UQ School of Medicine Learning & Teaching Conference

Thursday 3 November, Auditorium, UQCCR Building, UQ Herston Campus

2:00pm to 5:00pm: Pre-conference workshop, Professor Jill Thistlethwaite

- Reviewing papers for journals
- Writing for publication

The aims of this workshop are:

- To discuss the process of peer review for publication and how to get involved
- To enhance the contributions of peer reviewers in terms of feedback and benefit to authors
- To use understanding of the peer review process to increase the likelihood of being published

Potential participants:

- Aspiring and novice authors
- Aspiring and novice reviewers
- More experienced reviewers to provide feedback

Friday 4 November, Auditorium, UQCCR Building, UQ Herston Campus

Main conference: Professionalism, quality and health professional education

Draft Program

8:00am: Coffee and registration

8:30am to 10am: Keynote presentations:
“Quality Assurance and Higher Education in 2011 and Onwards”
Professor Amanda Henderson, Queensland Health Research Fellow, Professor, School of Nursing and Midwifery, Griffith University & Discipline Scholar (Health) & Fellow, Australian Learning and Teaching Council

“Maintaining Professional Behaviour”
Associate Professor Louise McCall, Director, Office of the Deputy Vice-Chancellor (Education), Monash University
10am to 10:30am: Morning tea

10:30am to 12:00pm: Short presentations – see below for abstract submission

12:00pm to 12:45pm: Lunch

12:45pm to 2:15pm: Short presentations – see below for abstract submission

2:30 to 3:30pm: Plenary presentations:
“Professionalism: Concepts, Learning and Implications for UQ SoM”
Associate Professor Malcolm Parker and Professor Jill Thistlethwaite

3:30 to 4:00pm:
• Key messages of day
• Where to from here?
• Thank you and drinks

Abstract submission
Oral presentations:

Staff and affiliated staff of the School of Medicine are invited to submit an abstract for the conference. The abstract text should be a maximum of 200 words (excluding title, names and affiliations), structured as follows:

• Background;
• Summary of work;
• Summary of results;
• Conclusions;
• Take-home messages.

Oral presentations will be 10 minutes for presentation followed by 5 minutes for questions and discussion. Computer and data projector will be provided.

Please select up to two themes for your presentation:
Professionalism; quality assurance; curriculum development; learning and teaching; assessment; educational research, interprofessional education.

SUBMISSION OF ABSTRACTS BY 1 SEPTEMBER TO: j.thistlethwaite@uq.edu.au
Mark email subject as L&T conference abstract submission and attach abstract as word document.

It is possible to attend the workshop on Thursday only, the conference on Friday only or both
RSVP TO ATTEND THIS FREE CONFERENCE FOR SOM STAFF BY 30 SEPTEMBER TO:
events@som.uq.edu.au
A pilot interprofessional module between medical students and human movement studies students based around a 10 week exercise program.

Craig Engstrom¹, Jennifer Schafer², Anita Green¹, Peter Friis¹, James Fraser², Jill Thistlethwaite² and Peter Hay¹

¹School of Human Movement Studies, The University of Queensland, ²School of Medicine, The University of Queensland.

Introduction: Interprofessional learning (IPL) represents an important area for the clinical preparation of future medical and allied health professionals. Recently we successfully piloted an interprofessional module with Human Movement Studies (HMS) and 30 Medical students working in a practitioner-patient type model within a 10wk exercise program. Rationale: To foster interaction and knowledge exchange between HMS and medical students (as future Accredited Exercise Physiologists and Medical Practitioners, respectively) to optimize patient care given the substantial evidence regarding the clinical importance of physical activity (exercise) for prevention and therapeutic management of chronic diseases including various cancers, cardiovascular diseases, diabetes and “other metabolic syndromes” and health improvement. Methods: A sample of 30 second year medical students participated voluntarily in a 10 week individually tailored exercise program implemented ‘one-on-one’ by a third year exercise physiology student. All sessions took place within the School of Human Movement Studies at The University of Queensland, St Lucia Campus and were supervised by clinical tutors. An experienced Accredited Exercise Physiologist also provided overarching supervision of students and tutors to ensure any special health and musculoskeletal issues were properly assessed, treated and where appropriate referred onto other health professionals. Results & Discussion: There was very strong student support for this recently completed initiative with 96% of medical students indicating strong agreement / agreement for recommending program participation for their fellow medical students (Fig.1) and 89% of HMS students strongly supporting / supporting continuation of this program as an ongoing inter-professional initiative (Fig. 2). Initial analyses of focus group data has also identified increased inter-professional understanding and student identified avenues for module improvements and additions.

