“Celebrating Diversity in Teaching & Learning”

PROGRAM &
BOOK OF ABSTRACTS

Friday, 6 November 2015
8.30 am to 12.30 pm
Mayne Medical School, Herston, Queensland
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PROGRAM

“Celebrating Diversity in Teaching & Learning”

Followed by the

UQ Faculty of Medicine & Biomedical Sciences Teaching & Learning Awards

Friday 6th November, 2015

Mayne Medical School, 288 Herston Road, Herston Queensland
Welcome to the 2015 UQ School of Medicine Teaching & Learning Conference!

This year we celebrate the diversity of teaching and learning experiences in our school.

Diversity applies to our ‘global’ students who come from a wide range of cultural and linguistic backgrounds, many with experience in other health or non-health related professions. But the diversity also extends to our staff, clinical and non-clinical, professional and academic, who share their skills and wisdom so generously. This year we have introduced our new flagship MD program, the culmination of many months of reflection, review and innovation. A new phase 1 program with increased focus on clinical learning, introduction of research skills training for all and plans for further integrating the clinical experiences in phase 2. The School of Medicine T&L team does not take time to sit back and relax, and neither do our students.

Our teaching and learning environment, medical education, and tertiary education in general, is changing rapidly. Our learners are no longer “consumers of knowledge delivered by knowledgeable teachers”. Increasingly, staff and students join forces to improve the curriculum, create new learning modalities and generate opportunities for scholarship. In partnership students and teachers can make use of the diversity that binds us all and lifts the teaching and learning experience to unprecedented levels. Some examples are showcased in today’s conference. This “co-creation in teaching and learning” is supported and promoted by our university and offers inspiration for experimenting with novel ways of engaging both staff and students and hence improving the experience for all in our medical program.

Today we celebrate the diversity and creativity of our program and the scholarship that underpins it. But most of all, we celebrate you, our teachers and learners who make our School so special and our medical program one to be proud of.

Thank you to the 2015 T&L Conference Committee, chaired by Dr Margo Lane, for an outstanding job in organising this year’s conference. This year we convene in the Mayne Medical School building on the Herston campus, a tribute to a long and rich history of medical education in Queensland.

Enjoy the conference! We look forward to welcoming you all again next year for the 2016 Teaching & Learning Conference celebrating the 80th anniversary of UQ School of Medicine.

Professor Mieke van Driel  
Deputy Head, School of Medicine (Academic Programs)  
Chair, School of Medicine Teaching and Learning Committee
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<td>8.45 – 9.15 am</td>
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<td>- “The Student Experience – From A Student Perspective”</td>
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<td>11.45 – 12.30 pm</td>
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<td>Dr Jennifer Schafer and Zachary Tan, UQMS President</td>
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<td>1.30 – 3.45 pm</td>
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**Chair:** Dr Jennifer Schafer  |  **Venue:** ES Meyers Lecture Theatre  |  9.15am – 10.15am

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**Chair:** Dr James Fraser  |  **Venue:** Boardroom  |  **9.15am – 10.15am**

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<td>Does releasing an OSCE station prior to a summative OSCE produce a difference in student performance?</td>
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<td>Reasons for choice of clinical school among rural and metropolitan clinical school students</td>
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**Chair:** Ms Angela Wallace  |  **Venue:** ES Meyers  |  10.45am – 11.45am

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<td>3. <em>Training the NOVICE: The impact of a novel simulation course for prevocational clinicians in Obstetrics and Gynaecology</em></td>
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**Chair:** Dr Margo Lane | **Venue:** Boardroom | **10.45am – 11.45am**

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<td>Wayne Hazell, Ruariadh McRitchie, Rebecca Shaw and Maeve Ahern</td>
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<td>4. Developing high quality pathology video lectures in Phase 1 to improve student learning experience in the classroom</td>
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<td>5. Learning hard or hardly learning?</td>
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ABSTRACTS
SESSION A

Student involvement in general practice consultations: the experience of Year 2 Urban LinCC students

Annabel Chau, Marie-Louise Dick, Margaret Henderson, David King, Mieke van Driel

The Urban Longitudinal Integrated Community Care (LinCC) project, funded by Health Workforce Australia, was established to increase clinical placement capacity by providing medical students with a longitudinal community-based clinical attachment. Since 2013, selected 2nd year students have spent half a day/week on placement at a general practice, for 6- or 12-months.

This study explores the level, nature and frequency of student participation in consultations during their placements.

Students were asked to complete a de-identified log diary of patient encounters (including documentation of their level of participation in consultations), and mid- and end-of-placement surveys (rating how often they participated in patient history-taking, physical examinations and procedures).

Overall frequencies of responses will be calculated for the student cohort, and results compared for the early and late phases of the placement period.

To date, 30 log diaries from students in 2014-2015, and 24 paired mid- and end-of-placement surveys for students in 2013 and 2015, are available. Analysis is currently being undertaken and results will be available for presentation at the Conference.

This project’s results can inform clinical teaching contexts for Phase 1, and also contribute to the potential development of integrated rotation models in Phase 2.
Where do I think I can learn clinical skills? Perceptions of 2nd year UQ medical students participating in the Urban LinCC project

Margaret Henderson, Marie-Louise Dick, David King and Mieke van Driel

Increasing demands on hospitals to provide clinical skills training to increasing numbers of health professional students, has seen a move to increase opportunities for training in the community. Longitudinal clinical placements have been shown to provide benefits to students and clinical supervisors.

