UNIVERSITY OF QUEENSLAND
SCHOOL OF MEDICINE
TEACHING & LEARNING
INNOVATIONS CONFERENCE 2014

BOOK OF ABSTRACTS
Friday 31st October 2014
8:30am to 4:30pm
UQCCR
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Keynote speakers

A sovereign remedy: the medieval panacea
Janet Clarkson, Clinical Lead Educator Renal System, Haematology & Neoplasia School of Medicine, The University of Queensland

Dr Janet Clarkson obtained her medical degree from the University of Queensland in 1971. She became a general practitioner, and worked in several locations in Australia and England before setting up her own practice in Brisbane, in which she remained for over twenty years. During most of this time she contributed in one way or another to teaching medical students and GP registrars. Currently she holds a position as a Clinical Lead Educator in Phase I of the medical course.

Janet is also a food historian and food history writer. She maintains a food history blog and has written several books on food history, the most recent being a two-volume Food History Almanac. She is completely unable to focus on a specific food interest because she finds it all too fascinating, but she enjoys untangling history from myth-tory, and prefers quirky over dull facts and factoids.

Work based assessment of teamwork – an interprofessional approach
Kathy Dallest, Research Manager, School of Medicine, The University of Queensland

Ms Kathy Dallest joined The University of Queensland in September 2012 to manage an OLT grant funded project led by Professor Jill Thistlethwaite. Kathy is a registered nurse and a registered health visitor (specialist community and public health practitioner, UK) with post graduate qualifications in health informatics and business administration. She has worked in both urban and remote and rural areas of Australia and overseas. Her various roles over the past 19 years have been as a clinical informatician for the Scottish Government, NHS Education for Scotland, and in Australia, the National eHealth Transition Authority (NEHTA), across health policy, health service delivery, knowledge management and patient safety. Kathy’s experience in Scotland working within general practice, has given her first-hand knowledge and skills in collaborative interprofessional teamwork.

Can we deliver a linked curriculum?
Associate Professor Stephen Coverdale, Head of Sunshine Coast Clinical School, The University of Queensland

Associate Professor Stephen Coverdale was appointed inaugural Head, Sunshine Coast Clinical School in 2008. He was the Director of Medicine at Nambour General Hospital from 1989 until taking up his current position. He has served as both Director of Physician Training and Director of Clinical Training within the SCHHS. In the latter role he was responsible for Intern training.

Steve practices in General and Cardiovascular Medicine and his main research interest is in the management of Acute Coronary Syndromes in regional Australia. He is a member of the Sunshine Coast Hospital Health Service Research Committee and the SCHHS Education Council and a Senior Advisor on the $1.8b Sunshine Coast University Hospital project, due for completion in 2016/2017.
Session 1A: Innovations in Teaching and Learning

Integrating Simulated Ward Rounds into the Medical Student Curriculum

Belinda Swyny, Paul Clark, Carrie Ritchie, Clinton Madsen, Wendy Katterns, Penny Buntine

Ward based learning provides key opportunities for students to develop clinical reasoning, communication and decision-making skills, and ultimately assists with translation of theory to patient care. Learning relies on seeing inpatients with important medical problems, observing management and (variably) interacting with the entire management team. However, reduced length of patient stay and increased student numbers has resulted in a number of barriers that limit the ability of ward-based teaching to address student learning needs.

The purpose of this project was to develop simulated ward rounds and learning activities to address potential gaps in current and future ward-based learning.

Selected tutorial-based teaching sessions for 3rd year medical students were substituted with teaching ward rounds in a simulated learning environment (SLE). Patient cases were developed for seven medical specialties. Patient presentations and diseases were selected to reflect relatively common problems, important for students to be familiar with and understand in depth (as reflected in the MBBS curriculum). Students actively engaged in patient history taking, examination, and decision-making with either a standardized patient or SimMan.

Qualitative data analysed from multiple student focus group sessions showed clear benefits of the simulated ward rounds compared with both real ward rounds and didactic tutorials.

Based on student requests, mock wards will include integrated relevant procedural skills (eg. Lumbar puncture, IV cannulation). The patient cases developed for this project are available for use within other clinical schools.

Guidelines for Peer Physical Examination. A new approach to peer review

Mary Kelleher

Our Year 1 cohort is enrolled in the Clinical Skills Program which focuses on developing students’ skills in history taking, examination and basic procedures. The program is delivered by way of small group (10 students) tutorials under the guidance of experienced clinicians.

Peer Physical Examination (PPE) is a method of teaching and learning clinical skills where students act as model patients for one another to allow practice of physical examination techniques. It forms an integral part of our Clinical Skills Program and as such all students are expected to participate in this learning activity. Previous research indicates that there are several issues of concern regarding PPE and that it is important to have a PPE policy in place to respond to these issues appropriately.

