

Medical Education Unit Research

School of Medicine, University of Western Sydney

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Bringing knowledge to life

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Newsletter

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Message from Professor Ian Wilson



From the Chair

Over the last 12 – 18 months there has been growing discussion of the need to increase the number of educators to provide sufficient staff to educate the increasing numbers of health professionals. ANZAME is in the process of developing a position statement on the interaction of workforce changes and the personnel required to conduct the education. The issue was also discussed at the recent MedEd09 conference run by the Medical Deans. It is also an issue of concern for the fledgling Health Workforce Australia.

Most of the clinical teaching is undertaken by clinicians in the field. For these educators a graduate certificate or diploma in education helps them understand the educational process and thus improves retention of learning in their students. For educators who want to provide educational leadership a master's or a PhD is necessary. Many of those who have undertaken a PhD in health professional education have taken a master's degree in the lead up. It is therefore disappointing to hear that two popular master's are closing down. I am not aware of the reasons for their closure, but the hole left in the training of health professional educators will be significant.

Chris Roberts, from the University of Sydney, has suggested that a consortium of universities develop a master's of medical/health professional education. This could be along the lines of the Biostatistics Collaboration of Australia (www.bca.edu.au). This program offers graduate

certificates and diplomas and master's qualifications using units from any of eight universities. The main problem to be overcome is the cost of setting up and maintaining such a consortium.

It may be more practical for some of the smaller medical education units to combine to provide a single master's degree.

I was recently invited to be an external examiner at James Cook University School of Medicine. This is a most impressive school. While there I was asked to run a workshop on health professional education and the attendees came from a number of different professions. This was one of the first times that academics from the different disciplines had met to discuss research. This would be common in most universities. One member of the audience was an academic from the new School of Veterinary Medicine. Interestingly, two days later, I met some of his peers at a workshop on Script Concordance Testing held at Wollongong University Graduate School of Medicine. Veterinary medicine must have similar issues to the human-based professions and

their education must also have similar research interests. Developing cross disciplinary research with veterinary medicine could create interesting ideas.

The GSM at Wollongong are to be congratulated on running the workshops on assessment. Bringing Bernard Charlin to Australia to run a workshop on Script Concordance Testing is quite a coup.

On the local scene we are planning MEdEx (Medical Education Excellence), a day-long conference on medical education. This will be held on Thursday July 8, 2010. We are planning a wide-ranging meeting that will cover a number of topics including the medical humanities.

On the research front we have heard unofficially that we will be funded to research the impact of coaching on student selection. This is a two year prospective study.

We also have four students preparing applications to undertake PhDs either totally or partly within the Medical Education Unit. If they are all successful this will mean that we will have eleven PhD students associated with the MEU. I would also like to congratulate Catherine Leahy who has completed her PhD at the University of Adelaide. She has received a commendation for her thesis.

Ian Wilson
Director of MEU
Professor of Medical Education

To keep up to date with the latest MEU research news and developments, please email Roslyn to join the mailing list, at r.weaver@uws.edu.au

MEdEx 2010
Save the date!

New research in the MEU covers:

Getting into medicine

and

Medical role models and popular culture

MEU research news

- The MEU will host a **medical education conference** on Thursday July 8, 2010. See below for details.
- **Ian Wilson** is part of a research team that was awarded an ARC Linkage grant for a project led by Virginia Schmied, from the UWS School of Nursing and Midwifery. The project is titled "A study investigating the feasibility of implementing a national approach to child and family health services", and funding for the study, which is set at \$240,000, will begin in 2010.
- The SimMan has now arrived for **Janet Chan's** project on simulation in medical education. Janet's project will begin in 2010.
- **Bronwen Dalziel** and **Glenn Mason** will present research discussion papers on LAMS at the Fourth International LAMS & Learning Design Conference at Macquarie University on December 4. Their work relates to **Bronwen Dalziel's** ALTC funded project running in the MEU and administered by Macquarie University.
- **Glenn Mason** visited New York University to discuss using LAMS. See page 5.
- **Roslyn Weaver** was awarded a UWS Research Seed Grant for her project "Medical role models in popular culture". The funding is part of the Research Seed Grant Scheme for early career researchers, a competitive internal program. See below.

