonstrated an improvement in grades overall when compared to the previous year which did not use this technology. Informal feedback showed that students liked the lecturer using a Tablet PC in class, with examples such as, very useful device, and this made my understanding a lot easier. The use of Tablet PCs has been a resounding success and in the future, we plan to implement smart phone technology to keep the learning environment contemporary, interesting, and engaging.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12805

Title: Adapting the Mini-CEX to an Undergraduate Nursing Context

Ms Gabrielle Koutoukidis, Brian Jolly, Leone English

Introduction/Background

In 2011 Holmesglen Institute and Monash University received a grant from the Office of Learning and Teaching to develop a valid and reliable clinical tool that was: innovative; user-friendly; adaptable to multiple clinical contexts and facilitated integrated learning and assessment.

Purpose/Objectives

This presentation focuses on one element of this assessment framework, the Mini Health Assessment (MHA). The MHA is based on the Mini-CEX used extensively in post- and increasingly in undergraduate medical education. The MHA is targeted at assessment of the student's performance during a clinical encounter with a patient and at underpinning cognate knowledge. The presentation will outline the development, piloting and implementation of the tool.

Issues/Questions for exploration or ideas for discussion

The MHA was piloted in two stages. After the first stage feedback was sought from focus groups with students and interviews with clinical educators on how the MHA was received in the clinical environment. Data was also collected on how the students' scores on the MHA correlated with other elements of the assessment system, and analyses were performed on the MHA's reliability and validity.

Results

The first iteration of the MHA was variably received by students and teachers alike. Many thought the instrument was a significant improvement on checklist approaches and like the 'capstone questions' used by teachers to probe students understanding of their clinical encounters. However some said that the language used on the form was too generic and did not reflect the clinical context well enough. Versions of the MHA were contextualised specifically for use in paediatric, aged care, mental health and general acute care settings. Some staff members also indicated that they preferred checklist style assessments anchored to precise ANMAC competencies. The MHA correlated moderately well (~ 0.2-0.5) with other assessments used in the clinical and academic environment, and appeared easy to use. Turnover of staff required continual faculty development to emphasise the best way to use the MHA for new teachers. Discussion: Devising assessment instruments for use in the clinical setting remains problematic. Generic national instruments have been trialled, with some success. However data from this study suggest that generic tools can be limited in their capacity to capture contextual elements of clinical practice, and instruments that require observation of students have a place.

Conclusions

The Mini-CEX can be effectively adapted to the nursing context and is showing promise as a user-friendly tool which supports the development and measurement of a student's assessment skills. Integral to the success of this tool is the preparation of Clinical Facilitators and students.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12672

Title: Student Perceptions of Progress Testing from a Pilot Test

Dr Steven Lillis, Warwick Bagg, Jill Yelder, Barbara O'Connor, Vernon Mogol

Introduction/Background

Progress testing is being introduced at the University of Auckland for medical students. A pilot progress test (PPT) with Year 3 and 6 students was held to explore issues of implementation.

Purpose/Objectives

To understand perceptions of students about progress testing through a post-PPT survey

Issues/Questions for exploration or ideas for discussion

The principles behind progress testing are conceptually different than traditional assessments and therefore successful introduction of progress testing represents considerable challenge. Identification of key issues of contention is essential.

Results

From a response rate of 55.7% (n=103/185), students were mainly positive about progress testing, noting in particular the clinical relevance (48.5%) and the opportunity to track progress and give feedback for learning (19.4%). Their primary areas of concern related to the MCQ format (40.8%), Year 3 students feeling disheartened by not being able to answer questions (23.3%) the length of the tests (20.4%), negative marking (18.4%) and stress (12.6%). Qualitative comments elaborated on some of these findings and elicited further issues that primarily indicate the need for more briefing about the tests, including how to prepare and strategise.

Discussion

Successful implementation of progress testing requires careful change management. Taking a proactive stance to ameliorate areas of contention is fundamental to successfully introducing substantial change to the assessment process.

Conclusions

The PPT has alerted the medical programme management to issues that require attention prior to the introduction of a new assessment tool.

ID: 12793

Title: Remediation for Professional Performance: the ALSO (Additional Learning Support Opportunities) Program

Dr Bunmi Malau-Aduli, Ms Wendy Page, Nick Cooling, Richard Turner

Introduction/Background

Quality and safety outcomes demand that remediation does more than enable students to pass examinations. Given the limitations on faculty time and funding for remediation, it is important to encourage students to become masters of their own learning.

Purpose/Objectives

This study investigated the effectiveness of an innovative remediation program which was based on socio-cognitive theory with an emphasis on self-efficacy to improve academic and clinical performance of underperforming medical students.

Issues/Questions for exploration/methodology

Interventions were multi-faceted and composed of a wide range of group activities. The efficacy of the intervention program was evaluated using mixed-method approach consisting of semi-structured interviews, questionnaire (using a Likert scale and open ended questions) and quantitative analysis of OSCE outcomes (pre and post intervention).

Results

Students demonstrated significant improvements across 3 of the 5 domains measured in OSCE performance (management, diagnosis and communication), with some variance between domestic and international students. Self-efficacy beliefs were markedly increased post-intervention.

Discussion

Subsequent qualitative data suggests that beyond summative exam results, gains were translated to the clinical context with enhanced confidence and self-belief, enabling perceived improved performance in the workplace.

Conclusions

Multi-dimensional, group orientated remediation which enhances self-efficacy beliefs improves outcomes for students in both high stakes assessment and in the clinical context, thus allowing translational and longitudinal benefits.

ID: 12889

Title: A Web-Based Nutrition Competency Implementation Toolkit (WNCIT) for Entry Level Medical Courses

Mrs Sherryn Evans, Caryl Nowson, Jennifer Schafer, Jennifer Lindley, Kim Rooney, Eleanor Beck, Marjo Roshier-Taks

Introduction/Background

The Accreditation Standards for Medical Courses (ASMC) in Australia state that medical practitioners need to have appropriate knowledge and skills in identifying nutritional issues for patients to prevent and treat common chronic diseases [1]. Currently in Australian medical courses there is no clearly articulated integration of nutrition knowledge and skills, and significant variations in the assessment of these knowledge and skills [2]. In 2011, Deakin University with key partners developed the Nutritional Competency Framework (NCF) consisting of 4 knowledge-based and 5 skill-based competencies for medical graduates, along with associated sub-elements, however these competencies have not yet been embedded into medical curricula across Australia.

Purpose/Objectives

The key aim of the current project is to develop a Web-based Nutrition Competency Implementation Toolkit (WNCIT) for entry-level medical courses to allow simple articulation of competencies into existing curriculum. Key Outcomes Four universities, the Dietetics Association of Australia and an expert reference group have partnered to develop the WNCIT. The WNCIT will include a set of learning outcomes matched to the NCF elements, a web-based nutrition curriculum mapping tool, exemplars of nutrition competency assessment tools, a set of nutrition education resources for teaching staff and an instruction manual for the use of the WNCIT and associated resources. The development of the WNCIT will assist in the development of an integrated nutrition program for medical courses in Australia and importantly support educators to promote the achievement of key learning outcomes in nutrition.

Issues for exploration

Key issues for discussion include the disparity in existing nutrition curricula, methodologies to simplify the development and integration to existing curricula and evaluation of the tool by educators.

References

AMC (2009). Assessment and Accreditation of Medical Schools: Standards and Procedures, 2009. Australian Medical Council Ltd, Kingston ACT2. Nowson, C.A., M. Roshier-Taks, and B. Crotty (2012). Nutrition competencies for the prevention and treatment of disease in Australian medical courses. Medical Journal of Australia, 197 (3), 147

ID: 12917**Title:** Clinical Assessment in Medical Schools: Developing a National Resource**Ms Monique Hourn**, Richard Hays**Introduction/Background**

The increase in medical student numbers by the Australian Government has put pressure on educational bodies to provide quality clinical training and to undertake assessment that measures the work readiness of graduates. Over the last three years, Medical Deans Australia and New Zealand has developed clinical training resources for medical schools. The first was a framework of clinical competencies based on accreditation standards; the second identified the common diagnostic and procedural competencies for the medical graduate and specified the level of achievement of these skills. Currently, a third body of work is underway which builds on the first two stages to develop a current and comprehensive overview of how Australian and New Zealand medical schools assess the clinical competencies of their graduates before they enter the workforce.

Purpose/Objective

An extensive consultation process with all Australian and New Zealand medical schools was undertaken to collect data on clinical assessment processes, assessment blueprints in medical schools, the use of Workplace Based Assessments in professional entry medical education and standard setting for clinical assessments. The main outcome of the project will be a resource that medical schools could use to compare and potentially improve their clinical assessment processes. Best practice scenarios for clinical assessment will be identified, providing useful information to medical schools, accreditation agencies and health services about clinical training and how graduates are assessed as being ready for internship.

Issues/Questions for exploration

This project will provide valuable data regarding clinical assessment and make recommendations regarding the use of Workplace Based Assessments for professional entry medical programs. Sections 5,6 & 7 N/A

CONCURRENT SESSION 5 1330 – 1500 CLINICAL SUPERVISION**ID: 12756****Title:** The Influence of Longitudinal Integrated Clerkships on Clinical Scholarship in Regional and Rural Communities of Practice**Dr Kathryn Weston**, Judith (Nicky) Hudson**Background**

All senior medical students at the University of Wollongong undertake a longitudinal integrated community-based clerkship, supervised by experienced generalist practitioners (GPs) in a regional or rural community. Prior to the first clerkship, GP preceptors predicted outcomes from their relationship with the long-term students, including a more scholarly approach to clinical practice. This prompted exploration of preceptor post-clerkship perceptions in the light of Grigsby and Thorndykes (2011) recent working definition of clinical scholarship in academic medicine¹.

Purpose

This research sought evidence to support a modern definition of clinic scholarship in general practice.

Questions for exploration

What are GP perceptions of a longitudinal medical student clerkship in terms of clinical scholarship in the general practice and community setting?

Results

Theme-analysis of 26 GP transcripts provided evidence for clinical scholarship in regional/rural clinical medicine. The 'practice', validated as a place where scholarship occurs, was described as an environment of shared knowledge, collaborative partnerships and broad learning. About half of the preceptors interviewed believed the longitudinal integrated clerkship gave students a deeper link with the community. Two-thirds of participants described an improved quality of care in their practice.

Discussion

Our results provide direct support for Grigsby and Thorndykes (2011) working definition of clinical scholarship, particularly the description of clinical scholarship occurring in the 'throes of practice, extending to a deeper involvement in the community, being interdisciplinary, with knowledge and expertise valued by the university, enhancing clinical care and improving the health of the community.

Conclusion

The longitudinal-integrated-clerkship model promoted clinical scholarship amongst regional/rural general practitioners and their communities of practice, involved in the long-term supervision of medical students. 1Acad Med (2011) 86(1):127-131

ID: 12753

Title: Augmented Experience Modules (Axm). An Electronic Near-Patient-Learning Tool

A/Prof Rob Selzer, Fiona Foley, Marcus Leonard, Michael Cai, Laila Rotstein

Introduction/Background

Learning from real patients is critical to the development of knowledge and skills in becoming a doctor. Thus we were keen to develop an e-learning tool that included real patients in the learning cycle and augmented students' clinical experience. The AXM learning system integrates the unpredictably of specific patient encounters by using a just-in-time learning methodology followed by immediate application of the learning within a patient encounter. Formative MCQs follow each of the disorder based modules. Additionally a portfolio of student-patient interactions is retained.

Purpose/Objectives

A process evaluation of AXM was undertaken.

Results

Ten, third year medical students used AXM for a two week period in a hospital environment. A brief, anonymous questionnaire followed each of the disorder-based modules. Subsequent focus group interviews were undertaken to explore the users' experience. Results from a thematic analysis of qualitative data will be presented in particular how students utilized the e-learning tool in the clinical context.

Discussion

The key issues relating to use of e-learning tools, and AXM in particular, in the clinical environment will be discussed.

Conclusions

AXM is a potentially useful e-learning tool but consideration must be given to how AXM, and other e-learning tools in general, are used in the clinical environment.

ID: 12768

Title: Learning Procedures on Patients: Medical Student Narratives of Customary Consent Practices

Dr Sally Warmington

When students learn in hospitals by participating in doctors' work, they find that the processes for obtaining valid consent which they have been instructed to follow are often not adhered to by those supervising them. This includes occasions when students carry out procedures, such as inserting intravenous lines. As an integral component of every learning interaction, students actively construct and perform their emerging professional identities. It can be demonstrated that they are not merely passive objects of socialisation, but play an active part in their own identity work. This paper presents qualitative interview data from one student who participated in an ethnographic study into the construction of medical students' identity in a teaching hospital. The story has been subjected to a dialogic narrative analysis in order to investigate the customary practices used to enlist patients on whom students can practise their procedural skills, as observed by this student. It explores how these customary practices compare with valid processes of obtaining consent which are taught in the formal curriculum. It also considers possible reasons for any discrepancies, and the relevance of these practices for the formation of a student's identity. When approaching patients about technical procedures, this student has learnt that it is customary to withhold information about her novice status, and not to offer the option to have an experienced person perform the task. These practices are defended on the grounds that students would receive insufficient experience if valid consent were to be sought on every occasion. However, there is evidence that many patients are willing to participate in students' learning, if fully informed. Stories about how students learn to perform procedures reveal the power dynamics operating in these interactions between students, doctors and patients, as well as unspoken desires and fear. Some fears may be unwarranted and contribute to questionable practices. Students may comply with some customary practices but struggle against others, as they actively construct their identities. Some customary practices are inconsistent with the standards of integrity claimed by the medical profession, to which students are expected to aspire. This may influence their emerging identities, with implications for their future disclosure and consent practices. This study highlights the need for health professional educators to engage all those involved in a critical dialogue about this thorny problem.

ID: 12921

Title: Building Supervisor Capacity - a National Professional Development Program for Prevocational Clinical Supervisors

Dr Jagdishwar Singh, Dr Susannah Ahern

Introduction/Background

As medical graduates commence their internship and complete prevocational training, support and supervision by clinical supervisors is vital. Prevocational supervisors at each health service/practice/network oversee junior doctor training, develop orientation and education programs, provide feedback and assessment and support other staff to do so, and advocate for junior doctor training needs. Yet despite the significant role of Prevocational Clinical Supervisors (PCSs), to date there has not been a co-ordinated, national program that addresses their skill development and learning needs. Concurrently, the expanding medical graduate cohort is placing further demands on the capacity of existing supervisors, requiring additional supervisors to meet these needs.

Purpose/Objectives

In 2012, the Confederation of Prevocational Medical Education Councils (CPMEC) received funding from Health Workforce Australia to establish a Professional Development Program for PCSs. Following establishment of Project Steering and Program Advisory Committees, with input from PCSs, and reference to existing programs, a Program was developed and is being piloted at two sites nationally in April 2013. An outline of the Program and results of Program evaluation will be presented.

Issues/Questions for exploration or ideas for discussion

In development a national Program, some issues considered were:

- Content of Program taking into account differing experience levels of supervisors and some jurisdictional variation in roles
- Optimal delivery of the face to face Program
- Complementary role of an on-line educational platform
- Ensuring a robust feedback and evaluation process
- Ensuring sustainability of the Program

ID: 12831

Title: Clinical Placement Supervision: why Supervisors do it...

Dr Rebecca Sealey, Jacqueline Raymond, Herb Groeller, Kieron Rooney, Kerrienne Watt, Meagan Crabb

Introduction/Background

The continued professionalisation of Clinical Exercise Physiology has led to significant increases in the demands placed upon clinical placement supervisors. Yet little is known of the factors that influence practitioners to supervise placement.

Purpose/Objectives

To understand the factors that may promote and conversely, restrict the supervision of Clinical Exercise Physiology students within Australia.

Questions for exploration

How do we address these factors to ensure placement capacity?

Results

Clinical Exercise Physiology placement supervisors from across Australia, participated in an anonymous online survey (n=129). Free-text responses about what factors promote (n=92) and what factors constrain/restrict (n=94) ability/willingness to supervise were collected. Qualitative thematic analysis resulted in 16 themes. The most commonly reported themes for promoting supervision were giving back to the Profession (n=28), service benefit (n=23) and student learning experience (n=23); while the most reported themes for constraints/restrictions were resources (staffing, time, workload) (n=40), University-based administration, support and organisation (n=26), and student attributes (n=21).

Discussion

Students were perceived to provide service benefits to the supervising practice such as a helping hand, bringing new ideas and contemporary best practice to the facility. In contrast, additional staff workload and time commitment was the factor most frequently cited as restricting placement supervision. Administration and reporting, University organisation and student preparedness were constraints on willingness to undertake future supervision.

Conclusions

Standardised processes to improve stakeholder preparedness and reporting efficiency should be developed in order to sustain placement supervision capacity.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12922

Title: The Effects of a Natural Disaster on Student Learning

Mr Anthony Ali, Jan McKenzie

Introduction/Background

In September 2010 a massive earthquake awoke Christchurch city and surrounds. A series of aftershocks followed with one in February 2011 resulting in loss of life and significant destruction of the city infrastructure and buildings. The 7 floor medical school building was closed and some hospital wards were closed or moved. A small group of researchers from the university surveyed the medical students in September 2011 to gain insight to their how their learning and personal lives have been affected by the earthquakes and to learn what had been helpful /unhelpful.

Purpose/Objectives

The purpose of this oral presentation is to report the themes resulting from the comments made in the free text questions of the survey.

Results

The main concerns hindering learning were reported as the loss of the facilities and the effects of the quakes on personal functioning. What helped most was the provision of alternative facilities in particular secure quiet study space as well as good communication and understanding from staff.

Discussion/Conclusions

Unfortunately natural disaster or traumatic situations will continue to occur. The research presented helps inform what helped and hindered student learning following the Christchurch earthquakes. This information in turn may help institutions better provide practical assistance following a disaster. Awareness of what is needed is critical to an effective management plan especially when stressful/traumatic situations arise.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 5 1330 – 1500 IPE

ID: 12054

Title: Interprofessional Education in Allied Health: a Systematic Review of the Literature

Dr Rebecca Olson, A/Prof Andrea Bialocerkowski

Background

Over the past decade, several studies have systematically reviewed the effectiveness of Interprofessional Education (IPE). However, evidence is lacking on the theoretical approaches and the optimal features of IPE in the allied health professions, a group of disparate professions with various theoretical and pedagogical underpinnings.

Objectives

This systematic review seeks to uncover 1) the best approach to pre-licensure, university-based allied health IPE and 2) which aspects require modification in which contexts to provide optimal learning experiences.

Questions for exploration

Which forms of IPE work best for undergraduate allied health students, in health administration, occupational therapy, physiotherapy and podiatry?
Which contextual factors shape IPE intervention effectiveness?

Results

A systematic search of 10 databases resulted in 17 studies which met the inclusion criteria. A narrative synthesis revealed large gaps within this body of literature in terms of methods, context and theory. Evaluation remains the primary aim within this literature.

Discussion

Studies measure students' understanding of other health professional roles, teamwork and knowledge in response to IPE interventions using lectures, seminars and small-group standardised patient scenarios. Differences in power, status and stage of learning were described as factors affecting IPE effectiveness.

Conclusions

Few studies take inductive approaches or include detailed participant descriptions. We suggest that this is evidence that IPE research is caught in an epistemological struggle, between assumptions and methods underpinning biomedical and health science research and those underpinning education research. We call for the prioritisation of inductive qualitative research to explore how IPE leads to improved teamwork and patient outcomes.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12892

Title: Inter Disciplinary Learning with VERT: a Radiotherapy Education Case Study in Bendigo, Victoria

Mr Alan Turner

Introduction/Background

Radiotherapy departments now employ a wide range of health professionals to meet the needs of the cancer patient. Limited access to a radiotherapy treatment machine (Linear Accelerator) for staff other than radiation therapists could result in this group having a reduced level of understanding about radiotherapy. VERT (Virtual Environment Radiotherapy Training) is a virtual reality training platform now available at 6 Australian universities as part of a commonwealth funding agreement. This simulation software provides unprecedented access for health professionals to now visualise specialized equipment, important radiotherapy concepts and operate a realistic Linear Accelerator. 'Simulated patients' complete with authentic radiotherapy plans attached to CT datasets can also be loaded to complete the learning experience.

Purpose/Objectives

This project **Aims** to use VERT to increase the knowledge of health professionals regarding radiotherapy. The results of a planned 'needs analysis' survey from the target group will be presented to illustrate what health professionals want to know about radiotherapy practice. The results of this survey will then shape the content of planned education workshops. Feedback from these first workshops will also be presented on the effectiveness of VERT in educational material.

Issues/Questions for exploration or ideas for discussion

What is the current level of knowledge/understanding regarding radiotherapy of health professionals?
Can simulation software provide all the necessary information regarding radiotherapy?
Would the audience find VERT useful to their learning needs?
Can education workshops, using VERT, alter the health professionals perspective of radiotherapy practice and impact the level of care that they provide to the cancer patient?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12725

Title: Stepping up Expectations for Clinical Supervision: Engaging Health Professional Educators to Improve the Student Placement Experience

Ms Nicole Browne, Ms Jackie Tunnecliff

Introduction/Background

The 'Stepping up expectations for clinical supervision' project was funded under the Clinical Supervision Support Program. It was designed to build a consistent and sustainable approach to preparing student supervisors in the Northern region. The project trained 120 health professional educators in the University of Western Australia's Teaching on the Run (TOTR) program. Participants were then able to deliver TOTR in their own organisations, building on their capacity to prepare supervisors to provide high quality student placement experiences. Inter-professional and collaborative: The projects works from an acknowledgment that although student supervisors operate in a diverse range of settings with diverse methods, operations and arrangements, there is considerable common ground in terms of aspirations, requirements and principles. There is also a lot of interest in exploring opportunities to work collaboratively across disciplines and having a common approach is seen as key to achieving this. People are sometimes concerned that they lack a consistent approach across their discipline.

Purpose/Objectives

This presentation will report on the project approach of engaging educators to promote a consistent, sustainable approach to preparing student educators. It will draw on the project evaluation and highlight examples of successful implementation. The presentation will demonstrate the usefulness of a consistent approach as it provides common ground that can assist in new collaborative efforts between disciplines. It will also showcase the experiences of educators in training towards and delivering a new approach to preceptor or supervisor preparation.

Issues/Questions for exploration or ideas for discussion

What are the key elements to doing something differently and well?
What gets in the way?
What do educators need to lead?

ID: 13007

Title: A Prospective Evaluation of Team-Based Inter-Professional Clinical Education at the School of Dentistry and Oral Health (DOH), Griffith University

Dr Mark Storrs, Heather Alexander, Jeroen Kroon, Jane Evans

Introduction/Background

Clinical educational challenges led to DOH introducing an inter-professional team-based Treatment Planning (TBTP) model. Based upon available evidence, it focusses on practice teams and an expansion of peer teaching through increased collaboration between students from all DOH oral health programmes. However, no instrument existed to assess the clinical educational effectiveness of the inter-professional team process.

Purpose/Objectives

Tailor an on-line tool to evaluate the impact of student team processes on quality of clinical dental education and assess functionality of the TBTP model as perceived by staff and students.

Issues/Questions for exploration or ideas for discussion

What are the effects of student team processes on quality of clinical dental education?

Results

Validity and reliability of both surveys were confirmed with 158 students (61%) and 18 clinical teaching staff (86%) responding. Aspects of the 'inter-professional team process' correlated with 'quality of clinical dental education' included wanting to share information / learning about other oral health professionals and having a common understanding of teams based tasks. The strongest predictor of quality of clinical dental education was 'working collaboratively with students from other oral health professions.

Discussion

Our findings are supported within the literature. The quality of clinical dental education could be improved if associated aspects of inter-professional team processes are adopted. However, these relationships should be studied in larger comparable study populations nationally and internationally.

Conclusions

The TBTP model meets the needs of DOH, however further investigation will assess its suitability in other institutions.

ID: 12728

Title: Interprofessional Learning for Undergraduate Students by Simulation and YouTube Videos

Dr Virginia Skinner, Lyn Ebert, Valda Fullerton, Mohammed Galal, Stephen McNally, Wendy Carseldine, Donovan Jones, Kathryn Kerr, Jan Roche

Introduction/Background

Interprofessional learning is necessary so that health practitioners can be accommodated to use and understand the same language. In order to teach on a multidisciplinary level, collaboration with other health professionals is the first step and key component to enable each individuals professional practical and theoretical skills to meld together. This is an opportunistic position for further questioning, evaluating and clinical reasoning for each unique profession. Instead of learning in an isolated environment amongst peers, this form of communication opens up avenues for cross-referencing against each other's profession.

Purpose/Objectives

Interprofessional learning can be made possible by way of simulating clinical scenarios, both normal and emergency, and videoing these situations to be made available to all students in the health professions. A group of film-makers, nurses, midwives, doctors and pharmacists in the Hunter New England area have made this possible by collaborating and rehearsing practical scenarios for e-learning experiences as YouTube videos. The YouTube videos are then posted on a professional online teaching university site enabling access and availability to any undergraduate students in any profession. This avenue of learning provides students with the opportunity of modelling the scenario in their own mind with simulation, practicing in the clinical situation and promoting a consolidation of knowledge transferable to real clinical scenarios for all involved disciplines.

Issues/Questions for exploration or ideas for discussion

Do undergraduate students learn more effectively by this mode of teaching?

Teachers and academics need then to be able to evaluate this unique way of learning in comparison with traditional teaching methods.

ID: 12912

Title: Towards an Understanding of Medical Professional Identity Formation: a 360 Degree Perspective

A/Prof Patricia Johnson, Michelle McLean, Patricia Green, Sally Sargeant, Heather James

Introduction/Background

Several studies have addressed the professional identity formation and socialisation of medical students. The focus of that research, however, usually reflects the perspective of students. On their journey to becoming doctors, medical students may interact with faculty members (clinical and basic scientists) as well as simulated patients, nurses and other health professionals, all of whom see this professional identity formation from a different perspective.

Purpose/Objectives

The purpose of the present qualitative study, in addition to gathering information from students about their professional identity formation, was to also garner input from the spectrum of teachers with whom students interact over the course of their medical studies. This study is taking place at a single institution with a five-year undergraduate programme, where the majority of students enter directly from high school.

Issues/Questions for exploration or ideas for discussion

Interviews are framed by several questions, the most important being:
When does one become a doctor?

Are being a doctor and feeling like a doctor the same thing?

What factors contribute to the development of a professional identity as a doctor?

Does prior experience in a health profession impact on identity formation?

What do teachers and trainers contribute to students' socialisation into the profession?

Does gender and culture impact on professional identity formation?

The transcribed interviews with students (Years 1-5), registered nurses (teach procedural skills) and simulated patients (involved in history-taking and physical examination) are being analysed. Interviews with problem-based learning facilitators, faculty members and clinical skills tutors (teach physical examination skills) are currently underway.

Emerging Issues

Different groups of teachers and trainers have provided valuable insight into professional identity formation, often drawing on their own experiences and roles as professionals in the healthcare setting. Although Anatomy, in particular dissection, was identified as a key event by learners in moving from being a student to a medical student, patient contact was identified as important in their beginning to feel like a doctor. Surprisingly, becoming a doctor for many students would happen only after several years in clinical practice. Simulated patients, on the other hand, saw even first year students as doctors in training, with many treating them as such.

CONCURRENT SESSION 5 1330 – 1500 IPE**ID: 12908**

Title: Identifying the Professional Development Needs of a New Rural Interdisciplinary Teaching Team

A/Prof Sue Pullon, Peter Gallagher, Lesley Gray, Eileen McKinlay

Introduction/Background

A new five-week long interprofessional education (IPE) programme for undergraduate (pre-licensure) final year health professional students was set up with a short lead in time in 2011-12. The programme aims to integrate students into provincial, rural and remote under-served communities to undertake interprofessional clinical care and chronic conditions management within a hauora Maori context. Local clinicians were employed as part time professional practice fellows (PPFs) to provide clinical oversight for students in their own disciplines but also to teach students in small groups across all participating health disciplines (dentistry, medicine, nursing, pharmacy and physiotherapy). An additional PPF was appointed to ensure hauora Maori objectives were met. While all members of the teaching team had wide discipline-specific clinical experience, some with prior teaching responsibilities, none had experience of interprofessional teaching and learning. With support from an experienced teaching team from the nearest campus, the newly appointed local programme leader and administrator worked closely with the PPFs. However more specific guidance was found to be required to enable development of an effective interdisciplinary teaching team.

Purpose/Objectives

This PeArL, based upon the initial findings from group and individual interviews held with the local teaching staff during the first year of a new and positively received interprofessional programme will explore how best to support the development needs of those engaging in IPE.

Issues/Questions for exploration or ideas for discussion

What are the specific needs of those who teach on Interprofessional programmes?

How can faculty prepare teachers (even experienced teachers) for their roles in IPE teaching teams?

What experience and expectations do professionals have of the skills and education needs of students from other health professions?

Is IPE of itself an educational specialism?

ID: 12844

Title: Interprofessional Working: a Model for Evaluating Learning Outcomes of the Interprofessional Placements in South East NSW

Dr Pippa Craig, Christine Phillips

Introduction/Background

The Health 'Hubs and Spokes' Project (HH&S), a collaboration between Australian National University (ANU) and University of South Australia (UniSA), provided opportunities for ANU medical and UniSA allied health, nursing and pharmacy students to undertake rural interprofessional learning (IPL) teamwork experiences, primarily in southeast NSW. We used a modified Kirkpatrick/Freeth 4-level model (1,2) to evaluate the HH&S Project outcomes. The first two levels (students' reaction; change in knowledge and attitudes) were evaluated immediately following the IPL experience (3).

Purpose/Objectives

This presentation outlines our model for considering higher level IPL outcomes at the follow up evaluation. Our sample included IPL participants and nonparticipants from the same student cohorts. We determined Kirkpatrick/Freeth Level 3 (transfer of learning to professional practice) by measuring: expressed attitudes to other professionals, assessed through thematic analysis of student essays; resource networks between health professionals (4); attitudes towards healthcare teams (5); and personal stories of the application of interprofessional working; to provide triangulated data for analysis. The impact of IPL on organisational practice (Level 4) was explored by identifying evidence and duration of any positive changes resulting from HH&S (eg. altered procedures, information sheets, posters, reports, local publicity, improved interprofessional working) at the sites where IPL took place.

Issues/Questions for exploration or ideas for discussion

How robust is his model for evaluating higher level IPL outcomes?

Is this model feasible in other contexts?

What alternative approaches have been explored for evaluating higher level IPL outcomes?

1. Kirkpatrick(1996)Training & Development; 50:54.2. Freeth et al(2007) Medical Teacher; 29:735.3. Craig et al(2012)(submitted for publication).4. Wasserman & Faust(1994) Social Network Analysis. Cambridge: CUP.5. Heinemann et al(1999) Eval Health Prof; 22:123.

ID: 12692

Title: Learning Outside of "your Own Little Patch". IPL in Rural Settings - how is it Achievable?

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

Team practice is more likely to occur in rural health settings due to their smaller environments and lower numbers of health professionals[1]. However, each rural setting is unique, 'no one size fits all' in relation to how health care is provided [2], and each rural town has its own unique attributes and challenges[3]. While the rural context can be the driver for rural health professionals to work together this does not necessarily mean that rural health professionals train together. Interprofessional learning (IPL) is one way to improve working together as it can increase the mutual understanding that is required for teams to function effectively. Findings in a recent PhD study revealed that there were too many barriers in the rural environment in Australia for structured IPL to take place. Challenges included large numbers of part-time health professionals, different agendas and assumptions, visiting health professionals were not recognised as part of the team and disciplines operated under different systems affecting levels of accountability, accreditation and funding.

The following questions have incorporated some of the recommendations arising from the study

1. 'Interaction' is one of the key ingredients of interprofessional learning. With this in mind, would rural practice benefit then from more unstructured and opportunistic interprofessional learning activities? If so, what would this look like?
2. Professional socialisation can assist with breaking down the barriers and improving collaboration. Could the implementation of social activities outside of the rural workplace assist and motivate staff to want to train together?

1. Bourke, L., et al., Developing a conceptual understanding of rural health practice. Australian Journal of Rural Health, 2004. 12: p. 181-186.
2. Humphreys, J. and J. Wakeman Primary Health Care in Rural and Remote Australia: achieving equity and outcomes through national reform. National Health and Hospitals Reform Commission Discussion Paper, 2008.
3. Williams, A. and M. Cutchin, The rural context of health care provision. Journal of Interprofessional Care, 2002. 16(2): p. 107-115.