At the beginning of the 2014 Academic year, The University of Queensland, School Of Medicine implemented a Peer Physical Examination Policy. Prior to this there were no formal guidelines for student participation in PPE or provision for informed consent.

This presentation outlines the process of implementing a PPE policy and outlines the components of the UQ SOM policy. It presents an evaluation of the impact the guidelines have had on student acceptance and participation in PPE as well as tutor feedback regarding the guidelines. It points to other areas in the program where the policy has and can be adopted.
Effect of introductory lecture and combined examinations on Ophthalmology Rotation Performance

Christopher Layton

Ophthalmology is part of the surgical specialties rotation. Prior to the study, no introductory lecture was given to students at GPH (Greenslopes Private Hospital) and assessment was in an isolated MCQ examination.

Student performance in the ophthalmology rotation was monitored before and after the commencement of a consultant led introductory lecture to the rotation, and before and after combining ophthalmology rotation assessment with other surgical specialities. The objective was to improve the performance of GPH students in the final ophthalmology assessment, and to assess the impact of combining the ophthalmology assessment with other surgical specialties.

The study had a statistical power of 90% for a difference of 3% in the final examination result. Group 1 (n=15) were assessed immediately and did not receive an introductory lecture, Group 2 (n=24) were assessed similarly with an introductory lecture, and Group 3 (n=24) received an introductory lecture and was assessed in a delayed multispecialty examination.

Assessment outcomes were not significantly different between Group 1 (86.3±0.8), and Group 2 (86.9±0.8) (p = 0.61), providing no evidence that a consultant led introductory lecture improved student outcomes. There was also no significant difference between the performance of Group 2 and Group 3 (86.7± 1.3), indicating no evidence that that a combined examination influenced outcomes.

There was no evidence that ophthalmology performance in the clinical years is affected by an early consultant lecture or combining assessment with other surgical specialties. This has important implications in educational resource allocation.

FIDECCA: The feasibility of inter-disciplinary examiner calibration on clinical assessments

Nancy Sturman, Amy Wong, Jane Turner, Philip Walker, Chris Allan, Mark Coulthard, Jill Thistlethwaite

Little is known about the comparability across medical disciplines of examiner judgements about medical student clinical skills. The UQ Year 4 MBBS OSCE is a high stakes clinical skills assessment for which examiners are recruited across medical disciplines. These examiners are predominantly practising clinicians, and may have limited availability to participate in face to face examiner training due to workload constraints.

The objectives of the FIDECCA project are to pilot an innovative approach to online clinical examiner calibration and training, and to compare the judgements of clinical examiners across medical disciplines, with a view to improving the reliability of clinical assessment.

With the informed consent of the medical student participants, we developed, delivered and recorded simulated OSCE stations. These were uploaded to a Community Blackboard site. Each case was linked to an online assessment and discussion forum to enable examiner participants to rate and comment on student performances. Examiner participants were recruited by a flier which contained a link to an electronic survey of their basic demographics and attitudes to examiner training.

60 examiner participants were recruited. The demographics of these participants will be presented, as well as initial observations about the challenges and successes of the pilot design, the eLearning tools utilised and the project findings.
An innovative method of delivering clinical education on thyroid and diabetic foot examination

Helen Barrett, Warrick Inder, Michael D’Emden, Amy Wong, Margo Lane

Learning clinical skills is a major component in the Year 2 MBBS curriculum. The majority of the clinical skills teaching is undertaken within the hospital setting, under the direction of hospital-based medical staff. The current structure of clinical skills teaching, however, provides few opportunities for students to learn endocrine examination skills, as this is a medical specialty that is heavily outpatient based.

Endocrine disorders such as diabetes mellitus and thyroid disease are common causes of presentation to health care providers and require complex physical examinations with multisystem components and conceptual synthesis. We identified a lack of formal clinical skills training in thyroid and diabetic foot examination at the Year 2 level.

The objective was to provide Year 2 MBBS students with a structured clinical education module and deliberate practice in thyroid and diabetic foot examination. An “Endocrine Examination Workshop” module was developed, including online learning resources, a structured lecture and supervised physical examination practice. The module was delivered by endocrinologists and other senior medical staff in a session combining a short didactic presentation, detailed demonstration of the appropriate physical examination and supervised student practice of the skills in a small group setting.

Primary outcome will be measured by students’ change in confidence in undertaking endocrine examinations via a pre and post-workshop online survey. These results will be available after completion of all teaching sessions. The module concept of teaching clinical skills may be extended to other clinical teaching areas.

Nutrition and Exercise Assessment Tool (NEAT)

Niikee Schoendorfer, Jennifer Schafer

Nutritional advice is under utilised in medical practice despite becoming increasingly recognised as vital for chronic disease prevention. Even with increasing support and frequent calls for better physician training and practice in nutrition, many studies have identified shortfalls in physician’s knowledge and attitudes toward nutrition as a result of inadequate emphasis in medical school curricula.

