2020 Victorian Showcase of Research in Health Professions Education

PROGRAM & ABSTRACTS

TUESDAY NOVEMBER 10th, 2020
4pm-6.30pm
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Welcome

The Organising Committee would like to welcome you to the 2020 Victorian Showcase of Educational Research in the Health Professions.

To join us for the Showcase, please use the details below:

https://unimelb.zoom.us/j/88469770008?pwd=RFFnREZQUzlvbVVQajV1UUZCY3BIdzo9
Password: 176800

Or join by phone:
- Dial (Australia): +61 3 7018 2005 or +61 2 8015 6011
- Dial (US): +1 669 900 6833 or +1 646 876 9923
- Dial (Hong Kong, China): +852 5808 6088 or +852 5803 3730
- Dial (UK): +44 203 481 5240 or +44 131 460 1196
Meeting ID: 884 6977 0008
International numbers available: https://unimelb.zoom.us/u/kKCkfRbsG

We would like to acknowledge the traditional custodians of the land on which we all meet for the Showcase and also acknowledge their elders, past, present and emerging.

We hope you enjoy the Showcase.

Professor Clare Delany
Department of Medical Education
University of Melbourne

Brett Vaughan
Department of Medical Education
University of Melbourne
About the Department of Medical Education

Programs

Graduate Programs in Clinical Education

The EXCITE program comprises a nested suite of three awards - Graduate Certificate, Graduate Diploma and Masters. The Master of Clinical Education is the industry-leading course for health professionals seeking to develop their skills as educators. Part of the University’s Excellence in Clinical Teaching (EXCITE) program, this is a postgraduate course designed to create clinical education leaders. The program incorporates face-to-face learning alongside clinicians from a variety of professional backgrounds, allowing participants to share expertise, build networks and grow career opportunities.

The Master of Clinical Education provides an opportunity to develop recognised expertise and gain valuable insight and practical experience in clinical education theory, practice and research.

https://study.unimelb.edu.au/find/courses/graduate/master-of-clinical-education/

Clinical Supervision Online

The Clinical Supervision Online course aims to provide the background, understanding and skills for clinicians to create a learning environment within which their learners thrive. Drawing upon the Melbourne Medical School’s popular Excellence in Clinical Teaching (EXCITE) award courses in clinical education, the focus is on what’s most effective in the healthcare workplace. This new online course from the Melbourne Medical School recognises the time pressures on clinicians and presents models of supervision that are both practical and evidence-based, fitting in neatly to the rhythm of each day. Whether you’re between patients, on public transport, or just having a quiet moment to yourself, you can improve your skills a few minutes at a time.


Med Ed Source Podcast

The Med Ed Source is the Melbourne Medical School podcast for all health professions educators. Hosted by Brett Vaughan from the Department of Medical Education, we cover a range of topics from clinical supervision, teaching, assessment all discussed with experts in their respective fields. Subscribe to the podcast wherever you get your podcasts from and don’t forget to rate it!

https://player.whooshkaa.com/shows/med-ed-source
# Program

## 4.00-4.25
**Professor Clare Delany**
Welcome and acknowledgement of country

**Plenary:** Start from a higher place: promoting learning and understanding in health professions education

### Research Presentations

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### Works in Progress

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Name: Sally Craig

Title: Nurse education needs’ assessment for care of patients with temporary epicardial pacemakers

Supervisors: Robyn Woodward-Kron, Peter Morley

Background:
Patients who undergo cardiothoracic surgery are at risk of electrical conduction disturbances resulting in haemodynamic collapse and consequently compromised organ function. Temporary electrical wires are attached directly to the patient’s heart muscle, during surgery and can provide electrical stimulation via an external box known as a pacemaker. The pacemaker is used by nursing and medical staff in Intensive Care to provide support to the patient’s heart rate post-surgery. It is expected that Intensive Care nurses have advanced knowledge in the management of pacemakers. However, little educational research exists on how nurses learn and maintain their skills in regards to the use of temporary epicardial pacemakers.