CONCURRENT SESSION 5 1330 – 1500 CLINICAL SUPERVISION

ID: 12679**Title:** Supervising Challenging Students on Clinical Placement**Ms Catherine Johnston, Dr Lesley MacDonald-Wicks,** Clint Newstead**Introduction/Background**

Professional practice in the clinical setting is of prime importance. One of the major issues facing those who supervise entry-level health professional student clinical placements is that of dealing with challenging students. Students may be challenging in a number of ways. This includes underperformance in clinical knowledge, reasoning and skills, unprofessional behaviour, poor communication, illness and/or disability (including mental health). As student numbers increase it is expected that situations involving challenging students will be more frequently encountered during clinical placement. Despite the fact that this issue is regularly identified, there is very little published literature in any health professional field relating to supervising challenging students on clinical placement. Furthermore there are limited appropriate resources to support clinical supervisors to manage challenging students have been developed or evaluated.

Purpose/Objectives

Discuss the impact of challenging students on clinical supervisors and explore support needs with the objective of facilitating the development of a theoretical knowledge base to underpin resources for clinical supervisor training and support.

Issues/Questions for exploration or ideas for discussion

What makes a student challenging?

Experiences with supervising challenging students.

Impact of challenging students: on the supervisor; their willingness to supervise; placement capacity; other staff and workplace culture. What training, resources and support would assist educators to more effectively supervise challenging entry-level health professional students on clinical placement?

ID: 12680**Title:** Supervising Failing Students on Clinical Placement**Ms Catherine Johnston,** Clint Newstead, Lesley MacDonald-Wicks**Introduction/Background**

Advances have been made with the understanding and assessment of clinical competence. However the issue of a failure to fail still remains in which students who are poorly performing and/or incompetent in the clinical setting are passed or graded as competent. Reported reasons for this include a lack of supervisor self-efficacy, confidence or competence, the influence of peers and professional culture, time constraints, anticipation of repercussion, a lack of understanding of assessment requirements and a paucity of resources/support from higher education providers, such as universities. Ineffective management of failing students may lead to substandard patient care, risks to patient/public safety and may adversely impact on professional standing. If clinical supervisors are not confident, competent and supported, underperforming, incompetent or dangerous students may not be identified, failed or remediated. There is little published literature relating to managing the failing student in the clinical placement setting and limited understanding of the support needs of educators.

Purpose/Objectives

Discuss the issues related to failing students on clinical placement. Explore support needs with the objective of facilitating the development of a theoretical knowledge base to underpin resources for clinical supervisor training and support.

Issues/Questions for exploration or ideas for discussion

Experiences of supervising failing students.

Is there a failure to fail poorly performing students on clinical placement?

What factors might influence decisions not to fail poorly performing students?

What training/resources/support would assist educators be better prepared to manage failing students?

ID: 12952

Title: The Knowing, Acting and Being of Health Professionals: what does this Mean for Education?

Ms Sarah Barradell

Introduction/Background

Health professional education programs must comply with independent bodies (e.g. for accreditation, registration of new graduates). The influence of these stakeholders explains the importance that professional degrees place on competencies. However, competencies do not reflect all that practice entails. Practice is inherently more complex than knowledge and skills. Education of our future workforce should aim to meet the needs of the profession, to stimulate and generate change for the profession, whilst also enabling individual transformation and authentic induction to the discipline.

Purpose/Objectives

Barnett and Coate (2005) make a case for curricula framed around knowing, acting and being in order to engage students and academics with what is required for uncertain futures. In this session, I aim to explore some of the issues this raises for curriculum: how we might provide consistently valuable learning opportunities to develop the collective thinking, doing, feeling and becoming of professionals. Of particular interest is learning context: for example, university based versus work placed learning.

Issues/Questions for exploration or ideas for discussion

What might a curriculum for knowing, acting, being a health professional involve?

Is your program already doing it?

To what extent?

How successfully?

By whose yardstick?

Is there a difference between the learning contexts provided at university and healthcare settings?

What are the implications?

Barnett, R., & Coate, K. (2005). Engaging the Curriculum in Higher Education. Maidenhead, Berkshire, England: Open University Press.

CONCURRENT SESSION 5 1330 – 1500 SIMULATION**ID: 12870**

Title: Round the Table Teaching: A Novel Method of Clinical Skills Teaching Using a Simulated Learning Environment

A/Prof Fenton O'Leary, Kathryn McGarvey, Karen Scott

Introduction

RESUS4KIDS is a successful paediatric life support program originating in New South Wales, which aims to improve the resuscitation skills of the paediatric health workforce. One component of the program is a practical course, which is taught with a 'pause and discuss' format in a low-fidelity simulated learning environment. Participants are required to individually perform each of the clinical skills involved in paediatric resuscitation and receive continuous feedback from a trained instructor. This 'Round the Table' methodology also enables each participant to be the leader for a specific part of the process. The Round the Table methodology links knowledge, clinical skills, algorithm-based management and continuous assessment in a non-threatening, simulated learning environment.

Purpose

To describe the Round the Table methodology using the RESUS4KIDS practical course as an example and to show how this methodology can be applied to other clinical skills or algorithm-based patient care.

Ideas for discussion

The workshop will allow participants to review the Round the Table methodology based on the RESUS4KIDS course and then apply the methodology to a clinical skill or algorithm-based process of their own.

Strategies

Workshop participants will be asked to participate in the initial demonstration of the Round the Table methodology and then, either as individuals or groups, identify a clinical skill to apply it to. Participants will then be asked to volunteer to demonstrate how they could apply the methodology to the skill using other members as participants. The presenters will provide expert feedback and facilitate audience discussion around the methodology.

CONCURRENT SESSION 5 1330 – 1500 SIMULATION

ID: 12910

Title: Fundamentals of Simulated Patient Methodology: Training Approaches for Role Portrayal

Prof Debra Nestel, Tracy Morrison, Shane Pritchard

Introduction/Background

Simulated patients (SPs) are well people trained to portray patients. SPs offer many benefits including the offering of patient perspectives sometimes overlooked in clinically focused education. The contribution of SPs to health professional education is expanding. Drawing on our experiences of the statewide Victorian Simulated Patient Network (www.vspn.edu.au) and the national training programs of AusSETT (www.aussett.edu.au) and NHET-Sim (www.nhet-sim.edu.au), we will explore some key issues in SP methodology as experienced by the simulation education community and focus on training SPs for role portrayal.

Purpose/Objectives

After the workshop, participants will be able to:

1. Identify key issues in preparing SPs for role portrayal (including recruitment, selection and rehearsal)
2. Demonstrate approaches to training SPs for role portrayal

Issues/Questions for exploration or ideas for discussion:

What are the benefits of different approaches to training SPs for role portrayal?

What are the challenges of different approaches to training SPs for role portrayal?

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

The 90-minute workshop will commence with an overview of key issues in SP methodology. Although in presentation format, there will also be a significant discussion and participants encouraged to share their experiences. The balance of the session will include experiential exercises to support participants in training SPs to portray patient roles. Participants will need to be prepared to role-play in order to experience the training approaches from the perspectives of SPs.

CONCURRENT SESSION 6 1530 - 1630 CLINICAL SUPERVISION

ID: 12771

Title: Student Fitness to Practice - a Clinical Educator Perspective

Mrs Kristin Lo, Margaret Bearman, Heather Curtis

Background

Health Workforce Australia (HWA) [1] identified that creating a competent and sustainable workforce is a main priority and attrition from the health professions is a significant concern. Literature supports that a key factor affecting clinical performance in both health professionals and their students is Fitness to Practice (FTP). According to Parker [2] FTP has three components: freedom from impairment (physically and mentally fit to perform duties), professional conduct and behaviour (meets appropriate codes of conduct and ethical guidelines) and clinical competence (demonstrates adequate skills and knowledge). FTP issues affect both health professional and student clinical performance due to reduced empathy, productivity and attendance and increased error rates, practitioner distress and complaints. However, there is a paucity of research on the effects of student FTP issues on clinical educators. It is hypothesised that optimal management of student FTP issues may have potential to positively impact both clinical educators and students.

Objectives

The Aim of this presentation is to discuss the impact on physiotherapy clinical educators of managing students with potential FTP issues.

Ideas for discussion

The preliminary findings of a survey completed by 80 physiotherapy clinicians from multiple health services will be presented. This includes signs that typically alert clinicians to student FTP issues and the impact of student FTP on patient care and work satisfaction. Innovative strategies which assist clinical educators to support students with FTP difficulties will also be presented.

[1] Health Workforce Australia <https://www.hwa.gov.au/> accessed 6/2/13. [2] Parker, M (2006) Assessing professionalism: theory and practice. *Medical Teacher*, 28, 399-403.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12916

Title: Rural Placements Creating Rural Career Intent: is Clinical Epistemology the Key?

Mrs Lucie Walters, Pamela Stagg

Background

Australian Rural Clinical Schools (RCS) provide at least 1 year of clinical training in rural areas for 25% of Australian Commonwealth supported medical students with the intent to influence future rural medical workforce outcomes. It has long been recognized that rural clinical placements as a medical student can result in rural career intent, and have a direct improvement on rural medical workforce recruitment. Little work has been done to develop a conceptual framework to explain for how rural placements have this effect. Doctors working in primary care have been shown to have more tolerance of clinical uncertainty as a consequence of preferencing a biopsychosocial clinical epistemology.

Purpose

Annually, students completing rural clinical school programmes across Australia are invited to complete the FRAME survey regarding their clinical supervision experiences, and their own perspectives of rural practice and future career intent. This research tests the hypothesis that clinical supervision by rural doctors Results in RCS medical students developing a strong biopsychosocial clinical epistemology. The research aims to measure RCS students preferred clinical epistemology, and discover any link between this and rural career intent.

Results

Survey results will be analyzed in March 2013 and will be presented at the conference.

Discussion

As the Commonwealth Government begins an independent Review of Health Workforce Programs, it is timely to consider how rural clinical placements affect career intent. This project proposes that an individual's primary clinical epistemology will affect how comfortable they are dealing with clinical uncertainties, which are an unavoidable component of clinical work for rural generalists.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12945

Title: Exploration of the Perceived Educational needs and Learning Preferences of Occupational Therapists (OTs) Working in Acute Hospital Settings

Ms Sonja de Munck, Sue Miller, Diana Jonas-Dwyer

Introduction

Although there are clear legal, workplace and professional requirements for OTs to engage in continuing professional development there is a limited understanding of the educational experiences of clinicians working in hospitals.

Purpose/Objectives

The aim of this study is to determine the perceived educational needs of OTs working in acute hospital settings in the metropolitan area, in Western Australia. The findings will assist with the planning and development of educational strategies to meet the learning needs of individuals in the future.

Methods

A mixed methods design of data collection was used. A questionnaire was developed to elicit OTs motivation levels, educational needs, satisfaction levels and learning preferences. Face validity and reliability was established. Occupational therapists (n = 160) from three acute hospitals in Western Australia completed the questionnaire. Heads of OT departments' participated in semi-structured interviews. A descriptive level of analysis was applied to questionnaire responses. Mann Whitney-U tests were used to compare experience levels with level of need for further education. Qualitative data from the interviews and open-ended responses were analysed for themes.

Results/Discussion

Occupational therapists indicated they were motivated to learn to improve professional skills. Occupational therapists show a preference for practical and experiential types of learning. Workshops are deemed most effective. There are high levels of need for further education in several domains. These findings will be discussed in relation to the current education literature.

Conclusions

The findings could have value to OTs and OT educators working in acute hospital settings nationally and internationally.

ID: 12808

Title: Training Clinical Neuropsychologists to Deliver Psychological Interventions: a Survey Study

Dr Dana Wong, Rene Stolwyk, Adam McKay

Introduction/Background

Over the past 10-15 years, clinical neuropsychologists have increasingly become involved in the delivery of psychological interventions to people with conditions affecting the brain, expanding their role beyond diagnostic assessments. Training in the delivery of psychological interventions is now considered a key competency within accredited Australian postgraduate neuropsychology courses. Nevertheless, the majority of the typical neuropsychologist's time is still spent on assessment, making it difficult for neuropsychology students to obtain experience in delivering interventions while they are on clinical placements. Identification of the factors affecting the amount of time neuropsychologists devote to delivering interventions would assist in addressing any barriers to delivering interventions, including barriers related to the provision of clinical supervision in interventions during postgraduate training programs.

Purpose/Objectives

The aims of this project were to 1) determine the frequency and confidence with which particular types of interventions are being delivered by clinical neuropsychologists in Australia, 2) identify what factors might influence these frequency and confidence ratings, and 3) identify the training needs of clinical neuropsychologists for delivering interventions, in order to identify how postgraduate training programs could meet these needs.

Issues/Questions for exploration or ideas for discussion:

Which training methods have the greatest effect on the frequency and confidence with which clinical neuropsychologists deliver psychological interventions?

Results

113 people who had graduated from an Australian postgraduate program in clinical neuropsychology completed an online survey. Results indicated that respondents generally felt moderately confident in delivering various types of interventions, but that they had not received adequate training in these interventions during their postgraduate courses. Many had done further training since completing their postgraduate program, most commonly workshops and clinical supervision. There were a number of significant relationships between the frequency/confidence with which respondents currently delivered interventions and the perceived quality of their postgraduate training experiences. The majority of respondents wanted to be doing more interventions in their clinical work, with lack of time, resources, and adequate training being the major barriers.

Discussion/Conclusions

These results highlight the need for appropriate training in delivery of interventions during postgraduate neuropsychology courses, including the opportunity to practice interventions on placements under clinical supervision and observation. Provision of more training opportunities in specific interventions for clinical supervisors of postgraduate students may also help address this need.

CONCURRENT SESSION 6 1530 - 1630 SIMULATION**ID: 13072**

Title: 'Integrated, Dialogic' Approach in Medical Education Curriculum: a Case of Clinical Pedagogy

Miss Mahtab Janfada

This paper draws on the insights gained from a research applied in non-native medical educational context of Iran whose implications might shed light on the quality and depth of medical education in Australian universities with many international students. The research was particularly applied in medical English courses at Tehran University to diagnose the pedagogical problems which prevents students to internalize, contextualize and conceptualize academic and professional medical knowledge in English. Importantly, they remain voiceless outsiders, who are neither sufficiently competent nor confident to operate in the global medical community. In response to this, an 'Integrated, Dialogic' approach to medical English pedagogy was designed which was informed by socio-cultural theories of learning and language (Vygotsky, 1986; Bakhtin 1981). This multi-layered dialogic approach to English language learning was aimed to integrate and balance critical and pragmatic literacy (Harwood and Hadley, 2004) and academic and professional medical discourses, and to address the various 'needs and rights' (Benesch, 1999) of students. It is applied through various mediational tools (Wertsch, 1991) such as role-plays, medical simulations, clinical scenarios, narrative and evidenced-based medical texts, and doctors' circle sessions. Findings revealed that 'Integrated, Dialogic' approach could scaffold medical students' understanding of their academic/professional identity; make them aware of different discursive features in the discipline of medicine and the extent and depth to which they can appropriate this understanding toward meaningful clinical communication. This in turn provides insightful implications for future practices and particularly to establish and strengthen a Clinical Pedagogy where students' understanding occurs beyond methodological level and leads to deeper layers of ontological and epistemological transformations as potential professionals.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12988

Title: Clinical Alignment: Doctors-in-Training

Mrs Marnie Connolly, David Campbell, Jane Greacen

Collaborative medical education workshops between: East Gippsland Regional Clinical School, Bairnsdale Regional Health Service.

Aims

Provide an opportunity for Doctors/students in the East Gippsland Region to upgrade and maintain their emergency skills through simulation.

Strengthen local emergency care networks through involving local care practitioners in collaborative learning activity.

To recognise the importance of a team approach to achieve optimal outcomes for patient.

Develop existing skills to provide initial management at emergencies in the Health care setting.

The emergency skills workshops allow opportunity for other senior clinicians to be immersed in simulation activities and upskill as a tutor

Background

Doctors in training in East Gippsland are required to provide a range of emergency skills to rural and remote communities. This is a new method of collaboration and a new model of learning to support, educate and train rural and remote doctors in training in East Gippsland

Method

3 hour evening emergency skills workshop is held every 10 weeks. All interns, 4th & 5th year medical students and GP registrars are invited to attend. Scenarios and emergency skills are derived from the feedback obtained from supervisors/ participant evaluations. Teacher training is provided to all tutors involved with the workshops

Results

20 workshop since 2008 with 12. 20 participants attending each workshop. Participants indicated through the post workshop evaluation form, the information presented and emergency skills practiced was highly relevant and provided not only consolidation of knowledge, furthermore helped prepare participants for emergency situations

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12815

Title: Virtual Reality Based Clinical Cases: a Novel Method for Assessment of Competence and Clinical Reasoning Ability

Dr Melyssa Roy, Tim Wilkinson, Rob Walker, Phil Blyth

Introduction

Current modes of assessment of clinical competence are limited in their ability to assess some aspects of competence, such as clinical reasoning ability and timely decision-making. Novel forms of assessment utilising simulation technologies like virtual-reality may provide an alternative means of evaluation. The Otago Virtual Hospital (OVH) computer programme allows the performance of participants to be assessed while managing a virtual-reality simulated clinical case in real-time.

Objectives

To evaluate the validity of an OVH-based assessment of clinical competence, and to test the virtual-reality format for the evaluation of clinical reasoning ability.

Issues for exploration

Issues include the validity of utilising virtual-reality simulation as an assessment tool, and the novel concept of utilising virtual-reality simulation for evaluating clinical reasoning ability.

Results

This pilot study (n=12 participants) showed significant differences in clinical performance between cohorts at different stages of medical training, thereby supporting construct validity. Qualitative analysis of clinical reasoning themes indicated that with increasing medical experience, participants showed evidence of improved clinical reasoning ability (better able to transform information into key clinical concepts, generate more accurate diagnoses, generate correct diagnoses more efficiently).

Discussion

Results suggest simulated virtual cases may provide a valid and rapid means of assessing clinical competence. Virtual-reality cases provide more comprehensive information about clinical reasoning ability than traditional means of assessment. Information gained from testing appears congruent with current clinical reasoning theories.

Conclusion

The OVH virtual-reality based case provided an authentic clinical task in which overall performance and clinical reasoning abilities could be validly assessed.

ID: 12894

Title: The Victorian Simulated Patient Network: a State-wide Faculty Development Resource for Health Professionals Interested in Simulated Patient Methodology

Prof Debra Nestel, Debra Kiegaldie, Leone English, Tracy Morrison, Shane Pritchard

Introduction

The Victorian Simulated Patient Network (VSPN) (www.vspn.edu.au) is a significant statewide project funded by Health Workforce Australia and the Department of Health as part of the simulated learning environments program. The VSPN is an online network for educators, clinicians, simulated patients (SPs), program administrators and others interested in SP methodology. The aims are to develop a sustainable statewide network, provide high quality resources in SP methodology, expand SP-based education, increase the number of simulation educators through SPs, and improve education in patient-centred care. Modules covering various aspects of SP methodology have been developed, including training methods for SPs for role portrayal and feedback, program management, SPs in assessment, debriefing, and several others. Illustrations of SPs at work, example scenarios, frameworks to support SP-based education, and links to key publications are included within the modules. Each module is designed to take participants approximately two hours and does not involve any formal assessment. The modules are accessible to anyone who joins the VSPN, which is free of charge.

Purpose/Objectives

Members of the VSPN complete evaluations for each module. Data will be analysed with descriptive statistics and thematic analysis.

Issues/Questions for exploration or ideas for discussion

To what extent can an online resource in SP methodology expand the uptake of high quality SP-based education?

Results

Launched on December 12, 2012, as of February 4, 2013, the VSPN has 61 members. Evaluation data collection is in progress. Discussion The evaluation data will be presented.

Conclusion

To be determined.

CONCURRENT SESSION 6 1530 - 1630 PEER LEARNING**ID: 12648**

Title: Working in blocks: is Team Based Learning Suitable for Learning in Concentrated Time Frames?

Dr Sharleen O'Reilly

Introduction

Team Based Learning (TBL) is an established teaching delivery method that has revolutionised classrooms within business and, recently, medical schools in the USA and other countries. The method shifts the focus of teaching interactions from an instructor conveying core concepts to students applying them in a supportive peer-led environment. For TBL, students prepare for the class through prescribed readings and are then held accountable, using the Readiness Assurance Process (RAP). Following the RAP, the majority of class time is used to practice applying concepts to a series of team application exercises. In 2011 TBL was piloted in Community Nutrition, a core unit in the Master of Dietetics at Deakin University.

Objective

To evaluate the impact of using TBL delivery of an 'intensive week' block of content.

Issues/Questions for exploration or ideas for discussion

The issues faced undertaking this process were allocating time for staff development, developing the mechanisms and materials to deliver the TBL and supporting student engagement in the condensed process. The short timeframe for TBL delivery posed logistical problems and required sustained high-level effort from students, risking complications like fatigue prior to placement.

Results

The TBL process resulted in statistically significant increases in measures of student confidence.

Discussion

The pilot of TBL translated into increased student and supervisor satisfaction with their learning on placement.

Conclusion

As a result of these improvements, the course will be implementing TBL components in all core dietetic units for 2013.

ID: 13016

Title: Using the PHEEM Project to Promote and Support Collaborative Learning for Medical Educators

Ms Marilyn Bullen

Background

Since 2006 the Postgraduate Medical Council of Victoria (PMCV) has conducted the PHEEM (Postgraduate Hospital Educational Environment Measure) Project in conjunction with eleven Victorian hospitals. The project involves collecting information from postgraduate year 1-3 doctors about the clinical learning environment. To do this, the PHEEM instrument is used which is a validated, scored, forty-item questionnaire developed in the UK1. Medical Education Officers (MEOs) from participating hospitals and the PMCV jointly conduct the project.

Purpose

In addition to providing a way of systematically evaluating the educational environment for junior doctors, the purpose of the project is to provide an opportunity for MEOs to collaboratively review key findings and develop state-wide strategies that aim to continually improve the clinical learning environment for junior doctors. This includes understanding the educational needs of clinicians and educators who support junior doctors.

For Discussion

The PHEEM Project has identified several important issues for medical educators and provided the impetus for shared learning through exploration and discussion of the consolidated findings. In particular, the educational preparation required by supervisors including the need to provide training in the provision of effective feedback; and the importance of offering a forum to discuss issues of mutual interest were highlighted as positive ways to assist the professional development of medical educators. This work is of potential benefit to the broader medical education community.

1.Roff S, McAleer S, Skinner A. Development and validation of an instrument to measure the postgraduate clinical learning and teaching environment for hospital-based junior doctors in the UK. Medical Teacher 2005; 27(4): 326-331.

ID: 12643

Title: The Impact on Student Learning of Assessing Peers alongside Supervisors in the Long Case

Ms Annette Burgess, Chris Roberts, K Black, C Mellis

Introduction/Background

In stage 3 of the medical program, Sydney Medical School, students are required to sit a formative long case examination. Peer students act as co-examiners, together with an academic examiner.

Purpose/Objectives

To investigate the efficacy of students as examiners based on
Student perception of their learning experience as assessors of their peers
Agreement between student and academic examiner marking
Student examination performance based on the order of examination

Methods

Over a 3 year period (2010 to 2012), students (N=197) were randomly allocated to co-examine their peers and to be examined themselves.

Data Collection

Marking sheets of academic and student examiners were compared to assess agreement. Student examination performance scores were collected. Questionnaires were distributed to all student co-examiners (N=197). All student co-examiners (N=197) were invited to attend focus groups.

Results

Marking sheets: 92% (182/197) were analysed.
Data on order of examination were available for 92% (181/197) of students.
Questionnaire response rate 93% (183/197).
Eight focus groups were held, with 27% (53/197) attendance.
Student examiners consistently marked higher than academics across all marking domains.
There was no significant difference in student performance based on the order of examination.
Acting as a student co-examiner was perceived by students as useful in preparing students for their own long case examinations.
Students experienced difficulty providing critical feedback to peers.

Discussion

Our students proved to be more lenient markers than the academic examiners. Although we were not able to provide evidence that participation as a peer assessor improved examination performance, the activity provided a rich learning experience for students.

Conclusions

Further training in both assessment and feedback may enhance student educational and professionalism outcomes of the peer assessment activity in the future.

ID: 12960

Title: A Student-Led Peer Tutoring Program to Enhance Early Clinical Skills Acquisition

Miss Allison Hemenstall, Ruth Sutherland, Joanna Adie, Daniel North

Introduction/Background

Peer learning is a vital component of medical professional development and is recognized as a successful tool to enhance learning. The Melbourne Doctor of Medicine program has adopted an early clinical skills program to develop medical interviewing, physical examination and diagnostic reasoning skills in first-year students.

Purpose/Objectives

In response to students' requests for more supervised skills practice, a six month pilot program was initiated by students. Clinical students from the second-year of the course returned to the University campus to conduct small group tutorials for first year students. Our aim was to reinforce the clinical skills learnt in first-year tutorials, under the supervision of peer tutors. A secondary aim was for second-year students to reinforce their own clinical skills.

Results

Our pilot was met with much enthusiasm. 52 volunteer peer tutors were selected and 123 first-year students signed up for the tutorials. Peer tutorial groups consisted of two peer tutors and 4-6 first-year students.

Discussion

The effectiveness of the program was evaluated by an online feedback survey. 89% of peer tutors provided helpful feedback to students in medical interviewing skills (n=51) and 94% provided helpful feedback to students in physical examination skills (n=50). Peer tutor responses were also positive and expressed an improvement in their personal clinical skills.

Conclusions

The success of the peer tutorial program reinforces the importance of peer learning in medicine and we aim to continue the current program and to extend it into the later clinical years of the MD program.

CONCURRENT SESSION 6 1530 - 1630 IPE**ID: 12641**

Title: Professional Development of Healthcare Educators to Support Ecological Sustainability and Social Justice

Dr Jillian Dunphy

Introduction

Education for sustainability (EfS) is designed to enable graduates to support ecological sustainability and social justice. In the context of healthcare professionalism, this requires an understanding of natural and social environmental impacts on health and healthcare, and healthcare impacts on the social and natural environments. Important graduate skills in this context include workplace leadership, community engagement, and advocacy skills. To effectively integrate EfS into healthcare education, educators require professional development to develop their own knowledge, skills, and EfS pedagogy. Importantly healthcare educators need to model professionalism that supports the social and natural environments.

Objectives

This session is designed to raise awareness of EfS in healthcare, explore EfS approaches currently used in healthcare, and explore professional development opportunities that support environmentally responsible and socially just healthcare education practice and EfS development. Ultimately the sharing of experiences and resources may enhance EfS in healthcare and promote environmentally responsible behaviour in the education sector, whilst reducing the burden of these endeavours for educators.

Questions for discussion

How do you, or could you, incorporate EfS into your teaching?

How do you, or could you, model professionalism that supports the social and natural environments?

What professional development (if any) has assisted you in these endeavours?

What additional professional development would support you or your colleagues to teach EfS and model environmentally responsible practice?

What is the most appropriate EfS pedagogy?

ID: 12838**Title:** The Development and Evaluation of an Allied Health Graduate Program**Mrs Katie Cole****Introduction/Background**

The benefits of discipline specific graduate programs to aid a smooth transition from student to newly qualified health practitioner are well recognised (Banks et al. 2011; Morley M 2009). Evidence also indicates an interprofessional collaborative approach to learning, development and support of newly qualified staff builds effective collaborative practice (Mann et al. 2009; Reeves et al. 2009). The ACT Government Health Directorate has developed and delivered an Allied Health Graduate program for all newly qualified allied health staff. The program consists of six face to face 2 hour modules run over 6 months. Learning outcomes for each module are underpinned by the Canadian Interprofessional Competency Framework, data from local consultation with stakeholders and the current literature.

Purpose/Objectives

The program aims to build capabilities and confidence required for effective interprofessional collaboration by learning with, from and about fellow health professionals. This program will compliment discipline specific training and provide additional opportunities for learning within an interprofessional forum.

Issues/Questions for exploration or ideas for discussion

Practical Issues:

The impact of different approaches to program delivery. How to engage and ensure relevancy for a diverse group of health professionals? Creative ways of extending the program to include nursing and medicine.

Organisational Issue:

Engaging and maintaining ongoing support from managers and supervisors to release staff from practice for non-discipline specific opportunities.

Evaluation Issues:

Moving beyond a basic program evaluation and exploring if the program supports change in behaviour, attitude and beliefs towards interprofessional collaborative practice within the work environment?

References

Banks P., Roxburgh M., Kane H., Lauder W., Jones M., Kydd A., Atkinson J. (2011) Flying Start NHS: easing the transition from student to registered health practitioner. *Journal of Clinical Nursing*. 20(3) pp:3567-3576
 Mann K., Sargeant J., Hill T. (2009) Knowledge translation in interprofessional education: what difference does interprofessional education make to practice. *Learning in health and Social Care*. 8(3) pp 154-164
 Morley, M. (2009). Contextual factors that have an impact on the transitional experience of newly qualified occupational therapists. *British Journal Of Occupational Therapy*. November 72(11); pp 507-514
 Reeves S., Zwarenstein M., Goldman J., Barr H., Freeth D., Koppel I. & Hammick M. (2010) The effectiveness of interprofessional education: key findings from a systematic review. *Journal of Interprofessional Care*. May; 24(3): 230-241

CONCURRENT SESSION 6 1530 - 1630 PEER LEARNING**ID: 12883****Title:** Are Students with Stress Causing Tutor Distress?**Ms Susan Clarey**, Eve DeSilva**Introduction/Background**

University students experience stress, however this is often of an increased level for those enrolled in medical school. This stress is, very rarely, successfully contained and is quite evident in small learning groups. At the Griffith University School of Medicine, anecdotal evidence has suggested that these increased levels of stress in the student population have been associated with problems for the tutors with whom they work most closely. Many of these tutors work on a casual or sessional basis, which can be a problem within itself. Ethics approval has been granted to survey these tutors with the aim to further understand the experience of student stress and the impact on the tutors at the coal face. Further exploration will reveal the level of support and training that is or isn't present for these tutors, the premise being that in any employment situation employees need to feel supported.

Purpose/Objectives

The project aims to identify, if student stress is causing tutor distress, for those involved in small group work with medical students. This will lead to the investigation of a) the assistance and support provided to these tutors by the university b) whether the training provided initially was adequate and c) whether this training needs to be continual. The outcomes of this project will guide and assist the development of future workshops within the school. It is envisaged that this pilot study on post graduate medical students, will be administered to a wider audience after the PeArLS.

Questions for Exploration:

What happens at your school?

How do you teach your tutors to identify individual students with issues?

Are there only individual student's problems or also problems with dysfunctional groups of students?

How are dysfunctional groups of students dealt with?

Do you have a reporting system?

Do you call these incident reports?

Are incident reports routinely completed?

What training should be offered and when?

Initially?

Annually?

What needs to go into this training?

Do you use institution counselling services?

Peer support?

How do you manage staff stress?

Is your institution's counselling service available to casual employees?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12667

Title: Engaging Medical Students in Peer-Assisted Learning on Clinical Placements

Dr Joanna Tai, Elizabeth Molloy, Ben Canny, Terry Haines

Introduction/Background

Health professional educators are increasingly using peer-assisted learning (PAL), for efficiencies in learning and economy (Krych 2005). PAL may improve self-directed learning, evaluative judgement (of self and others), and productive teamwork (Wood 2003): vital skills for the future medical practitioner (Confederation of Postgraduate Medical Education Councils 2009). PAL may also increase clinical placement capacity where there is heavy demand. Despite these proposed advantages, PAL is not always viewed favourably by students and educators. Reasons include students not feeling safe with peers, competition, and the accuracy (or lack thereof) of information from peers. These issues may need to be addressed for students to engage effectively in structured PAL during clinical placements. Year 3 medical students at Monash University were surveyed on their attitudes to PAL in 2012. Students' PAL activities while on clinical placement were observed in 2013, with concurrent interviews of students and educators.

Purpose/Objectives

To gain a sense of how the reported research findings (experiences and attitudes of student and educators) compare and contrast to others' educational contexts. Together the group will generate guidelines that may improve the uptake of PAL in the clinical setting.

Issues/Questions for exploration or ideas for discussion

What, if anything, do students feel they gain from PAL?

