Welcome

Welcome to the 3rd Biennial Education Research Symposium for the Faculty of Medicine, Dentistry and Health Sciences at UWA. This 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

**Thursday 21 May 2015**

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Abstracts

Session A
Banquet Hall (South)
10:15am

The impact on academic leadership and educational capabilities of students undertaking postgraduate courses in Health Professions Education at The University of Western Australia

Presenter
Dr Susan Miller
Education Centre

Introduction/background
A number of university programs have been developed in Australia to equip health professionals with educational expertise in response to an increasing demand for suitably qualified teachers. In 2007, we introduced postgraduate courses in Health Professions Education. One anticipated longer term outcome of the courses is an increase in participants’ academic activity, and an increase in academic leadership and educational capabilities.

Purpose of project:
The aim of the project was to evaluate the effectiveness of the postgraduate courses.

Methods used:
Data has been collected from students from 2007 to 2011, in order to evaluate the processes of the postgraduate courses, and the longer term impact on participant academic activity and employment in the area of health professional education. The participants were surveyed during their course and followed up annually for 3 years after course completion. In addition to the formative evaluations of the courses and any innovations implemented, their contribution in the area of health professional education was also measured.

Results/discussion:
To date some 200 domestic and international students have enrolled in the courses. Their experiences and stories around the benefits of the courses, impact on their skills as educators and scholars, employment and academic activity will be shared.

Discussion:
Ongoing evaluation of education programs is essential to ensure the quality and effectiveness of the courses. This evaluation is important for ensuring continuous quality improvement of university courses and in the development of a community of leaders in health professional education.
Session B
Seminar Room 2
10:15am

Measuring the iceberg

Presenter
Associate Professor Paul McGurgan
School of Women’s and Infants’ Health

Co-Authors
Ms. Lexie Tregonning
Associate Professor Di Carmody
School of Women’s and Infants’ Health

Introduction
The study aimed to develop and validate an instrument— the Hidden Informal Curriculum Assessment Tool (HICAT) to quantify both the frequency of positive and negative aspects of the hidden/informal curriculum and the “impact factor” of these experiences for medical students.

Methods
The authors developed a questionnaire which was distributed to medical students undergoing a clinical rotation over the course of an academic year. To examine internal validity the authors compared the results of the HICAT for students based on their gender, level of entry in the course and overseas status.

Results
99 students participated in the survey (response rate 60%). The most influential student experiences were positive examples of the hidden/informal curriculum. The commonest negative experience which had a significant influence on the students was the experience of being disadvantaged due to gender. Males more often felt disadvantaged by their gender than female students. International students more often felt disadvantaged by their ethnic background than domestic students.

Conclusion
The HICAT was user friendly and demonstrated internal validity. Further research is needed to determine external validity. HICAT may be a useful instrument for educational and health professional organisations to benchmark and identify the strengths and weaknesses of their hidden/informal curricula.
Session A  
Banquet Hall (South)  
10:30am  

Developing small group teaching skills of medical students

Presenter  
Dr Helen Wilcox  
School of Primary, Aboriginal and Rural Health Care

Co-Authors  
Professor Sandra Carr  
Dr Susan Miller  
Education Centre

Assessment is often described as ‘driving learning’ but why not use assessment AS the learning? We know that graduate medical students will need to have well developed skills to facilitate small group teaching. However, there are few examples in the literature of courses formally developing these skills. The new MD program at UWA is one of those rare examples.

This presentation will share how the MD course has implemented student learning experiences in facilitating small group case-based learning sessions using the assessment AS the learning. Students, in groups of 3 to 4 plan, design and facilitate a 90 minute learning activity that enables them to demonstrate skills of effective communication and teaching in small groups and to apply scientific knowledge of a topic through teaching.