The objective of this study is to assess the utility of a tool developed to enable identification of nutrition and lifestyle issues in patients at a glance, to minimise time taken during brief consultations and ease of integration into treatment plans.

NEAT is a rapid assessment questionnaire accompanied by a response table and links to relevant support resources for patients. These were tested with first year students and the session evaluated at its conclusion.

Of the students (n=181) who completed the questionnaire, 49.1%, 47.7% and 40.2% identified that the session increased their understanding of the role nutrition and lifestyle play in disease development, increased their confidence in discussing nutrition and the value placed on the importance of nutrition in healthcare respectively. 82.2% also felt the tools would be useful in general practice.

NEAT will be further utilised throughout other educational components in order to support reflective nutrition practices.
An Assessment of Medical Student Expectations and Ability to Independently Assess Plain Film X-rays Prior to Internship: subjective ability in the 2013 cohort

Kent McDonald, Justin Oughton, Jill Thistlethwaite, Amy Wong, Alan Coulthard

Radiology competence and experience is fundamental for an intern from day one. Students are expected to gain sufficient exposure during their clinical rotations to make them radiology ‘intern ready’. The only rotation that specifically addresses this in the curriculum is paediatrics.

The objective of this study is to evaluate fourth year student confidence with medical imaging and recommend methods of improving medical imaging competence and confidence.

Final year students were asked if their radiology exposure is sufficient, their desired learning format and to rate their confidence levels with recognising anatomy and common pathology on plain films.

Students reported studying plain films because they are common. Online modules and imaging department sessions were marginally the most desired learning formats. Students indicated that ward based exposure was insufficient.

Students showed high levels of confidence with anatomical structures and common chest pathologies. The lungs, heart and Cardiomegaly received the strongest responses. There was significantly less confidence with abdominal films. There were 95.9% of respondents who agreed with examining plain films during OSCEs. The majority indicated concerns with interpreting plain films as an intern.

The next phase of the survey will objectively assess competence with the aim of creating new education programs aimed at increasing radiology exposure, confidence and competence prior to internship.

Session 1B: Technology-enhanced Learning

Wiki-Anaesthesia Website

André van Zundert

Anaesthetists are overwhelmed by information and ever increasing knowledge in medicine, surgery, drugs and medical devices. The available information is not structured and is not available when needed the most (in operating theatres/acute situations), which may mean patients suffer.

We need a quick back-up/referral system for practical information such as guidelines for drugs or interventions (e.g. anaphylactic reactions, local anaesthetic toxic reactions, malignant hyperthermia), similar to pilot and co-pilot (plane malfunctioning) or nuclear industry accidents where one has to check and follow the written instructions. One cannot expect anaesthetists to rely on their memory in odd situations or have the know-how of all kinds of syndromes bearing eponymous names.

The Wiki-Anaesthesia website offers knowledge in a practical, easy accessible way via laptop/mobile phone/tablet/app, free of charge on the Internet. All anaesthetists/emergency/ICU physicians can contribute.

The best knowledge guides the best decisions. Beneficiaries of the Wiki-Anaesthesia website are multiple: 1) patient (deserves optimal care); 2) anaesthetist (more confident/competent/less stress, will do a better job); 3) surgeons/hospital (less complications); 4) healthcare funders (use money wisely); 5) manufacturers (stimulated to produce better equipment), with a high customer satisfaction score.
AbleMe x-series - Intellectual and Developmental Disability
Nick Lennox, Miriam Taylor, Margo Lane

Worldwide 60+ million people with intellectual and developmental disability (IDD) experience poor health, die prematurely and receive inadequate healthcare.

The aim of this course is to influence and educate a wider population in an attempt to improve the healthcare of this at risk population. You will enhance your understanding of the barriers and enablers faced by people with IDD, their families and a wider social and professional circle. This course will expose you to best practice in the field and leave you with the knowledge that may help lead to better outcomes for the health of people with IDD. You will understand the challenges through their eyes.

Flipping pathology in Phase I – MBBS programme and its impact on learning of Year 2 medical students
Raja Koteeswaran

The Pathology course at School of Medicine, University of Queensland, is taught during phase I of the MBBS programme. Despite increased student intake, over the last 2 years, there was a significant drop in the number of students attending lectures. Informal feedback by responses to questionnaires revealed that most students were dissatisfied.

The objective was to restructure the delivery of the course following the “Flipped classroom” model in 2014. Our aim was to test whether flipped classroom improved student learning outcomes by comparing students’ assessment data against the previous year.

Lectures were recorded using desktop software (Echo360 PCAP) and posted on Blackboard for students to pre-read at their convenience. The tutorials were restructured with worksheets comprising tasks, which required the students to work collaboratively in small groups and solve them.

