2013 Education Research Symposium

Friday 24 May
The University Club, UWA
Welcome to the Biennial Education Research Symposium for the Faculty of Medicine, Dentistry and Health Sciences at UWA. The event aims to enrich the teaching and learning experience, by exploring themes of mutual interest in a community of educators.

Many of our educators are recognised not only for their excellence in teaching locally and nationally but are also active scholars of teaching and learning practice. This symposium provides an opportunity for staff and students to share their ideas, projects, and best practice in the area of medical and health professions education.

A wide range of interesting studies and projects will be presented from across all Schools in the Faculty. We are indeed fortunate to have such motivated and dynamic Faculty members.

I would like to thank all presenters for sharing their work and expect that all participants will gain something they can take away with them.

Professor Sandra Carr
Associate Dean, Teaching and Learning
Symposium Program

Friday 24 May 2013

10:00 Morning Tea
10:30 – 10:40 Welcome
Professor Sandra Carr
10:40 – 11:25 Keynote Address – Professor Lambert Schuwirth, Flinders University
‘Improving Reliability of Clinical Assessment’

Banquet Hall (South)
Session A
Chair: Asst/Professor Zarrin Siddiqui

11:30 – 11:45 From vision to reality: when formal confronts the hidden. Are three cups really enough?
Dr David Paul, Asst/Prof. Craig Allen and Asst/Prof. Paula Edgill
Centre for Aboriginal Medical and Dental Health,
School of Primary Aboriginal and Rural Health Care

11:45 – 12:00 New auditory training program rapidly teaches students to distinguish innocent and pathological murmurs in children
A/Prof. Pam Nicol,
School of Paediatrics and Child Health

12:00 – 12:15 You can’t know where you’re going until you know where you’ve been: Mentor Program Survey 2012
A/Prof. Paul McGurgan,
School of Women’s and Infants’ Health

12:15 – 12:30 Patient feedback to promote empathy in dental students: an educational intervention
A/Prof. Kellie Bennett,
School of Psychiatry and Clinical Neurosciences

12:30 – 13:30 Lunch Break

Seminar Room 2
Session B
Chair: Asst/Professor Sue Miller

11:30 – 11:45 Peer assisted learning in paediatric clinical examination
A/Prof. Helen Wright,
School of Paediatrics and Child Health

11:45 – 12:00 New auditory training program rapidly teaches students to distinguish innocent and pathological murmurs in children
A/Prof. Pam Nicol,
School of Paediatrics and Child Health

12:00 – 12:15 You can’t know where you’re going until you know where you’ve been: Mentor Program Survey 2012
A/Prof. Paul McGurgan,
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12:15 – 12:30 Patient feedback to promote empathy in dental students: an educational intervention
A/Prof. Kellie Bennett,
School of Psychiatry and Clinical Neurosciences

12:30 – 13:30 Lunch Break

13:35 – 13:50 The educational impact of junior doctor assessments: what the assessors ARE saying!
Prof. Sandra Carr,
Education Centre

13:50 – 14:05 The medicine, the tablets are the same. But the person isn’t...
Dr David Paul and Lianne Goodwin
Centre for Aboriginal Medical and Dental Health,
School of Primary Aboriginal and Rural Health Care

14:05 – 14:20 Children’s and parents knowledge and attitudes towards anaesthesia
Sheldon Moniz and Atoosa Khosrowshahi,
6th Year MBBS Students

14:20 – 14:35 Peer assisted learning simulated dispensing sessions
A/Prof. Liza Seubert,
School of Medicine and Pharmacology

14:35 – 14:50 An analysis of perceived assessment requirements in the contemporary biomedical doctorate using constructive alignment
Dr Matthew Kemp, PhD Student,
School of Women’s and Infants’ Health

14:55 – 15:00 Symposium Close
Winthrop Professor Tony Celenza

15:00 – 15:30 Pre-Awards Ceremony Cocktails Served in Banquet Foyer

15:30 Excellence in Teaching Awards Ceremony
Welcome: Winthrop Professor Ian Pu fedey, Dean

17:00 Close
Keynote Address

‘Improving reliability of clinical assessment’

Professor Lambert Shuwirth
Professor of Medical Education
Flinders University
South Australia

Lambert Schuwirth holds the appointment of Professor of Medical Education at Flinders University and (Adjunct) Professor of Innovative Assessment at Maastricht University, Netherlands. He is a world expert in clinical education and assessment, with specific expertise in the assessment of medical competence and performance, both in undergraduate and postgraduate training settings.