The School of Medicine’s Urban Longitudinal Integrated Community Care (Urban LinCC) Project aimed to increase clinical training capacity and provide longitudinal clinical placements in urban general practice for medical students. This presentation reports on students’ perceptions of where they are best learning specific clinical skills.

Since 2013, 80 Year 2 Urban LinCC medical students have spent half a day / week for 13 or 26 weeks on Urban LinCC placements. Student and general practitioner (GP) experiences were evaluated using a mix of surveys and semi-structured interviews.

The project has been very well received by students and GP supervisors. Students in 2014-15 believed they were more likely to learn patient-centred care and history-taking in the general practice setting and to learn and practise physical examination in the hospital setting. Providing the best learning opportunities for students should take into consideration the potential strengths and opportunities of clinical skills training in both hospital and community settings.

Using CBL to teach CBL

Sharon Darlington, Cherri Ryan, Janet Clarkson and Tammy Smith

The introduction of the MD program necessitated the training of many new tutors in the case-based learning (CBL) model. To reinforce the value of the CBL process and to provide tutors with experiential learning in the CBL model, a purpose-written case featuring a dysfunctional CBL group was introduced as part of the CBL training program.

Aims: To determine if the CBL process is an effective method of training tutors in both the CBL model and the potential issues they may face as CBL tutors.

The CBL case “How healthy is this group?” was designed specifically to provide tutors with the experience of being students in CBL process and was used in the CBL training workshops in 2014 and 2015. At the conclusion of each workshop, attendees were asked to comment on the effectiveness of the various aspects of the workshops, including the CBL session.

Qualitative and quantitative feedback indicated overwhelming satisfaction with the training workshop. Through participation in the CBL process, tutors gained skills in the CBL process and valuable insights into the strengths of this educational model. Using CBL to teach CBL is an engaging and effective way to introduce tutors to both the process of CBL and also to facilitate discussion about difficult group dynamics.
The Peer Observation Teaching Partnership
Michaela Kelly and Pam Chick

Establishing a peer observation teaching partnership was a key component of the Clinical Education in Practice subject at the University of Melbourne (UoM).

To establish a peer observation partnership, be observed undertaking a teaching activity and to receive feedback to enhance the quality of teaching.

The UoM Peer Observation in Teaching Partnership model was applied to the context of case-based learning. The model first involved the tutor reflecting on her teaching and then inviting a colleague to form the partnership. The lesson plan was discussed and the key areas in which the tutor desired feedback were identified. The process was discussed with the students and their consent obtained. The tutorial was filmed and the footage was studied by the tutor who selected a 30 minute excerpt for review by the teaching partner. The teaching partner reviewed the footage and then met with the tutor to discuss and provide feedback.

Despite initial reservations, the experience was rewarding for both the peer observer and tutor. Observing oneself engaged in teaching on film was instructive and the feedback received from the peer observer and students was extremely valuable.

This model of peer observation partnership was rewarding and to be recommended.

Able101x – Through my eyes - Intellectual disability healthcare around the world

Nick Lennox and Miriam Taylor

People with intellectual disability experience poor health, die prematurely and receive inadequate healthcare. The aim of this massive open online course is to change attitudes in order to improve the healthcare of this at-risk population. The stories from people with intellectual disability and their families around the world will expose the barriers and enablers they face and stories of their resilience. The presenters will demonstrate selected content of the MOOC which will be released in March 2016.
Perceptions of the case-based learning (CBL) model by year 2 MBBS students

Tammy Smith, Mary Kelleher, James Fraser, Janet Clarkson, Louise Green, Jenny Fitzgerald, Cherri Ryan, Michaela Kelly and Sharon Darlington

In 2012, Year 2 MBBS students and their tutors were asked to comment on their perceptions of the newly introduced case-based learning (CBL) model in comparison to the traditional problem-based learning (PBL) model. The 2015 year 2 MBBS cohort will be the last to experience both models and therefore provide the ideal opportunity to determine if these perceptions have changed as the CBL model has evolved.

To evaluate the student and tutor experiences of the CBL model and compare perceptions in response to continuing quality improvement instituted since 2012.

In the week beginning September 14th 2015, Year 2 MBBS students and their CBL tutors will be asked to complete an on-line questionnaire mirroring that delivered in 2012.

While in 2012, the CBL model was positively received by both students and tutors, areas for improvement were highlighted. These areas have been the focus of continuing quality improvement. Results from the 2015 survey will be analysed and compared with those from the earlier survey.
Registrar-led medical student teaching programmes - potential benefits for student education

Stephen Boyle

In my experience, much of the time spent on the wards by 3rd and 4th year medical students is fairly low yield in terms of their learning, especially when attached to busy teams where teaching of students is often the last priority.

Using some of the students' allocated clinical time to run tutorials addressing particular areas of clinical medicine where they are weakest may help to address this issue and registrars due to the fact that they are also actively training and studying and have a great deal of contact with students clinically are well placed to deliver this teaching.