The preliminary questionnaires administered at end of semester 1, revealed that the students found desktop recordings and tutorial exercises engaging and relevant to their learning. The final survey and assessment data analysis at end of semester 2 will shed more light on student’s learning outcome. As an extension of flipped classroom, we plan to develop SPOC (small private online course) and MOOC (Massive open online course) for teaching pathology foundational course in the MD programme with an aim of targeting a wider audience beyond medical students.
Training and assessment of intern competence in aseptic technique using simulation methodology

Alka Kothari, Anne Maree Allanson, Wayne Hazell, Mark Livett, Rynanne Whelan, Pennie Murphy, Joy Jensen, Wendy Haerer, Joel Dulhunty

Aseptic techniques play a central role in the reduction of hospital-acquired infections. Australian medical schools have curriculum gaps in the areas of infection control and aseptic technique.

A prospective, observational cohort study is being conducted at Redcliffe Hospital and The Prince Charles Hospital in collaboration with UQ to assess Intern understanding, confidence and competence in aseptic technique at baseline (Intern commencement) and at 10-12 months.

This study will evaluate an innovative simulation-based education program for Interns. Innovative study methodology uses simulation-based video-recorded and blinded assessment of aseptic technique with scrubbing, gloving and gowning for a minor procedure using a 58 item assessment tool.

A total of 45 interns are participating in the study and have completed the first assessment in January 2014. Blinded assessment will occur after the second assessment from October 2014 onwards. This presentation will describe the development of the simulation-based education program and assessment methodology and experience to date.

This study will assist in identifying educational deficiencies relating to aseptic technique. If shown to be effective and valid, simulation-based learning and competency assessment for aseptic technique will have potential application in medical school and hospital teaching environments and in other content areas.

e-Quizzes in Radiographic Anatomy

Vaughan Kippens*, Peter Landy*, J. Mark Brown*, Danni Maguire#, Ariel Shoham# & Dror Ben Naim#

*School of Biomedical Sciences, The University of Queensland; #University of New South Wales

During 2013 and 2014, first and second year MBBS students have completed five sessions of radiographic anatomy each year. These tutorial sessions involve identification of anatomical features on a range of medical images, after a presentation by a radiologist.

To improve interest and performance, e-quizzes were developed in early 2014, as part of the BEST Network collaboration. As part of formative assessment, students who completed the Chest Imaging tutorial were able to complete a series of six quizzes, during which they received immediate feedback on their responses.

In addition, analytics, which are basically visual representations of the metadata associated with each e-quiz, were produced, so student misconceptions could be easily identified. When students used “drop down menus” to answer questions, the most common errors were obvious, and when students used “drag and drop” markers to identify features, “heat maps” of all incorrect responses illustrated whether errors were consistent or random.

The analytics will allow tutors to anticipate problems and emphasise the differences between features that are commonly confused. In response to the statement that “I feel I understand the topic better now”, which was part of the evaluation at the end of each quiz, only a small percentage disagreed.
Visual and peer mediated learning in a first-year physiology course

Hardy Ernst, William McGahan, John Harrison

The ever growing capability of students to create, share and access information by way of mobile devices affords a greater opportunity to integrate visual literacy and peer learning into the teaching of health sciences.

Our objectives were to incorporate creative visual literacy by way of student owned technology, as well as sharing of student-generated multimedia amongst peers, to enhance the effectiveness of learning activities.

In 2013, human physiology students were set the task of producing an animated video, which outlined the pathogenesis of a chosen disease, using technology normally available to them (e.g. smart phones, digital cameras, basic video editing software). Students were then encouraged to view each other’s videos.

Students in the same course in 2012 engaged in a purely written, non-shared task.

The depth of topic understanding did not change between 2012 and 2013. Moderating for cohort variation, students in 2013 also showed poorer overall learning outcomes, as evidenced by EOS examination scores, than students in the 2012 cohort. We speculate that the peer mediated aspect of the learning activity failed, and that the visual task was disruptive to wider learning, due to it being time consuming and unfamiliar to students.

Future iterations should accommodate for varying learner preferences, limit the time consuming nature of the task, and enforce peer assessment of video submissions.

Latrogenic

Mark Livett

Latrogenic disease, according to one website: “...is the third leading cause of disease in the United States, trailing only cerebrovascular (“Stroke and heart”) disease and cancer...”

Articles are being pulled out of old journals, dusted off and uploaded onto the internet, there is a vast amount to do and the process has become more or less fully automated. Old fashioned human error has been replaced by far more efficient computer error. Digitally scanning old journals, using Optical Character Recognition (OCR) software to recognise letters, using Word Processing software to turn scanned images into editable, searchable text documents, uploading these documents onto the internet, cutting and pasting these documents into webpages, spreading FAIL across the globe.

We have a new word, ‘Latrogenic’ brought about by the lack of serifs on some documents making ‘I’ and ‘I’ all look the same to a computer, and to most people. Word processing documents see a lower case letter at the beginning of a sentence and automatically convert it to uppercase. So where people would see ‘latrogenic’ and assume ‘Iatrogenic’ because of the context, they now see ‘Latrogenic’.

