Education Centre Online Module Projects

Undergraduate Medical Course Module Development Urology

In 2009 Professor of Urology Dickon Hayne, Dr Wei Ling-Ooi and staff from the Education Centre developed four urology modules, which were made available to students via WebCT.

Students were provided with an additional incentive to participate in the detailed evaluation of the modules. A one off $100 restaurant voucher was randomly drawn from all students who completed the detailed evaluation. Chadwick Green was the happy winner.

The module topics are Haematuria and Bladder Cancer, Urinary Calculi, BPH and Pharmacology, and Prostate Cancer. The project was funded by a Faculty Teaching and Learning grant in 2008. A fifth module about penile scrotal conditions is being developed by Dr Mathew Brown.

Ionizing Radiation for Diagnostic Imaging Tests

Subject matter experts, Professor Richard Mendelson and Professor Richard Fox together with Education Centre staff, Associate Professor Diana Jonas-Dwyer, W/Professor Tony Celenza and Fiona Leece have developed an online module to be used in conjunction with the Diagnostic Imaging Pathways website to educate students about patient safety and ionizing radiation from diagnostic tests.

Surgery

Professor Dickon Hayne, Mr Callum Logan (year 6 medical student), Mr Khaled Dawas, Senior Lecturer Research Department of General Surgery, University College London, UK and Education Centre staff, Associate Professor Diana Jonas-Dwyer and Ms Fiona Leece, are currently working on the development of four new surgery modules, (listed below) which will be made available to students next year:

1. Diverticular disease
2. Gallbladder calculi
3. Complications of gallstones, and;
4. Perianal sepsis

The project was funded by a Faculty Teaching and Learning grant in 2009.

National Registration of Medical Students

Associate Professor Paul McGurgan and the Education Centre are working on the creation of a new module outlining the new national registration process which will be available to medical students in 2011. This information will assist students in understanding the requirements of national registration.

Figure 1. Urinary Calculi (Renal Stones) Module

In 2011 several new online modules will be made available to students. The modules are about surgery, ionizing radiation safety and national registration and what it means for medical students.

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Contemporary health care practice requires practitioners to have developed skills in collaboration. Many errors in patient care occur due to ineffective communication and/or the lack of integrated care provision. Many errors in patient care occur due to ineffective communication and/or the lack of integrated care provision. Patients are increasingly demanding carers communicate effectively with them and with other members of the health care team. Many believe that these areas can be addressed through the introduction of Interprofessional Learning into curricula so as to enhance collaborative practice of health professionals. Interprofessional Learning (IPL) occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. In early 2010, the Faculty T&L Committee formed the Interprofessional Learning Interest Group (IPLIG). In its formation the IPLIG determined five fundamental commitments for the Faculty to strengthen and enhance IPL as an integral component of training, research and faculty development.

Aims of the Faculty IPL Interest Group

1. Develop an IPL curriculum framework for the Faculty of Medicine, Dentistry and Health Sciences to ensure that IPL is embedded and integrated throughout all courses;
2. Create infrastructure within the Faculty to enable and strengthen effective intra-faculty and inter-institutional IP curricular activities;
3. Enhance faculty development programs in the knowledge and utility of IPL;
4. Establish dedicated time within the curricula for students to engage in IPE with students from other health professions;
5. Promote and support qualitative and quantitative research in IPE through established programs including PHMER.

To date the IPLIG have developed an IPL Curriculum Framework, creating infrastructure for IPE activities to occur and promoting research activities. The framework consists of twelve areas of capability and is centred on four key domains. There are several examples of Curriculum Infrastructure already present or being developed to support IPL practices across the Faculty. Early in 2010, the Faculty was awarded funding of $2.5 million (with partner institutions) from the Department of Health and Aging to increase and enhance clinical placements for students using an interprofessional learning model. The Faculty has again been successful in the recent HWA round of funding with two projects being awarded funding.

During 2010 students from Medicine, Nursing, Dentistry and Podiatric Medicine have been involved in piloting interprofessional clinical attachments, participating in simulated ward learning and a student led interprofessional ward at RPH. These and other initiatives including an overseas, two-week elective placement in population health for all undergraduate students (including Health Science) will be offered in 2011. Please contact me if you would like further information about Interprofessional Learning in the Faculty.

There are two sets of checklists:

Specific teaching sessions: Clinical teaching, PBL sessions, CBL sessions, Laboratory/practical sessions and Online teaching/ WebCT

General teaching sessions: Organisation, Content, Enthusiasm, Clarity, Interaction/rapport, Voice/body language, Unit guidebooks.

Members of staff who need help in getting started with the peer observation process can contact A/Prof Annette Mercer from the Education Centre on annette.mercer@uwa.edu.au
Unit Coordinators Study Day

Monday 21 February 2011
9.30am to 3.30pm

Seminar Room 3, School of Population Health, Clifton Street Building.

The first half of the day will be aimed at those who did not attend the study day in 2010, while the afternoon will cover some new topics. Please contact Sue Miller (sue.miller@uwa.edu.au) or phone 6488 1275 for further details.

SCHOLARSHIPS AVAILABLE TO COVER FEES

Half-tuition scholarships are offered to Faculty teaching staff to undertake postgraduate study in Health Professional Education.

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

Email: Caroline.Martin@uwa.edu.au or
Phone: (08) 9346 2621

Faculty of Medicine, Dentistry and Health Sciences Educational Research Symposium

Friday 18 March 2011

The Symposium is an event offering students and staff the opportunity to share their ideas, projects, and best practices in areas of medical and health professional education across all Schools in the Faculty. It will be a prelude to the annual FMDHS Excellence in Teaching Awards ceremony. The event aims to enrich the teaching and learning experience, by exploring themes of mutual interest in a community of educators and celebrating accomplishments.