Objectives:
This research aims to explore the learning needs and educational experiences of Intensive Care nurses and nursing educators in regards to the care of patients with temporary epicardial pacemakers. Anecdotal evidence suggests that ICU trained nurses are less inclined to care for patients who have epicardial pacing post cardiothoracic surgery. Therefore, the purpose of this research is to investigate:

- How do the perspectives and experiences of ICU nurses using temporary epicardial pacemakers impact their engagement with cardiothoracic patients?
- What are their learning needs?

The research project aims to understand the ongoing learning needs for trained ICU staff to potentially provide targeted educational training specific to epicardial pacing.

Methods:
This is a qualitative explorative study utilising in-depth semi-structured interviews and content and thematic analysis. Participants included 14 ICU nurses and 4 Clinical Nurse Educators who work in a quaternary hospital in metropolitan Melbourne. Interview guides were developed and interviews were undertaken individually and face-to-face and transcribed verbatim.

Results/Findings:
Data from the interviews is being analysed using inductive phenomenological analysis to provide emergent themes. Nursing staff reported that obstacles for checks and confidence formed their perspectives on epicardial pacing and that there are inherent risks for staff and patients when a patient has temporary epicardial pacing in situ. The themes emerging for learning needs include skills maintenance and learning preferences. Early conclusions suggest ICU nurse’s positive experiences with temporary epicardial pacing are enhanced with frequent exposure and opportunities for learning. Nursing educator’s perspectives suggest that ongoing training is necessary but enhanced with the addition of specialised trained staff to assist outside of formal education training in the workplace.
Name: Christian Karcher

Title: Staff perception of routine audio-video surveillance in the Intensive Care Unit (ICU)

Supervisors: Peter Morley, Robyn Woodward-Kron

Background:
In healthcare education, audio-video recording is predominantly used to support feedback and debriefing as a form of formative assessment, in particular in medical simulation. Routine audio-and video recording of the ICU bedspace and the analysis of this data may be a powerful tool for quality control, research and education. Very little is known about the perception of staff about staff routine surveillance. Acceptance of a new safety culture and paradigm is however essential for the implementation of routine AV recording in the ICU.

Objective:
The proposed study seeks to investigate the acceptability of installing video cameras and microphones in ICU bedspaces by identifying staff perceptions of routine audio and video recording. In particular, we aim to identify concerns that staff may have to better inform decisions about potential implementation of AV recording.

Methods:
This study is a single centre, qualitative study. ICU nurses and doctors of various levels of seniority at the Royal Melbourne Hospital ICU are invited to participate in semi-structured interviews. The interviews were recorded, transcribed and thematically analysed.

Preliminary Results:
Review of real-live clinical events is considered a valuable opportunity for incident review and reflective learning by staff.
Awareness of a camera in the ICU cubicle has the potential of affecting staff behaviour both in a positive or negative way.
There is concern that review of video material out of context may lead to misinterpretation.
There is potential of misuse of recordings for punitive or disciplinary purposes.

Discussion:
Concerns and opportunities raised are generally in line with the limited literature on the topic. The findings will allow us to mitigate barriers through system solutions, as well as reinforcing and amplifying the identified enablers in the implementation process.
Name: Leonie Griffiths

Title: Side by side: students learning patient centred care through the lens of the Patient Partner Program

Supervisors: Agnes Dodds, Eleanor Flynn

Background:
Medical schools have increasingly implemented curriculum that fosters meaningful longitudinal contact between student and patient. Postgraduate medical students from the University of Melbourne, participated in the Patient Partner Program (PPP) whereby they accompanied a patient with a chronic disease through the health care system over a minimum of 6 months. The program hoped to emphasise the patient’s perspective and promote reflective practice.

Objectives:
The aim of the study was to investigate students’ experience and engagement with the PPP.

Methods:
A mixed methods approach was adopted. Quantitative data collected from a student survey (n=217) was analysed with SPSS. Descriptive statistics reported students’ perceptions of the logistics of the program and correlations made to describe the relationships of the variables on learning and experience. Thematic analysis of a subset of students’ written reflections (n=46) and open-ended survey responses was under taken utilising a Communities of Practice lens.