When you Google it to confirm, you come across, 260,000 hits, the top one being from JAMA followed by the Western Journal of Medicine and the American Journal of Medicine. And if they don’t know what they are talking about, who does!?

To objective of this presentation is to highlight the dangers of relying on the internet for information, something that librarians have been banging on about for a while. I thought it was just because they were concerned about losing their jobs. If we needed a new word to describe diseases caused by technology we now have one, Latrogenic!
Session 2: Innovations in Teaching and Learning

Urban LInCC Project: A snapshot of student learning experiences for 2nd year medical students in 2013

*Margaret Henderson, Marie-Louise Dick, David King, Lis Miller, Jocelyn Selwood, Mieke van Driel*

There is substantial international research evidence demonstrating the success of innovative longitudinal integrated clinical curricula, but most examples have been in rural locations, with only a small number in urban settings. Early clinical placements have been shown to provide a range of benefits for students but there is little literature about urban community based longitudinal early clinical experiences.

The School of Medicine’s Urban Longitudinal Integrated Community Care (Urban LInCC) Project aimed to increase clinical training capacity and provide longitudinal clinical placements for medical students in urban General Practice. The focus was on developing clinical skills and gaining experience in continuity of patient care and the complexities of managing patients with multiple problems.

In 2013, thirty-one Year 2 medical students spent half a day / week for either 13 or 26 weeks on a clinical placement at one of 25 urban general practices. Students were provided with a guide to suggested learning activities correlating to their weekly PBL topics. Experiences were evaluated using surveys for all students and GPs and semi-structured interviews for approximately half the students and GPs.

The program was very well received by students and GP supervisors with a range of patient involvement and learning experiences reported. Some students also reported benefits in other areas of the MBBS II curriculum. The Urban LInCC project provided the students with rich learning experiences and staff with insights about factors which may enhance the 2nd year clinical skills training, including shared hospital and community based learning.

Surgical Education Through Competition: The 1st Annual UQ Surgical Skills Competition

*Darius Ashrafi, Dr Bernard Whitfield*

Surgery is becoming a relatively unattractive career option in Australia and UK. Possible explanations include poor surgical exposure and education at medical school. A novel approach to counteract this trend has been through Surgical Skills Competitions. The primary goals of Surgical Skills Competitions are to engage and motivate medical students, increase interest in Surgery and provide a platform for Surgeons to teach and mentor students.

The Royal College of Surgeons Edinburgh (RCSEd) designed and held the first of its annual competition in 2011. The Royal Australasian College of Surgeons Queensland, hosted its first competition in 2013. In 2014, the competition expanded to include individual heats at the four Queensland medical schools, with a subsequent grand final.

The UQ competition involved first-year clinical students (i.e. UQ Year 3), rotating through five stations: anatomy, knot-tying, suturing, cyst removal and laparoscopy. Stations were adjudicated by local surgeons against standardised marking criteria. Participants responded that the competition was an enjoyable and rewarding learning experience. The 2013 Queensland competition was an Australian first for medical students. With successful expansion in 2014, there is potential to emulate the success of RCSEd and pave the way for a national Australian competition in 2015 and beyond.
**CBL in the MD: Evolution of a small group model**

*Janet Clarkson, James Fraser, Louise Green, Mary Kelleher, Cherri Ryan, Narendra Singh, Tammy Smith (Clinical Lead Educator (CLE) team)*

In 2012, the CLE team introduced a new case-based learning model into semester 2 of the second year of the MBBS program. As the result of student and tutor feedback (both formal and informal) the initial model has been revised in preparation for its use in the MD program.

To further develop the CBL model in order to build on its strengths as identified by students and tutors, and address the major concerns.

A more structured approach to the two weekly tutorial sessions has been developed and documented. This model, which will be outlined in the presentation, will provide a more consistent framework for the tutors to follow, while still allowing some flexibility for tutor and group input.

The new model will be used for the first time in the MD program in 2015 and evaluated using surveys and focus groups of both students and tutors.

Based on feedback received, the model can be revised for future years. The model has the potential to be used in other professional and/or health science programs.

**SILVER-Q LIVE and INTERACTIVE - Assisting final year medical, nursing and paramedical students to transition to work readiness through simulation**

*Norma Robinson*

Current clinical training modalities rely heavily on professional entry healthcare students learning through experience whilst on clinical placement. For reasons of patient safety, healthcare students are rarely permitted the opportunity to utilise learnt clinical decision making skills to make tangible management decisions in ‘real life events’. Students are often left wondering if they have the skills and ability to do the job for which they are being trained.