The processes around the assignment will be explained and the results of evaluation from students and tutors collected through survey and focus group discussions will be presented.
Surgeons’ perceptions of the educational opportunities for prevocational doctors

Presenter
Dr Jacinta Cover
Master of Health Professions Education Candidate
Education Centre

Introduction:
The educational experience of Prevocational doctors working in Surgery has been rated poorly by doctors and despite a multitude of various tools it remains difficult to assess how best to improve the educational experience of junior doctors. The increasing number of Prevocational doctors and the need to train more specialists in a limited environment places urgency on determining a better way to improve the surgical educational experience.

Objective:
To explore educational opportunities available to Prevocational doctors through a discussion with consultant surgeons.

Method:
A qualitative study was undertaken following a literature review. Semi structured in-depth interviews with ten qualified surgeons to explore perceptions of their own and Prevocational doctors’ surgical education experience were undertaken. Thematic analysis was used to analyse the data, generate categories and cross tabulate to create themes.

Results/discussion:
The resultant six themes identified and developed with the use of thematic analysis were taking responsibility, self-directed learning, changing workload, formal teaching methods (rounds, courses, and meetings), peer support and undertaking research. These themes were interesting in their divergence from current surgical education literature. Whilst encompassing strong and overlapping components of various education theories and frameworks, these six themes serve as more specific umbrella terms through which to consider, recommend and improve surgical Prevocational training and its learning environment.

Conclusion:
These six themes are presented as a six point framework through which to enhance surgical education experience at the Prevocational level. These terms, in relation to their comparison tools and frameworks, may be better applied to improve surgical education. More research should be applied in the development of an assessment instrument based on this framework which may assist educators to adequately assess and improve the learning experience of Prevocational doctors in surgical settings.
Talking out Loud: medical student views on sexual health teaching

Presenter
Dr Alison Creagh
Master of Health Professions Education Candidate, Education Centre
Medical Educator, Sexual and Reproductive Health, School of Women’s and Infants’ Health

Introduction/Background:
Between 2007 and 2013, third year UWA medical students were offered an elective in sexual health: People, Health and Sexuality (IMED 3313). Student evaluations on completion of the elective were very positive. However, it was not known whether the students were more knowledgeable, skilled or confident in addressing sexual health in later clinical practice. This paper reports the preliminary findings of the Masters by research project.

Purpose of Project:
To explore whether former students of the option unit IMED3313 gained and maintained knowledge, confidence and skills in sexual health. Furthermore, the project seeks to explore which educational strategies were more helpful in fostering knowledge, skills and confidence in sexual health and how it has impacted on their practice.

Methods Used:
Using a phenomenological qualitative approach, invitations to participate in the project were sent to former students. Eleven participants agreed to be interviewed, of which nine have been completed. The semi-structured interviews were recorded, transcribed and thematically analysed with the assistance of Nvivo software.

Results:
The preliminary themes emerging from the data are that IMED3313 facilitated medical students’ learning in three ways: “Talking out loud”: opportunity to express one’s thoughts and attitudes, small group discussion with others and talking about sexual health.

Students found that the unit challenged their preconceptions and exposed them to sexual health issues they hadn’t previously considered.

The learning extended beyond sexual health, e.g. ‘Laura’ said, ‘I think actually a lot of lessons we learnt don’t just apply to sexuality, but to medicine as a whole.’

Conclusion:
The preliminary findings of the project provide information about educational strategies of value in teaching sexual health. These include the importance of open discussion, exposing students to a variety of patient perspectives, and challenging them to consider issues they had not previously encountered, in order to broaden their perspective to a more holistic view of health that encompasses sexuality.
Comparison of learning opportunities in Paediatrics and Child Health of a metropolitan to a rural clinical school.

Presenter
Dr Helen Wright
School of Paediatrics and Child Health

Co-Authors
Associate Professor  Denese Playford
Associate Professor  Moira Maley
School of Primary, Aboriginal and Rural Health Care
Associate Professor  Pamela Nicol
School of Paediatrics and Child Health

Introduction / Background
Prevocational trainee doctors in Australia feel unprepared for clinical rotations in paediatrics. Increasing student numbers and reduced access to patients in tertiary centres globally has forced medical schools to use rural locations to provide the learning environments necessary for training doctors to become competent in clinical paediatric practice. Paediatric cases in a university hospital compared to community private practice showed similar outcomes despite different clinical exposures.

