

ANNUAL SYMPOSIUM



Translating Educational Research into Practice in Health Professions Education

**9:00am to 5:00pm
Friday 26 July 2019**

TONSLEY CAMPUS

Rooms 5.29, 5.21



SYMPOSIUM PROGRAM OVERVIEW 2019

Time & Location	Session	Presenters
9:15am Room 5.29	Welcome & Introduction to Keynote Speaker	Professor Lambert Schuwirth <i>Director, Prideaux Centre</i>
9:30am Room 5.29	Keynote Presentation: Translating evidence into practice; <i>What does impact in health professions education research and scholarship look like?</i>	Professor Wendy Hu <i>Professor of Medical Education, Western Sydney University</i>
10:15am Room 5.29	Questions and Discussion	Facilitated by Professor Lambert Schuwirth
10:30am Room 5.29	Morning Tea	
	Parallel Sessions	
	Session 1: Chair Julie Ash	Session 2: Chair Koshila Kumar
11.00am	Leila Mohammadi <i>Facilitating implementation of educational evidence into educational practice</i>	Johanna Jordaan & Svetlana King <i>Reconciling the Learning Coach Role in Programmatic Assessment for Learning</i>
11.30am	Kingsley Whittenbury <i>Medical students' conceptions of socially accountable professionalism for health and healthcare</i>	Gillian Kette <i>The trap of communicating educational research for educational practice for the part time PhD candidate</i>
12.00pm	Sneha Kirubakaran <i>Translating Institutional Entrepreneurship with Critical Realism</i>	Vanessa Ryan <i>How does Interprofessional education and learning prepare Medical Students for interprofessional practice? Making sense of the theory practice gap</i>
12:30pm Room 5.29	Lunch & Networking	
	Parallel Sessions	
	Session 3: Chair Lambert Schuwirth	Session 4: Chair Koshila Kumar
1.15pm	Tom Lee <i>What are the postmodern narratives of clinical reasoning?</i>	Narelle Campbell <i>What is the evidence for workplace-based faculty development of teaching using workplace peers?</i>
1.45pm	Julie Ash <i>Clinicians epistemic beliefs about assessment</i>	James Thompson <i>Making Progress: Introducing progress testing approaches to a single semester paramedic subject</i>
2.15pm	Karen Lower <i>Implementation of TBL – the pitfalls and the successes</i>	Anna Vnuk <i>The Development of Self-Regulated Learning in programmatic Assessment for Learning: An Exploratory Study of the Enablers and Barriers</i>
2:45pm Room 5.29	Afternoon Tea	
Room 5.29	Session 5: Chair Alison Jones	
3.00pm	Michael Shanahan <i>What is the value of a medical education degree for a clinician?</i>	
3.45pm	Translating educational evidence into practice – implications for the College of Medicine and Public Health	Associate Professor Alison Jones Dean Education College of Medicine and Public Health
4.00pm Room 5.29	Reflection and Summary	Professor Wendy Hu
5.00pm	Close	
6:00pm	Optional Self-Funded Dinner @ The Tonsley Hotel	

KEYNOTE PRESENTATION

Translating evidence into practice: What does impact in health professions education research and scholarship look like?

While demand for quality in health professions education is ever-increasing, the success and sustainability of careers and organizational units for health professions educators can wax and wane in response to institutional and sector change in higher education and health.

In this keynote, Wendy will explore underlying issues and what the research tells us, using examples from Australian and international contexts. Participants will have the opportunity to examine the relevance of strategies for success, sustainability – and survival – for their own environment and settings.

Professor Wendy Hu

MBBS (Hons) MHA, PhD, FRACGP

Associate Dean, Learning and Innovation, Professor of Medical Education, Western Sydney University. Honorary Medical Officer, Sydney Children's Hospital Network (Westmead).

After working and gaining qualifications in general practice, child health, health services management and research, and a transdisciplinary doctorate in clinical reasoning, Wendy found herself starting a career in medical education in 2008, being appointed a chair of Medical Education in 2012. In championing educational quality, Wendy promotes the creation and translation of evidence into effective educational practice, nationally and internationally. Her research and professional interests include qualitative and mixed methods participatory research and program evaluation, curriculum renewal, educational leadership and faculty development, research capacity building and training, student and stakeholder experiences and perspectives.



