INTEGRATION – WHAT DOES IT MEAN and ARE YOU FOR OR AGAINST IT?

It seems hardly any time at all since the last Education Centre Newsletter in March where we celebrated the recipients of Excellence in Teaching Awards for 2011 – but here we are already in June and calling for nominations for this year’s awards! There continues to be a vast array of work underway around the Faculty in the area of Teaching and Learning. Work continues with the development of the Majors commencing in 2012 and staff forums and working groups are busy developing the structure and content related to the Doctor of Medicine, Doctor of Dental Medicine and Doctor of Podiatric Medicine. As I participate in these meetings there appears to be some recurring commentary about the curriculum development process we are in. Everyone is talking about INTEGRATION; the new courses must be integrated! But how are we defining integration and what are the experiences of others integrating curricula?

The need for greater integration of subjects in health professions curricula has been accepted as an important educational strategy over the last 15 years in Australia but it is a complex concept. Integration aims to make learning more interesting and relevant and thereby enhance deep learning over surface learning approaches. Vertically integrated curricula seek to bridge the preclinical and clinical divide in content by teaching the content concurrently rather than sequentially. A horizontally integrated curriculum seeks to further break down the distinction between the basic and clinical sciences representing a type of full integration. Successful integration is characterised by early clinical contact with patients (simulated or real).

Harden describes integration as a continuum with full integration at one end, discipline-based teaching at the other, and with intermediate steps between the two extremes (see Figure 1). Integration is differentially understood and experienced by students and faculty, and can refer to an instructional method, content, faculty work or synthesis of knowledge in the minds of learners. Muller et al in 2008, explored the meaning of integration for students, faculty members and curriculum leaders of a medical course in the US and compared their perceptions of successes and challenges. All agreed that an integrated curriculum requires interdisciplinary teaching; clinical application of basic science material and course directors who provide detailed course oversight so that the integration is transparent for the students. They also agreed on many of the challenges, including: achieving truly interdisciplinary lectures; overcoming the reluctance of staff to shift to a new curriculum model; getting faculty to communicate with one another, and establishing oversight and continuity of themes across courses.

Maybe the question to be asked of our teachers and curriculum leaders is not whether they are for or against integration, but rather where on the continuum between the two extremes should we place the learning and teaching?

Director’s Report

The Education Centre recently moved into new offices at 10 Stirling Highway following the hailstorm catastrophe which destroyed the previous offices in N Block. The intervening 12 months were spent with Education Centre staff allocated to offices in Population Health or Emergency Medicine. We thank them for their hospitality, support and generosity of spirit. Additionally, the Faculty IT staff made the move as painless as possible with regards to business continuity from the communication perspective.

The current offices provide more space and privacy for the academic staff, a good-sized meeting room with audiovisual teaching facilities, public transport convenience, and very importantly, parking! Although the Wasabi Green furniture has immediate impact on newcomers to the offices, we have all (mostly) learned to love it. Due to limited space, and the need for constant outside interaction, a number of “office-warming” parties were held for Faculty Staff Members and 10 Stirling Highway colleagues.

Any spare space in the offices has been quickly taken up by new staff including Astrid Davine and Melina Ielati.

Throughout the move and settling in periods, there was ongoing work on a number of specific projects:

- Preparation for change to the new managed learning system (Moodle),
- Survey of student use of e-learning and other technologies to guide teaching delivery in the new courses,
- Assistance with Medicine and Dentistry assessment reviews,
- Review of the Faculty Assessment Guidelines and Policy,
- Preparation of the Australian Medical Council progress report,
- Liaison with the Faculty of Life and Physical Sciences for teaching in the New Courses,
- Content and structure development of the MD course

The next 6 months promises some exciting and interesting times with more concrete development or implementation of the New Courses, and the switch to the new learning management system. All of the Education Centre staff look forward to working quite intensively with other Faculty staff in the near future on these projects.

Tony Celenza

Education Centre Expo 2011

Integrating Technologies into Teaching

All Faculty Staff and Students are cordially invited.

Date: 19th August
Venue: CTEC Seminar Room
Time: 0930 – 1230 followed by lunch
RSVP: Vivien Alexander
Email: vivien.alexander@uwa.edu.au
Phone: 6488 6884

Is there a teacher or faculty member you think did a fantastic job this year? Let them know!

The Excellence in Teaching Awards are a way of recognising and rewarding outstanding teaching, research supervision, programs and student support within the Faculty. If you know someone who deserves to be recognised for their outstanding contributions to enhancing the teaching and learning experience within the faculty, here is your opportunity.

Nominations are now open for the 2012 Excellence and Teaching Awards. Students and Staff are encouraged to nominate. Go to www.meddent.uwa.edu.au/staff/teaching/awards to download the nomination form.

For further information please contact Caroline Martin at the Education Centre.