The SILVER-Q LIVE program gives medical, nursing and paramedical students the opportunity to work in an interprofessional healthcare team prior to entering the workforce. Students working together in a dynamic, fully immersive simulated learning environment practice previously learnt skills and knowledge to develop and implement management plans for their ‘patient’. At the same time students develop an understanding of their role within the team and self-evaluate their own performance. An INTERACTIVE eLearning package supports student’s preparation for the LIVE scenarios.

Results to date have indicated that participating medical students have identified an increased confidence in their communication and decision making skills. Students identify this program as preparing them for intern/work readiness. This presentation will provide an explanation of program structure, implementation and evaluation.
Flipping Simulation – using technology to support a simulated clinical skills program

Kate Jurd, Norma Robinson

The flipped classroom describes a reversal of traditional teaching where students acquire exposure to new material outside of the class room. Class time is then dedicated to assimilating that knowledge through strategies such as problem solving, discussion or debate (Vanderbilt University, Center for Teaching).

The flipped classroom technique, underpinned by best practice in instructional design and appropriate scaffolding can produce a high quality product with positive learning outcomes and behavioural change.

This presentation will focus on an innovative teaching program developed at The University of Queensland’s Rural Clinical School (UQRSC) which supports final year medical students in their transition to the workplace. This program utilises flipped classroom techniques to effectively incorporate engaging online and face to face learning experiences by replicating real workplace practice.

In creating the online content, our program focuses on the redesign of the LIVE simulation learning materials (scenarios and scripts) to ensure authentic decision making activities are generated. Emphasis is placed on cognitive interaction and problem solving to generate higher order thinking that allows the student to reflect, synthesize and perform.

Continuing access to the eLearning package throughout the student’s final year ensures opportunity for revision and reflection. Future applications to extend the project to the broader student population and particularly for students living and studying in rural and remote areas.

The UQ Surgical Interest Group: Reflection on the Inaugural Year

Darius Ashrafi, Kuhan Kunarajah, Alexander Yuen, Grace Brownlee, Matthew Fielder, Anthony Saponara, Zachary Tan

Anecdotally, there has been concern amongst students regarding anatomy and surgery, as well as dissatisfaction amongst the surgically inclined students regarding the lack of access to opportunities to further their professional development. The UQ Surgical Interest Group (UQSIG) was launched in late 2013 to address these concerns.

The aims of UQSIG revolve around supplementing the education provided by the medical school, as well as providing extra-curricular support and opportunities.

These aims were addressed through a series of events in 2014.

1. Workshops: basic and advanced surgical skills, trauma/critical care/anaesthesia and obstetrics/gynaecology.
2. Academic programs: anatomy tutoring, journal club and mentoring
3. Seminars: surgical history, surgical specialties and amazing surgeons

UQSIG co-hosted to the Australasian Surgical Leadership Symposium with Bond, Griffith and JCU, and partnered with RACS Queensland to host the UQ Surgical Skills Competition. Workshops were evaluated through likert-style questionnaires. Students reported that workshops improved their surgical skills and knowledge, and were beneficial for professional development. The academic programs and seminars have been well attended, however, evaluation is ongoing.

UQSIG has had a successful inaugural year. The foundation has been set for future UQSIG teams to continue to enhance the education, teaching and learning of medical students and junior doctors.
“Being ward ready before you graduate: an innovative intern readiness program”

Sheila Cook, Kate Jurd

The medical curriculum ensures that medical students amass vast clinical knowledge with a solid grounding in medical science. However this does not formally translate to providing them with the practical skills and basic ward-work ‘know how’ required to become an effective junior doctor.

Medical students are ill-prepared for the role of an intern, and experience high levels of stress and anxiety in the first few weeks of work.

The aim of Intern Preparedness Project is to develop the daily ward work skills required by medical students to confidently transition to interns.

An innovative teaching/learning strategy was utilized, based on principles of the flipped-classroom incorporating interactive e-learning activities with role-play and reflective small group learning sessions to engage the students in “real-life” ward round scenarios. Students are provided with opportunities to practice the skills of an ‘intern’ in a supervised environment with immediate feedback and reflection.

The students complete a modified Clinical Capability Questionnaire and compared the student’s level of confidence and understanding of the tasks required to be an intern before and after the session.

There are opportunities for this project to be extended to the broader student population of University of Queensland Medical School. It may also be used to support students transitioning from the non-clinical to clinical phase of the medical course so that students obtain the best educational outcomes in this busy environment.
Program Highlights:

8.30 – 9.00 am 30 mins  Registration - UQCCR Foyer
Tea and Coffee

9.00 – 9.15am 15 mins  Welcome Address: Professor Mieke van Driel
(including Acknowledgement to Country)

9.15 – 9.45am 30 mins  Keynote Speaker 1: Dr Janet Clarkson
“A Sovereign Remedy: the Medieval Panacea”
Session Chair: Dr Margo Lane

