

# Medical Education Unit Research

School of Medicine, University of Western Sydney

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University of  
Western Sydney  
Bringing knowledge to life

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Medical Education Unit  
School of Medicine  
University of Western Sydney  
Campbelltown Campus  
Locked Bag 1797  
Penrith South DC NSW 1797  
Australia

**Website** [uws.edu.au/meu](http://uws.edu.au/meu)

**Phone** 02 9852 4646

**Fax** 02 9852 4701

### Newsletter

Editor

Roslyn Weaver (until March)

## Message from Professor Ian Wilson



### From the Chair

The end of February marks the end of the grant writing silly season. The competition for grant money is now so intense that applicants need to present highly polished applications that are logically reasoned. Having been through this for a number of years I have become convinced that putting the "right" team together is the number one priority.

We were putting together a project that was to be mixed methods – a mix of linked quantitative and qualitative research. It was only when we added an experienced qualitative researcher that some of the inconsistencies in our proposal became apparent. It is little flaws like this that result in reviewers deciding that the team does not understand what they are planning to do and are therefore unlikely to succeed.

Almost as important is the ability to sell the project and the team to the reviewers. This is not a time to be shy, but time to be a marketeer. It helps to have a project that fits with the government's priorities.

Having gone through the process of preparing a finely honed document the next event will be responding to the reviewers' comments in about five months time. Our response needs to be detailed

and persuasive. We need to let go of our disappointment that the reviewers did not understand what our very elegant prose clearly explained.

And then you wait some more until you receive the final decision. If you are lucky and are funded, you then implement the research, some 12 months after starting writing.

February also marks the start of the new PhD students. We have two new students. Glenn Mason will be studying the impact of the digital divide on the doctor-patient relationship. Glenn will be undertaking his study part-time. Huntley Evans will be undertaking his PhD full-time and will be studying the impact of distress on effective management within hospitals. He has an honours degree in Business and will be primarily supervised by the College of Business.

This now brings the number of PhD students in the MEU to eight, with at least three other people preparing applications. Overall the future for academic medical education is looking good.

Planning for MEdEx2010 is well in hand. The medical education conference will be held on Thursday 8 July in the School of Medicine. The program will be released shortly. Included in the program are free papers and anyone wanting to present can contact me at [i.wilson@uws.edu.au](mailto:i.wilson@uws.edu.au).

The end of February is also significant in that we are losing the editor of this newsletter, our Research Officer and a major player in our medical humanities research – Roslyn Weaver. About 16 months ago I poached Roslyn from the School of Nursing and Midwifery and they have now poached her back. Roslyn will be taking up a Post-doctoral Fellowship in that School. She will not be completely lost as she will be working on the same campus and will continue some of her research projects with us. We wish her well for the future and trust she develops her academic career.

**Ian Wilson**  
**Director of MEU**  
**Professor of Medical Education**

To keep up to date with the latest MEU research news and developments, please email Marine to join the mailing list, at [m.lye@uws.edu.au](mailto:m.lye@uws.edu.au)

MEdEx 2010  
July 8

Save the date!

[uws.edu.au/  
medex2010](http://uws.edu.au/medex2010)

## MEU research news

- The MEU welcomes two new PhD students: **Glenn Mason**, investigating the 'digital divide' on the doctor-patient relationship, and **Huntley Evans**, studying distress, effective management, and hospitals. Glenn will be based at the MEU for his studies, while Huntley is based in the College of Business. See page 3 for a summary from Glenn.
- New and continuing research projects will take place in the MEU in 2010, with project leaders including **Ian Wilson**, **Janet Chan**, and **Bronwen Dalziel**, with others planned. See page 3 for more information.
- The MEU **journal club** begins again this year, meeting monthly to discuss recent (and classic) research in the field of medical education. All welcome to attend. Contact Glenn Mason for meeting details, at [glenn.mason@uws.edu.au](mailto:glenn.mason@uws.edu.au).