Email: caroline.martin@uwa.edu.au or Phone: (08) 6488 6881

‘Office-warming’ Morning Tea with members of the Dean’s office.
Top row from left: Tony Celenza (Director Education Centre), Melina Ielati (Admin Officer), Vivien Alexander (Admin Officer), Ian Puddey (Faculty Dean), Sue Henshall (retiring Faculty Manager), Diana Jonas-Dwyer (Manager, Managed Learning Environment), Caroline Martin (Admin Officer), Jan Dunphy (newly appointed Faculty Manager), Bottom row from left: Keith McKenzie (Manager, Finance), Erica Yeh (Manager, Teaching and Learning), Astrid Davine (Project Officer, E-Learning), Sue Miller (Asst Prof Health Professional Education) and Sandra Carr (Associate Dean Teaching and Learning).
Recent online module developed by the Education Centre

“Rheumatology Case Scenarios” was created for undergraduate medical students to highlight the 8 most common clinical rheumatic conditions that they should know upon graduation. These conditions will be seen at some stage in every medical graduate’s clinical training both in their clinical placements and later in their pre-vocational years.

The original teaching and learning resource was created by Professor David Kandiah in 1993 while at the University of New South Wales. David has used this resource across the country and internationally at the University of Sydney (for 6th year undergraduate students), National University of Singapore (for Residents), Griffith University (for third year graduate students Residents and Registrars) and the University of Queensland (for third year graduate students). The students have consistently reported that the resource facilitated their learning of common and essential rheumatic conditions and enhanced their clinical reasoning and decision making skills. The paper-based resource was conducted in tutorial settings consolidated by information on basic biology of bones, joints and connective tissues, pathobiology of rheumatic conditions, clinical pattern recognition of rheumatic diseases and management of common conditions. These principles could be transferred to other areas of clinical medical practice. The principles of designing and using the paper-based resource was presented at the Australian and New Zealand Association for Medical Education Annual Scientific Meeting in Sydney in 2008.

Funding from the University of Western Australia (Improving Student Learning Grant) has allowed the paper based scenarios to be converted to a web-based resource that will be more interactive and allow students to work out the important information and apply this to diagnosing the cases. Associate Professor Diana Jonas-Dwyer, Ms Astrid Davine and Ms Fiona Leece ably developed the paper-based content into an interactive resource that is currently available on WebCT. Fourth, Fifth and Final Year medical students at UWA will be granted access to this web-based resource to use as an adjunct to their clinical teaching and training in Rheumatology in the current curriculum.

David Kandiah

Figure 1. Introduction to the Module

Figure 2. Case A components

Figure 3. Interactive Example – Case A
Calendar of Events

‘Talking About Teaching’ series and other Staff Development Workshops:

The Education Centre runs a series of ‘Talking about Teaching’ workshops/seminars to support academic, clinical and sessional staff in the advancement of their teaching skills and in their preparation for the new course structures under the future framework.

To register your interest and for further information, email vivien.alexander@uwa.edu.au

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<th>Seminar/Workshop</th>
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<td>Assessment and Feedback</td>
<td>Professor Sandra Carr, Assistant Professor Zarrin Siddiqui and Assistant Professor Sue Miller</td>
<td>Friday 23 September 9 am – 12 noon</td>
<td>Meeting Room, Education Centre, Level 1, 10 Stirling Hwy</td>
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<tr>
<td>Facilitating Interprofessional Learning</td>
<td>Professor Sandra Carr and Ms Gill Cleary</td>
<td>Friday 30 September 9 am – 12 noon</td>
<td>Meeting Room, Education Centre, Level 1, 10 Stirling Hwy</td>
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Tips for assessment

**Assistant Professor Zarrin S Siddiqui**
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As the new semester starts and work on new courses continue, the following tips may be useful in designing or modifying assessments in any unit.

1. Prepare a table of specifications (a blueprint) for your unit including details of your assessment.
2. Consider age and stage of the learner. For example, if you want to assess the ability to reflect it is really worthwhile to see how many of your students actually understand the whole process of reflection and its place within assessment.
3. Use mappedout©, the Faculty curriculum database which is accessible to all students and faculty members. Compare your assessments with other units across the level (horizontal review) and also across different levels (vertical review) to see what other tools have been used within your discipline at various levels.
4. Use the minimum number of tasks. Remember we cannot test all the learning outcomes because of time available for assessment so it is essential that your sampling enhances the validity of your assessment.
5. Choose a variety of methods. Multiple methods and multiple observations is the rule of thumb.

If you look at different assessment tools they can be easily classified into the following categories. Try to have a mix of different tools.

- Written Examination
- Assignments / Projects
- Direct observations
- Indirect observations
- Orals
- Presentations
- Portfolio / Logbook

6. Try to incorporate feedback within your assessments. There are various tools available online which you can use for the purpose of assessment and can provide immediate feedback. There are options to track student progress during these assessments. Self and Peer assessment have also gained attention lately as they help to develop lifelong learning skills among students to prepare them for real life.

7. It is recommended that a minimum of 20% should be included as continuous assessments but many units have incorporated more continuous assessments with success and positive student feedback.

8. Use standardised forms. For example, in assessing the presentation skills of a student. This may have been done at various levels by different unit coordinators. Instead of creating another form with descriptors that may be different from the ones that have already been used, it is better to request a copy from others. This is also helpful for students.

9. PRAiSE is an electronic collection of different topics on assessment so use it to get more ideas and if you need any other topic to be included in this resource drop us a line.

Contact Us

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We welcome contributions, photos, feedback and anecdotes. Please send to vivien.alexander@uwa.edu.au or mail to the faculty address.

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