Wendy has led significant curricular change projects with the aim of implementing best practice and sustained outcomes, maintaining her educational and clinical research. Since returning to academia in 2010, Wendy has contributed to over \$5.5M research and innovation funding as either Principal or Chief Investigator. She has published over 80 peer reviewed journal articles, 3 books and book chapters, serves on editorial boards of *Perspectives on Medical Education*, *BMC Medical Education*, *Health Expectations*, chairs the ANZ UCAT selection test committee, and is regularly invited as an accreditor or external reviewer for Australian and Chinese medical schools and postgraduate medical colleges. Central to her efforts is the desire to grow the next generation of medical and health professions education scholars, nationally and internationally.

ABSTRACTS

In alphabetical order according to author's surname

Narelle Campbell

What is the evidence for workplace-based faculty development of teaching using workplace peers?

Narelle Campbell, Helen Wozniak, Robyn Philip, Rachael Damarell

Objectives

1. To present literature-based evidence for faculty development strategies that enhance the quality of workplace teaching through the use of workplace peers
2. To invite discussion on possible research designs that progress the evidence for a sociocultural model of peer support

Background

Clinicians in health workplaces make an enormous contribution to students and junior clinician learning. The pathways through which clinicians learn to become teachers are varied, often ad hoc, and unregulated.

Methods

This presentation will draw on the authors recently published* integrative review of the literature, 2004-2017, overviewing the evidence on peer support as a strategy to enhance workplace teaching quality.

Results

Thirty-four papers, predominantly within the discipline of medicine, described a variety of approaches to utilising a peer support faculty development strategy. The totality of evidence suggested that faculty development for workplace teaching using peers was both effective and acceptable. From the evidence we developed a socio-cultural model that emphasises the importance of educational design underlying the strategy, the role of peers as collaborators and the importance of accounting for the workplace context and culture.

Discussion & Conclusion

In presenting various iterations of this work to a range of forums over a number of years and having identified gaps in the literature we now wish to progress our work by contributing research evidence to fill the gaps. This presentation will invite discussion on the evidence in the literature, the sociocultural model of peer support and potential research questions and designs

*Campbell N, Wozniak H, Philip RL, Damarell RA. Peer-supported faculty development and workplace teaching: an integrative review. *Medical Education*. 2019. doi.org/10.1111/medu.13896

Johanna Jordaan and Svetlana King

Reconciling the Learning Coach Role in Programmatic Assessment for Learning

The Learning Coach (LC) is a core element of programmatic assessment for learning in the Flinders MD program. Students are paired with a LC in their first year and have regular, one-on-one meetings throughout their degree. The purpose of these meetings is to 'coach' the student to develop across eight course learning outcomes: scholarship; knowledge; skills; communication; society; self-regulated learning; leadership; and professionalism. This involves supporting the student to make sense of qualitative and quantitative feedback they receive and to formulate learning goals. In between meetings, students are required to maintain an ePortfolio in which they regularly reflect upon their learning in each of the learning outcomes. The ePortfolio is a mechanism by which students derive meaning from evidence of their learning.

Towards the end of each semester, the LC (in collaboration with the student), submits a progress recommendation (i.e., ready/not ready to progress). This involves utilising and reviewing the available evidence (assessment results and the ePortfolio). However, both LCs and students perceive the LC progress *recommendation* as an 'assessment', potentially threatening the role of the LC to move from coach to 'assessor'. LCs can be reluctant to make unfavourable recommendations for fear of ruining their relationship with the student. How can we reconcile the LC as both coach and contributor to assessment decisions? Can the LC be a coach and an 'assessor'? If so, how can we help the LC to preserve the relationship despite difficult decision-making? If not, do we need to reconceptualise the role of the LC.

Keywords: assessment; decision-making; relationship management

Gillian Kette

The trap of communicating educational research for educational practice for the part time PhD candidate.

Education is not the learning of facts Its rather the training of the mind to think
Albert Einstein

Higher education is more than learning facts. The learner learns to think, to integrate these facts into a broader framework. Doctoral educational research incorporates the training of this mind to think to ultimately add to knowledge. Communicating educational research through writing ultimately informs practice. Writing is therefore an essential research skill. For many learning to write effectively is challenging, especially as a part time PhD candidate. Emersion for a part time candidate is fraught with writing traps, for example, assuming the reader has prerequisite background to follow the argument.