We now are now inviting abstracts from those interested in presenting their educational research.

Please limit your submission to 250 words using the following format:
• Introduction / Background;
• Purpose of Project;
• Methods used;
• Results;
• Discussion.

Submissions close Friday 14 January 2011.

Please email your abstract to Caroline Martin at caroline.martin@uwa.edu.au

If you have any questions regarding the Symposium please contact Caroline or Sue Miller sue.miller@uwa.edu.au

Doctor of Dental Medicine (DMD) Curriculum Development update

As a result of the fundamental educational reform taking place at The University of Western Australia, the School of Dentistry will introduce an innovative and exciting new curriculum in 2013, the four year graduate programme, the Doctor of Dental Medicine (DMD) to replace the undergraduate Bachelor of Dental Science (BDSc). The DMD will have efficient teaching and learning methodologies which will respond to the modern requirements of dental education. The program will be fully integrated with an up-to-date composition, flexible and capable of graduating well trained, well rounded competent dentists ready to adapt to the requirements of a dynamic profession.

Starting from the acknowledgment that curriculum development is an iterative process, a preliminary structure and a plan of action was needed together with the nomination of the main actors. The first step was to create the Curriculum Working Party (Winthrop Professor Andrew Smith, Professor Paul Ichim, Director, Undergraduate Studies and Ms Maria Maseyk, Curriculum Officer) with the overall responsibility of the DMD curriculum development and coordination of the process. The working party produced the initial action plan, the main participants, the calendar and the preliminary structure of the course (the blueprint). This was discussed and approved at the first School meeting.

The main authority on curriculum development is the DCC (Dental Curriculum Committee) which is the main curricular body of the School. Other staff involvement is through the “Unit development groups” which consists of people who will contribute their expertise in the development of the unit. The groups were approved by the DCC and include both internal and external staff. In a nutshell, the groups are tasked with producing the specific learning outcomes, the graduating competencies towards which they contribute, as well as producing an estimate of the time and resources required for their unit. Conflicting learning outcomes or any other conflicting philosophical views are to be mediated by the Curriculum Working Party.

Once the process was in place, the Curriculum Working Party was enlarged by co-opting external referees (distinguished dental academics with significant curricular experience from Australia (Prof. Michael McCullough, Melbourne), UK (Prof. Mark Woolford, KCL) and North America (Prof. Dorothy Perry, UCSF and Prof. David Chambers, UPSF).

In an effort to gauge the realities of running a graduate course, earlier this year in July 2010, Professors Smith and Ichim went on a fact finding trip to the UK and Europe and ended up stranded in Frankfurt in a smoky haze (the result of the volcanic eruption that grounded all air travel)! They managed to visit the Dental Schools in United Kingdom (King’s College Dental Institute and Barts and the London School of Medicine and Dentistry) and Germany (Frankfurt) before returning home. In September, they visited three North-American dental Schools (from University of Minnesota, University of California, San Francisco and University of the Pacific, San Francisco) with similar programs to gain an insight into such areas as curriculum development and structure, selection/admission requirements, competency based assessment and teaching, logistics of students’ patient selection and allocation. Other areas of discussion included student exchange, collaborative teaching and research and meshing of simulation in teaching. Some of the external referees were nominated as a result of these travels.

So far, the School is well into the planning and development stages of the DMD. Steady progress is being made with developing the new curriculum

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MD Curriculum Retreat
November 29 and 30, 2010

The first formal meeting of academics to determine the structure of the new MD curriculum for UWA was conducted at Seashells, Mandurah at the end of November. Delegates who represented all the Schools within the Faculty of Medicine, Dentistry and Health Sciences as well as senior representatives from the Faculty of Life and Physical Sciences who teach into the current MBBS course, actively participated in the discussion process. This was the first of a series of planned curriculum meetings to develop the Graduate Medical Course due to commence in 2014.

Day 1
A number of graduate strengths were identified beforehand and participants contributed further strengths. It was given that the Rural Clinical School experience and Indigenous Health exposure were two strengths of the current MBBS that should be maintained. After individual votes, table discussion, followed by presentations and whole group discussion, the following graduate strengths were determined and consolidated. Doctor in society – role in health care system, Preparedness for Practice – clinical reasoning, communication, scientific basis of medicine, evidence-based practice, research and enquiry, Professionalism – ethical practice, empathy, caring, and Doctors as Teachers.

The next discussion was on the curriculum framework. After individual and table discussions and presentations, the format for building the structure was determined. This will be developed by further consultation in the next few months.

Adjunct Professor Peter Flett was the after-dinner speaker for the Retreat. He eloquently made suggestions as to how UWA Medical School could interact with the current WA state government for support in both educational and research infrastructure.

Day 2
A summary of the previous day’s decisions was presented together with a curricular map based on those decisions. After a discussion on this and clinical placements in the new course, there was dialogue on the next steps in curriculum development. The consensus was that we should form Content committees and start an Assessment committee so that they can interact as we develop content. It was decided that we have an over-riding Content committee (Curriculum Committee) and that sub-committees will be responsible for developing integrated systems-based courses. There would also be a Foundations Block committee.

The participants in this retreat worked towards reaching consensus on a number of issues regarding the structure of a 4 year graduate medical programme that would be an internationally competitive and recognised degree.

David A Kandiah
Professor of Medical Education (Curriculum Development)