In this small study I aimed to gauge students' perspective on the adequacy of teaching being provided at present and set up a small teaching program to run alongside their clinical rotation with my team. After discussion with the 8 third year students undertaking a general medical rotation at my hospital, I set up a list of topics in clinical medicine where they felt collectively they were weakest and arranged a twice-weekly teaching program off the ward attended by all the students where I ran through each of these topics. This ran for a total of 5 weeks, encompassing 10 sessions and I obtained feedback afterwards on whether the students felt this has been beneficial and played a role in improving their teaching experience at the hospital.

The feedback from this small survey revealed a general satisfaction amongst students with the level of non-clinical teaching provided in third year (average 6.33/10) and a slightly lower but still reasonable level of satisfaction with the level of clinical teaching provided (average 6/10). The extra tutorials however were seen as being a very useful learning adjunct with a weighted average score of 9.33/10 from student feedback.

This study, while limited by its size, provides a potential insight into the perceived adequacy of teaching provided to year 3 students in hospital and highlights the potential benefits of providing a dedicated registrar to medical student tutorial program as part of the student clinical rotation program in hospitals.
A comparison of the predictive validity of the MCAT and GAMSAT for graduate-entry student performance in medical school

Mavourneen Casey

The Medical College Admission Test (MCAT) is a relatively stable predictor of student performance but questions remain about the predictive value of Graduate Australian Medical School Admissions Test (GAMSAT). This study compares the relative strength of the GAMSAT and the MCAT for predicting student performance at graduate-entry medical school, in Australia.

A retrospective analysis of 2700 graduate-entry medical students admitted to the University of Queensland (2004 - 2012) with either GAMSAT (n= 2055, 76.11%) or MCAT (n= 645, 23.89) scores. GAMSAT or MCAT scores were the predictors and academic grades obtained across the sequence of preclinical, clinical, and clinical examinations were the criterion measures.

The strongest associations were between total admissions tests scores and preclinical GPA (grade point average; GAMSAT, $r = 0.23$, and MCAT, $r = 0.22$, $p \leq 0.01$). GAMSAT demonstrated weak but significant correlation with clinical GPA ($r = 0.16$, $p \leq 0.01$), but MCAT showed no significant correlation ($r = 0.09$). Preclinical GPA was the strongest predictor of future performance during clinical rotations for all students (GAMSAT, $\beta = 0.36$, $p \leq 0.01$; MCAT, $\beta = 0.48$, $p \leq 0.01$).

The evidence from this study indicates that GAMSAT and MCAT have practical utility as predictive tools for the preclinical stage of graduate-entry medical school. The practical significance of these results is that within the Australian context the GAMSAT has similar predictive value to the evidence-based MCAT.

Evaluating outcomes in a program to prepare medical students for their intern year

Sheila Cook, Kate Jurd, Remo Ostini and Bushra Nasir

An intern readiness program for Phase 2 medical students at UQ Rural Clinical School (RCS) is designed to develop daily ward skills, knowledge and confidence. It uses a flipped classroom approach with four online eLearning packages that students complete prior to face-to-face tutorials with activities to engage students in authentic ward round scenarios and allow reflective small group learning.

Aims: To assess the UQ RCS Intern Readiness Program through student evaluations of the program and analysis of student learning.

Students completed a program evaluation after the delivery of each paired eLearning and workshop component. Students also completed a knowledge pre-test prior to the start of the program and a post-test at its conclusion.

The first program evaluation and pre-test results are reported. Students uniformly evaluated the first eLearning component positively and felt better prepared for internship. Pre-test results indicated that students were better able to answer practical ward management questions than the clinical knowledge questions. Evaluations show the value of the intern readiness program to students, while also indicating areas for improvement. Pre-test analysis indicates areas of student strength and areas for test improvement. Future work will evaluate change in knowledge before and after the program.
**Does the flipped classroom facilitate learning in undergraduate clinical pathology? A pilot study**

**Krishnan R Iyengar and Glenn Harrison**

Flexible learning occurs when the student has choice over what, where, when and how learning may take place. A ‘flipped classroom’ is a good example, wherein the traditional ‘classroom teaching-followed-by-homework’ paradigm is flipped.

Document student perceptions and assess objectively whether learning is improved in a flipped classroom.

20 students of Year 4 MBBS participated in this study conducted over two weeks in 2013. They initially viewed interactive vodcasts of 15-minute lectures with a built-in online pre-test submission. In the classroom, students took an interactive quiz which included post-test questions, enabling discussion of difficult concepts. They also completed a survey. Student’s t-test comparisons of the pre and post test scores as well as performance in the end of year examination were made.

A majority of the students showed significant improvement in post-test scores. There was no difference between their scores for the study period compared to the rest of the year. Most students provided a positive feedback about flipped classroom.

This pilot study with a small sample size showed that learning in a flipped classroom is at par if not better than in the traditional classroom. The students welcomed the greater interaction resulting from ‘flipping’.

**Training in general surgery ward call: A student ward call buddy system pilot project**

**Andrew P Maurice and Angus Hann**

There is a paucity of literature regarding medical student experiences in after-hours hospital ward call. UQ medical students have minimal experience in ward call, yet are required to undertake such shifts as interns after graduation.

We implemented a buddy system in which a medical student shadowed a general surgery resident for a ward call shift. We implemented a buddy system in which a medical student shadowed a general surgery resident for a ward call shift.