Results:
Student learning in the program was found to be modest and their experience gender related. Students whose patient was of the same gender reported a higher mean score on their experience of the program. Concerns for managing the relationship with the patient was low and 50% of students saw their patient more than five times. Students enjoyed forming meaningful relationships with their patient and felt they contributed to the quality of their care. Challenges reported by students related to difficulties in maintaining contact and balancing competing study demands. Themes relating to: patient identity; interaction with the healthcare system and the psychosocial burden of chronic disease were identified from the qualitative analysis.

Conclusion:
Students demonstrated engagement with the program and contributed positively to their patients’ experience. Following a patient’s journey supported their understanding of patient centred care and the human and system factors that influence it. However, having a patient of the same gender impacted on the students’ experience, with same-gender engagements resulting in greater satisfaction with the program. The reasons for this need further investigation. The findings support the value of students having meaningful longitudinal patient engagement and will inform future design of curriculum initiatives whereby students ‘value-add’ to patient care.
Name: EnYe Ong

Title: Geriatric educational interventions for doctors training in non-geriatric specialties: a scoping review

Supervisors: Louisa Ng, Kelly Bower

Background:
Doctors require the expertise to care for an increasing ageing population. A robust understanding of geriatric educational interventions is needed to improve the training of doctors for best patient care.

Objectives:
To map the breadth of geriatric educational interventions for doctors-in-training to describe best practices and identify gaps.

Methods:
A scoping review methodology was used. We searched MEDLINE, EMBASE, EMCare, CENTRAL, ERIC and Scopus from 2004 to September 2019 for search terms related to educational approaches AND geriatric AND doctors-in-training. Two review authors independently selected eligible studies extracted data (categorised by educational approaches and Kirkpatrick level outcomes) and assessed risk of bias using the Mixed Methods Appraisal Tool.

Results:
There were 63 included studies. Most were multicomponent interventions, incorporating combinations of didactic or self-directed approaches with interactive, simulation, experiential and/or group-based approaches. Most (38 studies) used a single cohort pre-post study design. The studies met most of the MMAT criteria except for completeness of data. Outcomes were often measured only immediately post-intervention (44 studies). Outcomes were measured with a combination of validated and non-validated tools with the latter more commonly used. Most studies measured outcomes at the lower Kirkpatrick levels (reaction and learning) with generally positive results. Use of curriculum for design of education was commonly explicit but description of theoretical underpinnings was not.

Conclusion:
There are a wide range of effective geriatric educational interventions for doctors-in-training. These are typically multicomponent in several combinations. Common frameworks for categorising educational approaches and outcomes are useful to enable comparison of findings.
Name: Andrea Verde

Title: An Allied Health transition-to-professional program design: understanding the allied health graduates’ transition experience

Supervisors: Robyn Woodward-Kron, Jo Wrench

Background:
Allied Health graduates face expectations and pressures from employers to be able to transition to the complex and busy work environment and enter the workplace ‘practice-ready’. Graduate programs are common in nursing and medicine, but in Australia, it is much less common to find structured graduate programs for allied health as they enter the workplace.

Objectives:
This qualitative study explored the allied health graduate’s transition experience to identify the development needs in this transition period, and to understand the limitations of workplace-based learning. Perspectives of both graduates and supervisors were explored. By understanding the experience and needs, a suitable allied health, interprofessional transition program could be designed to support graduates through this transition phase.

Methods:
Separate allied health graduates and supervisors focus groups were conducted in a major, tertiary teaching hospital in Melbourne, Australia.

Results:
A key finding was the difference in expectations that exist between graduates, supervisors and the workplace. Graduates internalised a high expectation of themselves to be able to do it all and, to the standard of their colleagues. This led to hesitancy in seeking help or support. Supervisors held an expectation that graduates completed their degree practice ready but acknowledged the many areas of growth required in the transition phase. This led to an expectation that graduates would proactively seek help as needed, more autonomously than when they were students. This differing set of expectations accounted for many of the challenges listed by graduates and supervisors during this period. A second key finding was access to support – most notably peer support, which for smaller sized professions was rare. Lastly, the learning needs identified by both graduates and supervisors were not of clinical or technical expertise. Domains that would solidify their professional identity and confirm their place as a clinician were predominantly identified by both supervisors and graduates.