He currently leads research in health professional education at Flinders University and provides focussed support to researchers by improving connectivity between researchers and the international medical education community and stimulating the connection between health professional education research and educational practice.

Professor Schuwirth completed his MD from Maastricht University, Netherlands and has a PhD in Medical Education. In his 20 years working at Maastricht, he has had numerous educational and teaching roles including as a full professor at the Department of Educational Development and Research and as Chairman of the Inter-University Collaborative on Progress Testing in the Netherlands. During his time at Maastricht he also developed an innovative assessment program for a graduate-entry stream program for MD/clinical researchers, which was based on the notion of programmatic assessment for learning.

Professor Schuwirth has had a variety of ongoing advisory roles which include medical education advisor to the British Medical Journal, advisor to the Royal College of Physicians, the Royal College of Paediatrics and Child Health and to the General Medical Authority in the UK. He has also been the advisor to the colleges of Paediatrics, Obstetrics and Gynaecology, Internal Medicine, Neurology and Clinical Neuropsychology in the Netherlands.

His interest in assessment lies in programmatic assessment for learning, and his collaborative research interests have resulted in an extensive list of publications including over 130 scientific publications in international peer-reviewed impact-factor journals, 33 publications in international peer-reviewed (non-impact-factor journals), 4 books and 22 book chapters. He is also the associate editor of ‘Advances in Health Professions Education’, deputy-editor of ‘Medical Education’ and holds positions on the editorial boards of ‘Perspectives on Medical Education’ and ‘Focus on Health Professional Education’.

Through his teaching and his research, Professor Shuwirth is recognised as a world expert in his field.
Results
All twelve tutors significantly increased their confidence in paediatric examination skills and their ability to teach peers. Both groups reported increased confidence at the end of term, however, the group who received PAL teaching was significantly more confident in examining children compared to the No-PAL group. There was no significant change in confidence in interacting with children between the two groups. PAL was a safe learning environment but more support for tutors is required.

Discussion
The PAL program is a successful way of meeting students’ learning needs related to teaching paediatric examination skills. Solutions to the sustainability of PAL will require innovative thinking.

Purpose
In this paper we consider how solid the gains that have been made are, when the formal Aboriginal curriculum is confronted by Hafferty’s hidden curriculum. CAMDH staff, in collaboration with colleagues within the Faculty, have spent much time working to build the capacity of the future health workforce. CAMDH has also spent much time building the capacity and engagement of faculty colleagues using our own informal hidden ‘curriculum’.

Discussion
We argue that it is now time to transform and build faculty capacity in a more formal manner so that the future health workforce is not confronted by such a contrast between the formal and the hidden curricula.

Introduction/Background
In this paper we reflect on envisioning, creating, implementing, refining, assessing and evaluating the Aboriginal health curricula in the health professional programs within the Faculty of Medicine, Dentistry and Health Sciences at UWA. The work of the team at the Centre for Aboriginal Medical and Dental Health has seen not only the creation of a reality from a vision but also the documenting of its value and impacts. The achievements in Aboriginal health curriculum development and implementation at UWA have been recognised internationally as a significant step forward for the emerging field of health professional education in Aboriginal health. The factors that have enabled such an achievement are many. Of importance in relation to both sustainability and long term learning is the context into which we teach.

Presenters
Dr David Paul, Asst/Prof. Craig Allen and Asst/Prof. Paula Edgill, Centre for Aboriginal Medical and Dental Health, School of Primary Aboriginal and Rural Health Care.

Introduction/Background
In response to student feedback, a pilot PAL program in paediatric examination skills was introduced in 2012 in the School of Paediatrics and Child Health.