Purpose of Project
To establish if UWA medical students log core paediatric cases despite differences in clinical settings.

Methods Used
In 2011, a pilot study of 5th year medical students compared a sample of logged occasions of service experiences of Rural Clinical School of Western Australia (RCS) students in a 10 month rural immersion program with students in a ten week metropolitan paediatric term.

Results
There were fourteen case-matched students in each group. Data collected included location of consultation, patient age, specialty of presentation and case complexity.

Discussion
The pilot study indicated that there may have been differences in the complexity of cases logged, although it was reassuring that performance in the end of year assessment was the same for both groups. The educational framework in FMDHS sets similar learning objectives for rural and metro medical students, with equal access to educational materials, which may be the key to equivalent performance in assessments.
Session A  
Banquet Hall (South)  
11:00am

Expectations from MD Scholarly Activity: a two way street

**Presenter**  
Lorili Jacobs  
FIFO Pregnancy Study Coordinator and  
PhD Candidate  
School of Primary, Aboriginal and Rural Health Care  
School of Population Health

**Introduction / Background**  
The setting is a case study exploring the Scholarly Activity collaboration between UWA researchers and postgraduate students in Doctor of Medicine (MD). In this case the research is Fly-In Fly-Out (FIFO) Pregnancy Study. The research measures, inter alia, antenatal depression in women who are sole parents for at least half their daily life because their partner works FIFO. It is known that antenatal depression is associated with postnatal depression therefore the opportunity to conduct a FIFO Post Natal Depression Study (FIFO PND) Pilot Study was offered to MD students.

**Purpose**  
To explore researcher and student views on MD Scholarly Activity using categorical and open ended questions.

**Methods**  
Two students and two supervisors answered a Prestart survey and will answer the Completion survey later.

**Results**  
Motivation and expectations of students, supervisors and university teaching staff were diverse. Group discussion around results from the Prestart survey aims to manage expectations and outcomes for all parties.

**Discussion**  
This case study describes the expectations and motivations of MD students undertaking FIFO PND in conjunction with one supervisor associated with the original research and one supervisor new to FMDHS. The researcher/supervisor saw collaboration with MD students as an opportunity to obtain additional research data and pursue self-learning. The new Faculty member supervisor has experience guiding research students. Students saw FIFO PND as useful to them and the community. The FIFO PND Pilot Study results may influence health service provision for research participants and other FIFO families.
Session B
Seminar Room 2
11:00am

Developing a valid and reliable tool to assess competence in fabricating custom hand orthoses: self versus expert assessment

Presenter
Dana Parkin
Master of Health Professions Education Graduate
Education Centre

Co-Supervisors
Professor Doug McKitrick
School of Medicine and Pharmacology
Ms. Karen Long
Edith Cowan University

Introduction
Occupational therapists in the field of hand therapy are faced with the challenge of restoring hand function and returning patients to occupational pursuits. Custom hand orthosis fabrication is an integral intervention in optimising upper limb function. Increased importance is being placed on the development of this technical skill competency and more importantly the ability to test this in a valid and reliable manner.

Purpose
The purpose of this research study is to develop a valid and reliable orthosis competency assessment, and use this to investigate the relationship between student self-rating and expert assessment of fabricating custom hand orthoses.

Methods Used
The research is a quantitative, descriptive, correlational study. It will follow three stages. Firstly, the researcher will develop a competency checklist and global rating scale. Content and face validity will be checked with five expert hand therapy clinicians. In Stage 2, inter-rater reliability will be tested with five assessors. Finally, university students studying occupational therapy will be recruited to provide a self-made forearm orthosis, corresponding photographs and the completed orthosis assessment. One assessor will use the competency tool to assess student photos and the final splint product. Assessments will then be compared.