9.45 – 10.45 am 60 mins  Concurrent Sessions: Oral Presentations

- Session 1A Chair: Dr James Fraser
  Theme: Innovations in Teaching and Learning
  Venue: UQCCR Auditorium
- Session 1B Chair: Dr Jennifer Schafer
  Theme: Technology-enhanced Learning
  Venue: Health Sciences building, Level 3, Room 311

10.45 – 11.15am 30 mins  Morning tea

11.15 – 11.45am 30 mins  Keynote Speaker 2: Ms Kathy Dallest
“Work based assessment of teamwork - an interprofessional approach”
Session Chair: Dr Margo Lane

11.45 – 12.45pm 60 mins  Interactive Session:
Dr Jennifer Schafer and Rhys Thomas, President UQMS
“What drives students’ crazy? Innovative solutions to student concerns about teaching and learning?”

12.45 – 1.30pm 45 mins  Lunch

1.30 – 2.00pm 30 mins  Keynote Speaker 3: Associate Professor Stephen Coverdale
“Can we deliver a Linked Curriculum?”
Session Chair: Dr James Fraser

2.00 – 3.20pm 80 mins  Session 2: Oral Presentations
Session Chair: Dr Jennifer Schafer
Theme: Innovations in Teaching and Learning
Venue: UQCCR Auditorium

3.20 – 3.40pm 20 mins  Prize Presentation and conclusion: Professor Mieke van Driel

3.40pm onwards  Drinks and canapés
9.15 – 9.45am  
30 mins  
Keynote Speaker 1: Dr Janet Clarkson  
Session Chair: Dr Margo Lane

“A Sovereign Remedy: the Medieval Panacea”

Dr Janet Clarkson obtained her medical degree from the University of Queensland in 1971. She became a general practitioner, and worked in several locations in Australia and England before setting up her own practice in Brisbane, in which she remained for over twenty years. During most of this time she contributed in one way or another to teaching medical students and GP registrars. Currently she holds a position as a Clinical Lead Educator in Phase I of the medical course.

Janet is also a food historian and food history writer. She maintains a food history blog and has written several books on food history, the most recent being a two-volume Food History Almanac. She is completely unable to focus on a specific food interest because she finds it all too fascinating, but she enjoys untangling history from myth-tory, and prefers quirky over dull facts and factoids.
9.45 – 10.45am  60 mins  Concurrent Sessions: Oral Presentations

**Session 1A: Chair - Dr James Fraser**
Theme: Innovations in Teaching and Learning
Venue: UQCCR Auditorium

<table>
<thead>
<tr>
<th>Title of presentation</th>
<th>Authors</th>
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<tbody>
<tr>
<td>1. Integrating Simulated Ward Rounds into the Medical Student Curriculum</td>
<td>Belinda Swyny, Paul Clark, Carrie Ritchie, Clinton Madsen, Wendy Katterns, Penny Buntine</td>
</tr>
<tr>
<td>2. Guidelines for Peer Physical Examination. A new approach to peer review.</td>
<td>Mary Kelleher</td>
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<tr>
<td>3. Effect of introductory lecture and combined examinations on Ophthalmology Rotation Performance</td>
<td>Christopher Layton</td>
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<tr>
<td>4. FIDECCA: The feasibility of inter-disciplinary examiner calibration on clinical assessments</td>
<td>Nancy Sturman, Amy Wong, Jane Turner, Philip Walker, Chris Allan, Mark Coulthard, Jill Thistlethwaite</td>
</tr>
<tr>
<td>5. An innovative method of delivering clinical education on thyroid and diabetic foot examination</td>
<td>Helen Barrett, Warrick Inder, Michael D’Emden, Amy Wong, Margo Lane</td>
</tr>
<tr>
<td>7. An Assessment of Medical Student Expectations and ability to independently Assess Plain Film X-rays Prior to Internship: subjective ability in the 2013 cohort.</td>
<td>Kent McDonald, Justin Oughton, Jill Thistlethwaite, Amy Wong, Alan Coulthard</td>
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10.45 – 11.15am  30 mins  Morning tea in UQCCR Foyer
9.45 – 10.45am    60 mins    Concurrent Sessions: Oral Presentations

Session 1B: Chair - Dr Jennifer Schafer  
Theme: Technology-enhanced Learning  
Venue: Health Sciences building, Level 3, Room 311

<table>
<thead>
<tr>
<th>Title of Presentation</th>
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<tbody>
<tr>
<td>1. Wiki-Anaesthesia website</td>
<td>Andre van Zundert</td>
</tr>
<tr>
<td>2. Able Me x-series</td>
<td>Nick Lennox, Miriam Taylor, presented by Margo Lane</td>
</tr>
<tr>
<td>3. Flipping pathology in Phase 1 – MBBS programme and its impact on learning of Year 2 medical students</td>
<td>Raja Koteeswaran</td>
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<tr>
<td>5. e-Quizzes in Radiographic Anatomy</td>
<td>Vaughan Kippers, Peter Landy, J. Mark Brown, Dannie Maguire, Ariel Shoham, Dror Ben Naim</td>
</tr>
<tr>
<td>6. Visual and peer mediated learning in a first-year physiology course</td>
<td>Hardy Ernst, William McGahan, John Harrison</td>
</tr>
<tr>
<td>7. Latrogenic Disease</td>
<td>Mark Livett</td>
</tr>
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10.45 – 11.15am    30 mins    Morning tea in UQCCR Foyer