Purpose of Project
This pilot paediatric PAL program aimed to improve junior students’ skill and confidence in examining and interacting with children; and to provide senior students with teaching experience.

Methods
Sixth year medical students participated in a workshop before tutoring fifth year students in small group bedside tutorials in paediatric examination skills over three 10-week terms. Peer observation of teaching provided formative feedback. One term of fifth year students did not receive PAL teaching. Students reported on confidence and their experience in a questionnaire. Data were analysed using non-parametric Mann-Whitney U Test, Pearson’s correlations coefficient (r) and content analysis.

Results
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Discussion
The PAL program is a successful way of meeting students’ learning needs related to teaching paediatric examination skills. Solutions to the sustainability of PAL will require innovative thinking.
Internship. Uncertainty over employment prospects and personal factors played a major role in deciding where to practice as new graduates. Students further noted that they may not return to Australia in the future if they were to be excluded at this point in their career.

Conclusions
There is significant long-term value to be gained from the retention of locally trained international doctors. Current students express desires to remain in Australia upon graduation, and consider their options from an early stage, but display concern and doubt over the ability to remain in the face of external barriers. Action should be taken now in order to address the potential permanent loss of these graduates to overseas.

**Presentation:**
Claudia Von Peltz
6th Year MBBS Student

**Introduction**
Recent media attention has drawn attention to difficulties in retaining locally trained international medical students after graduation, but few have queried the impact of this on the students. This study describes the perceptions and expectations of current international medical students. It explores international medical students’ intentions upon graduation, the factors that influence their decisions and therefore what can be done in order to improve locally trained graduate retention.

**Methods**
Between September and November 2012, a prospective mixed qualitative-quantitative online survey was sent to all currently enrolled international medical students at The University of Western Australia.

**Results**
Of the 130 international medical students surveyed, complete responses were received from 77 (59%). Results showed a diverse student demographic with the majority (83%) wishing to remain in Australia upon graduation and 94% intending to apply for an Australian internship. Uncertainty over employment prospects and personal factors played a major role in deciding where to practice as new graduates. Students further noted that they may not return to Australia in the future if they were to be excluded at this point in their career.

**Conclusions**
There is significant long-term value to be gained from the retention of locally trained international doctors. Current students express desires to remain in Australia upon graduation, and consider their options from an early stage, but display concern and doubt over the ability to remain in the face of external barriers. Action should be taken now in order to address the potential permanent loss of these graduates to overseas.

**Presentation:**
A/Prof. Pamela Nicol
School of Paediatrics and Child Health

**Introduction**
Recognition of normal and abnormal heart sounds and murmurs is of key importance in detecting heart disease in children; thereby reducing unnecessary investigations and anxiety, yet many reports have shown this is poorly performed by clinicians. Repetition which is critical to auditory recognition methodologies should increase learning.

**Purpose**
1. Can students learn to discriminate between normal and abnormal heart murmurs using an auditory discrimination protocol?
2. Over what time period is the skill retained?

**Method**
Participants were 120 Australian and 42 Canadian medical students. They were allocated to intervention and non-intervention groups. The intervention required students to complete a one hour online auditory training protocol. The program, like a computer game used auditory training methodology to teach students to distinguish between innocent and pathological murmurs. A pre-post-test methodology was used to determine the results. Post-testing occurred immediately following training, and after 2 months. Twenty two Canadian medical students were retested one year later with a mastery-style reinforcement program until they scored more than 90%.

**Results**
After the intervention, mean pre-post test scores improved significantly for both Australian students and Canadian medical students. All two-month post-test scores declined to non-significant increases over the pre-test scores. The non-intervention group had no significant change. After 1 year the mean final score was 90.0% following mastery reinforcement.

**Discussion**
This auditory training program rapidly teaches students to distinguish innocent and pathological murmurs with 90% accuracy. The skill declines within 2 months but can be restored with brief mastery reinforcement one year later.