Final year medical students were recruited in the RBWH surgery department. Each student attended a 4 hour evening shift on a general surgery ward with a supervising resident. A survey detailing attitudes and expectations of ward call was completed before and after the experience.

Nine students enrolled in the project. Familiarity of expectations of what is required of an intern on a ward call shift improved significantly after the experience (3.1/5 to 4.1/5, p = 0.002). After hours work experience was reported as useful both before and after the study (4.5/5 to 4.7/5, p = 0.47). Students and doctors involved unanimously felt the experience was worthwhile.

After hours ward call experience is useful for a final year medical student. More studies are required to further define the role of after-hours ward call experiences during medical training.
The Intern Voice

Zachary Tan, Nancy Sturman and Jane Turner

It is difficult to ascertain how successful the School of Medicine MBBS program is in preparing medical students for the junior doctor workplace. It can also be difficult for students to identify the most useful and relevant learning activities and materials. The perspectives and advice of recently graduated interns and junior doctors are likely to be invaluable.

We engaged currently-enrolled medical students to conduct and video-record interviews with junior doctors about their experiences in their clinical roles, and their advice to medical students about approaches to learning and self-care. The interview transcripts will be analysed descriptively and thematically by the investigators.

Recruitment, briefing and filming have proceeded largely as planned. The student team is currently producing a small number of short videos for the student body. Students will be invited to rate the videos and post comments on a discussion board. Short excerpts from the interviews will be shown, and reflections from the students engaged in the project will be shared.

Students and junior doctors embraced this opportunity to “give back” to their peers. This student-led project will inform our understanding of the medical student and junior doctor experiences, and of how to support student learning for “intern-readiness.”
**SESSION C**

**A Short Course for hospital clinicians: “Teaching Medical Students”**

Rachel Claydon, Heather Moore, Ruth Hubbard, Mieke van Driel and Helen Benham

Hospital-based clinicians provide extensive teaching of medical students within UQ School of Medicine. We sought to provide a local short course inclusive of medical education theory and practical teaching advice, to clinicians within the Princess Alexandra/Southside clinical school.

To deliver and evaluate a practical short teaching course for hospital-based clinicians.

The pilot course was delivered over two sessions of one-hour duration. Topics included: 12 tips for bedside teaching; supervision, feedback and assessment; teaching clinical skills and examination; and teaching UQ medical students. Outcome measures were collected via pre and post surveys and included attendee demographics, perceived topic relevance and usefulness, confidence in bedside teaching and giving feedback and need for further support in teaching.

A total of 66 clinicians participated in the course. Overall clinician confidence in bedside teaching and giving feedback increased. Topics were perceived as useful and relevant. Clinicians expressed a need for ongoing support in clinical teaching and to learn more about educational theory.

Providing a short teaching course for hospital-based clinicians is beneficial to improve confidence and effectiveness in teaching. A need for ongoing teaching support has been identified. This should be addressed through further development and delivery of teaching courses.

**Medical student use of smart devices in clinical settings**

James Fraser and Emma Bartle

The ownership of smartphones has increased greatly in recent years and the use of these devices to acquire clinical images has been reported amongst medical practitioners from a number of disciplines. How medical students use their devices in clinical settings is less clear, as is the consent process they employ, what they intend to do with the acquired images, how securely they are stored and if they are shared. This study will consider these questions and present the students with several clinical scenarios to assess their current understanding of professionalism relating to smartphone usage.

An online survey of students in a four-year graduate entry program was conducted investigating whether student used their devices during clinical learning activities to record clinical images or patient information, the intended use of these images and how the images were stored or shared. Several case studies were presented to assess the student’s understanding of aspects of e-professionalism in clinical environments.

The data analysis indicates a need for further consideration, with implications for curriculum enhancement.
Training the NOVICE: The impact of a novel simulation course for prevocational clinicians in Obstetrics and Gynaecology

Sarah Janssens and Erin Wilson

Doctors in the prevocational space are often neglected when it comes to formal training. Existing Obstetrics and Gynaecology (O&G) Courses are not designed to meet the needs of prevocational or junior doctors. We report on a novel simulation training course for junior doctors with an interest in O&G.

To assess the impact of a new simulation training course on prevocational doctor knowledge, skills and confidence.

Doctors attending the NOVICE (Novice Obstetrics and Gynaecology Prevocational Interactive Clinical Education) course at Mater Education answered a survey prior to the course, immediately after and three months after the course rating their knowledge, skill and confidence in basic O&G procedures and comfort in performing specific procedures.

Of the 16 course participants, 15 completed all follow up surveys. On average, participants rated their knowledge, skills and confidence higher immediately following and at three months following the course, than prior to the course. Their comfort with each procedure was rated the same or higher following the course. Few participants reported confidence at a level beyond requiring direct supervision.

The NOVICE course leads to higher self-rated knowledge, skills and confidence amongst participants. Importantly, the reported confidence appeared to remain at a suitable level of supervision for these junior doctors.
**Becoming Mindful of Mindfulness**

*Micahela Kelly, Nancy Sturman, Marie-Louise Dick and Drew Moore*

Mindfulness has gained momentum as an intervention that can be effective in supporting the management of an array of health related problems. Like many mind-body therapies it remains at the margins of mainstream medical education and practice despite support in the literature. Mindfulness training has been integrated into the curriculum of a number of medical schools with positive benefits.