MEdEx 2010 conference

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 MEU conference website is accessible by visiting uws.edu.au/meu, then choosing the link for MEdEx 2010 Conference in the left menu.

The website will be updated with a call for papers and more details as they are confirmed.

New MEU research

Getting into medicine

Researchers: Ian Wilson, Roslyn Weaver

The Getting Into Medicine project is a pilot study that will investigate the activities and preparation undertaken by students as they decide to apply for and enrol in medical studies at university. The project uses a qualitative design, and

will involve interviews with students to discuss their experiences getting into medicine at university.

Medical role models in popular culture

Funding: UWS Research Seed Grant Scheme

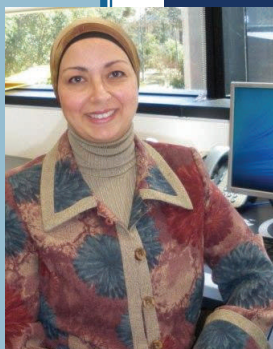
Researchers: Roslyn Weaver, Ian Wilson

This study explores images of medicine and the

medical profession in popular culture. Using a mixed-methods approach, the study will investigate medical students' attitudes to medical role models in popular culture.

For more details on these and other projects in the MEU, please contact the MEU project researchers. Staff contact details are on page 8.

PhD update: Hidden curriculum



Iman Hegazi joined the MEU in August as our new PhD scholarship student. In this issue, Iman updates us on her progress so far as she begins designing and refining her PhD research.

I joined the MEU in August this year after applying for a PhD scholarship in medical education. The psycho-social aspects of medical education have always interested me, hence my preliminary proposal, "Assessing and developing empathy in medical students". The study aimed at measuring empathy levels in medical students, prior to and following the introduction of a course in empathy enhancement. In order to introduce such a course, I had to study the current curriculum. I attended several problem-based learning and personal and professional development sessions, as well as communication skills workshops which are provided to third-year medical students. I realised that medical humanities were, to some extent, integrated in the medical curriculum and that it was

going to be very difficult to find a baseline for the quantitative analysis. And, if I had first year students as my baseline measurement, would that be enough? Also, how would I analyse the impact of the course I was to provide with the humanities approach already woven into the curriculum?

I further reviewed the literature and, after reading a huge amount of research, I came across the issue of the "hidden curriculum in medical education" which I found very interesting and, despite its significance, very much understudied. I started reading more about the hidden curriculum and how it can conflict with the values adopted in the formal curriculum. Because of my medical background, I felt that I had actually experienced it all and that, at some stage, I had been influenced and confused by the conflict. A number of studies had agreed that the most important component of the hidden curriculum was role-modelling, especially in the hospital setting. So, I focused my research on this area.

The research will be in two phases. Phase I; a qualitative study, which will involve interns and residents in hospitals where medical students perform the majority of their clinical training. A focus group approach will be used asking participants how they characterise a good role model and how they perceive themselves as role models for medical students and younger doctors. Participants will also be asked to provide examples of challenges which may impede professional behaviour, and their coping strategies for such challenges.

According to the results in Phase I, a number of themes will emerge and a number of elements, representing the hidden curriculum, will be identified. A program will be designed and delivered to medical students, to shed light on these elements and prepare them for the challenges that they will face during their professional career.

Phase II of the study will include quantitative analysis of the students' skills in dealing with challenging issues prior to and after the delivery of the designed program. Quantitative scales and measures will be based on the results of Phase I.

The aim of this study is to identify the sources of the challenges that cause the conflict between the hidden and formal curriculum. Then, try to find practical solutions to neutralise and reverse the negative effects of these sources to better prepare medical students for those challenges and, thus, help preserve their ethics and values.

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In her seminar, Louella discussed women in private practice in Australia from a historical perspective

CAMERA seminar: Women in private practice

At the November 27 School of Medicine Research Colloquia session, Dr Louella McCarthy presented her research on "Between the ideal and a living: Women in private medical practice, NSW 1890-1939". Louella is a founding member of CAMERA, the medical humanities interest group at the UWS School of Medicine.