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### Banquet Hall (South), 12:00

You can’t know where you’re going until you know where you’ve been – mentor program survey 2012

**Presenter**
A/Prof. Paul McGurgan  
School of Women’s and Infants’ Health

**Introduction/Background**
The Mentors program has been a part of the UWA MB course for +10 years, but has never been formally evaluated. The MB degree becomes an MD Course in 2014.

**Purpose of Project**
Obtain feedback from mentors about the existing mentoring program and their ideas for improvements so that these could be used to guide any changes to the mentoring program for the new MD course.

**Methods Used**
UWA MB Mentors database used to send an anonymised survey (Surveymonkey). Option to opt out given to respondents. Two follow up e-mails to improve response rates.

**Results**
Survey sent to 675 mentors – final response rate 54%. Majority of respondents had mentored for 1-4 years, and currently mentored at least one student. Mentors often taught medical students in other areas of the course. Mentors rated the program highly (86%) and were satisfied in their role (75%). The main difficulty mentors experienced was inadequate time.

The most common positive comments about the current program were experience with mentoring, and the structured nature of the program/ faculty support. Conversely, the most common negatives expressed were excess paperwork, and perceived lack of direction.

Regarding the future MD mentoring program, most comments were to keep the one to one mentoring (not change the program), or have an individual and combined student mentor approach.

**Discussion**
The current program is highly rated overall. There was no strong mandate for change expressed by mentors, but respondents appeared to be receptive to this for the MD program.

### Seminar Room 2, 12:00

Instant feedback learning tools for interpretation of medical tests

**Presenter**
A/Prof. Kimberley Roehrig  
School of Pathology and Laboratory Medicine

**Introduction/Background**
Interpretation of medical test results is a critical skill required by both medical scientists and doctors. Tests are becoming increasingly complex and it is important that graduates have strong analytical skills. There are limits to the amount of time individual students can spend with expert advisors in class, so study tools are needed to supplement in-class activities.

**Purpose of Project**
To develop, evaluate and gather student perceptions on instant feedback learning tools that guide students through the interpretation of complex medical test results.

**Methods used**
Instant feedback learning tools will be developed with the assistance of clinical staff within the School of Pathology and Laboratory Medicine. In the first instance, these tools will be used in introductory Pathology units in the undergraduate Major in Biomedical Science. For each topic area (e.g. haematological malignancies) students will be provided with three sets of material:

- One or more cases, comprising clinical history and relevant laboratory test results
- The grading tool, a series of questions designed to help students navigate the interpretation of the laboratory tests, with instant feedback on each question so students are guided through the interpretation
- The Virtual Pathology Laboratory vPath, a reference library of resources (ranging from texts to video, interactive animations and apps) that explain the background behind each test and how to interpret the data presented

Student competence will be assessed by their ability to perform similar interpretations on a new case they have not previously seen. Student perceptions will be gathered using anonymous surveys.
Banquet Hall (South), 12:15

Patient feedback to promote empathy in dental students: an educational intervention

**Presenter**
A/Prof. Kellie Bennett
School of Psychiatry and Clinical Neurosciences

**Introduction/Background**
It is of some concern that research shows empathy levels have decreased amongst dentistry students in recent times, especially since the use of an empathic style results in greater patient satisfaction, higher compliance rates and improved health outcomes.

**Purpose of Project**
A pilot educational intervention was conducted at UWA with the aim of improving practitioner empathy through two-stages of self-reflection and the provision of a patient feedback portfolio to dental students.

**Methods**
Twenty six 5th year dental students on clinical placements in WA participated in this research. Students completed the Jefferson Scale of Physician Empathy for Physician and Health Professionals-Student Version. A number of their patients completed the Patient Assessment Questionnaire, the Consultation and Relational Empathy Measure, and the Jefferson Scale of Patient’s Perception of Empathy. Data were compiled and summarised into student portfolios and presented to students at a final focus group.

**Results**
Exploratory analyses on quantitative data were conducted and results suggested high levels of patient reported empathy for the majority of students, with 77% of patients reporting that they would “recommend the student to a friend who wanted a dentist with an excellent personal manner”.