To enhance University of Queensland medical student understanding of the clinical value of Mindfulness therapies both for their patients and themselves.

3rd year medical students commencing their 8-week General Practice Rotation in July 2015 were invited to attend a Mindfulness Workshop. An electronic ‘Mindfulness lounge’ was created on Blackboard to offer further opportunities for students to engage with mindfulness. Participants were asked to complete pre- and post-intervention surveys to determine their pre-existing and acquired knowledge, understanding and practise of mindfulness and to rate the project’s value.

43 students attended the Mindfulness workshop and completed the pre-intervention survey. The post-intervention survey remains open at the time of writing; Blackboard analytics indicate that the lounge was accessed 258 times by thirty-five students varying from once to 58 times per student.

Survey findings and conclusions will be presented.

**Student-centred evaluations of online lectures (SCEVOLL)**

*Ben Mitchell, Amy Mitchell and Nancy Sturman*

Online lectures in voice-over-power-point formats have been used in the MBBS for many years. We are interested in student evaluations of these, to enable us to improve the digital student experience. Any evaluation instrument should allow students to rate online lectures on the aspects which are most important to them.

We conducted three focus groups with students completing the General Practice Rotation to identify their approaches to using and rating online lectures. The themes identified informed the development of items for a draft evaluation instrument. The next stage is a three-wave pilot in which small groups of students successively test the instrument iteratively. The final stage is the use of the instrument by a much larger group of students, in order for factor analysis and validity checking to be undertaken.

We achieved thematic saturation from our focus groups. The findings challenged the investigators’ assumptions about the way students use and rate online lectures. Student evaluations of lecture presentation, curation, content, structure, interactivity and presenter style are not intuitive to a previous generation of learners.

The final validated rating instrument will be made available throughout the programme. Student ratings will be used to improve the quality and student-centredness of these offerings.
Creating engaging educational videos using an on-campus micro-studio

Cherri Ryan, Allyson Mutch, Mieke van Driel, Carrie Finn, Matthew Petersen and Pascal Burger

The University of Queensland is committed to developing innovative online offerings using technology-enriched educational approaches to enhance learning. (1) As a member of the international edX consortium, UQx, in the Institute of Teaching and Learning Innovation, delivers Massive Open Online Courses (MOOCs) and Small Private Online Courses (SPOCs). In the process of developing a SPOC about the Australian Health Care System, the authors collaborated with UQx to optimise the use of a newly-constructed micro-studio, to create engaging videos.

To determine if academic staff are able to create professional, engaging, educational videos, consistent with the world-class quality of edX videos, using an on-campus micro-studio.

The authors created an educational design, identifying areas to be delivered by video. They attended a two-hour training session with a UQx Educational Designer and Media Production Manager to learn script-writing techniques, slide deck preparation, video presentation skills and to practise in the micro-studio. Scripts, developed by the first author, were recorded over a three hour period in the micro-studio with initial guidance from UQx and support from the School’s audiovisual technician.

Six concise, relevant, educational videos were produced, of comparable quality to other videos on edX. The first two hours of recording time resulted in eighteen minutes of video. The third hour resulted in fourteen minutes of video. The authors quickly acquired new skills in script preparation and working within the micro-studio with support from the technician.

With support and training, academic staff are able to create engaging educational videos using an on-campus micro-studio. To achieve a professional result, a significant time commitment is necessary, particularly to develop skills in the production process, but this shortens with experience.

Training in Advanced Supervision Skills (T-ASK): An objective and blind evaluation of supervision skills in psychiatric speciality trainees following participation in a novel training course

Scott Cherry, David McLaughlan, Sean Cross, Helen McColl, Elizabeth Parker and Amy Iversen

Good quality supervision is associated with improved performance in staff and better patient outcomes, however, there is an absence of evidence to provide guidance on methods to develop these skills. We aim to present an objective evaluation of T-ASK; a novel training course in clinical and educational supervision skills for psychiatric higher trainees.

T-ASK was delivered to 14 psychiatric higher trainees within the London Deanery over an 8-month period. Trainees were video-recorded delivering supervision before and after course participation. Both videos were scored using two standardised rating scales by a single objective rater who was blind as to whether the video was recorded before or after T-ASK participation. Wilcoxon Signed Rank Test was used to determine statistical significance.

A statistically significant improvement in rapport building, empowering and specific communication skills was demonstrated in educational supervision following T-ASK course participation.

This study demonstrates a successful model of educational supervision skills training. Good supervision has been shown to underpin high quality care of patients. It is hoped that this intervention will directly benefit patients in future. Arguably, the improvements seen following completion of the T-ASK course support its recognition by employers, as well as representing a model which could be replicated by other academic bodies. It remains unclear why the course was more effective in developing skill in educational supervision compared to clinical supervision. One suggestion is that gap in knowledge and experience was greater in the trainee to student educational dyads compared to the trainee to trainee clinical dyads. This may make supervision easier to deliver, and therefore demonstrate improvement.