How often does PAL occur in a typical clinical placement week?

Are educators' fears of the 'student as poor judge of others' work' founded?

Does gender impact on students' preference for PAL versus independent learning?

What type of framework, scaffolding or guidelines could be used to improve the uptake of PAL in clinical environments?

References

Confederation of Postgraduate Medical Education Councils, 2009. Australian Curriculum Framework for Junior Doctors. Confederation of Postgraduate Medical Education Councils. Available at: <http://curriculum.cpmec.org.au/> [Accessed November 19, 2012]. Krych, A.J. et al., 2005. Reciprocal peer teaching: students teaching students in the gross anatomy laboratory. *Clinical anatomy* (New York, N.Y.), 18(4), pp.296-301. Wood, D.F., 2003. ABC of learning and teaching in medicine: Problem based learning. *BMJ*, 326(7384), pp.328-330.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 6 1530 - 1630 WORKSHOP

Title: Reviewing Manuscripts Members of the Editorial Board of Focus on Health Professional Education

Mr Tony Egan

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.

Reference

Beginner's guide to reviewing a manuscript

Guidelines for peer review

<http://anzahpe.org/General/journal.html>

CONCURRENT SESSION 6 1530 - 1630 ASSESSMENT/CLINICAL SUPERVISION**ID: 12871**

Title: Challenges in Nursing Education - Collaborating to Address the Academic Literacies Development of Undergraduate Nursing Students

Mr John Hamilton

Introduction/Background

Communication on many different levels is central to the practice of nursing. Nursing students need to develop both the professional literacies required within their medical and healthcare contexts and the everyday language to communicate effectively with patients, families and colleagues from outside the health professions. However, they also need to be acquiring and developing the written academic literacies required of higher education students.

Purpose/Objectives

This presentation reports on collaboration between discipline lecturers and literacy specialists designed to address the academic literacies development of first year undergraduate nursing students. This has involved initial post enrolment language testing of writing to determine the starting points for students and identify those whose writing proficiency may place them 'at risk' in terms of progression, a review of unit content, and delivery of a workshop titled 'Writing for your assignments' providing contextualised guidance and models on writing essays within the discipline.

Issues/Questions for exploration or ideas for discussion

While clearly many undergraduate nursing students enter university with a strong foundation in basic literacy and writing proficiency, others do not. This presentation explores issues around how to address academic literacies acquisition for students with limitations in terms of writing proficiency, as well as the desirability of scaffolding and embedding academic literacies development for all students within nursing curricula. The presentation also explores some of the challenges involved in establishing collaborative approaches, and the potential professional development gains for both discipline lecturers and literacy specialists through collaboration.

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

The following questions will be used as the basis for small group discussion, followed by a broader discussion:

1. To what extent is academic literacies development addressed within curricula within your institution?
2. In general how well prepared are your first year students in terms of literacy and writing proficiency for the process of academic literacies acquisition?
3. What opportunities have you had, or would you like to have, to work collaboratively on addressing the academic literacies development of students at your institution?

In addition, a handout with examples of materials used in the 'Writing for your assignments' workshop will be distributed and the audience invited to critique these and consider whether similar materials would be of use within their own teaching and learning contexts.

ID: 12665

Title: Making Self-Reflection a Reality in Workplace Integrated Learning (Wil): Practical Strategies for Supervisors

Ms Bernie Bissett, Ms Roslyn Stanton

Introduction/Background

Self-reflection is well known as a valuable tool for learning in health education and the ability to self-reflect is a competency requirement for new graduate physiotherapists. However, the ability to develop and assess self-reflection skills within workplace integrated learning (WIL) is challenging for many supervisors. Traditional methods of self-reflection may include log-books and diaries however these may not well integrated within the day to day supervision and thus the learning potential of this activity may not be optimised.

Purpose/Objectives

Describe alternative methods of engaging with students in self-reflection, which emphasise dialogue between the supervisor and the students, include the use of technology, guided individual self-reflection and facilitated peer learning. This workshop presents evaluation data regarding students' perceptions of the usefulness of these alternative strategies in optimising self-reflection during WIL. Linkages with concrete learning outcomes and assessment will also be discussed.

Issues/Questions for exploration or ideas for discussion

How do you successfully integrate self-reflection in WIL?
 What strategies are feasible for supervisors in WIL?
 Do students value self-reflection in WIL?
 How can supervisors harness technology to engage with students in their self-reflection?
 How do supervisors ensure that their assessment of students' competency in self-reflection is accurate?

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

Facilitate participants contribution of their own experience, barriers and enablers in integrating self-reflection in WIL eg through whiteboard brainstorming as a large group. Use of small group discussions to critique real world examples of students' self-reflections.

THURSDAY 27 JUNE

CONCURRENT SESSION 7 0830 – 1000 CLINICAL SUPERVISION

ID: 12885

Title: Junior Doctors Communicating Healthcare in Culturally Diverse Rural Settings

A/Prof Robyn Woodward-Kron, Yu En Chia, Catriona Fraser, Jonathon Au, Hashrul Nizam, Leah George

Introduction

Junior doctors working in public hospitals are Australian born graduates, overseas born Australian graduates, and International Medical Graduates (IMGs); in Victoria they deliver healthcare in a context where more than 20% of the population speak a language other than English at home. Miscommunication between clinicians and patients can occur when there are differences in language and culture including expectations and beliefs about healthcare.

Objectives

To investigate the effectiveness of junior doctor-patient communication in a culturally diverse rural setting; A qualitative design was adopted. The data were 5 focus group interviews with 20 junior doctors; interviews with 13 senior staff as well as 5 audio-recorded interactions between junior doctors and patients. The setting was an Emergency Department (ED) in a rural hospital. The interviews and focus groups were analysed thematically; the doctor-patient interactions by discourse analysis.

Issues/Questions for exploration or ideas for discussion

What do junior doctors do well in intercultural communication in ED?
What are the challenges?

Results

The themes that emerged from the junior doctors were preparedness, language as a barrier, working with interpreters, and communication strategies, and culture as a barrier. Themes from the senior staff interviews were explaining complexity, patient perspective, benefits and skills.

Discussion

The findings suggest that while junior doctors have some strategies to overcome communication challenges in the ED, they can struggle with cultural differences in patient expectations of healthcare and expression of symptoms. Senior medical staff reported that there is room for improvement, particularly in explaining the diagnosis and management plan.

Conclusions

Prevocational medical education needs to address intercultural communication in more systematic and engaged ways.

ID: 12946

Title: The Doctor as Educator Program

Dr Judith Culliver

Background

The Bridging Project was funded by AGPT to develop a framework within which to define generic competencies common to all medical disciplines in Australia and to identify which competencies should be addressed at each stage in the continuum of medical education and training. One role of the doctor, the 'Doctor as Educator' was chosen as the first project goal.

Purpose

The Purpose of the program is to ensure the professional development of clinical supervisors meets their needs. By defining the competencies required at various stages of training for doctors as educators, workshops could be developed that mapped to these necessary competencies at various stages of training. The program now includes a literature review, multimedia resources and a series of interactive workshops to improve skills in teaching and supervision. These workshops have been utilized by a Melbourne general practice training provider in the training of GP supervisors and registrars. Further, the program is also applicable to supervisors in other professions and medical specialties. It has been delivered to Notre Dame and Melbourne Universities and Peninsula Health in the training of clinical supervisors.

Issues/Questions

This program has application to other medical professions where supervision is an essential part of training but one potential area for discussion is how does this map to the new RACGP competency based standards for vocational training and the Australian Junior Doctor Curriculum Framework?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12986

Title: Dealing with the Clinical Placement Emergency: Physiotherapy Students in the Emergency Department

Miss Jacqueline Quinn, Luke Wakely

Background

To meet the challenge of providing sufficient high quality clinical placements for students, university programs need to source new opportunities for quality clinical placements. In 2009 the University of Newcastle Department of Rural Health created an academic physiotherapy position to provide a clinical service and supervise physiotherapy students on clinical placement in the Emergency Department (ED).

Purpose

This paper explores student's experience of clinical placements in the ED.

Issues for exploration

Students learn a wide range of unique skills which are applicable to other areas of practice. ED is a highly supervised relatively safe area within which to learn as there is support from medical and nursing practitioners in the department.

Method

Students completed a post-placement evaluation to provide feedback on their experiences. Evaluations were thematically analysed, and service statistics collected. Students completed their evaluation after final assessment so as not to bias responses.

Results

Forty eight physiotherapy students completed ED placements. 57% of patients seen by the ED physiotherapist were also seen by a student. Feedback has been overwhelmingly positive; 94% of students rated the quality of their placement as excellent. The ED physiotherapist has also assisted with supervision and teaching of medical, nursing and radiography students.

Conclusion

The ED is an excellent environment for physiotherapy students to undertake clinical education. It offers opportunities for learning which are unique to ED yet applicable in other settings. It appears an underutilised area for student placements. Physiotherapist's can be utilised to assist medical, nursing and allied health students on placement in ED.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12658

Title: The Quality of Clinical Supervision. Should Clinical Supervisors be Employed by the Hospitals and Care Providers Rather than Educational Institutions

Mrs Christine King

Introduction/Background

Are we short changing our students? When considering the following; evaluation and feedback received, anecdotal evidence from students of poor clinical supervisor attendance and input, a lack of understanding by ward staff of assessment requirements, plus poor performance issues of graduates after completing their training and education, questions must be asked about the quality of clinical supervisors in regards to their performance and capability. However, there is no register or recording of competencies as to the expertise, time management, hands-on performance, teaching ability and commitment of those entrusted with this role in our hospitals, to ensure compliance with the competency framework. University lecturers educating on campus are required to have qualifications, expert skills in educating as well as clinical skill sets, however when a student is in the actual clinical setting in hospital, where certain essential skills can only really be taught and assessed, there is a distinct variance as to the educating abilities of the clinical supervisors deployed by the universities.

Purpose/Objectives

The Purpose is to discuss a workable model that will enable the hospital to have greater control and confidence in the quality of clinical supervision of students, provided in their facility.

Issues

Comparing the theoretical role of the clinical supervisor (Project Plan National Clinical Supervision Competency Framework 2011) and the reality of the provision of clinical supervision in the setting of a public hospital, should we be concerned enough to support the idea that a clinical supervisor role be on the hospital payroll, managing student learning, championing clinical skills and encouraging student recruitment and retention.

Ideas for discussion

Qualifications/career pathways for clinical supervisors. Accountability and performance management of clinical supervisors. Financial support from universities to hospitals to support their role as an educational facility.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12696

Title: The MISSILE Project: Where is it Heading and how can you get on Board?

Prof Paul Worley, Pamela Stagg, Jennene Greenhill

Introduction/Background

Longitudinal Integrated Clerkships (LICs) are a new form of clinical education where medical students, through a single six to twelve month clerkship, participate in the comprehensive care of patients over time, have continuing learning relationships with these patient's clinicians, and meet, through these experiences, the majority of the year's core clinical competencies across multiple disciplines simultaneously. Australia has been at the forefront globally of this innovation. The Multi-institutional International Simultaneous Study of Integrated Longitudinal Education (MISSILE) is an initiative of the Consortium of Longitudinal Integrated Clerkships (CLIC) that aims to generate robust and generalizable evidence of how and why LICs work through collaborative programs of research across the wide variety of LIC programs that have emerged globally.

Purpose/Objectives

This workshop will orient newcomers to this global research initiative and assist them, and those who are already engaged, to understand the current research strategies and have input into the future directions.

Issues/Questions for exploration or ideas for discussion

What is MISSILE?

How could this help me in my School or Health Service?

How can I be involved?

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

After a brief orienting presentation, the workshop will focus on the development of current and future national and international collaborative research strategies.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12975

Title: Getting Ready for Mandatory Preceptor / Clinical Educator Training

Ms Anne Leversha, Kirstie Galbraith, Maree Simpson, Dawn Best, Helen Howarth

Preceptor / Clinical educator training has been identified as highly desirable for those health professionals training students in the workplace. The Australian Clinical Educator Preparation Program was developed through collaboration between academics from five universities. The course, which takes approximately 20 hours to complete, is available by distance education. It includes learning material, a discussion board and requires participants to complete a journal. The program was trialled by 100 health professionals. Preceptor /clinical educator training is soon to become mandatory for pharmacy preceptors with the supervised practice arrangements registration standard currently under review. Heath Workforce Australia has developed a draft National Clinical Supervision Competency Framework as part of its Clinical Supervision Support Program and the consultation process around this framework is currently underway.

Our experience confirms the importance of an online moderator to motivate and extend participant interaction and reflection. It has also been observed that students who pay their own course fees, and have them reimbursed by an employer after completing the course, are more likely to finish the program.

The program has had groups consisting of one profession, and groups containing a range of professions.

The Australian Clinical Educator Preparation Program has provides an opportunity for health professionals to gain preceptor/clinical education training through distance education.

CONCURRENT SESSION 7 0830 – 1000 IPE

ID: 12642

Title: Facilitators Experience of Delivering Asynchronous and Synchronous Online Interprofessional Education

Mrs Sherryn Evans, Catherine Ward

Introduction/Background

Online learning has enormous potential to solve many of the barriers of implementing and delivering interprofessional education (IPE). Few studies have examined online learning in IPE, and in particular, the experience of the facilitator in delivering IPE in asynchronous and synchronous online environments.

Purpose/Objectives

The Purpose of this study was to explore the facilitator experience of online asynchronous and synchronous IPE facilitation. A better understanding of the facilitators' experience will assist IPE curriculum designers to train and support the facilitators, which in turn will result in more competent IPE facilitators.

Method

Nineteen online facilitators participated in semi-structured telephone interviews designed to explore their facilitation experience.

Results

Interpretative phenomenological analysis indicated that the facilitators found observing the students learning rewarding, valued the opportunity for their own development as facilitators and enjoyed the flexibility of the role. The facilitators reported that facilitating in the synchronous environment can be challenging at times due to technological problems and difficulty engaging some students. Similarly, difficulty engaging some students or teams in the asynchronous environment was reported. The facilitators also highlighted the importance of support for them in undertaking the role.

Discussion

While this study identified positive aspects of the facilitation experience it also highlighted some key topics which need to be addressed in training for online IPE facilitators. These topics included more detailed instruction in effective troubleshooting of technical problems, strategies to use these problems as student learning opportunities, and a greater focus on understanding factors, particularly those relating to their own involvement, which impact on students' engagement in the asynchronous and synchronous environments.

Conclusions

Addressing these topics in facilitator training and in curriculum design may further enhance the online IPE facilitation experience and competence of the facilitators, and subsequently the interprofessional learning of the students.

ID: 13042

Title: Teaching Inter-Professional Practice: the need to Effectively Orientate New Health Professionals

Ms Tatjana Dordic, Liz Jones

Introduction/Background

Inter-professional practice research suggests that a gap exists between the ideal and the reality of inter-professional practice in healthcare settings (Freund & Drach-Zahavy, 2007). This study explored this gap by examining the perceptions of health professionals and healthcare managers regarding the factors that contribute to effective versus ineffective practice.

Purpose/Objectives

This study aimed to identify salient issues in ward-based practice which facilitate and/or inhibit the effectiveness of inter-professional practice. Eighteen health professionals, including doctors, nurses, allied health professionals and managers from a local hospital participated in semi-structured interviews. Participants described the factors that enable and restrict effective inter-professional practice. Interviews were thematically coded using Nvivo 9 qualitative data analysis software.

Issues/Questions for exploration or ideas for discussion

The need to integrate education interventions to assist junior health professionals with socialisation into the workforce, and the implications for health educators, will be discussed.

Results

A key challenge noted by all participants relates to the training and orientation of new health professional as they transition into the workplace. Results suggest that junior staff members have difficulty integrating into the ward and adapting to inter-professional, inter-personal and ward norms.

Discussion

The difficulties faced by junior staff members in adapting to a ward-based, collaborative work environment have important implications for their professional development and ability to work successfully in teams. This poses a unique challenge for health educators as the skills required by developing health professionals continue to broaden beyond the technical.

Conclusions

The current findings highlight the integration of new health professionals into the workforce as an ongoing but evolving challenge for health educators.

ID: 12786

Title: The Evolution of Hands-On Education in Audiology for Ear Nose & Throat Registrars (HEAR)

Ms Shaani Graves, Julia Wunderlich

The Evolution of Hands' on Education in Audiology for ENT Registrars (HEAR) at Southern Health. This paper describes the evolution of inter-professional learning (IPL) in the discipline of Audiology for Ear Nose and Throat (ENT) Registrars at Southern Health (SH). ENT specialists and Audiologists work closely together to provide comprehensive hearing health care. ENT specialists need to know about the range of audiological tests, their clinical applications, limitations and interpretation. Historically, ENT registrar education in this area has been accommodated in an ad hoc fashion, without dedicated resources. This resulted in haphazard and limited knowledge transfer often at the last minute, prior to examinations. Over time, a range of materials was developed to provide basic information about audiology and assessment techniques. This was provided to ENT registrars in a written information package and some improvement in basic awareness was noted. More recently this was combined with scheduled sessions, where registrars could observe a range of audiology assessment techniques and receive individualised tutorials. However these were onerous to the Audiologist and poorly utilised by the ENT registrars. All of these steps were taken with the expectation that there would be greater knowledge transfer however there was no formal examination of their effectiveness. A more systematic approach has now been adopted with past and current registrars being surveyed. The Results will be used to develop two IPL sessions, 'Hands-on Education in Audiology for ENT Registrars', which will be tailored, specifically to the individual participants. The efficacy of the workshops will then be evaluated with a view to further improvement and future sessions.

ID: 12789

Title: A Moving Feast of Opportunities: how do Students in Rural Areas Learn to Work with other Professions?

Dr Anne Croker, Jenny May, Karin Fisher, Tony Smith

Background

Placements in rural areas are recognised as providing a range of formal and informal opportunities for students to learn about inter-professional collaboration and practice. Less clearly recognised or understood is the nature of the interplay between such opportunities and how this interplay can be captured and nurtured.

Purpose

Qualitative research methods, informed by philosophical hermeneutics, were used to explore how students on a rural placement learn to work with others from different health professions. The perspectives of the students themselves, as well as academics and placement supervisors were sought. Twenty-eight participants across a range of disciplines (allied health, nursing and medicine) participated in photo-elicitation interviews.

Issues for exploration

What does inter-professional learning in a rural area look like and how can it be nurtured and developed?

Results

A 'moving feast' of inter-professional rapport building opportunities was identified. These opportunities differed in relation to the extent to which, firstly, educators had control over their delivery (e.g. from planned IPL modules to shared accommodation), and, secondly, outcomes were beneficial (e.g. improved rapport to inadvertently reinforced discipline stereotypes).

Discussion

With the multiple opportunities that students on rural placement have to share experiences, educators need to consider the extent to which the 'moving feast' needs to be explicitly, planned and delivered, and the impact of doing so. The findings have relevance to metropolitan based programs as well as to rural student placements.

Conclusion

Developing a deeper understanding of the range of and interplay between varied interprofessional rapport building opportunities in rural areas provides a sound basis for knowingly nurturing inter-professional learning.

ID: 12971

Title: A Large Scale Interprofessional Orientation Program for New Graduates

Ms Debra Kiegaldie, Karin White, Melissa Bonaddio, Jennifer Hogan, Wendy Ewing, Sam Sevenhuysen, Jacinta Hayes, Tracey Harmer, Louise Polednik

This paper will present results from an evaluation of an interprofessional orientation program delivered to a large cohort of newly graduated health professionals. As the largest health service within metropolitan Melbourne, Southern Health provides integrated health services to over 750,000 people (30% of the population of Melbourne) from south-eastern suburbs. There are five hospitals and 42 community centres making up the full configuration of the network. Each year, the organisation employs a significant number of newly graduated health professionals. In January 2013, an innovation to orientation processes was conceived resulting in approximately 250 new graduates, (medical interns, pharmacy interns, graduate nurses and midwives, mental health nurses and graduate allied health professionals), participating in a two day interprofessional orientation event. The development phase of the program included establishment of an interprofessional orientation working group, design of the interprofessional and uniprofessional topics for the program, engagement with executives, administration and key clinicians across the network and organisation of the logistical considerations associated with implementing a large-scale interprofessional event. The orientation was a resounding success with all stages of the planning, development and delivery aspects successfully achieved. The new graduates appreciated the opportunity to learn with, from and about other professional groups. The opportunity to develop core knowledge, professional, interprofessional and procedural skills prior to commencing work was valued by the participants and the process of professional socialisation was well supported by the teaching elements of the program. This initiative demonstrated that a large scale interprofessional program is achievable within a busy health care service environment with good learning outcomes for participants.

CONCURRENT SESSION 7 0830 – 1000 ASSESSMENT

ID: 13025

Title: Developing Competency Assessment Tools for Clinical Practice using the Rasch Model

Dr Patricia Nicholson

A lack of existing competency-based measurement instruments used to assess competencies in clinical practice was identified in the literature. This was supported by a report published with the ACORN Competency Standards (2006) where the need to advocate the use of the competencies in clinical practice was reported. The development of a toolkit to promote the use of competency-based assessment and promote the application of the Competency Standards was also reported. This presentation will include a discussion of the research that evolved out of the need to design and validate an assessment instrument using Item Response Theory, for measuring the competence of the instrument nurse in the operating theatre, reinforcing the ACORN Standards of Practice and the principles of competency-based assessment. The fieldwork observations of nurse educators assessing the performance of instrument nurses in the operating suite were used to calibrate the competency-based instrument using Item Response Theory. Patterns of ratings between perioperative nurses and subject experts were also explored using the Modified Angoff method of setting standards, to determine the accuracy of the perioperative nurses' ratings when using the instrument developed in the study. The results of this study will be included in the presentation as well as the implications for future development and validation of competencies in healthcare settings. The implications for assessor training and professional development in assessing competent performances in clinical practice will also be included in the presentation.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12839

Title: Impact of Accreditation on the Quality of Undergraduate Medical Education: Case Study

Mr Saleh Alrebish, Brian Jolly, Elizabeth Molloy

Introduction

The accreditation of undergraduate medical education (UME) is a universal undertaking. There are only few studies focusing on the impact (outcome) of accreditation on UME. Accreditation systems are usually viewed as a method to ensure the quality of UME, while currently there is limited data linking the accreditation with quality of UME and the graduate's performance.

Purpose

This paper aims to analyse the Impact of Accreditation on the Quality of Undergraduate Medical Education in Saudi Arabia and compare it with three other accreditation systems in other countries.

Methods

Available published articles from major databases were systematically analysed. Searching manuscripts' references was also undertaken. Grey literature was included through hand searching data of cognate organizations e.g.: General Medical Council, Australian Medical Council, LCME, FAIMER, and WFME. Qualitative data collected from the stakeholders (deans, policy maker staff, and students) analysed qualitatively. Student's performance (success rate) analysed quantitatively.

Results

Most of the published studies are a commentary or expert opinion articles and mainly (60%) from one geographical area. Moreover, all of the studies evaluated Impact using either data from the site visit reports or data from the opinions of stakeholders or policy makers. None used both sources, and none used additional data. This study uses both the above sources and the preliminary results analysed from the collected data will be presented.

Discussion/Conclusions

There is a clear need for more studies to assess and analyse the long- and short-term impact of accreditation systems on the quality of UME. Current processes do not result in evidence strong enough to draw a clear picture for policy makers. Thus there is a need for more empirical research in this area to move away from speculative claims.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12846

Title: Do OSCE Assessments Reflect Clinical Maturation of Medical Students? : an Evaluation of Progression in Core Knowledge and Competency Domains

Dr Bunmi Malau-Aduli, Emma Warnecke, Matthew Jose, John Burgess, Marianne Catchpole, Richard Turner, Nick Cooling, Fiona Jones, Louise Prentice

Introduction/Background

Application of knowledge in clinical settings can be assessed using several different methods. However, constructing an effective evaluation system for an educational program is a challenging task.

Purpose/Objectives

In this study, we aimed to evaluate our medical curriculum by investigating medical students' progressive acquisition of core clinical competencies in their clinical years, using domain-based and behaviourally anchored checklist and global rating scales in the OSCE format.

Issues/Questions for exploration/Methodology

Three collaboratively developed OSCE cases were administered in the 2012 end of year OSCEs to all 3rd, 4th and 5th year medical students. These OSCEs assessed core clinical competencies Year of study effect on checklist and global scores as well as competency scores were analysed using the multivariate analysis of variance.

Results

Irrespective of year of study, the results showed similar patterns in student performance across the three OSCE stations. However, performance was significantly affected by year of study ($p < 0.01$) and case difficulty ($p < 0.001$).

Discussion

There was a progressive increase in performance, with the more senior students obtaining higher checklist and global scores. They also demonstrated better performance in more complex clinical skills such as diagnostic skills and investigation plan.

Conclusions

The use of domain-based and behaviourally anchored checklist and global rating scales enhance the validity of the OSCE in measuring progressive clinical competence. It also enables identification of problem areas and provides feedback to faculty on the efficacy of the curriculum.

ID: 12919

Title: Can Participation in Pre-Enrolment Performance Activities Influence Outcomes of a 1st Year Physiotherapy OSCE?

Mr Michael Storr, Stephen Maloney, Sophie Paynter

A common form of assessment within health-related practical training is the use of the OSCE (Objective Structured Clinical Examination) as a means of assessing practical / clinical skill performance. Numerous studies have investigated factors that may influence student performances in OSCE assessments (Basco et al, 2000; Mavis, 2000; Mavis, 2001). However, a review of available literature reveals very little has been written about the potential influence of previous participation in 'public-performance' based activities (i.e. stage / musical / sporting performance) on OSCE performance outcomes. This project investigates whether there may be a relationship between participation in pre-course 'performance' activities and 1st year, semester 1 OSCE results for students enrolled in the Bachelor of Physiotherapy (BPT) at Monash University. Ethics approval was granted and data gathered from current under-graduate students (n=86) will be compared using multi-variate analysis techniques to investigate the effect of participation in 'performance' activities on mean OSCE scores. It is hypothesised that, given the physical 'performance' nature of the OSCE and regular student feedback identifying the negative influence of performance anxiety on outcomes, students who have had previous 'public-performance' experience have better outcomes than those with no experience. If a positive link can be established, there is the potential for implementing targeted training strategies with the aim of improving student assessment outcomes.

References

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ID: 12681

Title: Assessment of Professional Competence in Nutrition and Dietetics: Perspectives of Assessors

Dr Claire Palermo, Eleanor Beck, Brian Jolly, Susan Ash, Sandra Capra, Helen Truby, Peter Williams

Introduction/Background

Assessment of competency of entry-level health professionals is complex, especially in the work-based setting. In nutrition and dietetics this is made additionally complex with entry-level practitioners needing to demonstrate competence across three domains of practice: individual case management, food service management and community and public health nutrition.

Purpose/Objectives

This study aimed to explore the views of assessors of competence, both academics and practitioners, for entry-level nutrition and dietetics practice. Qualitative focus groups were conducted with 12 of the then 14 accredited dietetic program teams, across Australia (total participants 87). Data was transcribed and analysed using a thematic analysis approach.

Results

Participants explained that they saw entry-level competency as being about the baseline knowledge skills and attitudes required to work safely at an entry-level practitioner standard. Some described it as demonstrating the ability to work independently. Working safely included knowing and identifying boundaries of knowledge and skills and seeking help if required and having insight into one's own performance. Consistency across multiple episodes of performance was considered necessary for demonstrating competency. A range of challenges to valid and reliable assessment of competence were described, including consistency among assessors.

Discussion

There is a need to develop resources to define more clearly the level of performance required against existing competency standards for valid and reliable assessment.

Conclusions

This study highlighted the challenges around assessment for the profession and identified areas for development of educators in this field.

CONCURRENT SESSION 7 0830 – 1000 ASSESSMENT

ID: 12707**Title:** Developing and using a Checklist to Assess Professional Behaviour**Dr Eleanor Flynn**, Agnes Dodds**Introduction/Background**

The Melbourne Medical School's new graduate entry MD course has a professional behaviour hurdle for each subject as part of the academic assessment. The underlying expectations are that most students will achieve a satisfactory grading for professional behaviour, and those who do not will need and receive support and remediation. Tutors and clinicians use the checklist to provide reports to the subject coordinator for end of year assessment of all subjects.

Purpose/Objectives

The items in the Assessment Checklist were developed from a search of the literature and of relevant documents and policies, including those from other medical schools, the Australian Medical Council accreditation guidelines and the Code of Conduct adopted by the Medical Board of Australia. A Delphi process involving curriculum committee members was used to define the accepted and unaccepted behaviours that are related to students' maturity. The checklist is widely publicised together with the implications for students whose behaviour continues to be regarded as of concern or unsatisfactory. A Fitness to Practice committee and processes were set up in parallel with the professional behaviour guidelines.

Issues/Questions for exploration or ideas for discussion

Is there a need for measurement of professional behaviour in health professional students?
If so what are the benefits of including the assessment of professional behaviour in academic assessment of students?
How can a checklist be used for assessment of Professional Behaviour?

ID: 13038**Title:** Improving OSCE Item Performance using a Writing Error Detection Tool: a Work in Progress**Dr Kathy Brotchie**, Shane Bullock, Linda Sweet, George Somers**Introduction/Background**

The Objective Structured Clinical Examination is an accepted Method for assessing clinical skills. Issues with reliability, validity and feasibility have been documented but there are few guides for OSCE item writers. Quality assurance processes include faculty review of stations and piloting. Unfortunately post-exam analysis continues to identify flaws in the station documentation and composition that affect student assessment outcomes.

Purpose/Objectives

A system for classifying errors and a tool for identifying them has been created and is being compared against a database of OSCE stations for evaluation. The aim is to reach a point where all conceivable flaws are incorporated within the categories of errors to assist with identification and correction in the pre-exam review of OSCE items.

Issues/Questions for exploration or ideas for discussion

Does the tool demonstrated contain a structure that enables item-writing errors to be identified and corrected? Does it contain all the errors that collective OSCE experience can recall? Does this concept have utility in improving OSCE performance?

ID: 12941

Title: What is the Best Approach for Borderline in the First Year of the MBBS Program?

Dr Teresa O'Connor, Tarun Sen Gupta, Florence Schaeffer

Introduction/Background

Decisions about students' progress in health professional courses have implications for individual students, the public and the health professions. Ensuring defensible decisions are made can be time consuming and challenging for the decision makers. The MBBS program at James Cook University has an integrated program of study with chained subjects such that if a student fails the subjects, they are required to repeat the full year of study. The School uses a standard setting process to determine cut scores for exam results. Students whose results fall within one standard error of measurement (SEM) of the cut score for the exams are required to undergo further testing to determine whether they are to progress to the next level of study. While the total number of students with results in the borderline zone in any year is small, there is a small group who achieve supplementary passes for several years of the program. Questions about the level of their knowledge arise regularly among academic staff.

Purpose/Objectives

To gain experienced educators' views on whether first year undergraduate MBBS students whose results fall within the band of 1SEM below the cut score are best served by being asked to undertake additional testing or by being asked to repeat the first year of the program.

Issues/Questions for exploration or ideas for discussion

What are the issues associated with progressing students whose original Results fall below the cut score and who subsequently pass with supplementary exams?

Are we serving the general public and the medical profession by allowing these students to progress?

Is a good grasp of the first year of an undergraduate MBBS program fundamental to developing the knowledge and skill base for MBBS practice?

Do students who achieve supplementary passes in each year of the program make satisfactory clinicians?

CONCURRENT SESSION 7 0830 – 1000 CLINICAL SUPERVISION**ID: 12767**

Title: Towards Professionalisation of the Health Professional Education Workforce in Australia and New Zealand

A/Prof Gary Rogers, Monica Moran, Pippa Craig, Elizabeth Molloy

Introduction/Background

Following rapid expansion of health worker education programs, there are serious concerns about the availability and capacity of qualified and experienced educators to optimise student learning across the complex range of settings in which pre- and post-registration learning takes place, including large and small group activities, as well as clinical placements. Currently, many people undertaking health professional education roles have little formal training in education and so often rely on their own experiences as students, as well as the local institutional culture, to inform their practice as learning facilitators. In the UK, the Academy of Medical Educators was formed to address this challenge and promote quality health professional education, though only in relation to medicine and dentistry. It has developed a Professional Standards Framework to define levels of educational proficiency and is responsible for the assessment and recognition of educators, as well as accrediting professional development programs.