Supervisors play a key role in guiding and critiquing the writing. They help by proofreading, suggesting, questioning and challenging, essentially ensuring the writing is understandable. Writing is mentored. Additionally, Universities conduct writing workshops to assist. All these supports aim to develop the PhD candidate's confidence in their own voice and on the academic literary stage.

Managing writing during a part time PhD status can be a dilemma for finding and maintaining the continuity of voice and thought necessary for writing complex educational research. "Snack writing" and "Parking on the hill" works when writing on consecutive days but threads of thought can be lost with time away from writing.

Questions:

1. What advice do you have to circumvent the pitfalls of "time" for the part time writer?
2. How will research translate to the real world after a lengthy part time journey.

Sneha Kirubakaran

Translating Institutional Entrepreneurship with Critical Realism

Sneha Kirubakaran, Jennene Greenhill, Paul Worley, Koshila Kumar, Joanne Pimlott

Introduction and Background:

Establishing a new medical school is a significantly complex venture. The phenomenon of 'establishment' is, however, empirically and theoretically under-developed with minimal reference to underpinning theory and research.

'Institutional Entrepreneurship' (IE) has been identified as an applicable theoretical framework for the phenomenon of new medical school establishment. Crucial considerations for the creation of new institutions include 'field conditions', 'entrepreneur', 'opportunity recognition/creation', 'paradox of embedded agency', 'resources', 'rationales' and 'relationships'. These concepts have been consolidated into a novel strategic framework – the 'Six C's Framework' (6CF) – describing corresponding concepts of 'Context', 'Catalyst(s)', 'Conducting', 'Collecting', 'Convincing' and 'Collaborating'.

To answer the research question, "*How are new medical schools successfully established in medically under-served areas?*", three case study medical schools around the world are participating in a qualitative study using the Multiple Case Study methodology and a critical realist perspective.

Critical realism integrates a realist ontology with a constructivist epistemology and considers both mental and physical constructs as equally real. It emphasises context-dependent causal explanations through the understanding of underlying physical and mental mechanisms and processes.

By examining the three-case study medical schools using 6CF and IE constructs, causal explanations for the phenomena of their establishments will be sought.

Keywords: New Medical School Establishment, Institutional Entrepreneurship, Critical Realism

Areas for Discussion:

- What are the theoretical and practical implications of Critical Realism (CR) for this research?
- How should IE/6CF and CR intersect in the data analysis?

Tom Lee

What are the postmodern narratives of clinical reasoning?

According to the textbook of clinical reasoning is an important concept underlies all the crucial thought processes and decision making of healthcare professionals for his or her patients' diagnosis and management (Higgs, 2008). However, what it is no one knows, and the concept of clinical reasoning remains hugely contested (Young and Co workers, 2018). In this thesis, I intend to analyse, critique the different modern notions and challenge the dominant assumptions in medical education of what clinical reasoning is by:

1. Conducting a narrative review of clinical reasoning research drawing on Thomas Kuhn's theory to analyse the different paradigms of clinical reasoning research in the health professional education literatures.
2. Using Paul Ricoeur's theory to examine the existential realities of clinical reasoning and its development with the narratives of a group of emergency medicine registrars.
3. Conducting a Foucauldian discourse analysis of clinical reasoning from the mainstream medical education research to interrogate the assumptions and meaning behind their practices.
4. Comparing and contrasting the emergency registrars' with the medical education academic narratives of clinical reasoning and its education through a critical narrative analysis with Lyotard's theory on counter-narratives and meta-narratives.

The term "clinical reasoning" is and will always remain a complex and contested notion from the different disciplines and their followers in academia. The narrative analysis has highlighted the important insights of social and experiential aspects in clinical reasoning. Its practices and ongoing development requires specific contextualities i.e. the real encounters with patients and interactions with other clinicians. The comparison of the clinical reasoning narratives in the medical education academic with the emergency registrars in ED have elucidated their significant different meaning constructions and unbalanced power dynamics.