Limitations: Whilst an improvement in scores was seen in the majority of outcomes, proving statistical significance was challenging due to small sample sizes. The rating scales used allowed only a score of a limited range of whole numbers only, between 1-3 and 1-5. This may have discouraged the rater from recording subtle changes in performance. A scale allowing for a greater range of scores such as 1 to 100 may have enabled the recording of more subtle changes, encouraging proof of statistical significance. One consideration, is that improvements seen in trainee scores, could have been obtained experientially over the 8-month time period of the study rather than directly from the T-ASK course. With a larger sample, we would randomise trainees into a participating group with immediate access to the course and a waiting list group acting as a contemporaneous control group. The control group would have subsequent access to the course following the study. Finally, we acknowledge that self-selecting nature of this cohort of trainees introduces some degree of sample bias. However, this is also perhaps reflective of cohort of the self-selecting senior doctors who chose to become supervisors. Undertaking the T-ASK course led to an improvement in the majority of supervision skills, most significant in rapport building, empowering and specific communication skills in trainees acting as educational supervisors. Despite the small sample size, this study provides encouraging evidence to support wider participation of higher trainees in similar supervision courses as recommended by the Temple report. This would potentiate larger, randomised trials in the future, enabling further analysis and optimisation of methods to develop supervisory skills.
**Social media use in medical education**

*Kate Jurd, Bushra Nasir, Srinivas Kondalsamy-Chennakesavan and Remo Ostini*

The increasing use of social media in medical education makes it important to understand how educators and students use social media and perceive its benefits.

This project aims to identify patterns of use of social media within Medical Schools.

As part of an international University of Manchester project, questionnaires were distributed among students and staff. Statistical analysis of current use and perceptions of potential social media use were conducted. Content analysis of open-ended questions identified trends in social media use.

Social media use among faculty and students across universities, from around the world, is similar, with Facebook used most frequently. Sites are used primarily for social interaction and entertainment rather than educational purposes. Most students were unsure whether their medical school used social media and those that did know, did not reply to posts. Faculty were uncertain about levels and reasons for social media participation. Respondents saw potential benefits of social media for medical education, but reluctant due to confidentiality and misinformation issues.

Understanding student and faculty perceptions of social media will help medical schools plan social media use for educational benefits. Findings may also lead to successful integration of social media in medical education.

**A Pilot Course: Prepare to Think EM Course**

*Wayne Hazell, Ruariadh McRitchie, Rebecca Shaw and Maeve Ahern*

The transition from undergraduate to intern is difficult, especially rotations to Emergency Medicine (EM). Being the first care provider, presenting plans to a supervisor, working in a system governed by patient flow rules, and applied clinical reasoning in this system are challenges.

We aim to describe the course, educational tools used, course feedback, potential benefits for UQ now and in the future.

A full day is divided up into four themes: SKID (Street knowledge, Intuition and Deduction); ROW (Recognition of Warnings); Plan (Management Planning) and Flow (Patient Flow). Some innovative educational methods and tool are utilised such as fun reasoning exercises, cognitive bias matching cards, a planning proforma, a virtual Emergency Department(ED) with greater than 50 patients on a simulated ED Information System, an ED floor plan mat, colour coded patient encounter cards designed to be placed on the mat. The colours relate to patient journey stages.

The intended learning outcomes are met and the course rates highly on a ten point scale. Students want to have more time with patient planning activities in the virtual ED. This is an innovative well received educational activity that could be further developed in this format and others.
Developing high quality pathology video lectures in Phase 1 to improve student learning experience in the flipped classroom

Rajasekaran Koteeswaran, Jessica Vidler, Melanie Galea, Peter Simpson, Julie Ayre, Patricia Sheehan, Archana Sudarsan, Nicholas Hawkins and Sunil Lakhani

The Discipline of Molecular and Cellular Pathology conducted a study in 2014 to investigate whether flipped model of teaching pathology improved student satisfaction, learning preferences and outcomes. The results of the study showed the students’ overall response to be positive. When rating the learning activity on a scale of 1 to 5, students rated tutorials as most beneficial (mean 4.23) followed by e-lectures (mean 3.24). As the teaching delivery of pathology, depends on student watching the online lectures prior to attending the face-to-face tutorials, we feel that it is imperative to improve the quality of the videos.

Our proposal is to produce a series of 20 minute high quality video lectures recorded from UQ micro-studio and to test whether it improved student learning experience. This study will be conducted as part of a 2015 MABS eLearning enabling grant.

On completion of the module, students will be invited to complete a survey as an online questionnaire administered through blackboard. These questionnaires will evaluate the effectiveness of recorded videos, their duration as appropriate, interactivity and engagement. An option for open comment section would also be included.

The overall response to the questionnaire will be analysed in the upcoming weeks. The results would further guide us to make appropriate adjustments and refine future recordings. During the current transition year and into the future, we hope that offering high quality videos, will significantly improve the learning experience for students.
Learning hard or hardly learning?

Mark Livett, Alka Kothari, Denise Schultz, Elizabeth de Boer and Ian Yang

Phase 2 students have a “Full Time” program to balance against families, part-time occupations and social activities. There is little advice as to what “Full Time” means.

Students report that they are dissatisfied, although survey responses are low so the precise nature of the dissatisfaction is not always apparent.

To find out what “Full Time” equates to.

Timetables for eight Disciplines at one clinical School (three facilities) have been evaluated to find out what “Full Time” means and how that time is being spent.