Purpose/Objectives

To examine professionalisation of the educator role across the full range of health professions in Australia and New Zealand, as a means to promote quality, legitimise the career pathways and further develop an innovative and sustainable educational community of practice.

Issues/Questions for exploration or ideas for discussion

What are the drivers for professionalisation of the health professional education workforce?

What international models provide examples for improving the development and recognition of educators and how might they inform an Australasian solution?

What role should ANZAHPE play in this agenda?

Who are the other key stakeholders and how should they be engaged?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12713

Title: Training Supervisors for a Revised Program

Ms Cathy Schapper, Elaine Halley, Scott Fletcher, Michelle Orkin

Introduction/Background

In December 2012, the Royal Australian and New Zealand College of Psychiatry (RANZCP) introduced the Competency Based Fellowship Program (CBFP). The CBFP saw the inclusion of a revised training structure that was mapped to the CanMeds model(1) and added summative Entrustable Professional Activities (EPAs)(2), formative Workplace Based Assessments (WBAs)(3), and a Scholarly Project(4) to the existing written exam, clinical exams, and psychotherapy case history. In introducing a revised program, a key component involved the training of Supervisors to deliver the program within the confines of the revised structure and the new assessment framework. The training of Supervisors presented some challenges prior to the introduction of the CBFP.

Purpose/Objectives

This paper outlines the issues that the RANZCP faced in introducing the CBFP in relation to the training and up skilling of Supervisors. The focus is on suggestions for improvement and streamlining of supervisor training.

Issues/Questions for exploration or ideas for discussion

In developing material and resources for Supervisors the following issues were encountered:

Training medium - what is the best method for delivering training
Developing material appropriate for the Supervisor needs
Breadth and depth of training required
Timelines and timing of training how to fit it into the existing schedule
Changes in policies/procedures
Colleges accessibility to supervisors (i.e., dependency on services to identify Supervisors)

Questions were raised on

How to ensure the training material is relevant to training delivery?
How to develop useful resources and manuals for supervisors?
The variations in training delivery due to different personnel and location.

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SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12981

Title: Which Hat am I Wearing? Exploring Role Conflict Related Issues that may Occur for Health Practitioners who are also Health Professional Educators when Working with Students

Dr Kwong Chan, Dr Laurance Robillard, A/Prof Gary Rogers

Background

Our experience of working as health professional educators with university students who have academic concerns as well as underlying medical and mental health issues may present those of us who are also registered practitioners with possible role conflict related issues such as possible dual or multiple relationships and or potential boundary issues. For example, working as a registered psychologist and student communication skills coach can become complex when the student's underlying mental health issues may be negatively impacting on their communication skills.

Similarly as a health practitioner who works as a PBL facilitator how should you respond to a student who presents with extreme emotional distress that requires medical attention.

Objective

To explore the main role conflict related issues experienced by different health professional educators who are also registered practicing health practitioners. To build consensus on how to address the issues identified.

Discussion Questions

1. What potential role conflict issues do health professional educators face when interacting with students?
2. How should the educator manage these issues when they arise?
3. What role should the education provider play in addressing the issues?

CONCURRENT SESSION 7 0830 – 1000 CLINICAL SUPERVISION

ID: 12716

Title: Teaching on the Run: Supporting Learners in the Clinical Setting**Dr Fiona Lake**, A/Prof Margaret Potter, Shaani Graves, **Ms Nicole Browne****Introduction/Background**

One of the most challenging issues faced by clinical supervisors is how to effectively support learners who are experiencing problems. This may be due to a range of factors such as; limitations on available time, lack of experience or skills of the supervisor, nature and complexity of the problem, duration of the placement and the quality of the supervisor-student relationship. This workshop will explore common problems in the clinical setting; challenges faced by clinical supervisors and provide a framework for supporting learners. All participants will have multiple opportunities to contribute via discussion and in role play activities that form the basis of the session.

Purpose/Objectives

At the end of this workshop participants will be able to:

1. Recognise various learner, supervision and system problems
2. Apply a framework for supporting learners
3. Discuss strategies for prevention and management of learner related problems
4. Build their confidence in dealing with difficult situations

Issues/Questions for exploration or ideas for discussion

What specific problems are most common in your setting?

What are the challenges you face when dealing with specific problems?

How can you prevent learner-related problems?

What are the key components of a management plan to deal with learner-related problems?

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

This workshop will include the following active learning strategies to ensure it is interactive and experiential:

1. Buzz groups and think-pair-share activities providing participants with opportunities to contribute their ideas and experiences.
2. Three role play activities to enable participants to practice dealing with difficult learner-related problems.
3. Evaluation of the workshop so participants can provide their feedback.

PLENARY SESSION 1030 - 1130

Title: In Pursuit of Professional Excellence – Paradigms, Paradoxes and Paragons**Dr Ian Curran**

Dr Curran will explore the challenges of developing a high quality healthcare workforce. He will highlight some of the current paradoxes affecting healthcare education and consider the impact of these confusions upon the healthcare sector. Drawing upon his experience as Dean of Educational Excellence leading London's multi-award winning Simulation and Technology-enhanced Learning Initiative (STeLI).

Dr Curran will introduce strategic and operational concepts that collectively offer a cogent educational philosophy. He will introduce and develop concepts such as 'educational excellence', 'disruptive innovation' and 'educational leadership'. Dr Curran will set healthcare education within a wider healthcare context and in so doing explore the complex interdependence of phenomena such as organisational and professional culture, personal and professional identity and the fundamental importance of individual motivations and behaviours upon performance. It is intended this discourse will inform, provoke and encourage delegates to reappraise their current understanding of what constitutes high quality healthcare education.

Finally it is hoped that these novel insights might offer new educational direction and opportunity so promoting a renaissance in healthcare education.

SPEAKER PRESENTATION ABSTRACTS (CONT)

PLENARY SESSION 1130 – 1230

Title: Using Communities of Practice to Support Faculty Development in Simulation Education: Learning from National Programs

Prof Debra Nestel

This presentation considers the notion of communities of practice as described by Lave & Wenger (1991) and Wenger (1998) to consider faculty development. I use this socio-cultural approach to review programs funded by Health Workforce Australia, as part of their workforce planning and reform activities in Simulated Learning Environments. The characteristics of communities of practice will be presented and illustrated by the AusSETT and NHET-Sim programs. The strengths and limitations of the approach will be outlined with a specific focus on the role of communities of practice in sustaining and enhancing learning.

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 8 1330 - 1500 ASSESSMENT

ID: 12957

Title: An Evaluation of Multi-Mini Interviews (MMIs) Conducted for Program Admission by Skype

Dr Deborah O'Mara, Ms Imogene Rothnie

Introduction/Background

In 2011 and 2012 interviews for international applicants to the Sydney Medical School and the Faculty of Dentistry at the University of Sydney were conducted over the internet using Skype. Interviewing involved 9 Multi-Mini Interviews (MMIs) in 2011 and 5 MMIs in 2012. An online survey was conducted for international applicants in 2011 and 2012 and for local applicants interviewed face to face in 2012. Feedback was also obtained from MMI interviewers in 2011 and 2012

Purpose/Objectives

The Purpose of this paper was to identify whether applicants interviewed by Skype had different acceptability levels to those interviewed face to face in 2012 and to explore changes in attitudes for international applicants between 2011 and 2012. The paper demonstrates the feasibility and acceptability of this innovative admissions strategy.

Issues/Questions for exploration or ideas for discussion

We found conducting MMIs by Skype to be acceptable to applicants and interviewers in both 2011 and 2012 with benefits including being interviewed from home (85%) and cost savings. The survey data found no significant differences in the satisfaction levels for the two interview methods in 2012 with 80% local and international applicants agreeing they could demonstrate good candidacy through the MMIs. Although the technical aspects were rated positively in 2011 by 3 in 4 applicants, significant improvements were found in 2012. Prior use of Skype did not account for any significant differences in satisfaction levels. Other issues to be explored include the qualitative feedback on what the MMI is measuring and the need to evaluate changes in policies that occur within medical schools.

ID: 12929

Title: A Quality Control Review of the use of the Standard Error of Measurement (SEM) to Determine Borderline Students in an Undergraduate Medical Program

Dr Teresa O'Connor, Florence Schadfffer, Tarun Sen Gupta

Introduction/Background

Decisions about students' progress in health professional courses have implications for individual students, the public and the health professions. Ensuring defensible decisions are made can be time consuming and challenging for the decision makers. Hays, Sen Gupta and Veitch (2008) reported on the value of using the SEM in borderline pass/fail decisions in the MBBS program at James Cook University (JCU). In 2009 an algorithm around the SEM was developed to further assist with decision making about borderline students in the MBBS program. In 2013 the results for borderline students who were given additional testing were considered. These results confirmed the use of the SEM in determining which students to retest. This presentation will provide performance data from 2009-2012 and demonstrate decisions made about borderline students.

Purpose/Objectives

To present performance data on borderline students within the MBBS program at JCU. To demonstrate a quality control check of the use of the SEM in determining the borderline group.

Issues/Questions for exploration or ideas for discussion

What other measures may be useful in ensuring quality control of decisions made about borderline students?

ID: 13012

Title: The Educational Impact of Clinical Observed Assessment Tasks: is the MCR a Good Tool?

Dr Catherine (Cathy) Haigh, David Birks

The adage that assessment drives learning is widely accepted. During the clinical years of undergraduate medical education it is common practice for one major component of assessment to be the mini-Clinical Examination. Proficiency in the mini-CEX requires observation of and practice in history taking, physical examination, clinical reasoning and professional and ethical behaviour. The mini-CEX is regarded as a valid form of assessment that provides a snapshot of the student's competence in executing genuine clinical tasks with a real patient in an authentic clinical setting. In 2004 Monash University adapted the mini-CEX to emphasise one aspect, history-taking or physical examination. This derivation of the mini-CEX is called the Monash Mini-Case Record (MCR). The Purpose of this study was to explore how this particular assessment task, mirroring clinical performance, motivates and shapes learning behaviours, and how measured competence is used to direct teaching and appropriate development of curriculum objectives. Students were invited to join focus groups set up to investigate the educational impact of the MCR. Groups comprised students anticipating and undergoing MCRs across the first clinical year of training, students who had completed this year, and the clinical educators charged with the task of assessing competence. Thus the collated data were both prospective and retrospective. Students and educators readily endorsed the MCR as an assessment tool reflecting its acceptability to both groups. During the early part of the first clinical year the prospect of MCRs motivated students to consult books to develop a methodology for completing this task. With experience, students came to value the potential of learning in situ, observing and participating in patient care and integrating themselves within the treatment team. Faculty stressed the importance of this experiential learning, and appreciated the utility of the MCR in identifying areas of strength and weakness in clinical skills. The MCR is regarded as a valid, reliable (if done in sufficient numbers across different assessors and patient problems), acceptable and feasible (although resource hungry) method of assessment. It clearly impacts on students' learning behaviours, and provides evidence to develop and direct curriculum objectives appropriately. Learning behaviour changes with experience as students come to appreciate the development opportunities afforded through patient interaction and engagement with clinical teams.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12617

Title: Using Assessment to Benefit Trainers and Learners

Prof Peter Baker

From about 2005 onwards, it was becoming clear that the increasing numbers of The University of Queensland medical students, particularly from overseas, would not be able to be satisfactorily placed within suitable training sites in the Year 3 Rural Medicine rotation of the four year MB BS programme. I was therefore given the task of developing an alternative but educationally equivalent training programme, which would need to cater for almost 200 students annually. Given the intense competition for medical student clinical placements in SE Queensland and the challenges of replicating the educational components of rural attachments, it was clear an innovative approach would be needed to achieve this goal. The key strategies included renaming the rotation 'Medicine in Society', in which patient-centred management of underserved and disadvantaged community groups would be the focus. Community Medicine was developed as a new programme under this umbrella, alongside Rural Medicine, and is currently divided into four distinct subject areas Aboriginal Health, Rehabilitation plus Palliative Care, Refugee and Migrant Health, and Geriatric Medicine. Recruitment of private hospitals and clinical teachers was also an important component of success. The key element however was that of obtaining mutual benefit for both learners and trainers, wherein the presence of students would act as contributors rather than burdens to their teaching sites. This was designed to encourage relevant teachers and organisations to accept students, often for the first time, with no direct financial reward, and assist in shaping a welcoming and supportive learning environment for students. The health project, comprising 25% of the total rotation mark, was the vehicle used to achieve this outcome.

A summary of the key points given to students concerning this assessment item is as follows:

You need to identify an organisational need and show evidence of that

You then need to partially or fully meet that need by providing "a helping hand" and making a difference through a useful and fulfilling activity

The organisation must benefit from that activity and it needs to be provided to them in an appropriate way

It is the quality of the contribution made to the organization that is the crucial aspect of this activity. Its role is exemplified in the projects which will be presented, along with results of an evaluation of its efficacy and benefits.

In summary, the projects covered a wide range of activities but all achieved the following:

Useful organisational contribution

Fulfilling role for students as valued team member

Perception by teachers and organisations of students as the expert or 'go-to' person in at least one area of relevance, rather than only a trainee

Strong engagement by students with patients, other health professionals, and the organisation itself, encouraging interprofessional learning and future effective collaborative practice.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12655

Title: Getting what you want from Student Selection - Three Case Studies

Prof Ian Wilson

Introduction/Background

Structuring selection of medical students to achieve specific outcomes is an important part of the selection process. Selection can be used to meet social equity issues or to meet the requirements of specific area needs.

Purpose/Objectives

This paper will provide three case studies of successful selection processes that have achieved specific aims.

Ideas for Discussion

The tailoring of selection is able to achieve much more than selecting the academically elite.

Results

The University of Adelaide Medical School wanted to increase the spread of socio-economic backgrounds among its intake and modified its selection procedures to successfully achieve this aim. The University of Western Sydney School of Medicine wanted to ensure that a significant proportion of its students came from Western Sydney, a low socio-economic area. With careful development of their selection process they were able to ensure this happened. The University of Wollongong Graduate School of Medicine wanted to ensure that they selected a high proportion of regional, rural and remote students for their school in the hope that a proportion of these would practice in these areas. The process they developed has been very successful.

Discussion

In each case the School was successful in achieving its aims.

Conclusions

As demonstrated by these case studies, medical student selection can achieve socially accountable goals for the benefit of the community.

CONCURRENT SESSION 8 1330 - 1500 CLINICAL SUPERVISION

ID: 13018

Title: Student Clinical Supervision - Professional Development for Supervisors**Mrs Marnie Connolly**, David Campbell, Linda Sweet

In the hospital setting the fourth year students are supervised by experienced medical and nursing clinicians who provide support, education and supervision. Whilst there has been studies researching the impact of medical students undertaking longitudinal placements in the General Practice setting, little is known about the impact of fourth year undergraduate medical students undertaking longitudinal placements on their clinical supervisor's education and learning in the hospital setting. Furthermore, our program is unique because of the multidisciplinary approach adopted for medical student supervision. Utilising thematic analysis three major themes were developed: changes to the supervisor, change in the hospital learning culture and student usefulness. This presentation will focus on the changes to the supervisor. The major benefits to hospital supervisors included reflective practice as a practitioner and to patient care, professional role modelling and increased enthusiasm for learning, updated clinical skills, and motivation for further learning interactions. Supervisors sought recognition and feedback on their clinical performance as supervisors in the clinical setting. An interprofessional approach for clinical supervision in hospital settings provided symbiotic relationships, enhanced learning for supervisors and students, generated an understanding of each other's clinical skills, roles and values, and raised an awareness of the importance of working collaboratively for better patient outcomes.

ID: 13066

Title: Emotions, Relationships and Medical Education**Dr Kirsty Foster****Background**

The impact of role models and clinical supervisors is known to be significant in the development of professionalism. My doctoral research looked at factors influencing notions of professionalism, in particular the nature of the relationship between doctors and significant role models encountered during their training.

Methods

In-depth interviews were conducted with twelve senior clinicians asking them to reflect on factors they felt had influenced their own notion of the meaning of professionalism. Three separate analyses were conducted within a constructivist interpretive framework: a thematic analysis; an analysis of the characterisation of protagonists in the narratives; and a metaphorical analysis (not reported here).

Results

Three main groups of factors were found to contribute to understanding of professionalism: environmental factors such as medical culture and societal expectations; personal factors such as identity, self-esteem, gender and social status; and people factors including doctor role models and teaching and learning relationships. Role model clinicians were almost entirely characterised as heroes or as villains, and strong emotions evoked within interpersonal interactions impacted on learning. For example, feedback on a job well done builds self-esteem and reinforces good practice while working in an atmosphere of fear and humiliation inhibits learning and destroys self-esteem.

Conclusion

The quality of the interpersonal relationships between medical students and postgraduate trainees and their supervisors contributes to developing notions of professionalism. Emotional tone is especially influential in creating an atmosphere which may be conducive or aversive to learning depending on the nature of the evoked emotion.

ID: 12821

Title: Improving Postgraduate Training in Rehabilitation Medicine- the Victorian Experience

Dr Rob Weller, Merrilyn Diverall

Introduction

A series of challenges facing postgraduate Rehabilitation Medicine training in Victoria were identified and presented to the Victorian Dept of Health in 2011. The Dept provided support for the establishment of the Victorian Rehab Medicine Training Office, and also supported the author (RW) in undertaking a Sabbatical Project to clarify these issues, seeking the views of current trainees and supervisors.

Subsequent steps included:

1. An electronic survey of currently registered trainees in the State to assess their participation in and satisfaction with the existing programme, views on mentoring, and willingness to work in rural posts.
2. An electronic survey of RACP (AFRM) Fellows in Victoria to assess participation in the programme, together with related issues of teaching and supervision skills, recruitment and training rotations.
3. A series of visits to all training sites in Victoria over a 4 week period, with the aims of introducing the Training Director and MEO, boosting response rates for the surveys, and allowing trainees and Fellows to make additional comments not addressed by the survey questions
4. Liaison with Training Directors in SA and Qld, primarily to compare the structure of their programmes with the Victorian experience.

Objectives

This paper will present the findings of the surveys and site interviews, noting the key issues identified by trainees and Fellows/trainers, and discuss recommendations for process improvements. Input and suggestions from the audience will be welcomed, especially around implementation and evaluation of the programme enhancements.

Issues for Discussion

Critical issues for the trainees were access to teaching sessions (protected training time, workload, HMO support, distance), availability of mentoring/support/feedback, unwillingness to consider rural rotations without either changes in rotation length or additional incentives, and the perceived need for more emphasis on exam preparation and assistance with assessment tasks (long cases, distance education modules). For trainers/supervisors, key issues were dedicated paid teaching time, inadequate preparation for PREP implementation, lack of teaching training/qualifications, the supervisor accreditation process, and an identified need for more assistance with managing underperforming trainees. While there was support for combining metro and rural rotations, there was a degree of 'nervousness' around mandatory country rotations potentially hampering recruitment to the linked metro services. A prioritised action plan for the Training Directorate has been developed in draft- this plan will be presented for discussion.

ID: 12770

Title: What Doctors Value in the Doctor-Patient Consultation: an Exploratory Model

Mr John Pill

Introduction/Background

Health professionals migrating to Australia take an English-for-specific-Purposes test as part of the registration process. There has been concern that the test does not engage sufficiently with aspects of performance candidates need to demonstrate for effective communication with patients.

Purpose/Objectives

An exploratory investigation of 'indigenous assessment practices' (Jacoby & McNamara, 1999) in three health professions was done to inform a possible broadening of the scope of assessment in the speaking component of the test. For medicine, educators' feedback on trainee performance was taken from two sources: commentary prompted by videoed doctor-patient interactions shown at workshops, and reports written by educators after observing general practice trainees in routine clinics.

Issues/Questions for exploration or ideas for discussion

What aspects of performance do medical educators value in doctor-patient interaction? How do these aspects inter-relate?

Results

Thematic analysis revealed aspects of performance the educators value and a network of inter-relationships. A model representing this conception of doctor-patient interaction was developed, comprising three main elements: foundation, performance and goals of the consultation.

Discussion

In addition to the revision of assessment criteria in a test of spoken English, the greater understanding afforded by this model of what doctors value in the consultation can inform clinical communication skills training generally, as well as the orientation to professional practice of trainee doctors, regardless of their place of training or first language.

Conclusions

Study of medical educators' feedback on trainees' interactions with patients can clarify what the medical profession values, since educators aim to acculturate trainees to professional expectations and behaviours.

Reference

Jacoby, S., & McNamara, T. (1999). Locating competence. *English for Specific Purposes*, 18(3), 213-241.

ID: 12989

Title: Review of Education and Training in General Medicine across a Multisite Health Service

Ms Debra Kiegaldie, Barry McGrath, Jane Basham, Darren Mansfield, Michelle Leach, Danika Thiemt, Simon Craig, Sara Barnes

This review arose as a result of a need to assess how a medical education unit could best support education and training in a very large 3-site general medicine service with 14,000 admissions/year and 240 beds. The study was undertaken by educators who were non-participants in the service, and overseen by an Advisory Group of medical educators and representatives from medical staff groups. It comprised tailored surveys of different level medical staff allocated to the service over a 12 months period and follow-up focus group interviews for evaluation of key themes. Response rates to the survey were 19/31 (61%) for Physicians, 25/42 (60%) for Registrars and 58/184 (32%) for Interns. Key findings from the survey were the frequently changing staff of health care teams, the gaps among the groups particularly in relation to what educational activity is of value, and the perceptions that high clinical workloads and timing of activities are the main barriers to good education and training.

Table: % rating 4 or 5 on 5 point Likert scale

	Interns	Registrars	Physicians
A good unit to work in	58	65	95
Unit values education	30	68	90
Value of ward rounds	70	90	95
Value of ward meetings	40	50	65
Value of handover	30	55	95
Workload as a barrier	79	52	70
Timing of activity (barrier)	41	45	29

This study provides an excellent platform to implement and evaluate an upgraded education and training program in a key clinical training area.

CONCURRENT SESSION 8 1330 - 1500 IPE

ID: 13003

Title: Closing the Circle, Closing the Gap: A Student-led Pilot Program in Refugee Health

Mr Leander Timothy, Michael Rouse, Ruth Sutherland, Anthea Rhodes, Stephanie Early, Andra Desra, Ary Sudarmana, Stephen Lew, Georgia Paxton, Å-zge Tanrikut

Introduction

Australia is a multicultural society. In Western Melbourne almost 50% of residents are overseas-born and 20% of recent migrants are of refugee-background. Effective health care delivery and the development of a competent medical workforce requires an understanding of cultural diversity and skills in culturally competent communication.

Purpose/Objectives

The primary aim was to increase medical students’ understanding of culturally and linguistically diverse (CALD) refugee-background patients in the community and health settings. Secondary objectives were to equip students with skills to work effectively with CALD patients, to provide insight into the challenges of working with vulnerable communities and high risk youth, and to foster skills in community development, advocacy, and evaluation using refugee health as a focus.

Process

Students identified gaps in health care for CALD patients within their clinical placements, and formed a student led reference group across clinical schools. Students approached senior refugee health clinicians who linked them with an existing structured mentoring program for high-risk youth run by Yarra Police and YMCA. Ten students participated in established community based after school activities (sports, homework clubs) and were matched with CALD young people as mentors. An additional mentoring program led by migrant health clinicians was developed for the medical students themselves, to provide context, background, and supervision. Students considered evaluation of content and process at the outset, and determined ways to extend their understanding of migrant health within the existing curriculum framework.

Issues/Questions for exploration or ideas for discussion

Students provided mentoring, community development and a connection to University for refugee-background young people, and were motivated by the concept of ‘giving back’ to others of migrant background. Students reported increased confidence working with children and young people, increased understanding of community development programs, and improved reflective practice. Mentoring was perceived as valuable, with a secondary benefit of a constant connection with senior staff over the course of the curriculum. Students subsequently developed a pilot proposal to incorporate migrant health across the disciplines of the MD3 year, with support from internal and external stakeholders, extending their skills and understanding in program development. Key strengths are that this program is entirely student-led, it uses existing curriculum and community resources, and utilises the diversity within the medical student group to provide a valuable peer learning experience.

ID: 12886

Title: Health Partnerships: Working Together Across Professional Boundaries in Order to Enhance Healthcare to People with Disabilities and Complex Needs

Dr Jane Tracy, *Dr Rachael McDonald*

People with intellectual and associated developmental disabilities have complex health and social needs and challenge healthcare providers to work as members of multidisciplinary healthcare teams. Traditionally, health providers have worked within their own professional spheres of expertise and comfort and healthcare for people who have needs that cross these professional boundaries tends to be fragmented and poorly coordinated. When those people also have communication and/or cognitive impairments, then care provision is even more challenging. The health workforce of the future will work with people with disabilities, and people who are ageing and have chronic health issues. Most of these people will have complex health and social needs. We must prepare our future health professionals to work effectively as members of a healthcare team in order to enhance the healthcare we provide. Such changes in our approach and understanding will also advance the care we provide to all our patients. This paper will explore the importance of teaching and modeling practice across professional boundaries to improve the effectiveness of providing care to people with developmental disabilities as an exemplar of people with complex needs. Strategies for doing so will also be explored.

ID: 12799

Title: Closing the Loop: a Report on Applying Student Feedback Toward Quality Improvement and Professional Development

Dr Tony Barrett

A substantial component of the integrated curriculum at University of Otago Medical School relies on tutors creating educative learning environments in small groups. Contemporary learning theories suggest students integrate complex ideas during micro interaction in small groups (Cooke et al. 2010; Matthews et al. 2011; Rohrer & Pashler 2010; Smith 2010). As part of continuous quality improvement students were surveyed about their learning experience and what tutors do to enhance student's learning. In 2011 all 168 tutorial groups were surveyed in Years 2 and 3. Each student participates in three tutorials: Integrated Cases, Clinical Skills and Health Care in the Community. Approximately 550 students wrote a total 954 free text responses to the following question: What does your tutor do that enhances your learning? Two salient themes emerged: Educative tutors create a safe, welcoming and encouraging environment. Second, the educative tutors ask thought provoking questions, as opposed to disseminating answers. The students noted the advantage of grappling with material and making sense of concepts with each other. The emergent themes from student feedback comprised learning objectives and demonstrations for the 2013 tutor symposium. Exemplary tutors will demonstrate how to create a safe, welcoming learning environments and how to ask thought-provoking questions so students are able to grapple with the course content.

References

Cooke M, Irby, DM, O'Brien BC (2010) Educating Physicians: A call for reform of Medical School and Residency. San Francisco, CA: Jossey-Bass
 Matthews KE, Andrews V, Adams P. (2011) Social learning spaces and student engagement. Higher Education Research & Development 30:2, 105-120 DOI:10.1080/07294360.2010.512629
 Rohrer D, Pashler H, (2010) Recent Research on Human Learning Challenges Conventional Instructional Strategies Educational Researcher 39: 406 DOI: 10.3102/0013189X10374770
 Smith KA. (2010) Social Basis of Learning: From Small-Group Learning to Learning Communities. New Directions For Teaching And Learning no. 123, Fall DOI: 10.1002/tl.405

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12709

Title: Leading Learning Excellence: Creating an Interprofessional Clinical Education Unit at Austin Health

Dr Anne-Marie Mahoney

Introduction/Background

Greater interprofessional collaboration and an improved focus on person-centred care are required to support and prepare the health workforce for the 21st century. This requires a harmonious culture that can move beyond the traditional silos, one that is more open to the contribution of each discipline and one that can optimize the skills and the capacity of every health professional in the provision of high quality health care.

Purpose/Objectives

In response we have created an interprofessional clinical education unit that brings the professions together to:

1. Provide a Best Practice Clinical Learning Environment (inclusive of the six identified domains)
2. Provide support and development for clinical education staff to facilitate learning
3. Provide interprofessional education and collaborative practice that is well defined, accessible and valued
4. Provide supportive infrastructure to facilitate a variety of teaching and learning modalities including on-line, team based, simulation, classroom and remote access
5. Maximise our relationship with professional bodies and education providers
6. Prioritise learning, which leads to improved patient care by meeting service needs and the promotion of an improved cultureClinical education encompasses technical skill, knowledge and the concept of collaborative practice, for both the current workforce and students on clinical placement

Issues/Questions for exploration

What's wrong with the old silo approach?
Are we trying to create a 'one size fits all'?
Will patient outcomes be improved?
Do educators have the skills required?

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12837

Title: Teaching Literature in Health Professional Education

Ms Pam Harvey

Introduction

Medical Humanities, rather than being seen as an add-on to health professional education, is emerging as a field of enquiry in which humanities and social sciences perspectives are brought to bear upon an exploration of the human side of medicine.¹ Literature was first introduced into the health professional curriculum to foster empathy and sensitize the reader through their imagination to the human condition, assisting in the lived understanding and experience of illness. Over time, teaching using literature has played a role in connecting readers (health professionals) with political, social and environmental factors that influence health and health systems. Many genres have their place in teaching autobiography, fiction, poetry and illness narratives. Formal integration of literature into health professional education is rare in Australia. Individual teachers, however, use specific pieces of literature in their teaching but the reading of a story or the viewing of a film is often an isolated activity that, if not supported by contextualised learning objectives, discussion and reflection, provides few links to clinical practice.

Objectives

This paper will discuss the use of literature in health professional education not as a compensation for science but as an educational approach to promoting empathy and humanistic values and preparing our students for the complexities of health care practice.

1. Durham University. Centre for Medical Humanities. UK2013 [30 January].

ID: 12726

Title: Enriching a Medical Curriculum with Community-Based Public Health Projects: are there Opportunities for Inter-Professional Learning?

Dr Judy Mullan, Kathryn Weston

Background

The University of Wollongong graduate-entry medical course embeds research and critical analysis within the curriculum, concluding with the students designing and undertaking a 12-month regional/rural community-based research project.

Purpose

This study aimed to investigate the opportunities for inter-professional learning arising from medical student research projects directly relating to public health issues in regional communities.

Questions for exploration

Do community-based student projects provide an opportunity for value adding in learning about public health issues in a regional and rural setting? Do these opportunities extend beyond the students to include practice staff, university academics and others?

Results

Analysis of the 217 research projects topics undertaken by the first three medical student cohorts revealed that over 70% (n=153) related directly to key public health priority areas as listed by the Australian Institute of Health and Welfare, including; cardiovascular disease, diabetes, cancer and mental health. Other public health issues investigated included; infant and women's health, vaccination and communicable disease.

Discussion

All students successfully completed a community-based research project within the medical curriculum. These projects also allowed GP preceptors, academic staff, members of the community and practice staff to engage at various levels in public health issues and research.

Conclusions

Public health is a consistent theme of interest for medical students in regional/rural practice. Undertaking a community-based research project within a medical curriculum helps to develop research-readiness among graduating doctors and also provides opportunities for inter-professional learning and exposure to public health issues.

CONCURRENT SESSION 8 1330 - 1500 PEER LEARNING/RESEARCH SKILLS**ID: 12773**

Title: Eager but not Equipped: what and how should Medical Students Learn about Organ Donation

A/Prof Warwick Bagg, Miss Lindsey Harbour, Miss Cayley Ingham

Introduction/Background

Rates of deceased organ donation (DOD) in Australia and New Zealand are low; 14.9 and 8.6 donors/million/year respectively [1], compared to European countries; >30 donors/million/year. As rates of non-communicable disease increase, so do waitlists for organs. Medical professionals' knowledge of and attitudes toward donation impact donation rates [2,3]. Our research (n = 419 Year 2-6 students, response rate 42%) demonstrated that 99.3% support DOD, but lack knowledge, scoring 50% (SD 15%) correct on basic knowledge. Most (96%) felt that general practitioners should have organ donation information in their practices and should talk about organ donation (77%). Enhanced DOD education should increase knowledge, resulting in discussion about DOD as students and doctors; this may increase DOD.

Purpose/Objectives

To identify what and how medical students should learn about organ donation.

Issues/Questions for exploration or ideas for discussion

1. The extent of/format for organ donation learning at your institution?
2. The extent of necessary/adequate organ donation learning?
3. What is the best format and stage of course for this learning?