Figure 1. Medical Student Support

Figure 2. HMS Student Support
Abstract for the School of Medicine Teaching and Learning Conference, November 5, 2011

Title:
An Urban Longitudinally Integrated Community-Based Curriculum in the School of Medicine

Authors: Assoc Prof Marie-Louise Dick, Dr David King - Discipline of General Practice, School of Medicine

International and Australian literature is demonstrating the benefits of longitudinal clinical placements in the community for medical students. These benefits include exposure to a broader range of problems experienced by the community, continuity of care and the long term management of chronic disease within the community as well as providing some relief from the pressure on student hospital experiences due to patients spending less time as inpatients.

The School of Medicine has received Health Workforce Australia funding to develop an urban longitudinal community-based medical education program. A small number of interested Year 2 medical students will be given the opportunity to spend regular weekly time based in one or more general practices in the community for the duration of the MBBS program’s clinical years (years 3&4) while rotating through other essential hospital and community-based specialty discipline experiences.

An overview of the potential benefits of longitudinal community placements for medical students will be presented, followed by a discussion of how this may be implemented in the School of Medicine in 2012.
Abstract Certainty Based Marking

Themes: Teaching and Learning, Assessment

Authors:

Aspro. Charles Mitchell
Dr. David Emmett

Certainty Based Marking: An update

Certainty-based marking (CBM) is a method for enhancing multiple-choice questions (MCQs). MCQs are currently a primary means of assessing medical students, however they do not encourage reflection and justification for answers, which are crucial for developing clinical competence and the reasoning skills of medical students. CBM ensures that to get the best marks a student must discriminate between responses based on understanding and guesses. This is because confident answers when correct gain bonus marks, however students who are confident and incorrect are penalised. This presentation reports on our current thinking in relation to CBM.

Trials during 2011 with MBBS students and PG medical officers have raised a number of discussion points; for example, how should we score and aggregate scores? Should test scores be separate from CBM scores? How should CBM be scaled, based on certainty or the seeking of clinical help (To perform this task competently, I feel I need help, advice, support or intervention from a clinical colleague)? Should CBM be varied depending upon the level of complexity of questions and the level of expected certainty from students? Is CBM a cultural change tool or an assessment tool?

Currently CBM is being used on a small scale for formative assessment, in the future widespread usage will depend upon addressing these discussion points, student and staff feedback and the development of appropriate technologies.
EVALUATION OF THE USE OF COMMUNITY PATIENT VOLUNTEERS IN THE CLINICAL SKILLS PROGRAM AT MAYNE MEDICAL SCHOOL (IPSWICH CAMPUS) 2010-2011

Lane, M., Mitchell, G. and Towers, P.

School of Medicine, The University of Queensland, Ipswich Campus, Queensland, Australia

Aim: To evaluate a component of the clinical coaching program - Mayne Medical School (Ipswich Campus) 2010 – 2011.

Background: The Clinical Skills Program delivered in Year 2 of the MBBS course at University of Queensland has been conducted primarily in the wards of major teaching hospitals. Access to patients at Ipswich Hospital has been limited; consequently alternative methods of teaching clinical skills were necessary. The Community Patient Volunteer (CPV) program was designed and implemented in Ipswich to address this problem. Over 100 volunteers were recruited and rostered to attend tutorials several times per year. Students practise history taking, physical examination and clinical reasoning under the guidance of their GP tutor.

Methods: Questionnaires were designed to explore students’ views of the CPV program with hospital-based clinical coaching; tutor perceptions of clinical relevance and usefulness of CPV; and CPV volunteers’ reflections on their contribution to students’ learning and reciprocal benefits of participation.

Results: Anecdotal evidence has been positive; data collection is underway and will be completed in October, 2011.

Conclusions: CPV program provides opportunity for uninterrupted, intense supervision of clinical skills acquisition by medical students. This evaluation will confirm whether the objectives for the program have been met.
FEASIBILITY OF A MULTIDISCIPLINARY REHABILITATION TRAINING PROGRAM

Douglas D, Edwards L, Kenny T, Stewart C

Ipswich General Hospital

Background

The characteristics of team functioning predict rehabilitation outcomes\(^1\). Developing and maintaining an appropriate culture and interdisciplinary understanding is essential to maximise rehabilitation team effectiveness. Resources are not freely available within the public health sector to achieve this.