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<th>Year</th>
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<th>Sub Discipline</th>
<th>Time (hours) spent doing the following activities</th>
<th>Number of Hours per week</th>
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<td>Embedded Learning</td>
<td>Study</td>
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<td>3</td>
<td>General Medicine</td>
<td></td>
<td>38</td>
<td>2</td>
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<td></td>
<td>General Surgery</td>
<td></td>
<td>37</td>
<td>7</td>
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<td></td>
<td>Medicine in Society</td>
<td>Geriatrics</td>
<td>30</td>
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<td>4</td>
<td>Paediatrics</td>
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<td>Orthopaedics</td>
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<td>Infectious Diseases</td>
<td>31</td>
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“Full Time” for Phase 2 students at this busy hospital includes a large number of contact hours with little in the way of protected time for reflective learning or study. Students need to be empowered to strike a balance between Contact Hours, Reflective study, preparation and social activities without undue concern over their attendance or enthusiasm being questioned. A live feedback session will be set up to find out how the students value the different Hospital and Unit activities for their education content.
"Hey You" - A simple way to improve learning experience

John Waugh and Elizabeth de Boer

The simplest way to gain a person’s focused attention is to use their name. Carnegie taught millions to win friends and influence through the simple maxim that “...a person’s name is to that person the sweetest and most important sound...”. Literature supports his commercial instinct, and shows that for students, the use of their name allows for the creation of rapport with the teacher, and improves the student experience of learning.

Our hypothesis was that engagement and learning experience for medical students in clinical rotations can be improved by the simple method of teachers addressing students by their name.

A survey (n=51) of 24 UQ MBBS students (Phase 2), and 27 clinical teachers (11 consultants and 16 junior doctors) was undertaken at Caboolture Hospital during September 2015. Fifty-six percent of respondents reported that addressing students by name was very important to the learning experience, and a further 40% thought it was helpful. Only 4% thought it was not important. There were no statistically significant differences among the groups.

Clinical teachers were more likely to report that they tried to always use student’s names (81%) than students remembered being usually addressed by name (37.5%) (p<0.01).

We conclude that while teachers and students believe that students being addressed by name is important, teacher’s self-reported efforts to do so are not matched by student’s experience. Further study with prospective observation intended to enhance medical student-clinical teacher engagement for clinical learning should be undertaken.
**POSTER PRESENTATIONS**

*Pilot Program – “Dr 4 a Day”*

*Jules Bennet*

32 secondary school students from 6 high schools each attended 3 emergency scenarios with 3rd & 4th year MBBS students. The focus for medical students was on developing verbal communication skills required for difficult environments e.g. speaking to lay persons, scrubbed in OT, team leader on call / telehealth. Medical students were required to hold a chocolate frog behind their back and verbally instruct secondary students to undertake clinical tasks. The initiative arose from discussion at the Community Advisory Committee.

**Aims for medical students:**
- Improve awareness of verbal communication skills
- Preparation for verbal OSCE clinical skills stations
- Introduce medical student to their role as teacher

**Aims for secondary students:**
- Expose students to life as a medical student in Hervey Bay
- Opportunities available rurally are just as good as urban
- Medical school can be fun and isn’t all stress and study
- Exposure to equipment and support available

**Aims for community engagement:**
- Increasing profile of UQRCS through media coverage
- Increase community engagement with six secondary schools in the area

Separate quantitative and qualitative survey for medical students and secondary students at the end of each session. 75 % increase in. 100 % of medical students felt that it was relevant and increased communication skills.

**Conclusions:**
- Increase in number of rural students choosing medicine at UQ
- Improved medical student verbal communication skills in difficult situations
Does releasing an OSCE station prior to a summative OSCE produce a difference in student performance?
James Fraser, Margo Lane, Jennifer Schafer

A great deal of academic effort goes into the development of new OSCE stations, while our students put effort into creating question banks to share with further cohorts. This paper will investigate whether having access to an OSCE station prior to the summative OSCE leads to an improvement in student performance at that task.

A sample set of six recently used OSCE stations was made available to the students six months prior to the summative OSCE via the Learning Management System. The students were made aware of the existence of these stations via email at the time of release, and during briefing sessions that were conducted approximately four months prior to the OSCE. One of the sample stations was included in the summative OSCE.

The results of student performance in the previously released station will be analysed and compared with student performance in this station in OSCEs held in previous years. This data will be presented with conclusions and issues for further consideration and investigation.

Reasons for choice of Clinical School among Rural and Metropolitan Clinical School students
Remo Ostini, Marcella MS Kwan, Geoffrey C Nicholson, Srinivas Kondalsamy-Chennakesavan

Rural Clinical Schools (RCS) were established to build rural medical capacity. Medical students can preference whether they attend RCS or a Metropolitan Clinical School (MCS) but because of quota, some are drafted.

The aim was to investigate differences between students attending a MCS and RCS in their reasons for choice of clinical school.

Recently a new question “What was the MAIN reason for choosing the Clinical School that you are currently placed with?” with eight response options was added to a cross-sectional survey of students commencing phase 2 of the UQ medical program.

Among 218 respondents (72% MCS) 6.6% of RCS and 14.6% of MCS students indicating being drafted. 52.5% of RCS and 30.6% of MCS students nominated reputation of the clinical school as the main reason for their choice, with the same proportion nominating friends and family (RCS, 4.9%). 23% of RCS students nominated subsidised accommodation (only available at RCS). 1.3% of MCS and 4.9% of RCS students nominated to practice in a rural location.