Predicted outcomes
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.
Session C  
Banquet Hall (South)  
11:30am  

Predicting junior doctor’s performance in workplace-based assessment  

Presenter  
Professor Sandra Carr  
Education Centre  

Co-Authors  
Professor Annette Mercer  
Professor Antonio Celenza  
Education Centre  
Professor Ian Puddey  
Faculty Office, Faculty of Medicine, Dentistry and Health Sciences  

Introduction  
Understanding the nature of variables which correlate with success in the workplace in junior doctors, and how they potentially interact, is difficult. This study explored the effect of demographic variables, selection scores for entry into a medical course, a measure of emotional intelligence and undergraduate academic performance to determine intellectual abilities and other factors as predictors of workplace based performance in junior doctors during the first postgraduate year.  

Methods  
Two cohorts of medical graduates from one university (n=200) in Western Australia participated in the study. Summary statistics were compared, Pearson correlation coefficients calculated and multivariate analyses utilised linear regression to assess the relationships of the Junior Doctor Assessment Tool (JDAT) and each of its sub-components with potential predictor variables.  

Results  
Increased age was found to be a predictor for junior doctor performance on the Clinical management subscale and understanding emotion was found to be a predictor for the JDAT Communication subscale with Grade Point Average (GPA) at the completion of undergraduate studies found to predict performance on the overall JDAT and each subscale. Tertiary Entry Rank on entry to medical school score predicted GPA.  

Discussion  
The GPA as a composite measure of ability and performance in medical school can be predicted by selection scores and predictive of junior doctor assessment. This study supports the movement towards programmatic assessment for medical education. The challenge for implementing this approach is to determine how performance on assessments can be aggregated for higher stakes, pass/fail and remediation decisions.
The educational principles adapted by The University of Western Australia provide an excellent framework to unit coordinators for building the learning experiences within their unit. In this presentation, the author advocates a creative approach to embed these principles within teaching and assessment. In the postgraduate unit “Principles of Assessment and Evaluation” students have an option to submit an individual portfolio or a group portfolio, in the form of a magazine which is useful for beginners in health professions education.

Eleven out of 18 students elected to participate in the group project over the period of 13 weeks. Timelines and opportunities for feedback were provided by the unit coordinator while the group members were responsible for keeping the minutes of their meetings and completing the allocated tasks.

The group also selected the title of the magazine as ASSESSMENT ZONE and critically reviewed the content provided by each other. In addition as part of the exercise they also designed the assessment criteria for the magazine which is now undergoing assessment by experts. Through informal feedback all students have commented this experience of assessment has taught them more than what they would have learnt from regurgitating pure facts. Similarly the collaborative experience of working on a project has provided them an opportunity to learn from each other as well as about each other.
Using workplace-based assessment to track progress

Presenter
Associate Professor Denese Playford
School of Primary, Aboriginal and Rural Health Care

Introduction
Workplace base assessments have been widely implemented as a way of monitoring postgraduate and undergraduate medical students’ acquisition of skills. However, their reliability in this real-world context has been questioned. We have previously shown that mCEX are affected by assessor seniority, case difficulty and case discipline. Nevertheless, the mCEX tool offers a valuable means of students obtaining immediate feedback for performance. If mCEX can be shown to track the acquisition of skills over the year, this would confirm they a valid clinical feedback tool.

Methods
All students enrolled in the Rural Clinical School of WA in 2014 were required to complete a minimum of 24 mCEX per year. Six submission deadlines were spaced through the year to obtain sequential data. These data were collected in a designer database, and analysed in SPSS.

Results
There were 2973 mCEX for the 2014 academic year, of which 204 were in Cancer, 631 were in GP, 675 were in Internal Medicine, 469 were in Obstetrics and Gynaecology, 187 in Ophthalmology, 468 in Paediatrics, and 339 were in Surgery. The average mark rose at each successive collection period from 7.01 (CI 6.93 – 7.09) to 7.21 (CI 7.14 – 7.28), 7.38 (CI 7.31 – 7.46), 7.53 (CI 7.53 – 7.60) to 7.67 (CI 7.60 – 7.78). Each stage was significantly higher than the previous (p<0.05). The rise in marks over the year were the same across all disciplines.