Summary of Work

The aims are:

1. develop a low cost training program addressing clinical knowledge, quality management and change management,
2. which could be conducted within the ward based work group; and
3. to measure if there is a difference in the attitudes of participants and other rehabilitation staff before and after the training program.

A four module training program was developed and delivered to staff over the first 6 months of 2011. Participants and non-participant rehabilitation staff have completed a pre-intervention questionnaire.

Post intervention questionnaires not yet completed.

Summary of Results

The project will finish in November 2011. Questionnaire results so far suggest strong support from participants.

Conclusions

Implementation of such a training project is possible and generates strong buy-in among a limited number of staff. Flow-on benefits to other staff have not yet been assessed.

Take-Home Messages

Low cost local training programs have a place in developing workplace culture. Developing and delivering such programs is not easily achieved.

David Douglas

Implementation and evaluation of an interprofessional curriculum at Greenslopes Clinical School

Neil Cottrell,¹ Darrell Crawford,¹ Michael Barras,² Adam Burston,³ Robyn Dickie,³ Bradley Kendall,¹ Linda Rylands,¹ Susan Waller.⁵

1. Greenslopes Clinical School, The University of Queensland
2. School of Pharmacy, The University of Queensland
3. School of Nursing and Midwifery, The University of Queensland
4. Division of Occupational Therapy, School of Health and Rehabilitation Sciences, The University of Queensland
5. Division of physiotherapy, School of Health and Rehabilitation Sciences, The University of Queensland

Background

In 2010 an interprofessional curriculum was developed and implemented in 2011 at Greenslopes Clinical School for final year students from Medicine, Nursing, Pharmacy, Occupational Therapy and Physiotherapy on clinical placement at Greenslopes Private Hospital.

Summary of work

All students participating in the interprofessional curriculum completed the Readiness for Interprofessional Learning Scale (RIPLS) and the Interdisciplinary Education Perception Scale (IEPS) prior to their participation and on completion of the activities.

Summary of Results

A total of 59 students participated in the curriculum from the following disciplines; Medicine (n=16), Nursing (n=10), Pharmacy (n=16), Physiotherapy (n=9) and Occupational Therapy (n=8). The post survey scores from the RIPLS and IEPS increased after completion of the activities. For medicine students, there were significant increases on the IEPS domains of competence and autonomy and perception of actual cooperation.

Conclusions

Introduction of an IP curriculum at this large tertiary private teaching hospital appears to have improved the willingness for students to share knowledge, work and learn together and improved the perception of actual cooperation with each other.

Take home messages

The curriculum has been a success due to;

- No assessment
- Stress free environment, opportunity to learn from mistakes
- Case scenarios relevant to practice
Aims: To address barriers to comprehensive health care of adults with intellectual disability by early exposure of medical students to a systematic preventive care initiative.

Background: Adults with intellectual disability have high rates of health problems leading to reduced life expectancy by up to 20 years. Their medical care is frequently suboptimal. The Comprehensive Health Assessment Plan (CHAP) is an annual health review designed for this population to be completed by general practitioners.

Method: Six second year medical students were recruited via Blackboard announcement and a short presentation during lectures. As an alternative to their formative portfolio assignment, students would interview patients, carers and family, then attend the doctor’s visit with the patient to observe the CHAP for their patient. A written assignment containing personal goals and reflections was submitted, and face-to-face interviews were subsequently conducted.

Results: Themes emerging from interviews include high student satisfaction with project, self-reported improvement in student communication skills, and experienced difficulty with advocacy role. They noted that barriers to care are multifactorial and can include both the healthcare system and care provider factors.

Conclusions: This project exposes students to the concepts of advocacy, collateral history taking, modified communication skills and the barriers to systematic and preventative healthcare.
Nutrition Integration into MBBS Programme: A pilot project

Schoendorfer, N.1,2, Schafer, J.2

1. Children’s Nutrition Research Centre, School of Medicine, The University of Queensland, Herston, Australia
2. School of Medicine, Discipline of Medical Education, The University of Queensland

Background:
Nutrition is underutilised in medical practice despite becoming recognised as increasingly vital (1). In 1996 more than half of the 10 leading causes of death were associated with poor diet (2). Studies identify shortfalls in knowledge resulting from inadequate emphasis in medical school curricula (3) (4).