**Discussion**
Findings from this study suggest that focussing on empathy skills and patient feedback in 5th year was timely for students prior to moving into practice. Ultimately it is envisaged that a ‘patients as educators’ approach will enhance the teaching of empathy and enhance dentist empathy to assist patients’ health and wellbeing.

**Acknowledgement**
A UWA Education Strategies Office Seed Funding Grant has facilitated this research.

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Seminar Room 2, 12:15

Depression in medical students and attitudes to seeking help from general practitioners: a longitudinal study

**Presenter**
Binu Jayawardena
4th Year MBBS Student
**Supervisors**
Prof. Sean Hood and Asst/ Prof. Zaza Lyons
School of Psychiatry and Clinical Neurosciences

**Introduction/Background**
Rates of depression among medical students are higher than the general population. Few studies have tracked students longitudinally as they progress through medical school and internship to assess depressive changes over the years.

**Purpose of Project**
1. To determine the prevalence and severity of depressive symptoms in UWA medical students
2. To investigate the student/general practitioner relationship
3. To investigate stressors associated with depression
4. To assess changes in depression as students progress through medical school

**Results**
242 students participated in the study. The mean GAF for Year 3 students was 79.6/100 and for Year 6 was 82.7/100. For Year 3 students, the mean PHQ score was 5.4 and Year 6 was 3.5. PHQ means were higher for females (5.7) compared to males (3.9) across both years. 54.1% of all respondents reported having a regular GP. Significant increases in PHQ total were found by those reporting financial hardship, relationship breakdowns and academic failure.

**Discussion**
Year 3 students had a lower GAF than Year 6 students. Their PHQ scores were higher. These preliminary results suggest that Year 3 students are experiencing higher levels of psychological distress than Year 6.
Banquet Hall (South), 13:35

The educational impact of junior doctor assessments: what the assessors ARE saying!

Presenter
Prof. Sandra Carr
Education Centre

Objectives
This paper describes how junior doctors perform in PGY1 including the influence of demographic factors of gender, rotation type, and amount of experience on junior doctor performance and explores written feedback and the feedback process.

Design
This is a retrospective descriptive study using mixed methodology.

Setting
Includes assessments of junior doctors from three public and other associated hospitals in Western Australia for PGY1 across a two year period.

Participants
Two groups of senior medical students from Years 5 and 6 of the same six year undergraduate curriculum (n = 302) were asked to participate in a longitudinal study following the students until the end of PGY1.

Results
The junior doctors in this study obtained lower mean assessment scores for abilities to perform procedures, manage emergencies and adverse event identification and obtained highest mean assessment scores in abilities around their interpersonal skills, teamwork, written communication skills and professional behaviour. There were no observed effects of the amount of experience obtained on assessment scores. In contrast, there were apparent effects of the discipline in which the rotation occurred. Five junior doctors were identified as having overall performance that was borderline or less than expected with two of them being female and three, male. This equates to 2.5% of the respondent population. These descriptive findings were supported by content analysis of the written feedback.

Conclusions
This study suggests that more effort is required to ensure the first postgraduate year is seen as a year-long clinical placement rather than a series of short attachments. The findings in this study support the claim that the tools and processes being used to monitor and assess junior doctor performance could be better. The Australian medical board appears to be looking for an assessment process that will both discriminate the poorly performing doctor and provide educational guidance for the training organisation so that they can support the development of the junior doctor. These two intents of the assessment may be in opposition to each other.

Seminar Room 2, 13:35

e-Ageing: development and evaluation of a flexible on-line geriatric medicine educational resource for diverse learners

Presenter
Prof. Christopher Etherton-Beer
School of Medicine and Pharmacology

Introduction/Background
Population ageing will impact greatly on all spheres of health professionals’ practice. There is an increasing requirement for healthcare workers to acquire appropriate skills and attitudes to care for older people, making foundational aged care education at undergraduate and postgraduate levels essential.

Purpose of Project
To determine preferred content and format for online education modules in aged care among inter-professional learners; to develop resources that meet user preferences.