## MEdEx 2010 conference: Call for papers

**MEdEx: Medical Education Excellence**  
**Thursday, July 8, 2010**

The MEU will be hosting a one-day medical education conference in July 2010. We invite anyone involved or interested in the field to join us for sessions and seminars on all aspects of medical education, including a stream on medical humanities in education.

The theme of MEdEx 2010 is Medical Education Excellence. We invite abstract proposals for papers on medical education topics such as:

- assessment
- online learning
- simulation
- medical humanities in medical education
- any other aspects of medical education

Papers will be 15 minutes followed by 5 minutes for questions.

**Abstracts of 250 words should be sent as a Microsoft Word attachment to [medex2010@uws.edu.au](mailto:medex2010@uws.edu.au) by Friday, April 2, 2010.**

Please include the paper title, author/s, institutional affiliation, and contact details. The conference will include keynote addresses from Professor Ian Wilson, and Professor Alison Jones (Dean, School of Medicine).

As well as the opportunity to hear the latest research in the field in paper sessions, there will be special workshops on:

- Simulation
- XYZ: The Generational Alphabet
- Introduction to Research.

Cost: \$60 per person

**Registration deadline: Friday, June 4, 2010**

Registration will open shortly. The registration form will be available from the website.

## Research project updates:

### Simulation, self concept, medical TV shows

- New projects beginning data collection in 2010 include **Janet Chan's** project on simulation and its use in medical education, which will begin shortly. The project is titled *Integrating problem-based learning, lecture and practical basic sciences knowledge using simulation - A pilot study*. Co-investigators include **Ian Wilson** from the MEU, and Vaughan Macefield, John Morley, and David Mahns from the School of Medicine at UWS.
- Continuing projects include the ARC-funded *Keeping pace: A critical longitudinal analysis of the psychosocial determinants of seeding success in educating home-grown doctors for regional communities*. This longitudinal project, led by Professor Rhonda Craven from the Centre for Educational Research and co-investigated by the MEU's **Ian Wilson**, is entering its second year, exploring self concept in medical students.
- **Bronwen Dalziel** continues work on the ALTC-funded *Development of high quality online learning packages for medical education*, led by Macquarie University.
- Data collection is also underway for the new project *Medical role models in popular culture*, led by **Roslyn Weaver**. The project explores students' engagement with popular medical television programs such as *House* and *Scrubs*.
- **Ian Wilson** will begin leading the qualitative *Getting Into Medicine* project, new in 2010, which explores the processes students undertake to get into medical school. **Roslyn Weaver** is co-investigating.

MEU Projects include:  
\* simulation in medical education  
\* self concept in medical students  
\* online learning  
\* medicine and popular culture  
\* getting into medical school

## PhD update: The digital divide



In our last newsletter, **Iman Hegazi** shared her experiences as she began her PhD on the hidden curriculum with the MEU. In this issue we hear from another new PhD student in the MEU. **Glenn Mason**, who already works with the MEU on a Macquarie University-administered ALTC project on LAMS, has enrolled in a PhD at UWS.

My PhD is driven by these major questions:

1. What is the digital divide? How does the digital divide play out in the realm of patient health and health education?
2. What can be done to improve the skills and abilities of patients negatively affected by the digital divide?
3. What are some of the public health implications of the digital divide?

There is a growing recognition that the Internet is becoming one of the main sources for those seeking information about health. It is, therefore, becoming increasingly more important to understand how to leverage its potential for improving health outcomes.

In this project, I will be looking at understanding and improving the ability of people with chronic conditions (e.g. diabetes, cardiovascular disease etc.) to access and meaningfully use the Internet for dealing with their condition.

Examples of Internet use might include looking up preventive strategies, interacting with similar health-seeking/learning communities or just having a more in-depth understanding of a particular condition.