Summary of work:
Nutrition integration was implemented within a first year module, in conjunction with academic staff involved in course delivery, to ensure a coherent flow of information as opposed to standalone classes. Innovative tools were added to enhance student learning experiences and evaluate outcomes.

Summary of results:
Data relating to attitudes and perceived nutrition knowledge were collected from the current cohort (n=386) via use of student response system technology (clickers), minute papers and a previously validated survey. ‘Clickers’ revealed 91% felt nutrition important to health care, while 81% felt it important in general practice. Remaining data are currently being evaluated and will be presented at the meeting.

Conclusions:
Nutrition integration should enhance physician’s recognition of nutrition as cornerstone to both preventative health and development of various disease states, particularly chronic pathologies.

Take-home messages:
General practitioners are positioned and should be able to adequately address patient’s needs and concerns, including that of nutrition.

References
Abstract

Paediatrics Online
Themes: Teaching and Learning, Curriculum Development
Authors:
Dr Lisa Gotley
Aspro. Mark Coulthard
Dr David Emmett

POLIE: An update

POLIE (Paediatrics online learning interactive education) is a joint project of the University of Queensland, School of Medicine and QMET (Queensland Medical Education and Training). This project currently delivers a blended learning program to 4th year MBBS students, and will be extended to Junior Doctors including Interns early in 2012. POLIE is a blend of Moodle Learning Management System (LMS) for the online component and face-to-face tutorials for consolidation of learning and clinical reasoning instruction.

This presentation reports on evaluation of POLIE conducted with MBBS students during 2011. This feedback has highlighted three issues that the team is working to resolve. Firstly, that the amount of required student commitment needs to be balanced; secondly, that changes are required to the Moodle LMS, and thirdly, that quality learning experiences for students and staff requires adequate resourcing and support.

POLIE has been a successful blend of eLearning and face-to-face tutorials however, just as importantly it has been a successful joint project between the University of Queensland and Queensland Health that can serve as a model for further collaboration in creating best practice for student and junior doctor learning and the development of a continuum of learning from medical student into specialist training.
Themes: learning and teaching, assessment

Student-determined learning objectives as a means of self-assessment for UQ medical students on their clinical placements

Dr Emma Bartle, Centre for Medical Education, Research and Scholarship, School of Medicine, The University of Queensland
Professor Jill Thistlethwaite, Centre for Medical Education, Research and Scholarship, School of Medicine, The University of Queensland
Ms Belinda Marsden-Smedley, Discipline of Medical Education, School of Medicine, The University of Queensland

Background
Clinical placements are heavily reliant on opportunistic patient contact, making them a relatively unstructured teaching environment. Students completing placements in the same clinical department may have very different learning experiences. The University of Queensland’s MBBS programme requires students to set their own elective clinical placement learning objectives. This study will investigate the ability of students direct their own learning and then self-assess using this approach.

Summary of work
Students developed their self-determined learning objectives (SDLOs) prior to their placement. Their final report, after their placement, will include a self-assessment of how well they met their SDLOs. Report data will be used to explore the range of SDLOs, strategies used to meet them and how well they related to curriculum objectives.

Summary of results
Students’ final reports will not be submitted until December 2011. This presentation will outline the proposed research methodology and discuss preliminary findings of the students’ experiences developing their SDLOs prior to commencing placement.

Conclusions and Take-home messages
Requiring students to take control over their learning in a clinical environment better equips them with skills necessary to become lifelong learners. This approach should improve their ability to scan new clinical environments for learning opportunities and resources, and use these to address gaps in their knowledge.
Successful Implementation of an Innovative System for the Online Clinical Assessment of Practical Skills (eCAPS) for Knee Joint Examination in Medical Students.

Craig Engstrom¹, Peter Hay¹, Anita Green¹, Peter Friis¹, Peter Myers¹, James Fraser² and Jennifer Schafer²

¹School of Human Movement Studies, The University of Queensland, ²School of Medicine, The University of Queensland.