Conclusion:
The findings of this research were used to inform the content of the Austin Health interprofessional allied health graduate transition-to-professional program.
Name: Caroline Koedyk

Title: Is clinical experience and enjoyment enough for dental students on rural dental placement?

Supervisors: Brett Vaughan, Julie Satur

Introduction:
The Australian Federal Government have funded Rural Dental clinical placement programs, to improve the recruitment of Dental practitioners in Australia's rural areas. Rural communities have been shown to require a higher level of dental care but have a lower number of dental practitioners per 100,000 population compared with metropolitan areas. The Melbourne Dental School's rural dental clinical placement program operates in two Victorian rural areas and offers final year dental students an integrated program of practical clinical experience and rural lifestyle exposure.

Methods:
The University of Melbourne final year Doctor of Dental Surgery and Bachelor of Oral Health students attended 5-week mandatory rural clinical placements at either Goulburn Valley Health in Shepparton or Latrobe Community Health Service in Gippsland in 2018 and 2019. At the completion of their placement, students were invited to complete an anonymous questionnaire about their experiences, which had both quantitative and qualitative questions. Descriptive statistics was used to analyse the quantitative data in the first instance and guided inferential analysis, while thematic analysis was applied to the qualitative data.

Results:
Of the 129 students who completed the survey, 91% were from an urban background, 80% were domestic and 50% were female students. Most students, (88%) agreed that the rural clinical placement increased their interest in rural oral health issues, while 86% reported an increased interest in working in a rural area after the placement. An overwhelmingly high 97% of students agreed that the placement was enjoyable. Four themes were identified from the open-ended questions. Satisfaction in the clinical experience with students reporting increased exposure to a variety of procedures. Social capital; students valuing the relationships they developed with supervisors, staff, patients and each other. Rural life, with students stating exposure to the rural lifestyle had increased their interest in working rurally. Infrastructure identified some minor issues, but overall, the placement was regarded as well organised.

Conclusion:
The rural clinical placement was a positive and enjoyable experience for most of the dental students. It increased their clinical skills and their interest in considering rural practice upon graduation. The current survey can benefit from refinement and further research following up MDS graduate workplace locations including longitudinal studies is recommended.
Name: Elizabeth Wearne

Title: Equipping medical students for ward round learning: use of a structured learning tool

Supervisors: Stephen Trumble, Caroline Johnson

Background:
General Practice (GP) training in Australia is largely workplace-based and more GP Supervisors are needed to support ever-growing trainee numbers. Currently in Australia, 60% of General Practice Registrars are female and yet only 38% of Supervisors are female. To date, there are no Australian studies that consider GP supervision/teaching experiences or motivations through the lens of gender. This study aims to inform more inclusive organisational approaches to GP Supervisor recruitment and retention.

Objectives:
The objectives of this study are:
- To explore what motivates female GPs to become Supervisors or constrains them from participating in the supervisory role
- To examine how individual identities play a role in female GP’s advancement towards supervisory roles
- To identify what constitutes an enabling workplace environment for female GPs to ‘opt in and stay in’ supervisory roles

Methods:
The proposed study is exploratory and qualitative and informed by both intersectional feminist theory and Bandura’s theory of self-efficacy. As of October 2020, 8-10 participants are being recruited for individual semi-structured interviews which will be analysed using narrative method enquiry.

Preliminary Results:
There are no results yet at the time of writing however interviews are planned to commence late October 2020.

Discussion:
The discussion will focus on the intersectional feminist research approach and the challenge of designing research that ‘rejects essentialism’ yet maintains practical applicability.
Name: Trisha Soosay-Raj

Title: The impact of a ward round teaching tool on learner-centred teaching

Supervisors: Amy Gray, Geoff McColl

Background:
Ward rounds are key to hospital-based clinical work, however often have a low reported educational value. The desired and actual educational value of ward rounds for trainees are frequently disparate, with improved structure and learner-centred teaching reported to increase learner satisfaction.