Discussion
There were 2973 mCEX for the 2014 academic year, of which 204 were in Cancer, 631 were in GP, 675 were in Internal Medicine, 469 were in Obstetrics and Gynaecology, 187 in Ophthalmology, 468 in Paediatrics, and 339 were in Surgery. The average mark rose at each successive collection period from 7.01 (CI 6.93 – 7.09) to 7.21 (CI 7.14 – 7.28), 7.38 (CI 7.31 – 7.46), 7.53 (CI 7.53 – 7.60) to 7.67 (CI 7.60 – 7.78). Each stage was significantly higher than the previous (p<0.05). The rise in marks over the year were the same across all disciplines.
Session D
Seminar Room 2
11:45am

Video Presentation:
The use of mental health services by medical students at The University of Western Australia

Presenter
Melanie Still
Level V MBBS

Co-Authors:
Ian Marley (Level V MBBS)
Geoffrey Ryan (Level V MBBS)
Assistant Professor Zaza Lyons
Professor Sean Hood
School of Psychiatry and Clinical Neurosciences

Background
Psychological problems among medical students are common. Little is known about the services accessed for mental health problems by students.

Objective
This study aimed to i) explore effectiveness of services available to medical students at UWA who experience mental health problems, ii) identify barriers to service use, and iii) identify gaps in service provision.

Method
An online survey was developed. Students were invited by email to participate. The survey was piloted prior to administration. As an incentive to participate, respondents could choose to enter a draw to win an Amazon voucher.

Findings
286 students in Years 4, 5 and 6 responded to the survey (41% response rate). Sixty-two percent reported experiencing mental health problems. The Associate Dean of Student Affairs, GPs, psychiatrists and psychologists were the most effective mental health services reported by students. The main barriers to accessing services were lack of time (46%), and affordability (34%). To improve services, students suggested that common rooms are made available at placement sites, advice to address the transition from medical student to junior doctor given, and advice and strategies to help with mental health and wellbeing issues.

Conclusions
Medical faculties should work towards improving access to mental health services for medical students. GPs are commonly used and should screen for distress among medical students. Strategies aimed at reducing stigma and raising awareness of mental health issues should be encouraged. Services that teach effective coping strategies and address the transition from medical student to junior doctor may improve student mental health.
Session C
Banquet Hall (South)
12:00

Longitudinal rural clerkships: increased likelihood of more remote rural medical practice following graduation

Presenter
Asha Nicholson
Level V MBBS

Co-Authors:
Associate Professor Denese Playford
Professor Geoffrey J Riley
School of Primary, Aboriginal and Rural Health Care
Professor Ian Puddey
Faculty Office, Faculty of Medicine, Dentistry and Health Sciences

Background
Extended rural clerkships clearly increase the likelihood of rural practice post-graduation. What has not been determined is whether such rural interventions increase the likelihood of graduates practicing in more remote, versus inner regional, locations.

Methods
The Australian Health Practitioner Regulation Agency database was used to identify the current workplace of every graduate of the Medical School of Western Australia, 1980 to 2011. There were 324 graduates working in a primary practice location defined by the Australian Standard Geographical Classification as inner regional to very remote. They were divided into 3 groups - 200 graduates who entered medical school before commencement of the Rural Clinical School of Western Australia (RCSWA), 63 who entered after the RCSWA had started, but not participated in RCSWA, and 61 who participated in the RCSWA. The RCSWA offers a longitudinal rural clinical clerkship throughout level 5 of the MBBS course.