Introduction: Musculoskeletal injuries, particularly of the knee, are common presentations in general practice necessitating effective teaching and assessment of joint examination skills for medical students. We have developed an innovative video-based system for online clinical assessment of practical skills (eCAPS) within a sports medicine context. Methods: Our eCAPS system involved: 1. online video demonstrations by an orthopaedic surgeon demonstrating exemplar knee joint examination skills; 2. uploaded individual student (asynchronous) videos demonstrating knee joint examination skills on a private video-sharing website for formative assessment (feedback); and 3. real-time (synchronous) remote online video examinations between individual students and expert assessors for summative assessment. Baseline & real-time (skype) videos were obtained from 40 volunteer medical students (randomly selected 2nd year PBL groups) for our eCAPS research. Experienced clinical examiners marked students’ knee joint examinations using dedicated assessment sheets (70 marks) with pre-eCAPS (baseline) and post-eCAPS (skype) data analysed using Wilcoxon’s signed rank test. Results: There was a significant difference between pre- and post-eCAPS scores for knee joint examination skills (median of 27 and 49.5 marks, respectively) with improvements across all students ($W = 351, Z = -4.46, p < 0.001$, Figure 1). Discussion: eCAPS provides a highly effective online system for improving practical skills in (knee) joint examinations in pre-clinical medical students. Potentially, eCAPS offers a scalable, “remote” online approach for effective teaching and assessment of a range of clinical practical skills. Moreover, eCAPS provides an online repository of video records enabling standardized assessment as well as offering materials for online eportfolios.

![Figure 1. Pre- (baseline) vs Post-eCAPS (skype video) performance scores for knee examinations.](image-url)
UQ School of Medicine Learning & Teaching Conference

Friday 4 November, Auditorium, UQCCR Building, UQ Herston Campus

Main conference: Professionalism, quality and health professional education

Title: Teaching research: the medical student experience

Authors: Dr Jennifer Moffatt¹; Mrs Kaye Lasserre²

Affiliations: Rural Clinical School, School of Medicine, The University of Queensland¹; Rural Clinical School Library, The University of Queensland Library, The University of Queensland²

Background: The rationale for the research skills workshops was that medical graduates need to have research skills. The purpose was to introduce four core generic research skills in a half day interactive workshop.

Summary of work: During 2010-2011, 62 people attended eight workshops across five locations with most being Rural Clinical School (RCS) MBBS students. Literature searching and Endnote were taught by a Librarian; turning an idea into a research question and critiquing an article by a Postdoctoral Research Fellow.

Participants evaluated whether the workshop met the learning objectives of providing them with an understanding of the process of conducting research and to practise some basic research skills, on a Likert-like scale (1=strongly disagree; 5=strongly agree).

Summary of results: Sixty-seven percent Strongly agreed/Agreed that the learning objectives were met, 20 percent were ‘Undecided’ and the remainder Strongly disagreed/Disagreed (mean score 3.65).

Conclusions: Participants developed an understanding of the research process and valued the opportunity to practise research skills.

Take-home messages: This is a valuable opportunity for RCS students to have exposure to basic research skills not available in this format to other MBBS students.
The Informal Curriculum: Ethics in General Practice

Nancy Sturman

Background

During clinical placements, medical students learn in the informal curricula of real world health-care settings, where clinical role models have a powerful influence on student attitudes, and students are exposed to the ‘underbelly’ of medical practice. An ethical ‘erosion’ of medical student moral sensitivity has been postulated, highlighting the importance of improving ethics teaching in clinical attachments.

Summary of work

This individual face-to-face interview study with 13 GP teachers sought to extend existing literature by investigating the GP teacher experience of ethical issues in clinical practice.

Summary of Results

Participants reported encountering moral challenges and ethically problematic situations frequently. Confidentiality, therapeutic and professional relationships, and certification emerged as the predominant ethical issues. Participants were often clear about appropriate management, but moral ambivalence and uncertainty were also common. Participant narratives were nuanced, personal and diverse.

Conclusions and Take-home messages

GP teachers recognise that general practice is a complex, diverse and challenging microethical environment, which may be confronting for students. Both students and teachers may benefit from personal reflection and consultation with colleagues about ethical challenges, moral ambivalence, and any perceived ethical lapses. Ethics teaching should facilitate the development of personal and professional resilience.
The Learning in the Clinical Setting (LICS) study at the Rural Clinical School and Northside Clinical School

Authors: Ian A. Yang\(^1\), Barbara Swadling\(^2\), Robin Bradbear\(^1\), Laurel Hatfield\(^1\), Peter Stride\(^1\), Mark Livett\(^1\), Morgan Wright\(^1\), Peter Baker\(^2\), Fiona Lake\(^4\), Lisa Caputo\(^4\), Lindy McAllister\(^3\), Diann Eley\(^3\)