Clinical school reputation is primary for a majority of RCS students while no single reason dominates MCS student choices. Desire to be a rural doctor is an uncommon reason to choose RCS.
To stream, or not to stream? Experiences of the ECHO Live Streaming in Phase 1  
Cherri Ryan, Tammy Smith and Janet Clarkson

The University of Queensland has multiple teaching sites. Options for delivery of live lectures at these sites simultaneously are limited. Until this year, the predominant alternative option has been retrospective viewing of lecture recordings.

Aims: To determine if the use of the new ECHO live streaming, with or without the ability to ask questions of the presenter, offers any advantage over viewing previously recorded lectures.

Selected lectures were streamed to year 1 and 2 medical students based at Ipswich. Students could choose to view these together or individually. In certain sessions, an academic staff member was present at the live site to monitor questions from the remote audience using Padlet. Ipswich students were asked to complete a survey on their experiences with these technologies.

Most year 1 students (10/13) saw an advantage in live streaming over retrospective lecture recordings, whereas most year 2 students (17/23) did not. There was no single preferred method of asking questions of presenters. Quality of the stream, training of presenters, and the perceived inequity of one-way streaming were raised as issues.

Live streaming is a viable method of delivering lectures to multiple sites, but ideally should not be unidirectional. Adequate training of presenters is also required.

TPCH ED Medical Education Registrar: Undergraduate Impact of an ACEM Accredited Program

Rebecca Shaw & A Prof Wayne Hazell

The Prince Charles Hospital (TPCH) Emergency Department (ED) has had a Medical Education Registrar (MER) position accredited by the Australasian College for Emergency Medicine (ACEM) since 2013. A structured set of learning outcomes and a qualified supervisor supports the position. Integrated into this program is involvement in the Critical Care and Emergency Medicine undergraduate course.

We aim to describe the program and the benefits for UQ. The learning outcomes, assessment methods, ACEM accreditation feedback and innovative undergraduate teaching activities and involvement by the MER will be described. This will include ADS (Associative Discussion Sessions), a POEMS program (Protective Opportunistic Emergency Medicine Student), and Critical care simulation courses which includes the Start-Stop-Rewind-Rotate RSI Team Simulation method.

The program has ongoing ACEM accreditation. The involvement is well received by students as evidence by their term feedback. This position is mutually beneficial as UQ undergraduates learn while the MER learns about medical education. Also Queensland Health as a partner and the ED benefits by the MER using the learned skills.
Using Responseware to engage students in large classes
Tammy Smith, Cherri Ryan, James Fraser, Paul Clark, Penelope Buntine

Making large group teaching interactive is difficult. Students are often reluctant to pose or answer questions in front of their teacher and peers. New ResponseWare technology allows students to respond to TurningPoint surveys on their smartphones, tablets, or laptop computers, but has not been assessed at UQ SOM.

Aims: To determine if the use of ResponseWare enhances students' learning experience.

ResponseWare was used in two MEDI7112 sessions in a single week; one a Course Feedback session, the other a Clinical Symposium also streamed to the Ipswich campus. Students were asked to complete an online survey about their experience.

93.6% of the 49 respondents thought that ResponseWare enhanced their experience of the symposium. Qualitative feedback was overwhelmingly positive; for example, “I found that it encourages an interactive style, while allowing for anonymity, which appears to be a good fit for Clinical Symposia”. Ipswich students appreciated the opportunity to participate, but streaming lag time generated some frustration.

ResponseWare was well received by participants and enhanced their learning experience. It provides a non-threatening way to engage individual students in large classes without the complexity of assigning clickers, and may be particularly suited to feedback sessions and clinical symposia.

Innovative Pathology Pedagogy
J. Vidler, N. Hawkins, J. Ayre, S. Lakhani

Pathology is the study of disease cause and effect. The classic pedagogic approach to teaching Pathology has included demonstration of preserved “wet specimens” to demonstrate macroscopic disease morphology. This is particularly essential to demonstrate diseases that are now rare or eradicated. However, the last decade has seen a rapid shift to online learning. As such, the Pathology discipline has made innovative improvements congruent with online course delivery by creating online access to specimens at the Integrated Pathology Learning Centre (IPLC).

Aims: To create a database of annotated museum specimens and provide students access to online annotated images via hyperlinks in their pathology tutorial resources.

Potted wet specimens are photographed and uploaded to the Slice online program for annotation of key specimen features. Students then have access to selected annotated specimens online, to be used in conjunction with pathology tutorials held on site at clinical schools.

Initial feedback from students has indicated that students value the guidance provided by annotated images, and the online accessibility of potted specimens. A formal evaluation of student attitudes will be performed in the next month.

Web-based annotated images of pathological specimens can potentially improve access and educational utility of existing learning resources, in Pathology and other visual disciplines.
SCHOOL OF MEDICINE TEACHING & LEARNING AWARDS

The Teaching and Learning Conference Committee will award prizes to presenters in the following categories:

1. Award for Most Engaging Oral Presentation

2. Award for Most Engaging Poster Presentation

3. Award for Most Engaging First Time Presenter

4. Award for Co-Creation and Diversity in Teaching & Learning in 2015

The award presentations will take place after lunch from 1.30pm to 3.45pm on The Terrace, Level 7, Oral Health Centre, Herston Campus.