[1] Australia and New Zealand Organ Donation Registry 2012 Report. http://www.anzdata.org.au/anzod/ANZODReport/2012/anzodreport_2012_20120528.pdf [2] Almeida, R. A. M., Quireze Jr, C., de Faria, W. M. L., dos Santos, D. F., Dias, R. V., & Maynarde, I. G. (2011). Organ Donation and Transplantation From Medical Students' Perspective: Introducing the Experience From an Academic League in Brazil. *Transplantation Proceedings*, 43(4), 1311-1312. [3] Bardell, T., Hunter, D. J., Kent, W. D., & Jain, M. K. (2003). Do medical students have the knowledge needed to maximize organ donation rates? *Canadian journal of surgery. Journal canadien de chirurgie*, 46(6), 453-457. *Can J Surg*. 2003 Dec;46(6):453-7.

SPEAKER PRESENTATION ABSTRACTS (CONT)

ID: 12736

Title: Developing a Local Health Education Research Colloquium

A/Prof Gerry Corrigan, Cathy Owen, Laurie Grealish

Introduction/Background

Research in medical and health education suffers from a range of recognized problems. These include: research protagonists generally working in isolation in areas that tend to interest them; a lack of theoretical rigour; a lack of training in and/or knowledge of, educational research methods; and poor reporting standards (Gruppen, 2007). We are developing a collaborative interdisciplinary model to support and increase the undertaking of health education research. Health education is increasingly important in the production of an effective and efficient workforce. The changing nature of health service delivery requires innovation in educational preparation. University medical and health faculty tend to be focused (appropriately) on health care research, with less emphasis on educational research. Our aim is to develop a model based on principle of interdisciplinary collaboration to support innovation in health education through research and development. We are at the early stages of this development program. Gruppen, LA. 2007. Improving medical education research. Teach Learn Med. 19:4, 331-335.

Purpose/Objectives

The objectives for the session are to: Describe our inter-professional and inter-organisational project. Solicit feedback on how to continually develop and sustain the project. Seek like-minded colleagues interested in broader participation.

Issues/Questions for exploration or ideas for discussion

Are we on the right track?
What are the main roadblocks to development?
How do we overcome these blocks?
Is grant money the only way to attain sustainability?
What else then?

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 8 1330 - 1500 CLINICAL SUPERVISION/ASSESSMENT

ID: 12864

Title: Advanced Specialty Competence and Clinical Learning for Health Professionals: how is it being Progressed in Clinical Settings?

Dr Amanda Henderson, Glenn Gardner, Fiona Coyer, Helen Gosby, Shane Lenson, Anne Gardner

Introduction/Background

An increase in the uptake of extended scope roles was mandated in the 2009-13 COAG National Partnership Agreement on Hospital and Health Workforce Reform. Within this context of healthcare reform, innovation is progressing in advanced practice and extended scope roles across the health disciplines including physiotherapy, pharmacy and nursing. Nurse practitioners are advanced practice nurses with Master's level education and an extended scope of practice including prescribing, referral and investigation rights. Generic competency standards for Australian nurse practitioners were developed through Trans Tasman research in 2004. To date however, there has been relatively little progress made in the development of specialty competencies to guide clinical learning in specialty clinical settings. The development of specialty competencies is important for other health disciplines investigating processes to facilitate advanced clinical learning and competence for extended scope roles.

Purpose/Objectives

The project aims to develop a transferable protocol for competency development and an accompanying educational governance framework, using nurse practitioners as a demonstration discipline. The objective of this session is to stimulate discussion amongst health disciplines and share collective experience and interdisciplinary perspectives on advanced specialty competence and clinical learning for health professionals.

Issues/Questions for exploration or ideas for discussion

Situational/workplace learning and teaching for extended scope roles in clinical settings
How is this currently facilitated?
Advanced and extended specialty competence
How is this evaluated?

Educational governance
What processes and tools would best support extended practice clinical learning?
What work has been done in health disciplines other than nursing?
What initiatives (if any) are currently underway, or on the horizon?
How best can disciplines collaborate towards positive outcomes?

ID: 12876**Title:** Communication Skills with a Difference - the Eastern Perspective**Dr Johanna Jordaan**, Lambert Schuwirth

Over the last few decades a major shift in the approaches and pedagogical models of medical education has occurred; from model almost exclusively based on instruction to ones that emphasise facilitation (1) and transformation of the learner (2). Part of this transition included greater attention to formalising the teaching of communication skills. But most concepts concerning effective communication skills are modelled on western belief systems, founded in the Socratic teaching philosophy of inquiring to develop critical thinking. The internationalisation of medical education, however, has added another dimension with many overseas students starting education in this Western - oriented culture. Especially students from Eastern countries may have different cultural beliefs and values. These are based more on the ideas of Confucius, who places greater emphasis on spending time with teachers in order to collect ideas and knowledge, and the assimilation of insight through 'absorption'; as a more passive way of learning. This is in sharp contrast to the Western - more 'active' - approach central to the social and cognitive constructivism of self-directed enquiring. To make our teaching of for example communication skills truly meaningful for those students we must get a better understanding of cultural and pedagogical thinking that drive the Asian students' perceptions of what good and effective communication skills are. I want to focus on how both perspectives are fundamentally different, but also can inform each other and how this might reflect on our teaching.

References

- 1 Schuwirth LWT, Van der Vleuten CPM. Changing education, changing assessment, changing research? Medical Education 2004;38(8):805 - 12.
- 2 Mezirow J. Transformative Learning: Theory to Practice. New Directions for Adult and Continuing Education 2002;74:5-12.

ID: 12913**Title:** Implementing Programmatic Assessment for Learning in Medical Education**Dr Anne Tonkin, Dr Julie Ash**, Helena Ward, Andrew Linn, Lambert Schuwirth, Jan Orrell, Iris Lindemann, Paul Duggan**Introduction/Background**

One of the major challenges facing higher education today is the need to prepare graduates with the knowledge and skills to deal with continuous change throughout their careers. A focus on assessment for learning, using programmatic assessment, can better equip graduates to be able to adapt to changes and continually learn and improve their performance. Assessment for learning can be defined as assessment being an integral part of the curriculum with a focus on stimulating and steering student learning rather than only testing whether sufficient learning has occurred. Programmatic assessment is based on the use of diverse (both quantitative and qualitative) sources of information, constantly combining formative and summative functions of assessment and disconnecting assessment moments from decision moments.

Purpose/Objectives

The Purpose of this session is to explore views on programmatic assessment as a focus on assessment for learning.

Issues/Questions for exploration or ideas for discussion

The issues for discussion in this session are:

1. How can programmatic assessment be implemented in programs and at institutions?
2. How can we meaningfully combine qualitative and quantitative assessment information?
3. What resources are needed to support programmatic assessment?

SPEAKER PRESENTATION ABSTRACTS (CONT)

CONCURRENT SESSION 8 1330 - 1500 ASSESSMENT

ID: 12878

Title: Not just the Facts - Writing MCQs that go Beyond Information Recall

Mr Neville Chiavaroli

Introduction

Multiple-choice questions (MCQs) are often seen as a concession to the realities of university teaching an efficient way of assessing large numbers of students reliably, without the burden of hands-on marking, but with an inevitable focus on isolated fact recall. This greatly underestimates the potential of MCQs to assess higher levels of understanding and judgement. Such higher-order MCQs do take more effort to produce, but as this workshop aims to show, can be used to produce valid assessments of students' deeper understanding of the discipline, without having to sacrifice validity.

Purpose

The Purpose of the workshop is to enable participants to identify, critique and write MCQs that go beyond isolated fact recall to tap into students' understanding and reasoning about key concepts of the discipline.

Issues for discussion will include

Understanding the basic drafting principles to help ensure the validity of MCQs; when to use MCQs as opposed to constructed-response formats; and interpreting item statistics to help understand whether an MCQ is functioning as expected.

Presentation strategies

Participants will be provided with sample MCQs and be facilitated to review and critique these for quality with respect to basic drafting principles, and for level of cognition. Participants will then be guided through re-writing the supplied questions to improve the drafting quality, to assess higher levels of understanding (where appropriate).



POSTER
SECTION

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Gallagher	Peter	Dr	12720	Educationally Focused "Round Table" Discussions: a Peer Approach to the Professional Development of Clinical Teachers	PP50	Thursday 27 June	1230 - 1330	309
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POSTER PRESENTATION ABSTRACTS

The following abstracts are listed in session order

ID: 12825

Poster No: PP1

Title: On the Job Support for Rural Student Supervision

Ms Leeanne Pront, Mark Browning

Introduction/Background

The role of the clinical supervisor is paramount in promoting nursing student learning in the clinical setting. Rural Registered Nurses are willing to share and support students in their unique and diverse field of practice, however, the ability and confidence to promote learning due to limited access to education and resources hindered the development of supervisor skills.

Purpose/Objective

The aim of this project was to develop a power-point based resource that allowed participants to reinforce their prior learning while gaining new insights into supervision. Designed to be efficient, effective and cover the areas of: The roles of stakeholders, adult learning techniques, the scope of each year level for safe practice and a troubleshooting section. The objective of this presentation is to present an alternative means of delivering support for student supervisors in the clinical setting.

Issues/Questions for exploration or ideas for discussion

Who supervisors nursing students in the clinical environment? How do they perform the supervisor role? What resources are available and do they use them? What do clinical supervisors perceive as nursing students scope of practice? How confident are clinical supervisors in supporting nursing student learning?

Results

The initial data shows that the developed tool provided a means for supervisors of nursing students to increase their preparedness to supervise, felt more confident to promote critical thinking, increased their understanding of student expectations across year levels and increased an understanding how to support nursing students in clinical environment.

ID: 13028

Poster No: PP2

Title: Peer Involvement in Long Case Tutorials

Dr Anna Ryan

Introduction/Background

Typically, long case examination tutorials involve a format of one student presenting while the tutor and other students listen. Active participation from all students is often not required nor encouraged.

Purpose/Objectives

A 50 minute long case tutorial was designed, giving non-presenting students a structured examiner role. The tutorials were conducted in groups of eight, with each student given a card outlining their role during that tutorial. These tutorials were provided for 2 groups of year 5 medical students (2010). They were introduced with a brief outline of the review of examiner mark sheets, and a discussion about the value of engagement in learning.

Issues/Questions for exploration or ideas for discussion

This poster presentation will outline the tutorial design, provide detail of the individual student examiner roles and present the results of the pilot study. If research data are to be presented, please include the following sections:

Results

Both groups of students rated the overall learning experience of the tutorials highly (9.5 & 10 out of 10 respectively) and results in final year long case assessments were encouraging with 75% of the long case tutorial students achieving a Good or Excellent result in their end of semester long case examination, compared to 60% of the 83 students who did not have these tutorials within the same clinical school environment.

Discussion

This poster will present a model of long case tutorial design which may be helpful for other clinical schools to use in their own settings.

Conclusion

This experience suggests that students value peer feedback and find it useful within a semi-structured long case tutorial environment.

ID: 13049

Poster No: PP3

Title: Impact of a Clinical School "Double Teach" in Medical Education

Dr Anna Ryan, Barbara Goss, Richard O'Brien, Joshua Waring

Introduction/Background

The University of Melbourne's change to a graduate entry MD medical program necessitated a double teach 6 months in the clinical school environment as the old MBBS course was phased out.

Purpose/Objectives

Students in the final MBBS cohort were surveyed at the start of this overlap period to determine if they had concerns about the new MD course impacting on their studies, and their perceptions of various strategies being implemented to reduce this impact. They were again surveyed at the end of this overlap period to assess their perception of the semester and to determine if the strategies put in place had any impact on their experiences.

Issues/Questions for exploration or ideas for discussion

Interesting trends were noted in the initial and subsequent surveys related to student concerns about patient, tutor & staff access, opportunities to participate in ward rounds, and access to resources. If research data are to be presented, please include the following sections:

Results

Graphical representation of the two survey results and text analysis of student free responses are considered alongside the interventions used throughout the semester to minimize the impact of the double teach.

Discussion

Students were initially most concerned about the effect on patient and tutor access, and the opportunity to participate in ward rounds. They felt that increased feedback on their progress & designated exam practice times would minimize any learning impact. At the end of the study period the majority of students were satisfied with their learning experience during the double teach.

Conclusion

Although the response rate was low, this poster will highlight student concerns about increased student numbers and give suggested strategies to address these concerns.

ID: 13035

Poster No: PP4

Title: How do Students Approach Learning Anatomy in a Graduate Entry Medical Course?

Ms Michelle Machado, Norman Eizenberg

Introduction/Background

Gippsland Medical School (GMS) in rural Australia offers a 4-year MBBS course to graduates from a wide range of educational backgrounds. At GMS, all of the basic sciences, including anatomy, are covered in the first year.

Purpose/Objectives

This study aims to investigate students intentions, approaches, experiences and outcomes in learning anatomy.

Issues for exploration/Discussion

A two-part questionnaire was distributed to the 2010 cohort (n=77). The first part focused on students perceptions of the anatomy program, while the second part addressed learning. Students were also asked to indicate their first degree and their overall anatomy grade in the mid-year assessment.

Results and Discussion

Sixty-seven students responded (87%). Students first degrees were in five broad areas: health professional (7.5%), biomedical science (21%), biological science (37%), other science (27%) and no science (7.5%). Irrespective of group, 80-100% of respondents had an intention to gain understanding or to achieve a high grade and gain understanding when learning anatomy. 80-100% adopted either a deep approach or both deep and surface approaches extensively. Thus, when engaging in any specific learning task, a student can utilize either deep (searching for meaning) or surface approaches (memorization). However, both approaches may, or may not, be adopted extensively over the duration of an entire program. 80-100% of respondents in each group had a learning experience that was both valuable and enjoyable and 70-100% received a distinction in the examination.

Conclusion

In a graduate medical school, an anatomy teaching program can be developed where students from all backgrounds (including non-science) gain understanding, adopt a deep approach, have a rewarding learning experience and achieve a high grade.

ID: 13060

Poster No: PP5

Title: Peer Assisted Learning Simulated Dispensing Sessions

A/Prof Liza Seubert, Rhonda Clifford, Kerry Whitelow

Background

Simulated dispensing sessions throughout the Master of Pharmacy program prepare students to manage patient medications and dispense prescriptions. Sessions outcomes improve student communication, drug knowledge and application, problem solving and patient medication counselling skills. After briefing, clinical tutors act as patients presenting a prescription for dispensing by the pharmacist (student). Simulation scenarios typically involve gathering patient information; prescription analysis for validity and appropriateness; contacting a prescriber to resolve a problem; dispensing using specialised software; and providing the patient with medication information. On completion of the simulation the tutor provides feedback to the student.

Objective

Develop a model of peer assisted learning (PAL) simulated dispensing sessions that deliver an enhanced student learning experience.

Issues for discussion

Phase one involved converting two sessions per trimester to PAL where student pairs each role-played the pharmacist and the patient-tutor. A clinical tutor briefed patient-students regarding the scenario and responses to provide to questions asked by the pharmacist-student. Key learning outcomes were identified for each scenario. A review identified the need to more carefully select scenarios that had little scope for varied interpretation to use in these sessions and to provide students with clearer marking criteria. This was implemented in phase two. Follow up review identified the need to provide students with skills for delivering feedback to their peers. This resulted in development of: (1) generic feedback forms (2) a communication specific checklist; and (3) a workshop on how to give verbal feedback. This is being implemented in the coming semester.

ID: 12887

Poster No: PP6

Title: Are we Missing out? Characteristics of Students Admitted and Declined a Place in the 2011 Otago Medical School Class

Ms Ursula Poole

There is a maldistribution of the medical workforce that adversely affects low socioeconomic areas of high health need. Research shows that demographic characteristics of medical students are correlated with future area of practice. This study compared the ethnic and socioeconomic backgrounds of Otago Medical School students with their peers who were eligible for admission but unsuccessful and with the general NZ population. Maori and Pacific students and those from deprived areas were significantly under-represented in successful and unsuccessful medical school applicants. Thus interventions to increase the diversity of the medical student population need to include secondary school (or pre medical school) programs. Affirmative action policies with similar requirements to those for Maori and Pacific students are needed for low socio-economic students.

ID: 13008

Poster No: PP7

Title: Clinks: a Novel Blended-Learning Approach to Clinical Skills Training for Physiotherapy Students

Dr Sean Horan, Benjamin Weeks, Rosalyn Stanton

Introduction/Background

While approaches to teaching clinical skills are well-established, approaches to familiarising students with other important aspects of the clinical interaction (e.g. communication and safety) are less evolved. Multimedia has the capacity to enhance routine teaching activities by providing a more holistic clinical learning experience. To this end, we propose the integration of video vignettes of clinical interactions (aka. Links) with practical classroom activities, in an effort to offer students greater clinical context and authenticity during clinical skills classes.

Purpose/Objectives

Our aim was to evaluate the learning benefits of cLinks in terms of student satisfaction and practical exam performance. Students were surveyed and attended focus groups and performance was evaluated using practical exam scores.

Results

Survey responses (n = 65) demonstrated that students were: satisfied with the new approach (72%), more confident with generic physiotherapy skills (84%); and supportive of the future inclusion of cLinks in their program (95%). Observed grades for generic skills in the practical exam were greater for the current cohort than for the previous one (unsupported by cLinks).

Discussion

cLinks presented a number of benefits to learning physiotherapy clinical skills, with preliminary evidence for performance benefits. Future, more tightly controlled, investigation of the approach is warranted. Moreover, our approach may be equally beneficial to other health professions.

Conclusions

Incorporation of cLinks in the physiotherapy practical classroom was well supported by students and may be a novel strategy for teaching generic clinical skills.

ID: 12622

Poster No: PP8

Title: Incorporating Music and Dance into an Undergraduate Clinical Skills Medicine Curriculum - a Teaching Perspective

Mrs Deanne Johnstone, Ms Darlene Wallace, David Campbell

Since 2009, the Clinical Skills Unit (CSU) at the School of Medicine and Dentistry at James Cook University (JCU), Australia, has taught the Gait Arms Legs and Spine (GALS) screening test, as part of the examination of the musculoskeletal (MSK) system. GALS assesses the range of motion of major joints in the body, in a defined sequence; and is taught during a two hour clinical skills workshop, for Year One Medicine students, using several teaching/learning strategies including instructional video, actual demonstration/s and simulated volunteer patients. With the dual intention to enhance student learning as well as improve short and long term recall, the CSU staff decided to put the GALS sequence of movements to a popular song. Medicine students from Year Two were engaged, by the CSU staff, to assist with the choreography and video production of the GALS dance. This video was then incorporated into the MSK clinical skill workshops for Year One Medicine students in 2012; and also made available on JCU's teaching and learning online resource. By using the medium of music, dance and video presentation in the clinical skills teaching/learning environment, the CSU staff were exposed to a number of covert principles which required careful consideration, planning and preparation. This presentation will therefore share the insights/pearls/teaching perspectives learnt during this process as well as future intentions.

ID: 12993

Poster No: PP9

Title: Innovative Education for Rural Practice Nurses

Ms Marnie Connolly, Eleanor Mitchell, David Campbell

Introduction

Rural practice nurses in East Gippsland are required to provide a range of clinical skills to rural and remote communities. With the increasing requirement for nurses to maintain skills and best practice knowledge the practice nurses in the East Gippsland region with the support of the Monash University East Gippsland Regional Clinical School formed a Practice Nurses Education Group (PNEG) to fulfil their educational needs.

Aim

Provide opportunities for practice nurses in rural East Gippsland to upgrade and maintain best practice knowledge and skills. Strengthen practice nurses networks and collaboration.

Methods

At all workshop (2010-2012) nurses were given pre-post questionnaires (approved by ethics).

Results

The workshops were well supported by East Gippsland nurses. Most nurses who attended a senior clinicians with many years of nursing experience. Nurses travelled up to 120kms to attend workshops. Nurses mostly attended the workshops as an opportunity to network and socialise, refresh clinical skills, and the topic was relevant to their current work. Most nurses thought the subject matter was covered to a satisfactory level and was highly relevant. All nurses felt that the workshop sessions supported their needs for networking with other nurses and learning from colleagues. All nurses felt that they were now confident in implementing the skills learnt in the workshop sessions. These workshops fill a much needed gap in the learning needs for primary care practitioners in this rural area.

Conclusion

From the workshop evaluations and feedback from participants and tutors the workshops have fulfilled the aims of the PNEG group. This innovative model of education has demonstrated that education outcomes be achieved for better patient outcomes.

ID: 12819

Poster No: PP10

Title: Fostering Positive Attitudes to Research Methods and Statistics in Speech Pathology Students

Dr Joanne Arciuli, Gina Villar

Background

Educating allied health students to become skilled consumers of research is vital. For many students, this is a daunting prospect.

Objectives

We designed a student-centric undergraduate unit on research methods and statistics that would foster positive change in students attitudes. Key design features were: (i) early and regular assessment with immediate feedback, (ii) hands-on experience with SPSS software via on campus labs and/or at home, (iii) multi-modal resources including readings, ppts, and videos, (iv) interactive clickers during lectures, (v) competitions and prizes. We collected pre and post measures of attitudes to statistics using a published self-report questionnaire (SATS-36).

Issues

Whether our curriculum design would foster attitude change.

Results

Twenty-three students (mean age 22) participated using pseudonyms. Using a Bonferroni adjusted alpha of .008 (.05/6), paired-samples t-tests revealed statistically significant increases for the attitude components of Affect ($t(22) = 6.189, p < .001, d = 1.19$), Cognitive Competence ($t(22) = 4.612, p < .001, d = 1.04$), and a significant decrease in Effort ($t(22) = 3.360, p < .003, d = .76$). The effect sizes were large. There were no significant differences for the attitude components of Value ($t(22) = 2.695, p = .014, d = .46$), Difficulty ($t(22) = 1.553, p = .135, d = .61$), and Interest ($z = .329, p = .742, r = .07$). However, the effect sizes for the increases in attitude scores on the Value and Difficulty components were moderate.

Discussion

All but one of the 7 components represented by the SATS-36 indicated a medium to large effect size.

Conclusion

It is possible to foster positive attitudinal change in the way students approach this subject. The SATS-36 is helpful in assessing curriculum design.

ID: 12940

Poster No: PP11

Title: Personal Tutor: Evaluation of a Student Support System Key Findings

Ms Kath Hoare, Noel Robert

Introduction/Background

Student support has been embraced in undergraduate health education programmes with varied formal and informal systems used. The personal tutor is one such system of student support that was embedded within a new Bachelor of Nursing (BN) curriculum in New Zealand (NZ). Students are assigned a personal tutor (an academic staff member) at the start of their study and this relationship continues throughout their programme. This system of student support has been used extensively in undergraduate health programmes in the United Kingdom. Nevertheless, it has yet to be determined whether the personal tutor system transfers to the NZ context and is effective in this BN programme.

Purpose/Objectives

In 2011, the first student cohort completed of this programme and presented an opportunity to evaluate this support system. A mixed method study sought to evaluate the experience of a single research population of third year student nurses and nurse educators with the personal tutor system embedded in a new BN in NZ.

Issues/Questions for exploration or ideas for discussion

Whilst the need for student support is uncontested, currently there is limited evidence to confirm the effectiveness of the personal tutor system. This highlights the need to undertake research and evaluate the personal tutor system.

Results

The preliminary research findings were presented in 2012 and now at the study completion key findings have determined the strengths and limitations and factors that influence the personal tutor system.

Discussion

Most student nurses and nurse educators confirmed their involvement with the personal tutor was positive system yet this was not the experience for all.

Conclusion

Key findings from this study resulted in conclusions being drawn where recommendations were made for future BN enhancement. While this research did not intend to generalise beyond this programme, relevance for other educational contexts may be possible. This evaluative study responds to a gap in the current body of literature of the personal tutor system as a form of student support.

ID: 12863

Poster No: PP12

Title: Using a Rapid Quality Improvement Cycle to Improve Medical Student Clinical Clerkships

Dr Aston Wan, Jenepher Martin

Introduction/Background

The educational quality of clinical clerkships varies. The concept of a Quality Improvement System (QIS) is well accepted in clinical practice and business settings but may be difficult to implement in clinical education settings due to time constraints and limited resources. In 2012 Eastern Health Clinical School implemented a QIS for the 7-week Musculoskeletal Rotation of 3rd year medical students. There are approximately 15 students undergoing Musculoskeletal Rotations each 7-week period. This QIS consists of cyclic phases of definition, diagnosis, intervention, impact analysis. The intervention phase consists of Plan-Do-Study-Act cycles.

Purpose/Objectives

To improve the quality of a clinical clerkship using a QIS with rapid cycles of intervention.

Issues/Questions for exploration or ideas for discussion

The feasibility of rapid cycle QIS for clinical clerkships.

Results

Each intervention cycle was implemented and evaluated within the seven week rotation, achieving rapid improvement in the quality of the clerkship. Key measures were students perceptions of (i) achievement of learning objectives and (ii) improved clinical examination skills.

Discussion and Conclusions

We suggest that this rapid Quality Improvement approach can be a useful tool to improve the quality of the clinical clerkship within clinical schools. Moreover, it is also possible that the data generated from each rapid cycle can be utilised as pilot studies for future investigation of different teaching methods or approaches.

ID: 12992

Poster No: PP13

Title: The Role of Simulation Activities (Role-Play & X-Ray Phantom Imaging) in Enhancing Radiographic Knowledge in First Year Radiography Students

Ms Amy Kong, Yvonne Hodgson, Ruth Druva

Background

Simulation based learning is reported to help in preparing students for clinical placements and is commonly used across Australia in teaching diagnostic radiography. Little is known about its role in diagnostic radiography education. As part of their academic studies, first year radiography students from Monash University participate in the simulation activities of role-play and x-ray phantom imaging.

Objectives

This study aims to evaluate how much first year radiography students learn from simulation activities and how they perceive the role of simulation activities towards their knowledge acquisition.

Methods

Pre- and post-test median scores were used to measure students knowledge acquisition from simulation activities. Students perceptions of simulation activities were evaluated using a paper-based survey with a 5-point Likert-type scale (strongly agree to strongly disagree). All data were statistically analysed with SPSS (version 20.0).

Results

Fifty-five students completed the pre- and post- tests. There was a significant increase in the median scores ($p < 0.001$) of the post-test. Fifty-one students completed the survey which showed that students felt encouraged to practise their clinical skills under the supervision of a tutor (96.1%, $n=49$), learned from the errors they made during simulation activities (100%, $n=51$) and from the observations they made of their peers during the simulation activities of role-play (98%, $n=50$) and x-ray phantom imaging (94.1%, $n=48$).

Discussion/Conclusion

Role-play and x-ray phantom imaging simulation activities enhance students radiographic knowledge. Radiography students learn from their tutors, the errors they make and what they observe from their peers during simulation activities.

ID: 12835

Poster No: PP14

Title: Academic Motivation and Well-Being of Medical Students

Dr Mataroria Lyndon, Wendy Yu, Terina Pollock, Andrew Gill, Susan Hawken, Marcus Henning

Background

Studies suggest the medical training process may negatively impact on the well-being of medical students. A number of factors including academic workload and transitioning to the clinical learning environment may contribute to this distress.

Purpose

A further factor to consider is demographic variables and their associations with well-being and medical students motivation to learn. Medical Students (n=346) in years 2 to 4 at the University of Auckland, New Zealand, completed a series of questionnaires related to demographic variables, well-being, and academic motivation.

Questions for exploration

What are the demographic variables and motivational factors that likely influence the well-being of medical students?

Results

ANOVA and regression analyses were performed. The independent variables were gender, level of study, and admission status. Female medical students scored higher than male students on intrinsic motivation subscales. Year level was an independent predictor of extrinsic motivation, with scores increasing from Year 2 to 4. Gender was an independent predictor of burnout with female students scoring higher on measures of burnout. International students scored lowest on global scores of quality of life. Correlation analysis suggested an association between amotivation, burnout, and reduced QOL.

Discussion / Conclusions

The findings affirm that female medical students are acknowledging the stress of learning medicine more than their male peers which may be linked to their perceived value of the learning environment. The findings suggest that the stress of learning medicine moulds students into becoming more performance learners particularly during the transition from pre-clinical to clinical learning, and that apathy is a maladaptive strategy in coping with the learning environment. Lastly, international students continue to express problems with quality of life.

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ID: 13024

Poster No: PP15

Title: Inter-Professional Simulation Based Intern Education

Dr Helen Rhodes, Anita Pierantozzi

Introduction/Background

Intern education and training has a curriculum underpinned by the Australian Curriculum Framework for Junior Doctors (ACFJD). Using the ACFJD and direction from the National Safety and Quality Health Service Standards, a 6 week simulation programme was developed which focused on the following key objectives: identification of the sick patient, defining scope of intern practice and their role within a multidisciplinary team. Recent data suggests that simulation is superior to traditional clinical medical education delivery methods. As such, this programme is part of a wider hospital initiative to embed interprofessional simulation based training across all disciplines to better recognise and treat the deteriorating patient.

Purpose/Objectives

The sessions aim to develop intern confidence and familiarisation with common ward call scenarios. They intend to aid the transference of academic knowledge learnt as a medical student, to usable, applicable clinical skills required for the intern year. Simulation provides a forum for development of hard to teach interpersonal skills, promoting interdisciplinary team cooperation and building team dynamics. The debrief sessions support personal and team reflection of both clinical and communication components in a safe environment. The aim is not to teach new areas of medicine, rather entrench existing knowledge through relevant and challenging clinical scenarios. The emphasis is defining professional responsibilities, safe prescribing practice, early escalation to seniors, clear verbal and written communication and the importance of effective handover between colleagues. Run together by senior nursing and medical staff, it promotes professional integration for improved patient outcomes from the start of their medical career.

Issues/Questions for exploration or ideas for discussion

To date, informal feedback from interns who have undertaken the training has been that the sessions have been useful. Both quantitative and qualitative data is currently being collected and will be presented at the conference.

ID: 12824

Poster No: PP16

Title: It's Harder if you know them Outside of Work

Ms Leanne Pront

Introduction/Background

Immersion in the clinical setting has been shown to provide nursing students an opportunity to gain confidence, experience, establish the link between theory and practice and promote critical thinking. Supervision of nursing students remains an expected role of the Registered Nurse in all manner of clinical settings. Nursing students claim rural clinical experience provides a broad range of opportunities which develops greater confidence and competence. However, for students and supervisors in their own rural communities a greater challenge presents navigating the professional - personal boundaries.

Purpose/Objective

The plethora of literature informing nursing student clinical practice and their experiences only provides a small window into the experiences of students in a rural environment. The aim of this study was to develop an understanding of what influences student learning in the rural clinical setting.

Issues/Questions for exploration or ideas for discussion

What influences student learning in the rural clinical environment? How do these factors affect student learning? What do students perceive as their role in the clinical environment? What do supervisors perceive as their role in student learning? How does the supervisor student relationship influence learning?

Results

The most significant influence on nursing student learning in this rural clinical environment was the environment itself and the complex relationships unique to living and studying in a rural community. Students were required to navigate these areas before focusing on learning.

ID: 12997

Poster No: PP17

Title: An Integrated Aboriginal Health Curriculum in Podiatric Medicine

Dr David Paul, Craig Allen, Alan Bryant

Background

The Faculty of Medicine, Dentistry and Health Sciences at the University of Western Australia introduced a four year Bachelor of Podiatric Medicine in 2006. The Centre for Aboriginal Medical and Dental Health, drawing on the experience of having developed and implemented a comprehensive Aboriginal health curriculum across the medical course at UWA, has implemented a similar program across the podiatric medicine course. This paper describes the development, implementation and evaluation of the Aboriginal health teaching in the Bachelor of Podiatric Medicine program with some reflections on the similarity and differences with similar teaching in other health courses at UWA.

Purpose

The aim of this initiative has been to increase future health practitioners preparedness to work with Aboriginal peoples and communities and is one strategy aimed at better addressing the ongoing health disparities experienced by Aboriginal peoples.

Implementation

The initial action was to develop year and graduate level outcomes in Aboriginal health to guide the development and implementation of a stepwise, vertically integrated curriculum, including meaningful assessment in each year of the course. Next we reviewed existing curricula content and assessment materials and customised it for the podiatric medicine context. Finally, an end of course evaluation has been implemented using a validated 25 item tool, to assess student perceptions of their preparedness to work with Aboriginal peoples and communities.

Discussion

We have been able to successfully develop a comprehensive across course Aboriginal health curriculum in the podiatric medicine program. Despite prior experience in other health disciplines this has provided some challenges particularly in relation to ensuring students realise the relevance for future practice in a science heavy program. The evaluation data reveals both success in meeting our aims as well as areas for further development.

Questions raised

Does previous medical curricula experience in teaching and learning approaches in Aboriginal health readily translate across different health curricula? What have been the barriers and facilitators to the effective implementation of the Aboriginal health teaching and learning in podiatric medicine at UWA? Are the lessons from the podiatric medicine experience able to be translated into other health courses at UWA?