Methods Used
Stakeholders were interviewed. A survey was administered to all health/medical students and teachers at UWA. An iterative process was used to develop modules, and user feedback was collated.

Results
The educational needs of each discipline related primarily to foundational level knowledge in major aged care topics. Stakeholders sought modules incorporating communication skills, cultural, and social issues and the importance of a multi-disciplinary approach to aged care. Students from all disciplines sought online materials that are interactive, engaging, case-based and locally relevant. Online modules were developed. Evaluation of the modules by users has been strongly positive.

Discussion
There was consensus regarding the major curricular areas that online resources should encompass. The e-Ageing modules developed in this project have been evaluated positively by users.
The majority of students’ preferred courses that incorporated a moderate or extensive use of technology. Most used the LMS several times a week or daily, with the majority reporting a positive experience but this number dropped slightly from 2011 to 2012. The number of students who felt fairly or very skilled with using the LMS also dropped. Students made comments about their experiences and provided suggestions for improvement.

Discussion

The results of the surveys show that students were increasingly using mobile devices to access the Internet. This reflects a general trend in the population. Students expect courses to include technologies. The reduction in both positive experiences and perceived skill levels may be due to the changeover in LMS. The students’ comments can be used to improve their experience of the LMS.

Introduction

Little is known about the ways that students use information and communication technologies (ICTs) in their learning in the Faculty of Medicine, Dentistry and Health Sciences.

Purpose

The purpose of the study was to investigate how FMDHSc students were using ICTs as part of their learning.

Method

After Ethics approval, a yearly ICT use survey (modified ECAR survey, with permission) was provided to all FMDHSc students via SurveyMonkey. Participation was anonymous and voluntary.

Results

From 2010 to 2012 student ownership of handheld devices capable of accessing the Internet increased. There was also an increase in use of the devices to access the Internet. The majority of students’ preferred courses that incorporated a moderate or extensive use of technology. Most used the LMS several times a week or daily, with the majority reporting a positive experience but this number dropped slightly from 2011 to 2012. The number of students who felt fairly or very skilled with using the LMS also dropped. Students made comments about their experiences and provided suggestions for improvement.

Discussion

This paper shares the key findings, unexpected consequences and recommendations from the E4E (Aust) Curriculum Mapping Project. We reveal that despite being in separate contexts, there is great commonality in the findings at both institutions. Whilst ultimately building the capacity of health professionals to work with Indigenous peoples and communities, it will take time to show the impact – positive or otherwise – that Indigenous health curricula might have on Indigenous health outcomes.

Presenter

A/Prof. Diana Jonas-Dwyer
Education Centre

Co-Authors

Ms Astrid Davine
W/Prof. Tony Celenza
Education Centre

Introduction

As part of the international Educating for Equity (E4E) research project, the Universities of Western Australia and Melbourne have undertaken a Curriculum Mapping Project. The aim of the project was to map the Indigenous health content within the health professional courses at both institutions and to gain an understanding of the drivers, facilitators and barriers affecting Indigenous health curricula development and implementation. In addition to the mapping of the Indigenous health content within the health professional courses at both universities, researchers conducted interviews with key decision makers in relation to their work in curriculum development and implementation.

Results

The findings of this project reveal factors that contribute positively and negatively to the development, maintenance, and optimization of Indigenous health curricula. Common barriers and enablers were identified that affect the traction, impact and effectiveness of Indigenous health curricula.

Based on these findings, the project team developed recommendations to help guide the development and optimisation of Indigenous health curricula in the future.

Banquet Hall (South), 13:50

The medicine, the tablets are the same. But the person isn’t ...

Seminar Room 2, 13:50

Use and perception of ICTs in the FMDHS from 2010 to 2012

Presenter

Dr David Paul and Lianne Goodwin
Centre for Aboriginal Medical and Dental Health, School of Primary Aboriginal and Rural Health Care

Introduction/Background

As part of the international Educating for Equity (E4E) research project, the Universities of Western Australia and Melbourne have undertaken a Curriculum Mapping Project. The aim of the project was to map the Indigenous health content within the health professional courses at both institutions and to gain an understanding of the drivers, facilitators and barriers affecting Indigenous health curricula development and implementation. In addition to the mapping of the Indigenous health content within the health professional courses at both universities, researchers conducted interviews with key decision makers in relation to their work in curriculum development and implementation.