Conclusion:

In conclusion, this research offers the postmodern eclectic narrative responses to the medical education academia of "what clinical reasoning is or should be"

Leila Mohammadi

Facilitating the implementation of educational evidence into educational practice

Leila Mohammadi, David Curtis, and Lambert Schuwirth

Background:

Evidence based practice has long been acknowledged in medicine, nursing and allied health. But its importance has received less focus in Health Professions education (HPE).

Implementing educational evidence into teaching practice is especially difficult. Although there are common barriers in implementing research to practice within all disciplines, there are a specific additional problem in the HPE domain. For example, educational research employs a broad range of ontologies, epistemologies and methodologies, from traditional experimental studies, through correlational designs, to several qualitative methodologies. By contrast, clinical research tends to adhere to empirical approaches. In addition, educational research also uses a different jargon from clinical research. Health professions teachers who seek to apply educational research mostly have clinical backgrounds and therefore face problems in effectively translating theoretical educational research into their teaching practices.

Aim/Objectives:

This PhD research aims at improving evidence-based educational practice in health professions education through the lens of implementation science and to further shed light on the medical education translational research processes.

We aim to answer these questions:

- What is the phenomenon of translational research?
- What features of research innovations/educational evidence support its successful and wide adoption?
- What makes research translation successful and what contributes to failure?

Questions for discussion:

We have started with a scoping literature review to which we are taking a grounded theory qualitative approach. The literature was transferred to Nvivo and we use the literature fulltext as the segment of the data. Using the grounded theory data analysis, we are coding the data through three levels: initial, axial and selective coding. We have finished with the initial coding and we are trying to cluster codes into broader categories. I will seek to achieve engagement from the audience on how best to analyse the data. Which methodology suits best to analyse the data? Grounded theory, Interpretive phenomenological analysis or hermeneutic cycle.

Vanessa Ryan

How does Interprofessional education and learning prepare Medical Students for interprofessional practice? Making sense of the theory practice gap.

Aim:

To present my HDR research question to participants to gather feedback on experience with the topic and in particular gain advice on research experience with transfer of learning into practice.

Background:

Training the future health workforce in Australia needs to meet the complex and changing needs of an aging society. Aging populations, growing patient expectations, increasing number of patients with chronic disease and health workforce shortages all contribute to this complexity.

Evidenced in the growing body of literature, collaborative interprofessional practice (IPP) optimises health outcomes for people with complex problems. Research has shown that where collaboration exists patient outcomes, quality of care and cost of care delivery are all optimised.

While there is a compelling mandate and clear aspirations for interprofessional education (IPE) and practice, the reality of implementation is challenging. Although there is a body of literature looking at IPE and IPP there is less know about the translation of IPE into IPP particularly in the Australian context and even less about how and when Medical students transfer IPE in into IPP.

How IPE flows into the existing workforce to effect change in health professionals towards collaborative healthcare is the focus of my research proposal. This presentation will provide an overview of the research aims and objectives together with the key findings from the literature.

Keywords: Interprofessional Education, Medical Students, Transfer to Practice

Areas for Feedback:

- Explore participants experience with interprofessional education/learning into practice
- Explore participants experience with transfer theory in education

Michael Shanahan

What is the value of a medical education degree for a clinician?

Having recently completed the degree of Master's in Health Professions Education (MHPE) at the University of Maastricht, I will attempt to reflect on some of the knowledge and skills I developed as a result of undertaking the program.

I will share some of the course content and structure and illustrate how participating in the course has changed how I perceive how students learn and how this has changed my approach to teaching. I will discuss some insights into how the course enabled me to better understand the learning environment and my own role within that environment. I will also share some of my experience with research approaches that the course helped me develop and how I have been able to use those new skills in some of the subsequent research our team has undertaken.

James Thompson

Making Progress: Introducing progress testing approaches to a single semester paramedic subject.

Background:

Paramedicine is a rapidly evolving profession with continually increasing demands placed upon educating its future workforce. Ensuring graduates are adequately prepared places many expectations on the suitability and effectiveness of university assessment practices, in a discipline where summative credentialing has established traditions of use. Progress tests and programmatic assessment have growingly become common fixtures of medical education, offering longitudinal information about student knowledge, ability and progress, usually across an entire program of study.