ID: 13040

Poster No: PP18

Title: Self-Directed Learning: Identifying and Addressing Negative Perceptions

Ms Loy Perryman, Shane Bullock, Cathy Haigh, Debra Nestel

Introduction

Medical schools worldwide are increasingly switching to student-centred methods to foster lifelong self-directed learning (SDL) habits (Fambach et al, 2012). The concept of SDL embodies many crucial factors connected to students responsibility and independence in learning (Silen &Uhlen, 2008). Additionally, SDL must be integrated into a variety of educational methods in order to support the development of skills and professional attitudes (fox & West, 1983). A review of the literature indicates that failure to formalise and recognise SDL activities within the curriculum underpins negative attitudes towards this approach to learning. This perspective was supported by qualitative data collected from undergraduate medical students. Students were purposively sampled. They were interviewed twice over the academic year. Topic guides were used to prompt and explore the students experiences of the curriculum. Audio-recordings were transcribed and thematically analysed using Nvivo. Ethics approval was obtained for this longitudinal study.

Objective

The aim of this study is to explore these negative perceptions and attempt to address concerns raised in order to optimise learning.

Results

Thirty students participated in fifty interviews. The amount of SDL and lack of recognition for this learning in the curriculum were the negative aspects identified of SDL. Students reported feeling abandoned within a challenging learning environment, and expressed the concern that there was little reward for autonomous activities.

Discussion

Self-directed learning is recognised in many diverse learning environments with students identifying negative features of SDL. To change perceptions, addressing and formalising SDL activities within the curriculum is required.

Conclusion

Further research needs to explore ways to identify SDL in the curriculum and to support SDL in different learning environments.

ID: 12854

Poster No: PP19

Title: Intercultural Communication in Nursing

Mrs Susan Philip

Introduction/Background

Overseas Qualified Nurses (OQNs) are a significant part of Australia health workforce. Twenty-seven percent of the Australian nursing workforce were born overseas and a large proportion of nurses are from Non-English Speaking Background (NESB) countries such as China, India, Philippines and Malaysia. Research on the migrant nursing workforce has identified communication skills as an area that can impede these nurses effective transition into the Australian workforce: poor communication skills can contribute to compromised patient safety and desired patient outcomes as well as disempowerment for the migrant nurses. To date there is no comprehensive exploration of the intercultural communication training needs of OQNs in Australia. This study investigates the communication experiences and training needs of OQNs in Australia.

Purpose/Objectives

This qualitative study adopts an ethnographic framework to explore the intercultural communication experiences and specific communication training needs of the OQNs participating in an accredited bridging program for hospital registration in Victoria, Australia. In the first phase of this study, educators in the ten bridging programs were interviewed on the scope of the communication skills training, as well as educators perspectives on OQNs communication needs as well as intercultural communication challenges. The findings will inform the design of the larger study, as well as provide a communication skills training snapshot of OQNs preparation for the Australian workforce.

Issues/Question for exploration or ideas for discussion

What is the inter-cultural communication experience of OQNs in Australian healthcare? What are the communication training gaps? What are the specific communication skills training needs in inter-professional, intra-professional and nurse-patient interactions, particularly those to enhance and empower OQNs transition into Australian healthcare?

Australian Bureau of Statistics (ABS) 2006, Selected Health Occupations: Australia; 2006 [updated 16 July 2008; cited 10 January 2013]. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4819.0>

ID: 13020

Poster No: PP20

Title: Supporting Simulation Educators: a National Perspective

Prof Debra Nestel, Margaret Bearman, Tracy Morrison

Introduction

Health Workforce Australia (HWA), a national government organisation responsible for health workforce planning and reform, has funded significant base level programs in simulation-based education (SBE)¹. By mid 2012, the Australian Simulator Educator and Technician Training (AusSETT) program provided over 230 experienced educators and technicians with a curriculum and skillset to train others in SBE methodologies. Many of the graduates of this program are now faculty with the National Health Education and Training in Simulation (NHET-Sim) program. The NHET-Sim program aims to train over 6,000 participants in the foundations of SBE methodologies. Both programs are designed to cover a breadth of simulation modalities and for all healthcare disciplines. The structure of the programs is a series of core and selective workshops and on-line modules; NHET-Sim may be completed by up to 25% of participants on-line. Both programs are free of charge and take approximately 24 hours of educational activity.

Methods

Participants complete module evaluations at the close of each module. Responses are analysed with descriptive statistics and thematic analysis.

Results

230 participants completed the AusSETT program; the NHETSim program at time of writing has approximately 80 completions with over 1500 registrations. The AusSETT program post-module surveys (n = 230) provide data supporting the success of the program with favourable responses to meeting of learning objectives.

Discussion

The value of the national faculty development approach to SBE is supported by the success of the AusSETT program and the current high registration rate for the NHET-Sim program.

ID: 12953

Poster No: PP21

Title: Facilitating Students' Advanced Communication Skills in the Melbourne MD for Transition to Practice

A/Prof Robyn Woodward-Kron, David Smallwood, Julian Wright

Background

The challenges of incorporating communication skills teaching in clinical education is an ongoing theme in the medical literature. This challenge as well as the complexity of the clinical environment means that interns are often under-prepared for the communicative demands of clinical tasks they will encounter as junior doctors: this includes i) inter and intra-professional communication such as telephone referrals and consultations, ii) providing information to patients on the management of their illness in ways that are tailored to the patient understanding, and iii) gaining insight into patients perspective of their healthcare needs.

Objective

To develop a clinical skills transition to practice curriculum for medical students in which advanced communication skills are embedded. The principles informing the selection of content, methodology and assessment draw on traditional curriculum design approaches such as i) conducting a literature review and identifying best practice, and ii) referencing to graduate attributes that students should attain. Furthermore, the principles include consideration of local needs and context: for example, the impact of a rural setting and the cultural and linguistic diversity of the patient population and local health workforce. They also include identifying needs and gaps informed by our research into patient and supervisor perspectives on junior doctors communication skills as well as perspectives from current interns.

Issues for exploration or ideas for discussion

How to engage clinical supervisors in the delivery of advanced communication skills as part of a transition to practice curriculum? How effectively will our approach to curriculum development help us to achieve our teaching and learning goals?

ID: 12955

Poster No: PP22

Title: What are the Attributes of Excellence in an Acute-Practice Occupational Therapist?

Mrs Jennifer Swan

Introduction/Background

Occupational Therapists (OTs) are allied health professionals involved with life: its quality, its potential, and how it may be enhanced in our patients through normal, everyday occupations or activities. A vast amount of time and effort goes into OT recruitment and continuing professional development, but there is anecdotal recognition within the profession that these activities are not always successful. Should we be recruiting and training for excellence rather than merely competence? What then, does excellence as an OT look like?

Purpose/Objectives

The purpose of this study was to explore the attributes that comprise excellence in an adult, acute-practice OT.

Issues/Questions for exploration or ideas for discussion

In this presentation, original research into the attributes that contribute to excellence in adult, acute-practice OT will be discussed. Sixteen possible attributes of excellence were sourced from the literature and presented to eighteen OT experts in a Delphi survey.

Results/Discussion

Communication, self management, and critical thinking were the top three ranked attributes and all achieved a moderate to high level of consensus. Humility was the lowest ranked attribute and also achieved a high level of consensus.

Conclusions

This identification of which attributes are the most important in supporting OT excellence was the first step in the possible rationalising of two major processes; recruitment (of new staff) and professional development (of existing staff).

ID: 12718

Poster No: PP23

Title: Exploring Medical Student Motivation: a Qualitative Study

Mr Alex Williams, Peter Gallagher

Introduction/Background

The response to a survey of senior medical students suggested that their interest in their course decreased and their stimulation to learn about medicine waned during the 4th year of the programme. We were provoked by this data to learn more about what motivates students to learn in this phase of the programme and what might either not be fully motivating, or actually de-motivating, some students.

Purpose/Objectives

We adopted a qualitative approach to understand what might be happening as we want to ensure that the outcomes of the programme are as positive as possible for as many students as possible. The following questions were used to guide the interviews. What in the minds of students motivates or conversely de-motivates their interest during this phase of their degree? What factors, issues and events are considered by them to be either missing, or de-motivating? What strategies do medical students employ when their motivation declines?

Results

From the data analysis of 17 interviews with senior medical students the following 5 themes emerged: Students were motivated or correspondingly de-motivated by the length of the course, features the system of medical training, their life outside of study, the change in their perspectives over the years of the degree and the variation in teachers and teaching methods.

Discussion

Motivation is inevitably influenced by idiosyncratic factors such as personality and personal circumstances. However, some of the features surfaced in this qualitative study may resonate with medical educators. What should Faculty do, if anything to address these factors?

ID: 12625

Poster No: PP24

Title: Transition from Clinician to Supervisor - how do we Develop the Health Professional Supervisors of the Future?

Ms Bernie Bissett, Ms Rosalyn Stanton, Lisa Gilmore

Introduction/Background

With increased pressure on capacity for workplace integrated learning (WIL) for health professional students, graduate health professionals are increasingly expected to provide clinical supervision to other staff and students relatively early in their career. However, entry level degrees may not include development of these supervisory skills. A range of strategies to develop knowledge and skills in clinical supervision are implemented in the workplace including tutorials, workshops, attendance at courses and conferences and mentoring with experienced supervisors.

Purpose/Objectives

To establish what health professionals most value in developing clinical supervision skills in their early career.

Issues/Questions for exploration or ideas for discussion

What strategies are currently used in the workplace to develop clinical supervision skills? What do clinicians value in their transition into supervisor? What are supervisors perceptions of their role as supervisors and their readiness for this additional responsibility? How do you ensure that novice supervisors provide high quality supervision? Future directions for investing in the next generation of supervisors.

Results

A survey was conducted of all physiotherapists working across a public health service with fewer than five years experience with response rate of 93%. A wide variety of learning strategies were described including university hosted workshops, workplace seminars, external courses and conferences, and conjoint supervision of staff and students with experienced clinical educators. Only 8% of surveyed staff felt well prepared by their entry level degree for supervision of others as a graduate. There was overwhelming preference for time spent directly with experienced clinical educators. The majority of staff found supervision rewarding and felt well prepared and supported by the workplace for this additional responsibility.

Discussion

Experienced clinical educators should invest in developing the supervisory skills of staff, not just clinical skills. In our health setting, this has partly been achieved by establishing dedicated rotations for staff which include student supervision in conjunction with an experienced clinical educator. This provides a platform for clinicians to develop supervisory skills relatively early in their career, but may only be feasible where health services are resourced to provide supernumerary clinical educators.

Conclusions

Staff in their early career can be well-supported to provide appropriate supervision, thus increasing the potential capacity for WIL. Models of resource allocation should account for the value of experienced clinical educators in increasing supervisory capacity within a health service.

ID: 12923

Poster No: PP25

Title: Using a Knowledge Network to Strengthen Health Professional Education

Ms Alison Farrington, Deb Rawlings, Jennifer Tieman, Patsy Yates

Background

Evidence-based practice remains an influential framework for initial and ongoing clinician training. Two National Palliative Care Program projects work collaboratively to ensure evidence based approaches are integrated into health professional education. Palliative Care Curriculum for Undergraduates (PCC4U) promotes the inclusion of palliative care education as an integral part of undergraduate and entry to practice health professional training, and ongoing professional development. CareSearch, Palliative Care Knowledge Network, is an online resource of palliative care information and evidence that can support educational activities and ongoing professional development.

Purpose

Health professional education is a significant mechanism for moving evidence into practice. Collaboration between PCC4U and CareSearch has been prioritised to ensure that all educational activities and resources developed by PCC4U articulate with the evidence in palliative care. This includes the use of evidence reviews to draft resources, learning activities that require review of evidence and embedded links to evidence based resources. This modelling of the translation of palliative care education and evidence into practice is essential for all health care students.

Issues

This modelling also benefits the professional development of health educators and clinicians. The process of integrating the PCC4U resources into curricula provides an exposure to and experience of CareSearch that facilitates the effective use of evidence across the education pathway. It also builds individual and team capacity to mentor and inform evidence based practice. Opportunities exist to enhance the capacity building aspects of translating knowledge and evidence into practice through the expansion of palliative care and health professional educator communities of practice.

ID: 13086

Poster No: PP27

Title: An Innovative Reflective Teaching Approach to Community Medicine Education Benchmarked Against the Evidence

Dr Scott McCoombe, Evelyne de Leeuw, Lisa Chaffey

Introduction

Medical curricula have placed increasing emphasis on reflection over the last decade. Evidence-based medicine requires health professionals to deduce best patient treatment and diagnoses from vast literature and research resources. Therefore, methods, techniques and processes of facilitating reflection within a medical curriculum should also be evidence-based.

Purpose

This paper describes the extent to which the facilitation of reflective learning and reflection, taught in the theme of Doctors, Peoples, Cultures and Institutions (DPCI) at Deakin University School of Medicine, is consistent with evidence-based practice.

Issues

How do we ensure adequate opportunity for, and mentoring of reflective practice when students are attending clinical rotations?

Results

A literature review was conducted and a self-audit, comparing program design of DPCI to available evidence. Literature addressed facilitating the skill of reflection, the purpose of the reflective task, timely reflection, and assessment of the reflective task.

Discussion

Audit results suggested that reflective practices in DPCI are largely evidence-based, with some areas for improvement. DPCI had strengths in timeliness and flexibility of the reflective task. However, this program could learn from the literature in terms of increasing depth of reflection via peer and mentor interactions, and explicitly stating the purpose of the reflective tasks.

Conclusion

Evidence for the facilitation of reflection in medical education is minimal. There is scope to expand on the efficacy of facilitation techniques, the assessment of reflective tasks, and the effect of reflection on students medical practice.

ID: 12739

Poster No: PP28

Title: The Impact of Limited Internship Positions on Victorian Medical Students' Internship Placements

Miss Bharathy Gunasekaran, Ruth Sutherland, Katherine Reid

Introduction/Background

In the past decade, medical student numbers in Australia have more than doubled. However, there has been a disproportionate increase in internship positions. At present, little is known about internship positions accepted in relation to student preferences.

Purpose/Objectives

This study aims to assess the proportion of medical students in Victoria who secured their preferred internship position from 2009-2011. All medical students in Victoria completing their studies in 2009, 2010 and 2011 were invited to complete an Exit Questionnaire conducted by Medical Deans Australia and New Zealand.

Results

Approximately 90% of eligible exiting students in Victoria complete the questionnaire, with 1394 respondents between 2009-2011. The majority were Australian citizens, Australian permanent residents or New Zealand citizens (69.1%), with 27.1% stating they were on temporary entry permits. The percentage of students who secured their most preferred internship position in Australia was 57.5%, 49.8% and 49.6% in the years 2009, 2010 and 2011, respectively. From 2009-2011, 115 students accepted an internship at a rural/regional centre although their first preference was a metropolitan hospital. Over the three years, 135 students (9.7%) accepted an internship position outside Australia although only 7.5% preferred to complete their internship overseas.

Conclusion

Changes in internship positions could have contributed to the decrease in the proportion of students who accepted their first preference and the increase in students who accepted positions either overseas or in rural/regional areas. Internship positions need to be reviewed and additional training positions in rural/regional sectors could be created to address the shortage of internships and doctors.

ID: 12982

Poster No: PP29

Title: Healthcare Carers; how does the Teamwork Work?

Miss Michelle Butler, Anske Robinson, Eleanor Mitchell

Introduction/Background

Internationally the population is ageing with costs and delivery of care shifting to the community sector and a reliance on unpaid caregivers.

Purpose/Objectives

This study aimed to investigate the dilemmas of rural healthcare professionals who are also unpaid caregivers for a frail, aged person (65 years and above). As a healthcare professional and caregiver, these individuals have a unique insight into health services; the ways as a caregiver they were included in care planning for their care recipient; and the level of collaboration within health services. Using a qualitative research design, semi-structured interviews were conducted with 12 rural Gippsland healthcare professionals who were also providing care for a frail aged person.

Issues/Questions for exploration or ideas for discussion

All healthcare services need to collaborate with caregivers and care recipient in the care management of the client, and healthcare services need to ensure they collaborate effectively with other services to maximise the healthcare of the clients. Organisations need consider how they disseminate information about service delivery protocols to users of their services. Healthcare organisations need to develop their carer leave policies, and identify and support how the caring role is impacting upon the healthcare care provider. Paid carer leave needs to be implemented to promote a sustainable healthcare workforce and gender equality in the caring role.

ID: 12949

Poster No: PP30

Title: Promoting Research Skills through Evidence Based Medicine: a Pragmatic Approach

A/Prof Dragan Ilic

Background

Teaching evidence based medicine (EBM) is an integral part of the medical curriculum. Students competent in EBM have the necessary research skills to identify, appraise and implement research evidence into clinical practice. Despite its importance there is little evidence that guides how it should be implemented and taught.

Objectives

The objective of this study was to determine the effectiveness of adopting a blended learning approach (BL) to teaching EBM in increasing medical student competency in EBM.

Issues for exploration

Issues for exploration include how can the teaching of EBM be best delivered to medical students to ensure increase in research skills and EBM competency, but also end-user satisfaction.

Methods

Second year graduate medical students at Monash University (Australia) were allocated to receive training in EBM either via a BL, or the existing standard learning (SL) approach to EBM. Student competency in EBM was assessed using the Berlin assessment tool. Student self-perceived competency and attitudes on EBM was assessed using a five-point Likert scale.

Results

Student competency in EBM was not significantly different between the BL approach and the SL approach ($p=0.29$). Students receiving the BL approach recorded significantly higher levels of self-perceived competency in performing critical appraisal tasks, and were significantly more likely to utilise their EBM skills in their studies and as future clinicians.

Discussion

Adopting a BL approach to teaching EBM is equivalent in achieving competency in EBM compared to the SL approach. Adopting a BL approach significantly increases the confidence of students to practice EBM. Utilising a teaching approach that integrates clinical bedside teaching with the principles of EBM is beneficial to students as they increase their competency in clinical knowledge, evidence and patient values.

Conclusion

Adopting a BL approach to teaching EBM has the potential to better integrate the theory of EBM with the clinical practice of medicine.

ID: 12817

Poster No: PP31

Title: Exploring the "Follow-through Experience": a Survey of Victorian Midwifery Students and Academics

Ms Jane Morrow, Gina Kruger, Helen Nightingale, Michelle Newton, Helen McLachlan

Background

Follow-through experiences (FTEs) (which enable midwifery students to experience continuity with individual women through pregnancy, labour, birth and the postnatal period) are a mandated component of midwifery education in Australia. Although there is good evidence of the benefit of continuity of care for women, concerns have been raised about the impact of FTEs on student attrition, paid employment and university attendance.

Objectives

This study aimed to explore the FTE from the perspective of midwifery students and academics in Victoria, Australia.

Method

Web-based survey

Results

401/1010 (40%) students and 35/36 (97%) academics participated in the study. Students and academics were in agreement that continuity of care is important to women. They considered the FTE to be a unique and valuable learning opportunity and agreed that FTEs should be included in midwifery education programs. However, students and academics raised major concerns about the impact of FTEs on students capacity to meet university course requirements (such as missing lectures/tutorials and clinical placements), and spending extensive periods of time on-call both within and outside the university semester. Students and academics also reported concerns about the impact of FTEs on students personal lives, including paid employment and family responsibilities (such as childcare or caring for family members).

Discussion / Conclusion

Prescriptive requirements regarding the number and hours of FTEs can present significant challenges for midwifery students. Midwifery regulatory bodies should consider these findings when developing or revising standards for midwifery education.

ID: 13009

Poster No: PP32

Title: Experience-Based Transformation of Learning Styles

Dr Shapour Jaberzadeh, Prue Morgan

Introduction/Background

The concept of learning styles usually refers to a preferred way of learning. It implies that each individual has a natural inclination toward a learning style and, that if that preference can be identified, teaching and learning experiences can be tailored to enhance learning efficacy. Several influential writers (including Kolb, Honey and Mumford) have argued that learning styles are not determined by inherited characteristics, but develop through experience. Styles are therefore not necessarily fixed and can change over time. Some leading educational researchers (Suzuki and Restak) have proposed that learning styles can change through neuroplasticity and transform based on experience. Understanding the way students learn is fundamental to ensure curriculum content supports and stimulates development of core competencies. However, no evidence on if and how physiotherapy curriculum alters learning style preferences of Australian physiotherapy under graduate students is currently available.

Purpose/Objectives

The specific aim of this study was to investigate the effects of an integrated physiotherapy curriculum on students learning styles.

Issues/questions for exploration or ideas for discussion

If learning styles are not fixed qualities, but can change and adapt to different situations and learning contexts, can change be achieved in a single integrated semester? Data about student learning styles will be obtained using Memletics Learning Styles Questionnaire at the beginning and end of the first semester for new students enrolled in Monash Bachelor of Physiotherapy in 2013.

ID: 12855

Poster No: PP33

Title: Monash Physiotherapy Students' Attitudes to Web-Based Laboratory Simulations in Physiology

Dr Shapour Jaberzadeh

Introduction/Background

The concept of learning by doing is certainly not new; however, allowing the student to learn by doing within the classroom context is a departure from traditional methods. In this context, laboratories are important components of education to allow students to gain experience. During physiology laboratories, students become active in their learning by seeing, observing and doing. Such kinds of application cultivate not only a better but also a longer lasting learning. Many researchers in physiology education have admitted that laboratory studies increase students interest and abilities. Technology holds great potential for students to develop deeper knowledge and execute reflective thoughts through the completion of specific tasks that they otherwise will not have had access to. Technology also provides capabilities to complement students learning styles and multiple intelligences. The body of knowledge in this area is limited internationally and is non-existent within Australia.

Purpose/Objectives

The specific aims of this study were: (i) to determine the attitudes of Monash University physiotherapy students to web-based laboratory simulations in physiology. ; (ii) to compare the first and second year physiotherapy students attitudes to web-based laboratory simulations in physiology.

Issues/Questions for exploration or ideas for discussion

Data about student attitudes to web-based laboratory simulations in physiology will be obtained using three self-report standardised tools: Online Learning Environment Survey (OLES); Computer Attitude Survey (CAS); and Attitude Toward Computer Assisted Instruction Semantic Differential Scale (ATCAISDS). Questionnaires for the assessment of attitude will be distributed to 180 students enrolled in the Monash physiotherapy program.

ID: 12965

Poster No: PP34

Title: Progress Towards Development of a Spinal Palpation Simulator for Manual Therapy Skills

Dr Neil Tuttle

Introduction/Background

Manual skills for spinal assessment are amongst the most difficult in physiotherapy to teach and assess objectively. Subtle differences in stiffness during techniques have been found to be related to changes in patient symptoms and subtle differences in the application of techniques to result in differences in patient response.

Purpose/Objectives

One way of improving the learning of manual therapy skills is to have standardised references that are usable both in research and teaching. The development described in this presentation is intended to produce a viable simulator for spinal palpation.

Issues/Questions for exploration or ideas for discussion

Virtual reality applications using force feedback (haptics) have been used successfully for procedural training of surgical or dental procedures. Our initial work will be described which has made it clear that it is not currently possible to produce a purely haptic model that is a useful teaching tool for manual therapy skills. Our current focus therefore is on producing a hybrid system using a physical model to simulate the normal spine that can be modified to simulate the effects of pathology on palpation findings.

Results and Discussion

A commercially available biomechanical model is being modified to accurately simulate the normal lumbar spine. The model will be adjustable to simulate the type of alterations in stiffness that occur with pathology. Challenges for further development of this model will be discussed including 1) use as a part task trainer, 2) being incorporated into student assessment and 3) being integrated into more complex simulated learning environments.

ID: 12973

Poster No: PP35

Title: Gen Y as Supervisors

Mrs Allison Hilbig

Introduction/Background

There has been considerable discussion about supervising Generation Y students, but what are Generation Y like as clinical educators? Some of the challenges faced in supervising Gen Y students translate into Gen Y as educators. Gen Y, as a generational group, have been identified as having difficult processing negative feedback and requiring constant positive feedback and reward. Gen Y as supervisors are at risk of struggling to give constructive feedback, avoiding confrontation and tending to present all feedback in overly positive terms. This may provide unrealistic and unhelpful feedback to students.

Purpose/Objectives

To educate participants about the challenges observed in some Gen Y clinical educators and to suggest training and mentoring strategies to help overcome these challenges.

Issues/questions for exploration or ideas for discussion

How do Gen Y supervisors deal with challenging student behaviour or poor performance? What training and mentoring do Gen Y supervisors require? What training strategies in the workplace have been successful? This presentation could be delivered as a small group workshop or can include role-play practical input as a longer workshop.

ID: 13053

Poster No: PP36

Title: Supporting Clinical Supervisors: what are our Experiences in the Adelaide School of Dentistry?

Dr Dimitra Lekkas, Tracey Winning, Grant Townsend

Introduction

There are 150 casually-employed clinical supervisors involved in teaching undergraduate dental/oral health students at the Adelaide School of Dentistry. Supervisors oversee students who are performing irreversible intra-oral procedures, whilst ensuring patient safety and fostering student learning. A series of workshops has been implemented to support our supervisors. Topics covered include: roles and responsibilities, policies and procedures; providing student feedback and assessment; and discipline specific information.

Purpose

To evaluate the effectiveness of implemented strategies to support clinical supervisors.

Issues to be explored

Perceptions of supervisors were sought using an annual survey and focussed surveys after training sessions. The surveys address various topics including: level of job satisfaction; perceived ability to assess students; and workshop experiences.

Results

Clinical supervisors indicated they were satisfied (mean: 4.2; max 5 = very satisfied) with their tutoring experience. They agreed that it was straightforward to allocate a final summative grade (mean: 3.8; max 5 = strongly agree). They perceived the workshop activities were relevant for learning about their roles as supervisors (mean: 3.3; max 4 = very satisfied). They also valued face-to-face discussions amongst colleagues and academic staff during the workshops.

Discussion

Clinical supervisors enjoy their tutoring experience and endorse the workshops provided to them. Providing additional support in relation to summative assessment is being explored. Positive experiences are critical to retain supervisors.

Conclusion

Maintaining clinical supervisor support and implementing further supervisor-identified activities will be critical for us to continue to achieve our core educational aim of effective clinical learning experiences for our students.

ID: 12820

Poster No: PP37

Title: Knowledge, Skills and Attitudes (KSAs) of Rural and Remote Psychologists

Prof Anna Chur-Hansen, Carly Sutherland

Objective

To provide an in-depth qualitative exploration of rural and remote psychologists views on the Knowledge, Skills and Attitudes (KSAs, components of competencies) required or desirable for rural and remote psychology practice.

Design

Semi-structured qualitative telephone interviews. Data were analysed using thematic analysis.

Setting

Rural and remote regions of South Australia.

Participants

Nine registered psychologists living and working in rural and remote South Australia (as defined by ARIA++ classification categories excluding Highly Accessible communities). All participants were women.

Results

Seven competencies were identified, relating to two broad themes: Professional Isolation (competencies arising from being the sole psychologist or one of few in the community); and Rural Life (competencies relating to the need to manage features of the rural context). The seven competencies (managing professional development; supervision; the lack of other services; dual relationships; visibility; confidentiality; and appreciation of the rural context) encompassed a number of corresponding and overlapping KSAs. Personality characteristics, including autonomy, resilience, resourcefulness and confidence were also identified as important in working in rural areas.

Conclusions

Competencies and KSAs identified were consistent with issues for rural and remote psychologists previously identified as well as rural and remote competencies developed for other health professions. While previous studies have identified and described issues and challenges for rural and remote psychologists, the present study contributes by identifying the competencies and KSAs perceived as important for psychologists to manage such challenges. With further development, the competencies outlined could be used in conjunction with rural placements as part of competency-based training.

ID: 13100

Poster No: PP38

Title: Supporting Clinical Supervisors through a Multimodal Educational Program

Dr Margaret Bearman, Elizabeth Molloy, Fiona Kent, Judy Lockie, Joanna Tai, Theodore Does, Amanda Young, George Kotsanas, Vicki Edouard, Debra Nestel

Introduction

Inadequately trained clinical educators have been identified as a bottleneck in workforce development in Australia¹. The Southern Health/HealthPEER Clinical Supervision Support Program provides a half day face-to-face interprofessional workshop or equivalent on-line learning module, as well as additional e-learning materials targeting fifteen disciplines, ten practice contexts (such as aged care or paediatrics) and two educational modalities (peer assisted learning and simulation). Case studies and audio-visual recordings of experienced supervisors describing their own practice are embedded within the e-learning materials.

Methods

The Presage-Process-Product (PPP) methodology² formed the basis for the evaluation strategy. We sought participants perceptions through survey and interview, focussing on: factors which promote or inhibit faculty development (presage); improvements to the workshop and/or module structure (process); and changes in supervisory practice (product).

Results

At the time of writing, 54 workshops have been conducted with over 670 participants drawn from public and private hospitals, community settings and a wide range of disciplines and subdisciplines. Thirteen e-learning modules have been completed. Preliminary evaluation results will be presented, focussing on the presage and product elements.

Discussion

Your previous work has indicated the need for clinical supervisors to better understand educational strategies and for strengthening clinical educators links with educational institutions³. The emphasis in this program is in providing theoretical and practical basics to orient clinicians to their roles as educators. The on-line resources promote further development, grounded within particular disciplinary and practice contexts.

1. Health Workforce Australia (2010) Clinical Supervision Support Program Discussion Paper July 2010. From <http://www.hwa.gov.au/sites/uploads/clinical-supervision-support-program-discussion-paper-26-07-2010.pdf>. Downloaded 12 Jan 2013.
2. Reeves, S., & Freeth, D. (2006). Re-examining the evaluation of interprofessional education for community mental health teams with a different lens: understanding presage, process and product factors. *J Psychiatr Ment Health Nurs*, 13(6), 765-770.
3. Bearman, M., Molloy, E., Ajjawi, R., & Keating, J. (2012). Is there a Plan B?: clinical educators supporting underperforming students in practice settings. *Teaching in Higher Education*, 1-14. This project was possible due to funding made available by Health Workforce Australia and the Department of Health, Victoria.

POSTER PRESENTATION ABSTRACTS (CONT)

ID: 12814

Poster No: PP39

Title: Mobile Devices and Learning at the Bedside

Dr Megan Phelps, Karen Scott, Vicki Cheetham, Arany Nerinathan, Karen Scott, Rachel Skinner, Shirley Alexander, Amanda Harrison

Background

Mobile devices are increasingly used in clinical settings, including at the patient bedside. Few studies have evaluated whether they are used for learning, and the impact on doctor-patient and professional relationships.

Aims

To explore a) the use of mobile devices by medical students and doctors at a paediatric and an adult teaching hospital and b) patient and family perceptions around mobile device use by medical professionals.

Methods

Medical students completed a paper-based survey and participated in focus groups. Junior and senior doctors completed a paper-based survey at unit meetings. Patients and carers completed a survey on wards. Information sought included frequency and type of use at the bedside (e.g. medical resources or social networking), attitudes of colleagues and supervisors, and limitations. Quantitative and qualitative data were included. Ethics approval was obtained from university and hospital human research ethics committees.

Results

Data from over 200 student surveys (response rate 98%) indicated a high uptake of mobile devices. Students were aware of professionalism when using mobile devices in clinical settings but some had concerns relating to usage by medical staff. Doctors demonstrated considerable variability in their understanding of mobile device usage by junior staff and medical students and how such devices may be used for learning. Patients and families demonstrated a wide range of knowledge relating to clinical use of mobile devices.

Discussion

Our study groups revealed a rapid uptake, but wide range in use and understanding, of mobile devices, particularly for learning, in clinical settings. Professional etiquette requires is developing but fluid.

Conclusions

This study will inform the development of educational material for medical students and doctors regarding professional use of mobile devices for learning.

POSTER PRESENTATION ABSTRACTS (CONT)

ID: 13069

Poster No: PP40

Title: Tripartite Research Collaboration - Transforming Attitudes and Practise to Research

Ms Sarah Mooney, Wendy McKinstry,

Introduction/Background

Research projects in the final year of the Bachelor of Health Science Physiotherapy programme at AUT University prior to 2012 were assigned and supervised by academic staff. The innovation described in this poster involved physiotherapists at Counties Manukau Health (CMH) collaborating with AUT lecturers to co-supervise research projects to address clinical questions raised by CMH physiotherapists.