Objectives:
To determine the impact of the introduction of the STIC (Set, Target, Inspect, Close) ward round teaching tool on quality of teaching and learning on ward rounds in a paediatric oncology department.

Methods:
A mixed-methods evaluation of the implementation of the STIC tool, across two non-randomised participant groups comprising junior and senior medical staff. Quantitative surveys were used to evaluate ratings of learner-centred teaching on ward rounds before and after STIC introduction. Focus groups and interviews were performed to evaluate effects on learning and user satisfaction with the tool.

Preliminary Results:
There was low uptake of use of the tool, however attitudes toward teaching improved post-STIC, with increased agenda setting and closing of rounds. Both participant groups suggested methods to improve teaching. The provision of feedback continued to be low, with time constraints being the most frequently reported obstacle to teaching.

Discussion:
Although the implementation and uptake of the STIC tool was limited by timeframe, departmental culture and resource constraints, this study demonstrates that seemingly insignificant interventions such as reminders to teach can influence the frequency of teaching and consequently improve participant satisfaction on ward rounds. Future research should incorporate detailed planning around factors specific to the individual clinical learning environment which may affect effective implementation of a ward round teaching tool.
Name: Lauren Sanders

Title: Simulation training for acute stroke management

Supervisors: Jayne Lysk, Julian Van Dijk

Background:
There is increasing evidence that stroke team training with simulation is associated with improved team performance and patient outcomes. However, there is limited understanding as to how or why simulation is an effective educational activity for stroke teams. This study seeks to deepen the understanding of learning for participants in stroke simulation by observing and describing stroke simulations using a social cognitive theory framework.

Objectives:
1. to identify and describe components of simulation training that might facilitate learning for participants during code stroke simulation sessions
2. to determine how and why learning is occurring by using a social cognitive theory lens

Methods:
Participants will be members of the St Vincent’s stroke team undertaking simulation training. The researcher will participate in her usual role of scenario director and debriefer. Sessions will be recorded and transcribed. Data will be thematically analysed using analytic induction. A deductive approach, based on a framework centred on social cognitive theory but also drawing from several overlapping theories and the concept of Crisis Resource Management, will be followed by an inductive approach to identify emerging themes not adequately evaluated through the social cognitive theory lens.

Preliminary Results:
Simulations were cancelled during COVID.

Discussion:
This study aims to deepen the understanding of learning in stroke simulation. Translation of results may improve delivery of the local simulation program as was as contribute concepts for further evaluation in a more diverse stroke education environment. Ultimately, it is hoped that achieving excellence in simulation training will result in improved clinical outcome for people presenting with stroke.
Prizes

Two prizes will be awarded for excellence in research in health professions education. Their purpose is to acknowledge high-quality research in the field, and to promote sustainable improvements in educational practice in the health professions. The criteria for these awards address the quality of the research, content, structure and delivery of the presentation, and audience engagement.

The EXCITE Master of Clinical Education Award

This prize will be awarded for the best presentation at the 2020 Showcase.

Previous recipient

2019  Emily Riglar: How do clinical educators use the Assessment of Physiotherapy Practice tool in the workplace.
2018  Corinne Tey: The long case: Back from the brink

The Nestel Health Professions Education Research Prize

This prize will not be awarded in 2020. This year, because the Showcase is being run online, we are not joining with the Masters of Surgical Education students so the Nestel Health Professions Education Research Prize will not be awarded.

Previous recipients

2019  Kara Allen: Workplace factors influencing a successful return to work after parental leave for anaesthetists: a qualitative study.
2018  Colinette Margerison: Shared contraceptive decisions in general practice: Registrars’ perceptions and experiences
2017  No showcase
2016  Rhea Liang: Factors affecting women choosing to leave surgical training
2015  Kirstie MacGill Surgical Education and training: A Pre-vocational perspective
2014  Kate Amos: Development of a checklist educational tool for dental record-keeping remediation