What happens, however, when patients with significant, chronic conditions have no or limited access to the Internet; or, if they do have access, how successful and engaged is their use?

Driving this question lies the phenomenon commonly referred to as the 'digital divide' and predictors such as age, education and socio-economic status have been commonly suggested as some of its main drivers.

Rather than taking a solely statistical perspective, I intend adopting a qualitative approach and attempt to provide an in-depth study of the barriers behind Internet use for the target group of patients and, following on from this, explore the development of a set of initial guidelines for using the Internet more effectively during the 'intervention' stage of the project.

The project will be cross-disciplinary and will draw on various fields such as Adult Education, the Health Sciences, Psychology and Sociology.

The continued presence and deepening of the digital divide has the potential to confer unequal levels of access and use of the Internet in the area of patient education.

This project will hopefully be a small step towards understanding the barriers to meaningful Internet use and how they might be overcome.

- Glenn Mason

See page 4 for recent online discussion of doctors, patients, and the internet.

*What happens when patients with significant chronic conditions have no or limited access to the Internet; or, if they do have access, how successful and engaged is their use?*

*Driving this question lies the phenomenon commonly referred to as the 'digital divide'...*

## CAMERA Blog: Doctors and the internet - Patients rating doctors online

*The medical humanities interest group of the MEU runs a blog with posts that span a large spectrum of interests from film to literature, ethics to the history of medicine, and many other approaches. We encourage you to have a look at the blog and share your comments on topics that to date have included medical ethics in disaster, effective higher learning, podcasting, the hidden curriculum, race and health research, and depictions of doctors in literature and television. Recent discussions have included the benefits and disadvantages of practising medicine in the age of the internet.*

In this week's *New England Journal of Medicine*, Shaili Jain discusses an interesting consequence of practising medicine in the internet age: patients can publicly "rate" their doctors on websites that list comments and ratings of potentially any doctor. These are similar to teacher rating sites.

As Jain points out, such sites are open to abuse, given that comments are subjective, may be biased or even false since there is no way of verifying if the comments are from actual patients of the doctors concerned. Moreover, there is limited opportunity for the doctors concerned to enter into any dialogue in such sites. However, Jain discusses some benefits from "the democratizing potential of the Internet". These may include empowering patients with a voice to be heard in the sometimes unequal doctor-patient relationship, and potentially increased accountability for doctors.

Should patients be encouraged to "rate" their doctors and leave comments about their experiences? Should doctors have the right of reply when patients can say whatever they want about them online, or are there issues of confidentiality that should forbid this?

Jain also raises another interesting topic, although only in passing, regarding patients searching online for more information on their diagnoses and prescriptions, even after their doctor has already provided them with information. Are there any dangers in the indiscriminate nature of information on the internet, or should patients be encouraged to do their own 'research'?

Visit our blog at [uwscamera.wordpress.com](http://uwscamera.wordpress.com) to read more and to add your own thoughts.

## CAMERA Blog: Podcasting, and the 'hidden curriculum'

The UWS Medical Education Unit Journal Club met this month to discuss the 'hidden curriculum' and the use of podcasts in higher education. The 'hidden curriculum' refers to those aspects of the student learning experience that are influenced by organisational and cultural factors that are not encoded in the formal curriculum. The article under discussion related the 'hidden curriculum' to how gender-related issues are often excluded from teaching and learning in medical education.

Based on the publication of a major study into higher education and the 'Net Generation' some issues around self-generated podcasts in the context of medical education were then discussed, followed by a discussion of McGarr's review of podcasting in higher education which outlined the importance of taking an 'education first' perspective on the use of technology in educational contexts.

Articles:

Tekian, A (2009). Must the hidden curriculum be the 'black box' for unspoken truth? *Medical Education*, 2009, 43: 822-823

Educating the Net Generation report

<<http://www.netgen.unimelb.edu.au/downloads/handbook/Sec4Implementation.pdf>>

McGarr, O (2009). A review of podcasting in higher education: Its influence on the traditional lecture.