Purpose/Objectives

Collaborative supervision for year 4 research projects was established in 2012, for students allocated to CMH. Barriers to collaborative research were identified and addressed, and preparation and support was provided to staff and students.

Issues/Questions for exploration or ideas for discussion

As a result of the positive experiences of staff and students the collaborative approach is to be expanded to other health services, with several projects from the first year likely to be developed into research trials. There was increased confidence in research skills amongst CMH physiotherapists, with AUT university and CMH developing a closer working relationship. The student group provided positive feedback, emphasising how the relevance of the research made it a rewarding experience; felt like I was helping both CMH and patients in this area by highlighting research that would benefit them both (Student X). Changes in attitude, practice and culture to research was experienced amongst individuals, teams and the organisations involved.

ID: 13094

Poster No: PP41

Title: Evaluation of Two Approaches to Learning Gross Anatomy: the Medical Student Perspective

A/Prof Andy Wearn, Keryn Reilly, Peter Riordan

Introduction/Background

The extent, content and delivery of anatomy learning has gone through considerable change in the last 20 years. Our medical programme includes an integrated clinical anatomy programme, still involving whole body dissection. In 2011, due to unforeseen circumstances, we taught without the use of cadavers or dissecting room. Instead, we used structured workshops with plastinated and prosected materials and models.

Purpose/Objectives

To evaluate student perceptions of workshop and dissection room learning and to explore predictors of preference.

Methods

Subjects: Two cohorts of students, one had a semester of dissection prior to structured workshops (Year 3), the other had the reverse experience (Year 2).

Design

Anonymous E-survey. Questions covered their opinions of the different approaches (closed ratings and open text) plus demographics to include learning style and enrolment factors.

Results

74% response. Both cohorts preferred the first delivery style that they experienced ($p < 0.001$); their ideal sequence was workshop then dissection. Males and kinaesthetic learners favoured dissection ($p < 0.02$). Age, prior degree and prior anatomy were not significant factors. Having dissection in the curriculum had not influence choice of medical school.

Discussion

Students identified inherent value in both styles of teaching. Different delivery approaches were seen as having advantages and disadvantages for different types of learning (e.g. basic facts versus clinical application). Individual characteristics influence choice. This presentation will explore the results and implications for anatomy learning.

Conclusions

We need to be aware of medical student preferences and learning styles in planning anatomy curricula. To what degree should we incorporate preferences and choice?

ID: 13068

Poster No: PP42

Title: The Experience from Conversation to Conception of an Innovative Simulation Model, to Teach Quality in Paediatric Radiographic Technique

Ms Nicole Turley, Cuong Nguyen, Deborah Sinclair

As practicing clinicians we are now seeing a progressive move towards recognition of the value of simulated learning within our working environments. Medical Imaging is similar to other Allied Health professions who are seeking to move towards this form of learning and professional development. We will reflect on a journey taken by a team of Radiographers, who are currently developing and implementing a Health Workforce Australia (HWA) funded simulated learning experience within Medical Imaging Departments. In the current economic climate, obtaining resources for projects and initiatives becomes more challenging for allied health professionals. Grants and funding opportunities are available and are a way to open avenues for health professionals to explore innovation in practise, research and collaborative approaches, to enhance clinical education in Medical Imaging. They open opportunities to acquire state of the art equipment, to implement and deliver an enriched service, and educational experience. An overview will be presented on the team HWA Simulated project; Greater Brisbane Metropolitan Area Medical Imaging, a simulation strategy for Paediatric technique optimisation in Radiography. Challenges and successes in the process, along with an overview of program development, will be explored to encourage others to build on our experiences and seek out funding sources.

ID: 12826

Poster No: PP43

Title: An Honours Research Degree is a Positive Experience for Medical Students

Mr Joule Li, Monica Anne Hamilton-Bruce, Simon Koblar, Ray Peterson

Background

There is much debate surrounding how to encourage medical students to pursue research careers. However little information exists as to the experience and outcomes of medical students who undertake an Honours research degree. We undertook a pilot study at the University of Adelaide to investigate this question.

Objectives

To investigate the factors motivating medical students to undertake Honours, how these factors changed following Honours, and if Honours influenced a desire to pursue future research.

Issues/Questions for exploration or ideas for discussion

Investigate options to expand this research project and include cross-institutional participation. Investigate extending this positive experience to a wider group of medical students.

Results

38 students completed a BMedSci(Hons) in 2002-2011, and 10 (26%) responded to our questionnaire. Of the 10 respondents, 8 completed a 1-year full-time intercalated degree, and 2 completed a concurrent part-time degree over 2 years. 90% of the respondents rated a higher level of enthusiasm towards research after completing Honours. The most commonly cited factor to influence their level of research enthusiasm after Honours was support from their supervisor. 90% were interested in pursuing or had already pursued further research. 100% stated that Honours had been worthwhile.

Discussion

The response rate for this pilot study was low despite follow-up, though 26% is a typical response rate in professional populations. Expansion of this pilot project is required for results to reach statistical significance.

Conclusions

An Honours research degree increased the level of medical student enthusiasm for future research and was a positive experience overall.

ID: 12688

Poster No: PP44

Title: Coordination and Collaboration: Streamlining Allied Health Students Placements within a Large Health Organisation

Mrs Sharon Glass, Sharon Horkings, Cylie Williams, Rachel Corea, Lisa Baker, Jo Thorpe, Sam Sevenhuysen

Introduction/Background

Southern Health is a large health organisation consisting of 13000 employees of which over 2000 are Allied health staff. Student training constitutes part of core business. Allied health clinical placements are provided across 40 sites within the acute, subacute, community rehabilitation, community health, mental health and residential services settings. A review of student placements identified an inconsistent approach to student coordination and duplicated processes between disciplines within the network.

Purpose/Objectives

Traditionally, funds received from universities to support student placements were managed at an individual department level. Physiotherapy trialled a coordinated approach, where monies collected funded a network physiotherapy student coordinator. This approach demonstrated a 25% increase in placement capacity. In 2012, Southern Health expanded the successful model and established student coordinators positions in the following allied health disciplines: Social Work, Podiatry, Occupational Therapy, Exercise Physiology, Speech Pathology, Audiology, Music Therapy, Physiotherapy, Dietetics, and Allied Health Assistants. The aim of these roles being to improve quality, create consistency and increase capacity of placements. The student coordinators work together within the Allied Health Workforce Development Unit to ensure a unified multidisciplinary approach.

Issues/Questions for exploration or ideas for discussion

This coordinated approach has resulted in the provision of over 6500 clinical placement days over the last financial year. This was made possible by the student coordinator team working together with the allied health managers and clinicians to provide support, leadership and training to supervisors of all allied health students.

ID: 13041

Poster No: PP45

Title: Supervisor Perceptions of the Impact of Simulation Based, Blended Learning on Clinical Practice

Ms Kylie Fraser, Theresa Jacques

Introduction

The multidisciplinary simulation programme, DETECT, aims to provide clinicians with skills and confidence to detect signs of deterioration, ensure timely intervention and escalate concerns. Course evaluation based on participant's immediate feedback and knowledge retention at 3/12 has been positive. There is evidence of knowledge retention and a perceived need for the course to be made available to their peers. Measuring the course impact on patient care is more challenging.

Objective

To obtain insights into DETECT's impact on clinical practice pertaining to deteriorating patients from the supervisor's perspective.

Method

An anonymous questionnaire using 7 point Likert Scale methodology with free text supplements.

Results

91% of respondents were supervisors of ward nursing staff, 5% medical staff. 92% of respondents rated DETECT's impact positively. 88.4% noted improvements in ability to appropriately seek help with clear communication of concerns. 88.4% positively rated the impact on patient care (11.1% noted unchanged). Specific observations included: behavioural and practical changes in attendees' clinical practice; improved ability to communicate concerns effectively; individual variability among attendees; in some cases, inability to comment due to style of supervision. Overall, supervisors report there is merit in their staff undertaking DETECT education. Free text comments added insight into supervisors' evaluation of the course impact.

Conclusion

Clinical supervisors perceive value in DETECT course attendance and report improved care processes. Quantifying learning retention, translation into clinical practice and impact on patient outcome of a blended learning simulation based course remain a challenge for future research.

ID: 13084

Poster No: PP46

Title: Implementation of an Electronic Patient Record System for Clinical Education

Dr Kristine Elliott, Justin Tse, Terry Judd

Background

In February 2012 the Melbourne Medical School launched MD Connect, an innovative curriculum delivery and administrative support system for the Melbourne MD program. An electronic patient record system (PRS) is a core component of MD Connect, enabling students to capture and manage details of their patient encounters. The PRS also enhances and encourages reflective practice by students and provides an important avenue for feedback from clinical supervisors.

Purpose

The PRS was implemented at six Clinical Schools across nine locations for the year 2 MD cohort of 328 students. Students received training during their Foundation term, and were required to enter at least eight patient records during each of three rotating terms. Individual patient records were not formally assessed. This paper reports on preliminary findings of the implementation and uses one Clinical School as a case study to explore the use of feedback by clinical educators.

Results

A total of 7778 patient records were entered across the nine locations during 2012 (records per student: mean = 23.7). At the study site, a total of 1502 records were entered (mean = 25.9; min = 24; max = 42). Of the 58 students at the study site, 20 (35%) received feedback on at least one record from their clinical supervisor. Of these 20, 11 (55%) received feedback on multiple occasions (max = 18). Categories of feedback included; positive comments, additional information about conditions, identification of gaps in records, writing style, reflection on cases, and student progress.

Discussion/Conclusions

Current use of the PRS across the cohort is primarily driven by course requirements. Extensive use by some students at the study site, however, indicates its educational value. Feedback to students was not common, but when provided covered many facets of clinical practice. Explicit PRS training for clinical supervisors, particularly on giving feedback, may assist in realising the potential benefits of the PRS system for clinical education.

ID: 12936

Poster No: PP47

Title: Nature or Nurture: the Effect of Undergraduate Rural Clinical Rotations on Pre-existent Rural Career Choice Likelihood as Measured by the SOMERS Index

A/Prof George Somers

Introduction/Background

Medical graduates who have attended rural undergraduate clinical rotations are more likely to choose a rural career. Do these rural experiences increase the likelihood of medical students to choose a rural career once pre-existent likelihood is accounted for?

Purpose/Objectives

A prospective, controlled quasi-experiment on medical students grouped according to rural rotation exposure generated self-paired pre-post rotation scores on the SOMERS Index of rural career choice likelihood. The importance of pre-existent student characteristics relative to that of the rotations on rural career choice was explored.

Results

There was an equivalent decline in SOMERS Index score (22%) and in each of its components (12-41%) in both groups over the undergraduate clinical years. Students who had attended rural rotations were indeed more likely to choose a rural career on graduation (difference in SOMERS score: 24.1 (95%CI: 15.0-33.3) $p < .0001$). However, an equivalent difference was evident before the rotations (difference: 27.1 (95%CI: 18.2-36.1) $p < .0001$). This was not affected by the rotations attended, rural background or sex.

Conclusions

While community engagement is an important component of undergraduate medical training, rural rotations might not increase rural career choice beyond that in evidence beforehand. Further research is required, but perhaps their role needs to be reconsidered. Socially responsive medical schools should select more students with higher pre-existent rural career likelihood. The SOMERS Index can be a useful measure of rural career choice likelihood.

ID: 12990

Poster No: PP48

Title: GRIPS: A Qualitative Evaluation of Simulated Interprofessional Community Clinics

Miss Kaytlyn Eaton, Mollie Burley, Jenny Moloney, Michelle Butler, Debra Nestel, Jane Taylor

Introduction/Background

Establishing competent healthcare professionals and a sustainable healthcare workforce is imperative within a changing healthcare landscape. Interprofessional Collaborative Practice (IPCP) and Interprofessional Education (IPE) is rapidly being recognized as the cornerstone for enhanced patient care (Reeves et al. 2007) with the World Health Organisation (2010) promoting its implementation. As part of the Health Workforce Australia Distributed Simulation Project we have developed the SCIPE program for entry level health and social care professional students across Gippsland.

Purpose/Objectives

The primary objective of the qualitative evaluation is to identify the impact on students with respect to their IPCP.

Issues/Questions for exploration or ideas for discussion

1. To what extent can a training program for simulation facilitators support their development of interprofessional practice and simulation?
2. To what extent do simulated clinics influence students knowledge, attitude and skills towards interprofessional collaboration?
3. What facilitates and constrains the implementation of simulated client-based interprofessional education?
4. To what extent can volunteer simulated clients support student learning in simulation-based interprofessional education?

Results

Human Research Ethics approval for the study has been obtained and data collection commenced in December 2012 and will continue to May 2013. Facilitator, student and simulated client experiences of the SCIPE program will be gathered by questionnaire. Descriptive statistics and thematic analysis will be used to analyse data.

Discussion

The evaluation data will be presented.

Conclusions

To be determined.

References

Reeves, S. & Russell, A. 2007. Structuring communication relationships for interprofessional teamwork (SCRIPT): a Canadian initiative aimed at improving patient-centred care, *Journal of Interprofessional Care* 21(1): 111-114.

ID: 13061

Poster No: PP49

Title: Developing Lifelong Learners: the Ability of Students to Successfully Self-Direct their Learning in a Clinical Environment

Dr Emma Bartle, Kathy Dallest, Jill Thistlethwaite

Introduction/Background

Clinical placements are heavily reliant on opportunistic patient contact, and are therefore relatively unstructured learning environments. Students are required to be self-directed learners and scan new environments to identify learning opportunities and resources. Requiring students to take control of their learning in a clinical environment has the potential to increase motivation and encourage them to become lifelong learners.

Purpose/Objectives

University of Queensland (UQ) medical students set self-determined learning objectives (SDLOs) for their elective clinical placement undertaken in Year 4. Students complete an online module on setting learning objectives prior to their placement, after which they self-assess how well they met each learning objective and identify strategies used. This model has potential to provide medical students with a more structured clinical learning experience and enable them to apply self-directed learning skills developed in Years 1 and 2 (a PBL/CBL curriculum) in a clinical environment. However, students do not always know how to demonstrate they have met their learning objectives unless they are formally assessed. This study investigated the ability of students to direct and measure their learning using this approach.

Issues/Questions for exploration or ideas for discussion

We are analysing the self-assessment data thematically to help answer the following research questions which form the basis for discussion: a. Can students develop appropriate and achievable SDLOs? b. What learning behaviours do students use to meet their SDLOs? c. What measures do students use to demonstrate they have met their SDLOs?

ID: 12720

Poster No: PP50

Title: Educationally Focused "Round Table" Discussions: a Peer Approach to the Professional Development of Clinical Teachers

Dr Peter Gallagher, Sean Hanna, Kath Hoare

Introduction/Background

A didactic approach to the educational needs of senior clinicians in their role as clinical teachers was found to be at best only moderately successful. Whilst we also noted in the literature that round table discussion was an approach to clinical problem solving that was generally well received. In light of these two observations we decided to adopt an informal, yet structured approach to clinical teacher development. We used no PowerPoint presentations and engaged in small group discussions with some prepared material as an occasional catalyst for discussion.

Purpose/Objectives

This PeArL will be experiential in nature. We will briefly outline and then replicate the round table approach to the professional development of clinical teachers. Our experience demonstrates that the round table is an overt constructivist approach to staff development which is well received by peers.

Issues/Questions for exploration or ideas for discussion

What barriers and opportunities are there to the extension of this form of staff development?

ID: 12888

Poster No: PP51

Title: Enhancing Medical Students' Understanding of the Role of the Health Care Team through a Simulated Patient Journey Scenario

A/Prof Patricia Johnson, Victoria Brazil

Background

Research has identified that ineffective interprofessional collaboration and power differentials in the health care team can create barriers to patient care which may ultimately result in adverse patient outcomes (Australian Commission on Safety and Quality in Health Care, 2005; Weller et al., 2011). Education providers need to ensure that teaching strategies aimed at promoting effective team work in health care provision are an integral part of the curriculum.

Objective

To develop, deliver and evaluate a clinical teaching session for first year undergraduate medical students at our university that incorporated a simulated, realistic patient journey scenario. The scenario introduced students to the roles and responsibilities of several health professionals, with an overall aim of increasing their awareness and understanding of the contribution of both doctors and the wider health care team to patient care.

Method

The scenario was based on a "patient" presenting to their GP with chest pain, who was subsequently transferred to hospital for coronary intervention and post-procedure management. A survey questionnaire comprised of 5 ranked items and 4 short answer questions was distributed to students to determine if the session achieved our aims.

Result

Responses were received from 90 students, representing a response rate of 96%. Responses from the 5 ranked items were analysed using descriptive statistics. Results from all items were positive: means ranged from 4.15 to 4.71 (1=Strongly Disagree, 2=Disagree, 3=Neither agree or disagree, 4=Agree, 5=Strongly Agree), demonstrating that students perceived that the session enhanced their awareness and understanding of how various health professionals contribute to a patient care episode. The written responses provided specific examples of to explain their findings.

Conclusion

This innovative teaching session introduced new medical students to a realistic scenario based on a common patient presentation, and enhanced their understanding of the health care team.

References

Australian Commission on Safety and Quality in Health Care. (2005). National Patient Safety Framework. Commonwealth of Australia. Weller, J., Barrow, M. & Gasquoin, S. (2011). Interprofessional collaboration among junior doctors and nurses in the hospital setting. *Medical Education*, 45 (5): 478-487.

ID: 12735

Poster No: PP52

Title: Is Measuring the Intern Learning Climate Really that Important?

Mr Paul Welch, Hilary Taylor-Evans, Ralph Pinnock, Frances Quirk

Introduction/Background

The intern learning climate significantly influences the development of junior doctors professional identity, acquisition of knowledge and skills and their project management skills. Measuring the learning climate identifies the strengths and weaknesses of the term and targets areas for future improvement.

Purpose/Objectives

We used a validated tool to measure the intern learning climate and determined its suitability for the Australian environment. The Dutch Residency Educational Climate Test (D-RECT) evaluates 11 sub-categories that make up the learning climate.

Issues/Questions for exploration or ideas for discussion

The detail of the learning climate given by using the D-RECT is much greater than that gleaned during an accreditation visit by the Postgraduate Medical Councils. The ease with which the survey can be administered and the data analysed makes it an efficient tool. It enables a hospital to be far more dynamic in their response to ensuring the quality of intern term experiences.

Results

We had an 86% response rate with all questions answered and taking less than 10 minutes on average to complete the survey with an overall Cronbach alpha of 0.95. The results showed significant differences between the core terms in several key areas. In addition there were differences between ward and non-ward based terms but no differences according to gender.

Discussion/Conclusion

The D-RECT is effective and practical to use - should it be used on a more widespread scale to help monitor the intern learning climate and as an aid to accreditation?

ID: 13006

Poster No: PP53

Title: Clinical Measurements: a Twelve-Month Multidisciplinary Graduate Training Framework

Mrs Megan Harbourne, Dr Tilley Pain, Chris Brown, Tilley Pain, Stephanie Van Ballegooyen

Introduction/Background

The four primary sciences of Cardiac, Respiratory, Sleep and Neurophysiology make up the core clinical measurement disciplines at the Townsville Hospital. Entry to the profession is via an undergraduate human sciences degree and on-the-job training. Traditionally, clinicians are skilled in a single discipline after entering the workforce. Some regional facilities have multidisciplinary clinicians skilled in up to two disciplines. The innovation of this framework lies in skilling clinicians across all four clinical measurement disciplines.

Objective

Trial a generalist, graduate training framework to support sustainable regional clinical measurement services.

Ideas for discussion

The framework, trialled by two graduates, included four 10-week discipline-specific training blocks and one 8-week multidisciplinary block. Success was measured by the trainees ability to support base-level clinical service relief. One aspect of evaluation included: (1) trainers perception of trainees clinical competence; and (2) trainees self-reported confidence for providing clinical service relief, measured on a five-point Likert scale. Qualitative data were also collected.

Results

Quantitative and qualitative data reflected the trainees ability to confidently and competently support basic, multidisciplinary clinical service relief for non-complex patients with appropriate supervisory mechanisms.

Discussion

Using the framework, graduates were skilled across a range of base-level, multidisciplinary investigations. The scope of clinical service relief varied with each discipline. This framework is applicable to other clinical measurement services with potential to establish a graduate generalist role.

Conclusion

A multidisciplinary graduate training framework is a viable option to support regional clinical measurement services within the respiratory, cardiac, neurophysiology and sleep sciences.

ID: 12898

Poster No: PP54

Title: Participatory Design in Healthcare Education Research: Re-Designing Clinical Service Delivery to Maximize Clinical Teaching Efficiencies and Effectiveness

Dr Kwang Chien Yee

Introduction/Background

Clinical teaching is traditionally opportunistic learning and teaching. The effectiveness of clinical teaching is highly dependent on the tutor and availability of patients. As such, simulation training has been promoted as an attractive alternative to support and in some cases, replace clinical teaching. While it is important to harness technology to improve clinical teaching, the utilization of clinical encounters as the core teaching activities cannot be replaced. More importantly, research which investigates re-design of clinical service delivery to maximize teaching efficiencies and effectiveness has not been emphasized. This presentation discuss the use of participatory design method to re-design service delivery for healthcare education.

Purpose/Objectives

This presentation aims to present the adaptation of participatory design method in healthcare education research for service and curriculum design. The presentation discusses the results of this design method and its potential in healthcare education research.

Results

The study successfully engaged clinicians and students to re-design clinical service activities to facilitate teaching and learning. It involves active participation of students in patient care, but also specifically designing learning activities around patient care. The outcome of the re-design process encourages student-centred learning while allowing clinicians to balance service and educational obligations.

Discussion

Clinical encounters are essential in healthcare education. With the increase in the number of students and changing demographic of patient admission, further research needs to focus on clinical teaching efficiency and effectiveness. A re-design of clinical service activities might improve teaching without affecting service delivery through participatory design.

Conclusions

This study suggests participatory design method has great potential in healthcare education research.

ID: 12644

Poster No: PP55

Title: Team-Based Learning Methods in Teaching Topographical Anatomy by Dissection

Ms Annette Burgess, George Ramsey-Stewart, Craig Mellis, James May

Introduction/Background

Principles of Team Based Learning (TBL) have been utilised to good effect during an innovative anatomy by whole body dissection course for senior medical students at Sydney Medical School.

Purpose/Objectives

To investigate the efficacy of adopting TBL principles based on acquisition of topographical anatomical knowledge and student feedback.

Issues/Questions for exploration or ideas for discussion

42 students were divided into eight groups and carried out whole-body dissection on eight cadavers over a 34-day period. TBL teaching strategies included appropriate group allocation; out of class preparation; problem solving intra-group activities; inter-group competition and frequent assessments. The effectiveness of TBL was assessed by knowledge acquisition and retention and by questionnaire.

Result

The course produced a marked increase in topographical anatomical knowledge. The median Pre-course assessment score was 9/20 and the median Post-course assessment score was 19.5/20 ($P < 0.001$). The TBL methods used were considered to be highly effective by the students.

Discussion

The application of TBL methodology to teaching human anatomy by dissection enables a large group of students to have small group experiences without a large number of teachers.

Conclusion

Our findings demonstrate that team-based learning in an anatomy dissection program provides an effective and efficient learning experience for students.

ID: 13096

Poster No: PP56

Title: IMG Communication Skills Training in Victoria's Public Hospitals

Mr Terry Miller

Introduction/Background

This project is a descriptive study which scopes the provision of training programs for junior doctors in Victorian public hospitals, including communication skills training specifically for international medical graduates (IMGs) working under supervision. There is no comprehensive overview of the nature, availability or uptake of communication skills training for IMGs in Victoria, particularly in rural Victoria where many IMGs are employed in public hospitals. As the literature suggests that some IMG doctors can struggle with aspects of clinical communication, an overview of training provision is warranted.

Purpose/Objectives

The aim of this project is to provide a comprehensive overview of IMG training provided in Victoria's public hospitals to determine the nature and extent of communication skills training for IMGs and to identify gaps or issues that need to be addressed to improve IMGs learning experiences and learning outcomes. Training programs for IMGs in rural Victoria are limited. This initial scoping study, which involves semi-structured interviews with providers of medical education, i.e. Medical Education Officers (MEOs) and Medical Clinical Educators (MCEs), was carried out to identify issues from the educators perspectives.

Issues/Questions for exploration or ideas for discussion

A key concern for hospitals is to ensure they meet their objectives in providing high quality health care to the community. Some of the health communication literature highlights a strong correlation between doctor-patient communication, patient satisfaction and improved patient health outcomes. This study will provide information about how well educators are meeting IMG communication training needs and what other models are appropriate.



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POSTER ABSTRACTS

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ID: 12816

Poster No: P1

Title: Challenges Faced in Developing a Validated Satisfaction Survey for Students Completing Nutrition and Dietetics (N&D) Clinical Placements

Ms Nicky Haron, Angela Vivanti, Rhiannon Barnes

Introduction/Background

The assessment of student perceptions of clinical placements is fundamental to the provision of quality educational experiences, particularly in the current environment of increasing demand for placements and limited resources. (Roberts et al., 2009; Rodger et al., 2008)

Purpose/Objective

To discuss the challenges that arose in the development of a single, validated electronic student satisfaction survey for use across a wide range of public health sites providing N&D placements to students.

Issues/Questions for exploration or ideas for discussion

Issues associated with the development of this validated survey, such as confidentiality, recruitment and other considerations within the context of a state-wide program with multiple sites and limited resources, will be the focus of the presentation.

Results

The survey was implemented in 2012 and the initial reports distributed to clinical educators in participating sites. The results from this survey will form the subject of a subsequent paper.

Conclusion

A validated tool was developed for measuring student satisfaction within N&D student placement sites across Queensland. Since this tool has potential applicability to alternate sites and professions, the lessons learnt in this process may be useful to other health professionals.

References

Roberts, N., Brockington, S., Doyle, E., Pearce, L., Bowie, A., Simmance, N., Evans, S., & Crowe, T. (2009). Innovative model for clinical education in dietetics. *Nutrition and Dietetics* 66, 33-38. Rodger, S., Webb, G., Devitt, L., Gilbert, J., Wrightson, P., & J., M. (2008). Clinical education and practice placements in the allied health professions: An international perspective. *Journal of Allied Health* 37, 53-66.

POSTER ABSTRACTS (CONT)

ID: 13076

Poster No: P2

Title: Clinical Games and Emerging (Inter)Professional Identity

Dr Virginia Plummer

The purpose of this paper is to report on the educational initiative undertaken in the Bachelor of Nursing/Bachelor of Emergency Health related to technical and non-technical skills development and inter-professional care in critical care settings.

The aim was to develop a sense (inter) professional identity as a paramedic nurse in the second year of the 4 year undergraduate degree.

The underpinning framework for this work was based in the "Inter-professional Capability Framework" developed by the Combined Universities Inter-professional Learning Unit in Sheffield in the United Kingdom. The guidelines generated from the framework related to practice based learning, and fall within four conceptual domains: Knowledge in practice, ethical practice, inter-professional working and reflection.

The assessment of teamwork and clinical skills in advanced life support teams has been successful using proprietary computerized interactive scenarios. Students assessed the virtual patients in a range of cardiac arrhythmias and managed their care, including drug therapy, pacing, defibrillation, cardiac compression and ventilation support. They then reviewed the patient outcome and their practice against the evidence in the national standard.

The students were encouraged to design their own clinical games which could make a contribution to adult learning in critical care. The games included at least 2 health professions, an interprofessional and an element of inter-professional team work. Examples in assessing blood loss and GIT knowledge will be demonstrated

ID: 12895

Poster No: P3

Title: Clinical Teaching and Supervision in Private Hospital Setting: Balancing the Nexus Between Service and Education

Dr Kwang Chien Yee

Introduction/Background

Due to increasing number of healthcare students and changes in the demographic of patients admitted to traditional public teaching hospitals, alternative placements for students, especially in private hospitals are actively being developed. Student placements in private hospitals, especially for medical students face significant challenges due to different relationship between clinicians and hospitals compared to public hospital. Healthcare educators who co-ordinate private hospital program therefore need to understand these challenges to best design teaching program for students.

Purpose/Objectives

This presentation aims to present our experience in the design, development, delivery and evaluation of a 4 week private hospital attachment in final year medicine.

Results

Private hospital placements need strong academic leadership and teaching to support a limited pool of clinicians working within private hospital setting. Tutorials complement clinical placement well in private hospital setting. While there are challenges in organizing private hospital placement, student evaluation indicated that private hospital placement was useful and complemented traditional hospital placement.

Discussion

Private hospital placement requires a fine balance between service and education. Strong academic leadership is required both for service delivery and teaching in order to engage stakeholders and clinicians to participate in the program. While private hospital program is well received, it should not replace traditional placement. Private hospital placement is a useful complementary placement for students.

Conclusion

Private hospital placement is worthwhile but requires significant input and professional development of educators who design and implement the teaching program.

ID: 13055

Poster No: P4

Title: Community Engagement by Medical Students During Longitudinal Rural Clinical Rotations

Dr Angelo D'Amore, Evan O'Neill, Tim Wittick, Penny Brussen, David Campbell, David Fry, Whitney Downes

The fourth year undergraduate medical program at Monash University's East Gippsland Regional Clinical School is an integrated community-based, year-long, clinical placement. As part of their placement, students are encouraged to participate in community engagement. In 2009, the fourth year medical student cohort voluntarily conducted six sessions on health education at the local specialist school. This program was delivered to males ranging from 14-18 years of age, with behavioural and learning disabilities.

The evaluation objectives included assessing: the content, format and sequence of topics covered by the program; how the program impacted on the medical students and the specialist school; and the potential for future engagement by medical students in the Specialist School. The program was evaluated through focus groups with specialist school teachers and medical students. They were thematically analysed by multiple authors.

The evaluation showed that the medical students consider themselves more likely to be involved in future community engagement as a result of this program and they saw a clear benefit to their future professional practice as doctors. Interestingly, both specialist school students and teachers demonstrated a change in their knowledge and attitudes towards the health topics covered. In addition, the medical students were perceived as role models for specialist school students. Importantly, this study identified the requirements for successful involvement in community engagement by students on longitudinal clinical placements.

The evaluation clearly identified benefits for all involved. There is great scope for future programs of this nature for medical students in East Gippsland.

ID: 12734

Poster No: P6

Title: Developing Critical Appraisal Skills: Engaging Medical Students with Literature to Write, Review and Publish Journal Articles

Dr Emma Bartle, Mavourneen Casey, Di Eley

Introduction/Background

Recent decades have seen a dramatic shift towards the practice of evidence-based medicine. Remaining current with new research and clinical developments are important priorities for health professionals. Consequently, the ability to appraise literature has become an important skill to teach medical students that also helps build their confidence to engage in inter-professional communication and aspire for peer-reviewed publications.

Purpose/Objectives

A structured semester-long course to extend students' critical appraisal skills has been implemented into the University of Queensland's MBBS program. Based upon key literature recommendations for teaching critical appraisal, it focuses on how medical students can incorporate an evidence-based approach into their clinical practice. The course assessment requires students to apply their developed skills through the critical appraisal of current literature relevant to an assigned topic and writing a letter to the editor on their topic to an appropriate scientific journal.

Issues/Questions for exploration or ideas for discussion

A quantitative experimental design is being used to evaluate outcomes in terms of students' ability to achieve a basic competence in critical appraisal, and the effectiveness of this course to engage students with the medical literature as a pathway for intra-professional dialogue between medical students, clinicians and researchers. The findings of the research (not yet available) and possible recommendations will be discussed. The ability to appraise literature for clinical developments, health interventions and wider healthcare policy issues is an essential skill for all health professionals; hence our project outcomes have potential relevance to others involved in health professional education.

ID: 13044

Poster No: P8

Title: Evaluation of the East Gippsland Bachelor Nursing Satellite Program

Dr Angelo D'Amore, Elisabeth Jacob, Eleanor Mitchell

Until recently, enrolled nurses and other students from the East Gippsland region wanting to study a Bachelor of Nursing (BN) needed to travel to the Monash Gippsland Campus (Churchill) to undertake their studies. As of 2nd semester, 2011, students could undertake their 2nd and 3rd year nursing course at the East Gippsland Regional Clinical School (EGRCS) site of Monash University (Bairnsdale). Students could either complete their 1st year at Churchill and then transfer to Bairnsdale or could become an Enrolled Nurse by completing the local Advance TAFE Division 2 Nursing course before directly entering the BN in Bairnsdale for 2nd Year (the TAFE course has been curriculum matched to ensure that all 1st year requirements are met). This research/evaluation will determine the success of such a program and how to improve such a program.