Results
The two groups not participating in the RCSWA had 45.5% and 52.4% of subjects in outer regional/very remote locations, respectively. In comparison, 78.7% of those who had participated in the RCSWA were currently practicing in outer regional/very remote locations. When the 3 groups were compared, the significant predictors of working in a more remote practice compared to working in an inner regional area were being female (OR 1.75 95% CI 1.13, 2.72, P = 0.013) and participating in the RCSWA (OR 4.42, 95% CI 2.26, 8.67, P < 0.001). In multivariate logistic regression that corrected for gender and remoteness of rural address before entry to medical school, participation in the RCSWA still predicted a more than 4-fold increase in the odds of practicing in a more remote area (OR 4.11, 95% CI 2.04, 8.30, P < 0.001).

Conclusion
Extended rural clinical clerkship during an undergraduate MBBS course is related to a much greater likelihood of practicing in more remote, under-serviced rural locations.

We investigated children’s/parents’ anaesthetic concerns/knowledge and sought to determine the source of their information.
A study of medical students’ experience of the hidden and informal curriculum in obstetrics and gynaecology

Presenter
Alexandra Tregonning
School of Women’s and Infants’ Health

Co-Authors
Associate Professor Paul McGurgan
Associate Professor Di Carmody
School of Women’s and Infants’ Health

Background
The hidden and informal curriculum in medical education is now recognised as a powerful teaching forum. Prior studies have highlighted negative and positive experiences in areas such as professionalism, ethical dilemmas and the conflict between the formal and informal curriculum. This study explored student-selected positive and negative experiences in obstetrics and gynaecology and student response to these encounters in the hidden / informal curriculum.

Methodology
An on-line questionnaire was developed to collect students’ self-nominated positive and negative experiences and their response to these encounters in the hidden / informal curriculum during term. An inductive thematic analysis of student responses was conducted.

Results
Students’ experiences were analysed into four main thematic categories: student experience of health professional(s) delivering clinical care; student observation of health professionals and other team members’ interaction; student experience in clinical care delivery; and student’s experience of teaching and learning with clinical staff. The students’ responses to experiences were categorised into three themes: student description of response; student noted influence on practice and student rationalisation of experience.

Conclusion
Students reported a breadth of notable day-to-day positive and negative learning encounters during their term. The impact of these encounters included a range of negative to extremely positive descriptions of student experience and identified influence on their practice.

Take home message
To maximise learning it may be valuable to include formal teaching to increase student skills in dealing with poor learning encounters in the hidden / informal curriculum.
Impact of medical student origins on the likelihood of ultimately practicing in areas of low vs high socio-economic status.

Presenter
Professor Ian Puddey
School of Medicine and Pharmacology

Co-Authors
Professor Annette Mercer
Faculty Office, Faculty of Medicine, Dentistry and Health Sciences
Associate Professor Denese Playford
School of Primary, Aboriginal and Rural Health Care

Background
Medical schools are in general under-represented by students from lower socio-economic status backgrounds. The UWA Medical School has been progressively widening the participation of students from socio-educationally disadvantaged backgrounds.

Aim
We proposed that medical students entering medical school from such backgrounds would ultimately be more likely to practice in areas of increased socio-economic disadvantage.

Methods
The current practice address of 2807 medical students who commenced practice from 1980 to 2011 was ascertained from the Australian Health Practitioner Regulation Agency Database. Logistic regression was utilised to determine the predictors of the likelihood of the current practice address being in the lower 8 socio-economic deciles versus the top 2 socio-economic deciles.

Results
Those who were categorised in the lower 8 socio-economic deciles at entry to medical school were more likely to have a current practice address in the lower 8 socio-economic deciles 3 or more years after graduation (OR 1.89, 95% CI 1.59, 2.25, P<0.001). Other positive univariate predictors included age at medical degree completion or having a generalist versus specialist qualification. Negative univariate predictors included having attended an independent vs government school or being originally from an E/SE Asian country vs being born in Oceania.