University of Queensland School of Medicine Learning & Teaching Innovations Conference
11.15 – 11.45am  30 mins  **Keynote Speaker 2: Ms Kathy Dallest**  
Session Chair: Dr Margo Lane

“Work based assessment of teamwork - an interprofessional approach”

**Ms Kathy Dallest** joined The University of Queensland in September 2012 to manage an OLT grant funded project led by Professor Jill Thistlethwaite. Kathy is a registered nurse and a registered health visitor (specialist community and public health practitioner, UK) with post graduate qualifications in health informatics and business administration. She has worked in both urban and remote and rural areas of Australia and overseas. Her various roles over the past 19 years have been as a clinical informatician for the Scottish Government, NHS Education for Scotland, and in Australia, the National eHealth Transition Authority (NEHTA), across health policy, health service delivery, knowledge management and patient safety.

Kathy’s experience in Scotland working within general practice, has given her first-hand knowledge and skills in collaborative interprofessional teamwork which is the topic of the OLT project presented today.

11.45 – 12.45pm  60 mins  **Interactive Session:**  
Dr Jennifer Schafer and Rhys Thomas, President UQMS

“Trouble-shooting: Innovative Solutions to Teaching and Learning Issues”

12.45 – 1.30pm  45 mins  Lunch in UQCCR Foyer
“Can we deliver a Linked Curriculum?”

**Associate Professor Stephen Coverdale** was appointed inaugural Head, Sunshine Coast Clinical School in 2008. He was the Director of Medicine at Nambour General Hospital from 1989 until taking up his current position. He has served as both Director of Physician Training and Director of Clinical Training within the SCHHS. In the latter role he was responsible for Intern training.

Steve practices in General and Cardiovascular Medicine and his main research interest is in the management of Acute Coronary Syndromes in regional Australia. He is a member of the Sunshine Coast Hospital Health Service Research Committee and the SCHHS Education Council and a Senior Advisor on the $1.8b Sunshine Coast University Hospital project, due for completion in 2016/2017.
### Session 2: Oral Presentations

**Date:** Friday, 31 October, 2014  
**Time:** 2.00 – 3.20pm  
**Venue:** UQCCR Auditorium  
**Session 2: Chair -** Dr Jennifer Schafer  
**Theme:** Innovations in Teaching and Learning  

<table>
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<tr>
<td>1. The Urban LInCC Project: A snapshot of student learning experiences for 2nd year medical students in 2013</td>
<td>Margaret Henderson, Marie-Louise Dick, David King, Lis Miller, Jocelyn Selwood, Mieke van Driel</td>
</tr>
<tr>
<td>2. Surgical Education Through Competition: The 1st Annual UQ Surgical Skills Competition</td>
<td>Darius Ashrafi &amp; Bernard Whitfield</td>
</tr>
<tr>
<td>3. CBL in the MD: Evolution of a small group model</td>
<td>Janet Clarkson, James Fraser, Louise Green, Mary Kelleher, Cherri Ryan, Narendra Singh, Tammy Smith</td>
</tr>
<tr>
<td>4. Silver-Q: Live and Interactive: Assisting final year medical, nursing and paramedical students to transition to work readiness through simulation.</td>
<td>Norma Robinson</td>
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<tr>
<td>5. Flipping Simulation – using technology to support a simulated clinical skills program</td>
<td>Kate Jurd &amp; Norma Robinson</td>
</tr>
<tr>
<td>7. “Being ward ready before you graduate: an innovative intern readiness program”</td>
<td>Sheila Cook &amp; Kate Jurd</td>
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</table>
3.20 – 3.40pm  20 mins  Prize Presentation and conclusion  Professor Mieke van Driel

- Best oral presentation – people’s choice
- Most novel innovation – people’s choice
- Innovation most likely to succeed – people’s choice
- Best student presentation (committee choice)
- Dean’s Award – for Innovation in Curriculum Development (team award)
- Dean’s Award – for Innovation in Curriculum Development (individual award)

3.40pm onwards  Drinks and canapés
Teaching & Learning Innovation Conference Committee for 2014:

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**Session Chairs:**

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*The Teaching & Learning Innovations Conference Committee thanks you for your attendance.*

*We hope you enjoyed the Keynote Speaker presentations, oral presentations and interactive session.*

*Thank you to all presenters for your contribution in making the conference a success.*

**Mieke van Driel**
Conference Lead