*Australasian Journal of Educational Technology*, 2009, 25(3), 309-321.

<<http://www.ascilite.org.au/ajet/ajet25/mcgarr.html>>

Some questions:

Are there any other examples of the 'hidden curriculum' at play in medical education? How might they be incorporated into the formal curriculum? Would this be hard to do? Why?

Should podcasts be used to supplement lecture-based material? Or should they function as substitutes?

What are the potential benefits and risks of student-generated podcast content?

### *Some responses so far...*

... There are issues on both sides here – not only are many practising doctors failing to take best-practice histories from patients, but also the formal curriculum can be entirely unrealistic in its idealistic teaching. We need to be careful that the formal curriculum recognises the staffing and time constraints in the Real World Out There.

We thought that maybe one way of addressing this issue is to promote discussion of what students really are seeing out there, compared to what they're being taught, and to talk through the pros and cons – thus the 'hidden curriculum' is no longer hidden, and thus its undermining on a subconscious level is taken away...

...Also interesting to see the conflicting reports on how successful student-generated podcasts are – as very successful aids to learning, or irrelevant gimmicks that are ignored by students...

**Should doctors have the right of reply when patients can say whatever they want about them online, or are there issues of confidentiality that should forbid this?**

**Are there any other examples of the 'hidden curriculum' at play in medical education? How might they be incorporated into the formal curriculum?**

## Medical Education Unit

<b>Prof Ian Wilson</b>	Associate Head of School Professor of Medical Education	02 9852 4642	i.wilson@uws.edu.au
<b>Dr Bronwen Dalziel</b>	Senior Lecturer, Medical Education	02 9852 4643	b.dalziel@uws.edu.au
<b>Dr Vicki Langendyk</b>	Senior Lecturer, Medical Education	02 9852 4724	v.langendyk@uws.edu.au
<b>Dr Janet Chan</b>	Senior Lecturer, Medical Education	02 9852 4644	j.chan@uws.edu.au
<b>Dr Amanda Walker</b>	Senior Lecturer, Medical Education	02 9852 4690	a.walker@uws.edu.au
<b>Eunice Gribbin</b>	PBL Tutor	02 9852 4600	e.gribbin@uws.edu.au
<b>Cesidio (Sid) Parissi</b>	PBL Tutor	02 4570 1167	c.parissi@uws.edu.au
<b>Shaoyu (Shaun) Wang</b>	PBL Tutor	02 9852 4648	s.wang@uws.edu.au
<b>David Harding</b>	PBL Tutor PhD Student - Admissions	02 9852 4710	d.harding@uws.edu.au
<b>Dr Iman Hegazi</b>	PhD Student - Hidden curriculum	02 9852 4752	i.hegazi@uws.edu.au
<b>Glenn Mason</b>	PhD Student - Digital Divide LAMS Research Coordinator	02 9852 4680	glenn.mason@uws.edu.au
<b>Lorena Hough</b>	E-Learning Resources Program Officer	02 9852 4645	l.hough@uws.edu.au
<b>Marine Lye</b>	Executive Assistant to Professor of Medical Education	02 9852 4646	m.lye@uws.edu.au
<b>Melany Smith</b>	Assessment and Evaluation Support Officer	02 9852 4647	m.a.smith@uws.edu.au
<b>Debbie Glover</b>	Administration Officer	02 9852 4723	d.glover@uws.edu.au
<b>Julie Uljanic</b>	Student Support Officer	02 9852 4631	j.uljanic@uws.edu.au

## Medical Education Unit contact details

<b>Phone</b>	02 9852 4646	Medical Education Unit School of Medicine University of Western Sydney Campbelltown Campus Locked Bag 1797 Penrith South DC NSW 1797 Australia
<b>Fax</b>	02 9852 4701	
<b>Website</b>	www.uws.edu.au/meu	