Institutions:
\(^1\) Northside Clinical School, School of Medicine, The University of Queensland,
\(^2\) Rural Clinical School, School of Medicine, The University of Queensland
\(^3\) Centre for Medical Education Research & Scholarship, School of Medicine, The University of Queensland
\(^4\) School of Medicine, University of Western Australia

Abstract:

The transition from classroom to clinical setting is challenging for medical students. We tested the effectiveness of learning skills workshops. Methods: Year 3 MBBS students in Rotation 1, 2010 at the Rural and Northside Clinical Schools were cluster-randomised by hospital to intervention (workshops+usual learning) or control (usual learning). Students completed questionnaires on learning goals, self-directed learning, communication and feedback. The intervention consisted of 4 workshops (including videoclips): learning with patients, learning with clinical teams, managing learning resources and feedback. Results: 98 medical students participated (intervention n=37, controls n=67). At baseline, the majority felt confident with communication skills, but less confident with learning goals, time management and feedback. One-third had reduced self-directed learning readiness at baseline. At the end of rotation 3 (n=25 intervention, 27 control; 53% response rate), there were no statistically significant differences between intervention and control in self-directed learning readiness, and virtually no changes in setting learning goals, time management or feedback. Conclusions: The transition to Phase 2 is a challenge for students. Learning workshops did not improve self-reported learning skills; however, questionnaire response rates were relatively low. Analysis by teaching site and correlation with assessment results is in progress, to determine whether implementation of learning workshops would be useful in future.

Acknowledgments: Rural Clinical School funding for the DVD preparation for the workshops; Centre for Medical Education Research & Scholarship for data entry
Professional/Learning and Teaching


Davin Lorna.
METS RBWH - Principal Medical Education Officer.
CMERS - PhD Candidate.
UQ SOM - Adjunct Lecturer.

Background:

Most doctors can describe an event in their novice years, which has had a major influence on them. These events are referred to as a ‘seminal event’, which, whether positive or negative, are turning points in influencing the way in which the doctor approaches their future practice. Yet as medical educators we have little in-depth understanding as to why one person’s day to day activities is another person’s seminal learning event.

Summary of Work

Through thematic analysis of one consultant’s reflection, this presentation, seeks to determine whether there are any specific themes or patterns dominant within the existing literature.

Summary of Results

This work in progress highlights the need for teaching faculty to have a greater awareness of these teaching and learning opportunities.

Conclusions

Many questions go unanswered in our exploration of seminal events. Can they be manufactured, manipulated or exploited without losing the essence of the learning within? Are these learning opportunities at risk of being lost as student and intern numbers increase, the supervising clinician numbers diminish, and technology, managed care and fiscal restraints change the nature of the care provided?

Take Home Messages

Central to the influence of the seminal event is an opportunity to debrief and reflect on the learning opportunity to glean meaning from the experience. Our role as medical educators is to work alongside our students in identifying and nurturing these opportunities.
**ABSTRACT FOR CMEDRS WORKSHOP 4 NOV**

*Workforce Issues: Keeping Valued Tutors in the School of Medicine*

Dr Tracey Papinczak  
Senior Lecturer, CMEDRS  

*Themes: Learning and Teaching*

**Background:** Universities are increasingly reliant on casual teachers, raising concerns about organisation commitment. Organisation commitment has known association with other key variables such as turnover and work effort. Factors relating to organisation commitment in universities include job factors such as supportive co-workers and access to resources as well as job involvement factors such as likelihood of continuing employment (Joiner & Bakalis 2006).

**Summary of work:** This study deals with perceptions related to organisation commitment among first and second year PBL tutors employed in the School of Medicine. Qualitative data were gathered from respondents (N=13) via two focus groups. Tutors were a mix of experienced and relatively new teachers, including clinicians and non-clinicians. Data were analysed to identify broad themes.

**Summary of results:** Four main themes were identified, including ‘observing the learning’ and ‘professional challenges / responsibilities’ as well as the anticipated categories of ‘job-related factors’ and ‘job-involvement factors’.

**Conclusion:** This study found that, for PBL tutors, a wide range of elements are perceived to impact organisation commitment. The themes of ‘professional challenges and responsibilities’ and ‘observing the learning’ represent novel findings.

**Take-home message:** It is important for universities to recognise that casual tutors are valuable resources and to address factors impacting on their organisation commitment.