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This paper shares the key findings, unexpected consequences and recommendations from the E4E (Aust) Curriculum Mapping Project. We reveal that despite being in separate contexts, there is great commonality in the findings at both institutions. Whilst ultimately building the capacity of health professionals to work with Indigenous peoples and communities, it will take time to show the impact – positive or otherwise – that Indigenous health curricula might have on Indigenous health outcomes.
Banquet Hall (South), 14:05

Children’s and parents knowledge and attitudes towards anaesthesia

Presenters
Sheldon Moniz and Atoosa Khosrowshahi
6th Year MBBS Students

Background
We investigated children’s/parents’ anaesthetic concerns/knowledge and sought to determine the source of their information.

Methods
202 children (5-17 yrs.), attending for day surgery participated. Parents/guardians and children completed questionnaires relating to their experience, knowledge and concerns regarding anaesthesia.

Results
202 datasets were collected. 132(65%) of children had prior anaesthetic experience, (22% ≥ 1 GA, 44% ≥ 2 GA). Whilst 99(49%) children correctly identified the anaesthetist as a doctor who puts them to sleep, 35(17%) thought a nurse administered anaesthesia, whilst 27(13%) believed their parent was responsible. 157(77%) of children obtained anaesthetic information from their family. Most (70%) children had no preoperative concerns. Concerns raised related to needles [11(5%)], awareness [11(5%)] and not waking up [4(2%)]. There was no correlation between a child’s pre-operative knowledge/concerns and post-operative outcomes. 163 (81%) reported the anaesthetist as “friendly”, with only 6(3%) children finding the anaesthetist “scary”. 127(63%) parents knew an anaesthetist was a qualified doctor and 170(84%) reported discussing anaesthesia with their child pre-operatively. However, 27(13%) of parents though an anaesthetist was a technician, 11(5%) thought they were a surgeon and 27(13%) didn’t know the anaesthetists’ qualifications. Most parents, (72.7%), received their anaesthetic knowledge from a pre-operative anaesthetic booklet. Parents were most concerned about their child’s post-operative recovery and anaesthesia side effects; 21.5% and 19.8% respectively.

Conclusions
Whilst most parents knew anaesthetists are medically qualified, almost a third were unaware of this. Most children got anaesthetic information from their parents, with parental knowledge mainly sourced from the anaesthetic department booklet. Parental anxiety was related mainly to the postoperative recovery period, rather than the anaesthetic itself.

Seminar Room 2, 14.05

Reflections on the experience of peer observation of teaching

Presenter
Dr. Katrina Calvert
Master of Health Professional Education Student
Education Centre

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.

Purpose of project
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.

Methods
Four experienced educators observed a total of sixty-five undergraduate case-based learning tutorials facilitated by thirty-four junior medical staff volunteers. 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.
Peer assisted learning simulated dispensing sessions

**Presenter**
Asst/Prof. Liza Seubert
School of Medicine and Pharmacology

**Background**
Simulated dispensing sessions throughout the Master of Pharmacy program prepare students to manage patient medications and dispense prescriptions. Session outcomes improve student communication, drug knowledge and application, problem solving and patient medication counselling skills. After briefing, clinical tutors pose 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.

**Purpose of Project**
Develop a model of peer assisted learning (PAL) simulated dispensing sessions that deliver an enhanced student learning experience.

**Methods Used**
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 when asked question by the pharmacist-student. Key learning outcomes were identified for each scenario.

**Results**
A review identified the need for scenarios in the PAL sessions that had little scope for varied interpretation 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 current semester.