Discussion
Widening participation in medical school to students from more diverse socio-educational backgrounds is likely to increase the distribution of the medical workforce to ultimate service across areas representative of a broader socio-economic spectrum.
Medical students’ attitudes towards Child and Adolescent Psychiatry

Presenters
Dr Julia Moore
Professor Florian Zepf
School of Psychiatry & Clinical Neurosciences
School of Paediatrics & Child Health

Introduction
Few graduates of Western Australian medical schools choose child and adolescent psychiatry (CAP) as a career. There is a shortage of child and adolescent psychiatrists in public and private practice. Moreover, there are no intern or resident positions in CAP in Western Australia, so there is little opportunity for junior doctors to develop an interest in this particular area. In the undergraduate curriculum, CAP has been taught over only four hours of didactic seminars. The curriculum is currently under review in transition to the postgraduate MD program.

Purpose
To survey the attitudes of fifth year undergraduate medical students to CAP. The findings will be used to inform development of new ways to engage students’ interest and learning in the area.

Methods
Fifth year medical students at the beginning of their first seminar in CAP will be invited to complete a paper survey of their interest in CAP as a field of study and as a career option. Key questions will be repeated in the Student Evaluation of Teaching questionnaire delivered at the end of the four seminars.

Results
Preliminary results will be available at the time of the Symposium.

Discussion
The findings will be compared with those in the international literature. Initiatives to engage students’ interest and learning in CAP will be discussed.
Workshop Presentation
Banquet Hall (South)
13:15pm

Working Together: Collaborative Perspectives on Refugee Health

Workshop Facilitators:
Molly Gilfillan
Chair, Health Students’ Council of WA
Dr Helen Wright
UWA School of Paediatrics and Child Health

Collaboration between health professionals has long been a focus of health education research, however integrated learning has only recently become a focus of tertiary health education. In order to meet the professional requirements of an increasingly holistic workplace, healthcare professionals are now, more than ever, required to be better equipped towards working cohesively in a healthcare team. Recent feedback from the Health Students Council of WA has shown that tertiary health students feel underprepared in meeting this requirement; in particular, students value the importance of interprofessional learning in their formal health education.

In this session we explore the intricacies and barriers to effective workplace collaboration, whilst focusing on a global health issue that is often steeped in ethical, social and political conflict. Through the use of visual aids and real-life case scenarios, this interactive workshop will take participants through practical and relevant collaborative methods in deciding on key management priorities for a paediatric refugee patient. The workshop will conclude with an interactive discussion surrounding the difficulties and benefits of workplace collaboration, including the sharing of experiences using the PMH Multidisciplinary Refugee Health Clinic as a real-world model. Participants will leave this workshop better equipped in understanding the day-to-day functioning of those who work alongside them, as we aim to move towards achieving more holistic, team-focused healthcare delivery for the benefit of our patients.
Workshop Presentation
Seminar Room 2
13:15pm

Photographs, Narrative and Reflective learning resource for health professions educators

Workshop Facilitators:
Dr Gabrielle Brand
Education Centre
Associate Professor Christopher Etherton-Beer
School of Medicine and Pharmacology
Co-contributors:
Associate Professor Rosemary Saunders,
Assistant Professor Helen Dugmore
School of Population Health (Nursing)

Changes in the higher education environment have increased the focus over the past decade on how educators might begin to teach and develop reflective skills in health professions students. In addition, changing professional requirements demand that students are adequately prepared to practice in today’s complex health care systems, including responding to changing demographics of population ageing. To promote development of reflective practitioners with positive perceptions toward older people, the authors developed a “Depth of Field: Exploring Ageing” digital, reflective learning resource that uses photographs, narrative and small group work to enhance the reflective capacity in health professions students.

The interactive workshop will commence with outlining the background to the resource, including the importance of embedding reflective learning in health professions’ curriculum. It will then lead participants through the innovative, consumer driven, reflective learning resource that uses documentary style photographs and audio-narrated film of 14 older WA people. The session will encourage participants to engage with the photographs, to pause, explore, reflect and share their own experiences by constructing shared storylines in small groups. The qualitative data from the pilot conducted with UWA nursing and medical students will be discussed, including how the use of visual images provides a valuable learning space for reflection. Workshop participants will have the opportunity to explore and consider ways in which they can embed/integrate visual methodologies as a catalyst to encourage individual and/or collective reflection in their health profession students.
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