Methods. Our project explored the development, implementation and evaluation of progress testing in a single semester capstone undergraduate paramedic topic. We examined the changes in student performance between two MCQ tests spaced ten weeks apart, and performance in a final oral assessment based on the same test content. Student perceptions and experiences of these events were also evaluated.

Results. 55% of students indicated it was common practice to guess answers in exams. After introducing of negative marking students achieved 40% mean correct answers on previously satisfied curriculum content in our test 1. Scores increased by 65% by test 2, with substantial declines in numbers of incorrect and don't know responses.

Conclusion. Results demonstrate a substantial increase in correct responses between the two tests, a high mean score in the viva, and broad agreement about the significant impact the approaches have had on learning growth.

Keywords: Progress Test, Programmatic Assessment, Paramedic Education

Areas for Feedback:

- Design validity
- grading and marking

Anna Vnuk

The Development of Self-Regulated Learning in programmatic Assessment for Learning: An Exploratory Study of the Enablers and Barriers Perceived by Students and Learning Coaches

Programmatic Assessment for Learning (PAL) "...is an approach in which the assessment process is inextricably embedded within the educational process, which is maximally information-rich, and which serves to steer and foster the learning of each individual student to the maximum of his/her ability" (Schuwirth & van der Vleuten, 2011). A major feature of PAL is the development of the student as a Self-Regulated Learner (SRL). Self-Regulated Learning "... is an active, constructive process whereby learners set goals for their learning and then attempt to monitor, regulate, and control their cognition, motivation, and behaviour, guided and constrained by their goals and the contextual features in the environment" (Pintrich, 2000, p. 453). PAL was implemented into the MD program at Flinders in 2017. As part of this approach, each MD student is paired with a Learning Coach with whom they meet at regular intervals throughout their four-year program. Part of the role of the Learning Coach is to support students to develop SRL capacity.

Early observations of students in the Flinders MD program suggest that students struggle to understand PAL and, particularly, what SRL means and how it can be developed and enacted in the context of their medical education. Pintrich has developed a Framework for classifying the different phases and areas of Self-Regulation (Pintrich, 2000, p454). Our research will classify the stages of development of our students as SRL and also to look at the barriers and enablers to developing as a Self-regulated learner. This is an area of research that has not been explored in medical education.

Additionally, anecdotal evidence suggests that many students struggle to develop as a SRL, suggesting that its development has the characteristics of a Threshold Concept (TC). TCs "... resemble passing through a portal, from which a new perspective opens up, allowing things formerly not perceived to come into view" (Meyer, Land & Baillie, 2010). TCs are a burgeoning area in education research, particularly in the area of medical education research. The number of articles about TCs has increased exponentially since it was first described in the early 2000s, with 10 published papers in health professions education in 2018 alone. Very little research has utilised TCs to understand SRL. Hence, this project will make an important contribution to the ways in which SRL is understood.

As this project is in progress, we will discuss our framework and understandings and the advances we have made.

Kingsley Whittenbury

Medical students' conceptions of socially accountable professionalism for health and healthcare.

Critical reading by physicians of the societal context of health production is considered essential for responding to dynamic health crises arising in an era of rapid global social and ecological changes. This study refers to The Charter of Medical Professionalism (2002) that signals a need for greater social accountability and humanism in medical practice. Four cohorts of medical students, from First and Final Year at Adelaide and Flinders medical schools, volunteered for a semi-structured interview for their 'perspectives of social justice in health and health care'. Demographic and identity data distinguish participants' socio-economic status, social capitals and intersectional equity identities. Survey questions test thirty-eight participants' attitudes to social justice and understanding of critical and threshold concepts. A qualitative analysis framework draws on theories of social justice (Freire), practice (Bourdieu), curricular justice (Bernstein), intersectionality, and capability (Sen). The literature review reveals obstacles to legitimation of sociological knowledge and meaning for health in relation to biomedical dominance in medical culture. Results indicate strong support for a dualism of bioscience and sociological paradigms in medical education. Social facts are observed in close proximity to social disadvantage and a hidden curriculum and processed by reflexivity on inequality and fairness, transforming students' perspectives. Equity, and the structuration of health, are threshold concepts for participants from all Year groups. A sustainability value-based knowledge management system (KMS) is proposed for integrating biomedical and sociological sciences in medical education.