Aims

To understand what factors influence why the BN students select to undertake the new Bairnsdale-model of the BN. To determine what the BN students expectations are of the new Bairnsdale-model of the BN and whether these are met. To determine and compare the learning styles and interprofessional attitudes of BN students. To understand how studying in East Gippsland has influenced their future practise as nurses or doctors.

Bairnsdale students starting their 2nd year of BN in 2011 and 2012 have completed questionnaires and participated in focus groups. These students are to be re-visited at the end of their 2nd and 3rd year of their course, as well as 5 years post-graduation.

This research will improve the way future students are taught, encourage more pathways for future rural health practitioners to study health courses, and also help us understand if such programs encourage Nurses to practise in rural Gippsland.

ID: 12788

Poster No: P9

Title: FIRST Steps Facilitation in Regional Settings: Training in Simulation Teaching Educators Program

Ms Samantha Gent, Wendy Porteous

Introduction/Background

As part of the current Health Workforce Australia (HWA) and Simulation Based Education and Training (SBET) initiatives there was a large injection of resources to develop SBET in the Grampians Region. In order to develop competent and sustainable clinical education; FIRST STEPs was established to prepare the educator workforce of the Grampians Region to use current resources available.

Purpose/Objectives

FIRST STEPs was developed as a one day program to expand and reinforce the principles of clinical education whilst also introducing the appropriate and effective use of simulation. The areas of facilitated discussions, evaluation methods, teaching clinical skills (Peyton's Model) and small group theory were discussed using interactive sessions. An introductory explanation of simulation included the concepts of fidelity, designing scenarios and preparation for simulation. The day concluded with interactive practice simulations followed by a session on the importance of structured feedback and debriefing.

Issues/Questions for exploration or ideas for discussion

- Knowledge gap of clinical educators in the use of simulation
- Lack of exposure to simulation
- Understanding the importance of debriefing
- Simulation vs. bedside teaching
- Use of alternative teaching methods

If research data are to be presented, please include the following sections:

Results

nil research data

Discussion

FIRST STEPs enabled clinical educators in the Grampians Region to share their experiences of using low-medium fidelity simulation. Feedback from the participants revealed their enthusiasm to embrace alternative teaching methods such as simulation and a significant benefit for their professional development.

Conclusion

FIRST STEPs evaluations identified themes of clinical educators having increased confidence in the use and practical application of low-medium fidelity simulation and equipment, an understanding of alternative methods of teaching clinical skills, providing feedback and the development and use of scenarios in simulation. FIRST STEPs is a valuable program aiming to meet the needs of the clinical educators, but the reality is the principles and concepts are yet to be tested in the region. Time will tell as the equipment is taken out of boxes and educators take their first baby steps in simulation. FIRST STEPs believes If you want to use simulation to teach health care skills you can!

ID: 12836

Poster No: P10

Title: Heart Rate Variability and Perceptions of Well-Being

Dr Mataroria Lyndon, Marcus A Henning, Joanna M Strom, John Sollers, Andrew Hill, Susan J Hawken

Background

Quality of life and burnout issues among doctors is an area of continued interest and concern. No known study to date has attempted to match objective physiological biomarker data with doctors ratings of quality of life and well-being.

Purpose

We explored the links between objective physiological biomarker data with measures of well-being. A total sample of 17 junior doctors in their first year of training volunteered for this study. Over four time periods separated by six week phases, the doctors completed a set of quality of life and well-being inventories and wore a heart rate monitor over a day and night time interval.

Questions for exploration

Would this sample of doctors self-report high levels of stress-related symptoms and would these perceptions be significantly associated with their heart rate variability measures?

Results

There is evidence to suggest that this sample of doctors did not report any problems associated with depression, anxiety, stress, burnout or quality of life. In addition, their heart rate variability scores did not show any significant fluctuations. However, there was some trends noted in the scores and the dearth of significant correlations of measures indicated a mind-body dissonance.

Discussion / Conclusion

There was no evidence in this study to suggest that the first year junior doctors in this sample were experiencing either psychological or physiological problems. However, the findings showed that there was potential dissonance in the way doctors report their psychological status with respect to their heart rate variability.

ID: 12843

Poster No: P11

Title: Immediate Verbal Feedback Enhances some Aspects of Subsequent Practical Examination Performance

Miss Teneale McGuckin, Rebecca Sealey,

Introduction/Background

Feedback is a critical component of learning, however often occurs weeks after assessment completion. When students undertake practical examinations, delayed feedback may be ineffective as the student is unable to accurately recall the event and make connections between the feedback and performance.

Purpose/Objectives

To investigate if immediate feedback enhances subsequent performance.

Issues/Questions for exploration or ideas for discussion

Should we provide immediate feedback to students?

Results

Sport and Exercise Science students (n=27) performed an exercise demonstration assessment task with a client, received immediate verbal feedback from the assessor and 1-4 weeks later, completed a second assessment task that involved demonstration of a full exercise session with the client. In both assessments, students were scored for communication, evaluation and demonstration skills. On average, the cohort achieved a significantly higher score for the second assessment (76% vs 83%, $p < 0.001$) and for communication, but not evaluation. The cohort received a significantly lower average score for demonstration.

Discussion

While immediate verbal feedback was effective at enhancing subsequent communication, improvement in evaluation performance was not evident. The reduction in demonstration performance may be a result of the second task involving a more complex skill set. Furthermore, while the overall score for the second assessment piece was significantly higher than the first, the same average grade was awarded (distinction).

Conclusion

Immediate verbal feedback is an effective learning tool for subsequent practical performance, however does not appear to be effective at enhancing the higher-order attribute of critical evaluation.

ID: 12963

Poster No: P12

Title: Influence of Professional Experience Placements on Selection of Internship Site

Ms Anne Leversha, Kay Stewart

Introduction/Background

Monash University pharmacy students participate in four three-week practical experience placements (PEPs) during their third and fourth undergraduate years; two PEPs are conducted at metropolitan hospitals, one in metropolitan community pharmacies, and another in rural sites. Fourth year students were surveyed in October after completing all placements. Pharmacy graduates complete an intern year post-graduation, prior to sitting their registration exam, and they are responsible for finding their own intern training site.

Objective

To identify the impact of PEPs on selection of internship site.

Results

Of the 208 students enrolled in 2012, 104 (50%) responded to the survey and 89 of these had secured a site for their intern training. Most of the students rated the influence of the PEPs on their intern placement site as major (35%) or moderate (35%). Of these, the metropolitan hospital site was identified as being the most influential by 53 (77%); 7 (10%) said metropolitan community pharmacy and 7 (10%) said rural community pharmacy. Of the 76 students who indicated that they gained information from their PEPs that was useful in their choice of site 57 identified 'clinical experience', 41 identified 'pharmacy team perspectives' and 38 identified the site's 'intern training program' as contributing to their decisions.

Discussion

The PEPs in this setting significantly influenced the majority of students, and it is important to ensure the quality of these placements.

Conclusion

he PEPs have a strong influence on students' intern site preference.

ID: 13071

Poster No: P13

Title: Interprofessional Learning about Environmentally Sustainable Allied Health Practice

Dr Alison Wicks

Introduction

Developing and maintaining environmental sustainability means meeting present day needs without jeopardising the ability of future generations to meet their needs. Sustainable environments are required for the future health and wellbeing of individuals and communities. As health professionals endeavour to support and or enable human development and wellbeing, it has been argued they have a responsibility to adopt healthcare practices that are environmentally sustainable (1). The World Federation of Occupational Therapists (WFOT) has recently developed a position statement advocating occupational therapists work towards environmental sustainability within the profession and collaboratively with clients and communities. WFOT has already identified some challenges and strategies related to implementation of eco-friendly practice (2).

Objectives

The objectives of this presentation are to promote consideration of environmental sustainability by allied health professional groups and share some principles of sustainable practice.

Issues for exploration or ideas for discussion

Discussion will focus on four principles of environmentally sustainable practice: prevention; client empowerment, service efficiencies and low carbon options (3). Suggestions for fostering collaboration and interprofessional learning among allied health professionals, such as the establishment of communities of sustainable practice, will be explored.

Pencheon D (2009). How health services can act. In J Griffith et al. The health practitioners guide to climate change. London: Earthscan, 295-320. WFOT (2012). Position statement on environmental sustainability: sustainable practice within occupational therapy. Forresterfield: WFOT. Mortimer F (2010). The sustainable physician. Clinical Medicine, 10(2). 110-11.

ID: 12717

Poster No: P14

Title: Introducing Research Skills into a Traditional Course-Work Clinical Masters Course using the Research Skills Development Framework (RSD)

Dr Sally Catt, Sarah Jansen

Introduction/Background

The Master of Clinical Embryology, a unique intensive degree course designed to teach practical and theoretical aspects of Assisted Reproductive Technologies, attracts students from diverse medical and science backgrounds wanting a career, or to further their knowledge, in this field.

Purpose/Objectives

While the course teaches a range of practical skills throughout the year and tests theoretical knowledge through exams, an important aim is to develop research skills. Our objective was first to introduce a range of research skill-sets and later integrate these into individual or group research projects, thus allowing students to develop their practical and research skills simultaneously. We used the RSD framework, originally developed at the University of Adelaide, to aid in curriculum design.

Issues/Questions for exploration or ideas for discussion

Although post-graduate study, many students had no experience in the basic facets of research: like clarifying research questions, searching information and critically evaluating. Thus we began with a partially closed enquiry: a journal article comparison, requiring a limited but directed search for data to critically evaluate two diverse opinions. Students built up their skills with tutorials on statistics (using clinical data), oral critique of articles, followed by a literature review on a given research question, from which they then formulate a research plan. Group research was undertaken for 10 weeks, with individual write-ups and presentations. Rubrics were developed to aid beginners, and to guide those more experienced to higher marks. Despite a greater workload, students have embraced these changes and had improved learning outcomes at all levels.

ID: 12724

Poster No: P15

Title: Medical School Applicants: Reasons for Applying and Expectations of Study
Ms Maoyi Xu, Maree O'Keefe, Caroline Laurence

Introduction/Background

Medical students' motivation for studying medicine has been extensively studied. However, little is known about the relationship between medical school applicants reasons for applying to study medicine and their expectations of studying at university.

Purpose/Objectives

To explore medical school applicants reasons for applying to study medicine and their expectations of studying at university.

Issues/Questions for exploration or ideas for discussion

Do varying levels of expectations according to reasons for applying have implications for medical student engagement with learning and subsequent academic success?

Results

All medical school applicants attending the oral assessment for 2012 entry were invited to complete an online survey. The response rate was 90% (411/458). Four dimensions of reasons for applying to study medicine were identified using factor analysis: science-orientation, people-orientation, job status/security, and external pressure. The extent to which applicants expected that my learning will involve independent study was positively correlated with scores for science-orientation ($r_s=0.21$, $P<0.01$) and people-orientation ($r_s=0.23$, $P<0.01$), while negatively correlated with external pressure scores ($r_s=-0.20$, $P<0.01$); the extent to which applicants expected that not all that important for me to attend most lectures was positively correlated with external pressure scores ($r_s=0.33$, $p<0.01$).

Discussion

Though medical school applicants are generally highly motivated to study medicine, their expectations of studying at university varied according to their reasons for applying.

Conclusion

Better understanding of medical school applicants motivation for studying medicine may assist in predicting and meeting particular expectations of studying at university.

ID: 12909

Poster No: P16

Title: Medical Student Perceptions of Pharmacology Teaching and Learning in as they make the Transition from Foundation Year (Year 1) to Hospital Setting (Year 2)
Ms Anne Leversha, Shane Bullock, Caroline Laurence

Introduction

Australian medical graduates report a lack of confidence about their pharmacology knowledge. Monash graduate-entry MBBS students were surveyed during their second year of the four-year course about the pharmacology program delivered up to that point.

Purpose

The purpose of the student survey was to identify perceived gaps in student knowledge, reflect on the learning experience in this discipline and to suggest changes that could have assisted them in their learning.

Results

22 out of a total of 87 students completed the on-line questionnaire. Three of the respondents had a previous degree in pharmacy or pharmacology. On a scale of 1-6 (completely), 50% of respondents rated their perceived level of confidence with respect to their pharmacology knowledge at 4. Common gaps in perceived knowledge noted related to antibiotics and drug interactions. A list of key must know medications developed by academic and clinical staff teaching was considered useful. Generally students thought the pharmacology program was taught well.

Discussion

Students commented on a range of learning activities in their pharmacology education which they valued highly. These included lectures, learning about the basics and drug classes, and tutorials. One improvement suggested more clinical application and scenarios.

Conclusion

Students valued the pharmacology program and are confident about their knowledge. Feedback from the students is being used to improve the program.

ID: 13050

Poster No: P17

Title: Medical Students' Experience of a Longitudinal Integrated Clerkship – Lessons Learned

Prof Nicky Hudson, Andrew Bonney, George Albert, Patricia Knight

Introduction/Background

The potential benefits of community clinical placements in enhancing medical students learning of multi-disciplinary, integrated care are well recognised. However, students can find community placements very challenging, possibly on the basis of being outside of the protective structures of the hospital or university environment.

Purpose/Objectives

Students of the Graduate School of Medicine (GSM) at the University of Wollongong (UOW) undertake a year-long integrated community clerkship in Phase three of the course. This qualitative study investigated students views of factors influencing the success or otherwise of their clerkship which is of importance to the core purpose of the GSM and of significance to other medical schools.

Questions for exploration

This study sought to gain an understanding of students experience and learning from the perspective of integration or belonging, both in the health care team in which they will worked, and into the community in which they were placed.

Results

thirteen students participated. Data saturation was reached at the ninth interview. Three themes were derived: academic leadership; external (practice) environment; and intrinsic (student) factors. A conceptual model was developed linking the theme components.

Discussion

The findings suggested that there is a complex interaction of factors resulting in a positive or negative experience of longitudinal clerkship. Optimally, a synergistic relationship between factors resulted in a sense of belonging, which created a rich learning environment for students and motivation to return to a rural area for clinical practice.

Conclusion

The conceptual model arising from this study provides a map for strengthening the academic leadership provided at all levels of the clerkship to facilitate this student-centred, outcome-oriented learning.

ID: 12764

Poster No: P18

Title: Nervous System Examination on Youtube

Prof Samy Azer, Sarah M AIEshaiwi, Hala A AlGrain, Rana A AlKhelaif

Background

Web 2.0 sites such as YouTube have become a useful resource for knowledge and are used by medical students as a learning resource. This study aimed at assessing videos covering the nervous system examination on YouTube.

Summary of work

A research of YouTube was conducted from 2 November to 2 December 2011 using the following key words nervous system examination, nervous system clinical examination, cranial nerves examination, CNS examination, examination of cerebellum, balance and coordination examination. Only relevant videos in the English language were identified and related URL recorded. For each video, the following information was collected: title, author/s, duration, number of viewers, number of posted comments, and total number of days on YouTube. Using criteria comprising content, technical authority and pedagogy parameters, videos were rated independently by three assessors and grouped into educationally useful and non-educationally useful.

Summary of results

A total of 2240 videos were screened; 129 were found to have relevant information to nervous system examination. Analysis revealed that 61 (47%) of the videos provided useful information on the nervous system examination. These videos scored (mean $\bar{A} \pm SD$, 14.9 $\bar{A} \pm 0.2$) and mainly covered examination of the whole nervous system (8 videos, 13%), cranial nerves (42 videos, 69%), upper limbs (6 videos, 10%), lower limbs (3 videos, 5%), balance and co-ordination (2 videos, 3%). The other 68 (53%) videos were not useful educationally; scoring (mean $\bar{A} \pm SD$, 11.1 $\bar{A} \pm 3.0$). The total viewers of all videos was 2,189,434. Useful videos were viewed by 1,050,445 viewers (48 % of total viewers). The total viewership per day for useful videos was 1,794.5 and for non-useful videos 1,132.0. The differences between the three assessors were insignificant (less than 0.5 for the mean and 0.3 for the SD).

Conclusion

Currently, YouTube provides an adequate resource for learning nervous system examination, which can be used by medical students. However, there were deficiencies in videos covering examination of the cerebellum and balance system.

ID: 12970

Poster No: P19

Title: Outback Immersion: Allied Health Student's Experiences of Long Term Rural Placements

Mr Luke Wakely, Leanne Brown, Tony Smith

Introduction

There is a shortage of allied health professionals working in rural areas in Australia. The University of Newcastle, Department of Rural Health (UoNDRH) have students in physiotherapy, radiography and dietetics spend an entire academic year studying and on clinical placement in a rural area. It is hoped this longer-term immersion in a rural community may encourage students to work in rural areas during their careers.

Purpose

The aim of this paper is to detail the model of year-long rural immersion and present feedback about the experience from students.

Methods

Year long students are invited to participate in a semi-structured in-depth interviews to explore their experiences in the immersion program. Interview transcripts were thematically analysed. Students also complete written evaluations at the end of their placement, which have also been analysed.

Issues for discussion

Does immersion in a long-term rural placement improve student's attitude towards a rurally based career?

Results

Students found the year-long placement both challenging and rewarding. They did not feel disadvantaged by being away from university's main campus. Students valued the close academic support and extracurricular activities organised by the UoNDRH. They also reported being able to get to know the local health staff was an advantage when weighing up where to work on graduation.

Conclusion

Long-term immersion in a rural area appears to influence students aspirations about where to work on graduation. Longitudinal research is needed to determine if this program results in students returning to rural areas on graduation.

ID: 13021

Poster No: P20

Title: Placement, Education and Research Unit (PERU): An Effective Interprofessional Collaboration Model between a University and a Community Health Service to Build Capacity in Student Supervision, Staff Education and Research

Mrs Mollie Burley, Jane Taylor

Introduction/Background

The Placement, Education & Research Unit (PERU) involves collaboration between Monash University Department of Rural & Indigenous Health (MUDRIH) and Latrobe Community Health Service (LCHS), in rural Gippsland, Victoria, Australia.

Purpose/Objectives

PERU's three goals are to - increase and enhance student placements; facilitate education and research for staff using an Interprofessional Collaboration capacity building model.

Issues/Questions for exploration or ideas for discussion

Strategies, processes and outcomes in establishing PERU within LCHS will be outlined, focussing on Student Placements, staff education, research and the capacity building Interprofessional Collaboration (IPC) model.

Results

LCHS staff highly value PERU's work with growth/improvement achieved in all three goals. PERU received Government funding for capital works, equipment, Student Supervision Training and various Student Clinics/IPC activities.

Discussion

The PERU Student Placement Officer (SPO) has increased student placements. Student Supervision Training programs, provided for LCHS staff, now extend into the region. A Research Council was formed to facilitate and support research. Growth in research is clear. Staff can access Short Research Courses or evening seminars. The capacity building Interprofessional Collaboration (IPC) approach includes the IPC Development Group; IPC Forums; IPC facilitator training (Staff), Student Interprofessional Education (IPE) workshops; Student Supervised Clinic (simulation) and Integrated Clinic (real) and Student reflective practice modules.

Conclusion

PERU achieved significant outcomes through the commitment of both organisations and staff dedication. LCHS is a student placement of choice due to the IPC activities. Collaborative team work will assure future rural recruitment, retention and improved client care.

ID: 12763

Poster No: P21

Title: Randomised Crossover Study of Task-Based vs Didactics for Teaching Medical Students Anatomy in Laboratory Classes

Prof Samy Azer

Aims

This study was set up to investigate which approach for teaching anatomy in laboratory classes is effective and preferred by students.

Summary of work

In a crossover study, second-year medical students were randomised to task-based (T-B) or didactic (D) learning. The T-B group (45 students were allocated into small groups of 5) completed written tasks on cranial nerves and used pre-dissected specimens, anatomy atlases and plastinated models as resources and the D group (46 students were allocated into small groups of 5) learned via traditional teaching conducted by tutors using pre-dissected specimens. The learning in both groups was measured by means of pretest-posttest MCQs. During a second instruction session, the students crossed over and were taught the cerebellum and balance system using the opposite modality and a similar assessment was conducted. In both sessions, students in both groups were asked at the end of the session to rate satisfaction and preferred teaching approaches using a 5-point Likert questionnaire.

Summary of results

Using paired t-test, results showed statistically significant improvement in posttest scores compared to pretest scores in both groups, with p values ranging from 0.001 to <0.001. No significant differences were observed in the posttest means between the two learning approaches. The questionnaire showed that students enjoyed learning through the tasks but favoured a combination of task-based learning followed by feedback from the tutors on tasks completed.

Conclusion

Both approaches are equally useful in teaching anatomy. However, students favoured the use of a combination of the two approaches in anatomy laboratory classes. Take home message: Task-based learning followed by tutors discussion and feedback is ideal for teaching anatomy than traditional/ didactic learning.

ID: 12659

Poster No: P22

Title: Reflection on Nursing Student Clinical Supervision; Nursing Handover

Dr Grace Stankiewicz, Mr Nadim Rahman

This paper will be discussing case of clinical supervision experience of academic supervising first year students in Bachelor of Nursing. The transfer of information from the nurses on one shift to another is pivotal skill in continuity of nursing care. This insufficient nursing knowledge of this skill and not appropriate attitudes can affect as a result patient safety. The analysis was done based on Gibb's reflective cycle 1988. The attention in this paper is on the first year students on their second clinical placement where a significant lack of skills and a poor attitude were observed during nursing handover. Nursing students were not taking any notes during the shift-change and sometimes they were late. They were merely listening and also at times not paying any attention at all what was being discussed. I felt disappointed but not surprised to see that subsequently students felt lost and disorganized back on the floor. The good aspect about this experience was that the students could feel the consequences of not being able to use the handover information properly and learn from there. The bad phase was that students should have known this.

The question is: Why the students do not realise the importance of handover?

Student preparation for clinical placement should be more specific and objectives more transparent. If similar situation arise again I will be leaving reminder notes for buddy-nurses to make sure that students know the importance of their full participation during handover. The issue will also be addressed at the orientation day and the debriefing sessions.

ID: 13004

Poster No: P23

Title: ShareME: a Web-Based Collaborative Educational Resource Portal for Medical Educators in Victoria

Ms Kylie Nicholls

Background

Many innovative, effective and well-regarded medical educational programs and resources have been developed by experienced practitioners and educators working on the ground from a range of disciplinary backgrounds. The Postgraduate Medical Council of Victoria (PMCV) has a pivotal role in ensuring that the educational programs offered to prevocational doctors are of high quality and address the key learning areas of the Australian Curriculum Framework for Junior Doctors (ACFJD). To promote such educational excellence, supervisors and educators of prevocational doctors need access to high-quality resources. The ShareME project was initiated when Victorian medical educators identified the need for improved access to and sharing of available educational resources. In 2012 the PMCV developed the ShareME collaborative educational resource portal that has as its key aim to facilitate, manage and maintain a state-wide online platform to promote sharing of excellent educational resources and programs.

Objectives

The ShareME collaborative educational resource portal was developed to support Victorian medical educators and supervisors by: decreasing the duplication of effort across the state; promotion of a collaborative medical education network; provision of resources that are mapped to the ACFJD and accessible via ACFJD search terms; provision of access to a range of shared resources in a variety of resource formats; identification of specific resources and programs for rural health education and promotion of examples of best practice across health services and medical education.

Ideas for discussion

This presentation will address the processes and considerations involved in developing and implementing a state-wide, online repository of shared educational resources for medical educators.

ID: 12896

Poster No: P24

Title: SMART (Safe Management through Appropriate Response and Treatment) Program: Time to Rethink about Student to Internship Transition?

Dr Kwang Chien Yee

Introduction/Background

The transition process from student to internship in healthcare courses is a challenging process. Students often perceive that the preparation for the transition process during final year teaching could be improved. Our previous work has shown that the transition process is a journey that allows students to grow into the role. There are, however steps which could be taken to facilitate that process. A safe transition to internship, however, requires a reconsideration of clinical supervision, teaching and assessment in the final year of the course.

Purpose/Objectives

This presentation aims to engage in a meaningful discussion regarding safe transition from student to the role of an intern. This presentation will present our pilot teaching modules and evaluation of the SMART program. The presentation aims to stimulate discussion regarding safety in transition.

Results

The SMART program includes five sections: direct instructional teaching regarding acute emergency, facilitation of development of decision support materials, common communication platform, shared common image with other healthcare professionals and procedural skills. The program has been highly related by students at the end of the year, achieving 9 out of 10 scores for all areas assessed. Longitudinal feedback suggests that the program assisted with clinical practice.

Discussion

A safe transition to internship requires further conceptualization of the process. Teaching program could be customized to assist that safe transition. The assessment process will need to be re-considered with safe transition as the key purpose.

Conclusions

Teaching and assessment program could help with safe transition to internship. This process needs further consideration.

ID: 12663

Poster No: P26

Title: Reflection on the Nursing Student Clinical Supervision; IM Injection

Dr Grace Stankiewicz, Nadim Rahman

Introduction/Background

Clinical supervision is attracting attention in the Australian nursing context. This paper will be discussing case of clinical supervision experience of academic supervising second year students in Bachelor of Nursing. It was observed an insufficient nursing knowledge of skills which as a result can affect patient safety. The analysis was done based on Gibb's reflective cycle 1988.\r\n3.

Purpose/Objectives

The focus in this paper is on Enrolled Nurses, the second year students, the issue is although most of them are proficient in the clinical skills and they are significantly an insufficient on the theory behind them. One student was competent and confident in administering IM injection of antibiotic but was not aware of why she needed to aspirate before injecting. As a clinical supervisor I was surprised and felt shocked that she did not know this. Evaluating the incident I felt it was somewhat good for her because she had a major area to improve on and thus could avoid errors in the future and at the same time it was bad because she might have already caused some damage i.e. bruises, muscle necrosis by her way of practice.

Issues/Questions for exploration or ideas for discussion

The question is: Why students have the gap in the theory standing behind practical skill? The only sense I could make out of the situation was that a students were not adequately taught the theory behind. I briefly but adequately told her about the rationales but could have explained in detail if we had the time and the opportunity in that busy clinical ward. I believe if I come across a similar situation again I would do the same; explain the theory and perform the skill.

ID: 12656

Poster No: P27

Title: The Evaluation of the Clinical Supervision Program for Registered Nurses

Ms Kylie Russell

Introduction and Background

The 'Clinical Supervision Program' for Registered Nurses was developed in response to the release of the Health Workforce Australia Discussion Paper on Clinical Supervision, 2010, calling on health disciplines to develop training programs to meet the current deficits of supervisor skills. Within nursing, supervisors are any registered nurse that is allocated to work/supervise a student.

Purpose/Objectives

The purpose of this project was to provide education, training and support to nursing staff in the workplace whom supervise nursing students. The research of the project involved a descriptive study utilising a mixed method approach of qualitative and quantitative data collection and analysis. Over 200 participants attended the program in 2012 for the research component, however to date over 500 health professionals in Western Australia have attended the program.

Issues/Questions or Ideas for Discussion

This research project has now been adopted by the WA Department of Health (DoH) as a state-wide strategy for the training and support of clinical supervisors in all health professions. The researcher, in conjunction with 2 nurse educators, are currently employed by the DoH with HWA funding to provide this training across WA within both the public and private sectors.

The benefits of a state-wide approach to the training of staff across all health professionals is assisting with consistency of language and standards of practice across WA. The project has highlighted that there are a number of different approaches to the models of student supervision, the numbers of students facilities accept, the comprehensiveness of orientation programs, if any, and the level of support and the opportunities provided to practice. A number of deficits in the allocation of resources has been identified in a number of health care services. These findings are assisting the DoH to provide a state-wide strategy of consistency and support to all health care staff and students.

Results

This descriptive study involved the development, implementation and evaluation of the 'Clinical Supervision Program'. This presentation will focus on the findings of this research project. The research sought to determine the impact on the knowledge and practice of the participants. These findings will be outlined in the presentation, as well as the current state-wide strategy.

Discussion

Why and how was WA able to achieve a state-wide approach in offering education to health care staff to understand/implement the role of clinical supervision.

Conclusion

Due to the success of this nursing program, it has now been expanded to include all allied health staff across WA. A Train the Trainer package is currently being developed to assist health care facilities to take ownership of their training. These training sessions will be facilitated throughout 2013.

ID: 12841

Poster No: P28

Title: The Impact of Assessment on the Well-Being of Medical Students

Dr Mataroria Lyndon, Jill Yelder, Joanna M Strom, Tzu-Chieh Yu, Nichola C Wilson, Primal Singh, Daniel P Lemanu, Andrew G Hill

Background

There remains a lack of consensus on how methods of assessment used during medical training influence the well-being of medical students.

Objectives / Questions for exploration

How do specific methods of assessment affect medical student stress or anxiety?

How have researchers measured assessment stress or anxiety?

What is the relationship between assessment stress or anxiety and performance?

Results

Eleven studies met review inclusion criteria. Studies focused on assessment stress or anxiety, assessment performance, the fluctuation of stress or anxiety symptoms during an assessment, or factors associated with assessment that induce stress or anxiety. Methods of assessment included multiple choice questionnaires, open or closed-book assessments, viva voce and objective structured clinical examinations. Survey questionnaires created or adopted by investigators were the most common forms of evaluation of stress or anxiety. Consistent among the studies was the finding that assessment invokes stress or anxiety, particularly for female medical students. Furthermore, a relationship may exist between assessment stress or anxiety and impaired academic performance. Significant risks of bias were common in study methodologies.

Discussion / Conclusion

Findings from this study suggest assessment of medical students is associated with stress and anxiety. More rigorous study designs and the use of standardised measures of stress and anxiety are required to determine the impact of different methods of assessment. Future research should consider the design of less anxiety-inducing assessments and the effect of repeated assessment over the long-term.

ID: 12666

Poster No: P29

Title: The Language of Education

Mrs Mandy ElAli

Teaching is embedded in the role of all health care professions. From a nursing perspective the teaching role is as diverse as the nursing role. The teacher enhances learning through educational activities (Utle, 2011), which in health care will vary depending on the target audience. Whilst the educational role of the clinical nurse is targeted at patients and family in their care and supporting new staff, the expectation in higher education is of a more scholarly basis. As a nurse academic the teaching role becomes more refined and structured and hence should be supported with professional development of health professional educators.

The aim of this presentation is to share the experience of learning the language of education through the Graduate Certificate of Higher Education (GCHE) from a Nursing perspective, and how the GCHE gives the academic important tools to become an effective teacher. Important issues to be addressed are whether or not teaching in the clinical setting is transferable to the higher education classroom. The challenges of learning a new language when the language of medicine is so embedded into your vocabulary and why it is essential that health professional educators receive this professional development opportunity.

Conclusion

From vital signs to constructivism, from screening to scaffolding from drug rounds to Blooms Taxonomy, the language of education is as challenging as the language of medicine, and holds as essential in higher education as medical terminology holds in a health care setting.

ID: 12891

Poster No: P30

Title: When NHET-Sim Met PRINCE2

Ms Clare Byrne, Simone Beyfus

Background

The National Health Education and Training in Simulation (NHET-Sim) Project was funded by Health Workforce Australia as an investment in the development of healthcare simulation educators and technicians. The NHET-Sim Project provided e-learning and face-to-face training in the use of simulation as an educational tool for individuals from all healthcare professional disciplines across, all jurisdictions, and at no direct cost to participants.

Purpose

Although the NHET-Sim Project was not a PRINCE2™, Projects in Controlled Environments, project the seven principles of PRINCE2™, Continued Business Justification, Learn from Experience, Defined Roles and Responsibilities, Manage by Stages, Manage by Exception, Focus on Products and Tailor to Suit the Environment can be used to examine the strengths and challenges involved in the project as well as what lessons can be learnt. This presentation will analyse the project using the seven principles and highlight challenges involved and share lessons learnt to assist with the development of future projects.

Issues for Exploration

Many of the challenges associated with the Project centred on the principle of 'Tailoring to Suit the Environment'. Challenges included the large scale of the Project in relation to numbers of participants and the crossing of jurisdictional boundaries. The development and use of technology, in the form of e-learning and electronic booking processes, and the transferability between participants and organisations presented unique challenges and opportunities during the Project delivery. External factors such as funding pressures across multiple sectors had the potential to impact on project deliverables.



THANK YOU FOR ATTENDING