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Professionalism in the clinical environment from a medical student perspective: results of a validated survey

**Presenter**
Izaak Lim
6th Year MBBS Student

**Co-Authors**
A/Prof. Paul McGurgan
School of Women’s and Infants’ Health
Dr Leesa Equid, Intern
Sir Charles Gairdner Hospital

**Background**
Professional attitudes and behaviours are as essential to good clinical practice as knowledge or technical skills. Underdeveloped professionalism in students that continues as doctors has potentially disastrous consequences. Exposure to professional clinical role models can have a positive effect on emerging professionalism in medical students.

**Purpose of project**
This study aimed to assess the exposure of final year medical students to professional attitudes and behaviours in the clinical learning environment using a validated scale.

**Methods used**
In 2010, final year medical students at UWA were invited by email to participate in an online survey containing the Scale to Measure Professional Attitudes and Behaviours in Medical Education (SMPABME). SMPABME scores were collated, converted to percentages, and underwent descriptive statistical analysis. Subscores for “altruism/respect”, “honour/integrity” and “excellence” were also calculated.

**Results**
Seventy-six survey respondents completed the SMPABME (35.8% response rate). The mean total professionalism score was 72.0%. The highest mean subscore was for “honour/integrity”, followed by “excellence” and “altruism/respect.” International students returned lower total scores (mean = 67.7%), while graduate entry student returned higher total scores (mean = 74.0%). The largest interquartile range of total scores was found in students attending Rural Clinical School (62.5%-78.8%). Students who had repeated a year returned the lowest mean “excellence” subscore.

**Discussion**
Final year medical students at UWA have exposure to a high level of professionalism in the clinical environment. Students especially perceive examples of honour and integrity. There may be differences in professionalism-related experiences associated with student subgrouping. SMPABME scores in this study sample are comparable to published scores of medical students and junior medical staff elsewhere in the world.
Banquet Hall (South), 14:35

An analysis of perceived assessment requirements in the contemporary biomedical doctorate using constructive alignment

Presenter
Dr Matthew Kemp
PhD Student
School of Women’s and Infants’ Health

Introduction
Contemporary research into doctoral education is characterised by a growing appreciation for the complex nature of the learning environment and the multitude of ways in which students operate within it. Socialisation of students to this environment is key to doctoral success; clear understanding (from both student and faculty perspectives) of the standards required of doctoral students constitutes an important element of successful socialisation.

Purpose of Project
We aimed to undertake an analysis of biomedical PhD students’ and supervisors’ perceptions of assessment requirements at two Australian Go8 Universities.

Methods
We constructed a set of semi-structured interview questions for PhD students and supervisors. Following Human Research Ethics Committee review and approval, informed consent was obtained, in writing, from each participant prior to research commencing. 17 PhD students and 8 PhD supervisors were interviewed. Interviews were recorded, transcribed and analysed for major and minor themes using a Miles and Huberman approach.

Results
The key findings of this study are:
1) an apparent disconnect between student and supervisor perceptions of curriculum objectives;
2) a high degree of student uncertainty regarding the actual requirements for successful completion of a doctorate in the biomedical sciences; and
3) a significant focus on the publication of positive data as a requirement for successful doctoral completion.

Discussion
Socialisation to the learning environment is critical for success in doctoral education. Our data suggest a significant disconnect in student understanding of curriculum objectives. Improving student and faculty understanding of assessment requirements may assist in improving doctoral student socialisation.

Seminar Room 2, 14:35

The value of international medical student experiences as perceived by medical students and clinical staff

Presenter
Ellen McGuckin
4th Year MBBS/BA Student

Key words
medical education, medical students, international exchange, international experiences.

Introduction/background
In the face of emerging trans-national health issues, the question of medical student mobility and the value of international exchange for medical students has become increasingly relevant to students and faculties around the world.

Method
In order to investigate and compare student and clinical staff perceptions of the value of international medical exchange, an anonymous online survey was administered at The University of Western Australia.

Results
Analysis revealed strong student and staff support for multiple modes of exchange. Differences emerged between the two sample groups in perceived value of alternate forms of exchange and areas of greatest benefit. The results suggest that efforts should be made to maximise the potential benefits of student enthusiasm for international experiences by facilitating exchange opportunities and providing both university and student-body led guidance so that the key benefits of exchange,
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