In her talk, Louella discussed women in private practice in Australia from a historical perspective, and particularly the lack of systematic historical examination of this as a topic. The difficulty of finding suitable sources of evidence for this area has resulted in assumptions that medical women simply did not go in for private practice, because of several claimed reasons: patient resistance to female doctors, women's familial obligations that restricted opportunities, or even that women doctors lacked the will (or capacity) to 'compete' with men in this field. Louella critiqued these assumptions and explored changes in the situation of women doctors in NSW between the 1890s and 1930s.

Journal club October: Effective higher education

In October, the MEU journal club met online to discuss the topic of how to teach effectively in higher education. Lorena Hough's introduction is now on the blog, and excerpts are below. We would love to hear your thoughts on this vital issue in higher education.

Resources

1. Ramsden, P (1992) *Learning to Teach in Higher Education*, Routledge, London. Introduction and Chapter 3.

Discussion

Ramsden's introduction outlines many issues in university teaching, both perceived and underlying. "...a lot of [students'] 'learning' is not directly about chemistry or history or economics, but about learning how to please lecturers and gain high marks. These strategies all

too often lead to them using methods of study that focus on simply recalling and reproducing information rather than the actions which will lead to changes in their understanding." (p.7)

It's quite telling that the idea of looking at what students are actually doing, what and how they are actually learning should be such a revolutionary idea. But it is! The focus of teaching is so often on the teacher – what the teacher knows, what the teacher does, what the teacher says. Yet learning is surely at its most effective when there is excitement present, when students are making connections, when they are being challenged, surprised, engaged.

Chapter 3 looks at the difference between qualitative and quantitative learning. Quantitative learning is the rote memorisation of facts and

formulae. Students perceive that the knowledge is a static bundle of facts that the teacher presents and the students memorise. Qualitative learning is about gaining understanding, changing perceptions, developing concepts. It is learning in a way that helps one to reinterpret things in the real world.

Yet the key issue is, what is actually going on inside the mind of the learner? Are they passively listening and forgetting, or passively taking notes and not processing the thoughts at all? Or are they being challenged, connecting thoughts with other things they've learned before, building up concepts in their head, changing their preconceived ideas?

Join the discussion at uwscamera.wordpress.com

Some responses so far...

"I think this narrow, atomised conception of learning gets developed at a very early age and if you've been enculturated to think in boxes it's sometimes hard to break free from it..."

"To be devil's advocate... I was struck by the idea that our society doesn't actually memorise stuff very much at all now (think oral traditions of history/story telling vs wikipedia on mobile technology), and it is something that our society is starting to lose the knack of..."

"I see your point about needing to remember things – but what you say about things making more sense the second time around is surely education done the hard way, making the least amount of sense, and with the least amount of coherence..."

"That's true enough, but do most students in professional courses like medicine come to university for the purpose of "learning" or do they come to get a degree so they can have a career in that profession?..."

"A delayed response, but as I'm going off on a side issue perhaps it's just as well! But I am interested in your (perhaps intended rhetorically) question about why do students study medicine..."

Read more and add your thoughts at uwscamera.wordpress.com

*You're invited!
Join us at the
CAMERA blog at
uwscamera.wordpress.com*

*Just click "Leave a
Comment" for the
blog post you want
to discuss,
write your reply,
then click "Submit
Comment".*

LAMS and New York University



Glenn Mason is part of an ALTC-funded Macquarie University and University of Western Sydney team that is developing online learning modules in basic science for UWS medical students.

On a recent trip to New York City, I met with members of the Division of Educational Informatics (DEI), New York University School of Medicine. The DEI is one of the only medical informatics units in the United States that is using Macquarie University's Learning Activity Management System (LAMS) to develop online courseware for medical students. Formed in 1987, the DEI has around 12 members of staff including educational designers, clinical experts and multimedia programmers. It currently provides all of the

Web-based teaching and learning resources for NYU's School of Medicine and LAMS is one of the tools that it uses to develop online courseware.

One of the research aims of the ALTC project that is currently being undertaken at the UWS School of Medicine is to further our understanding of how the ideas that underpin 'learning design' can contribute to and inform the development of online modules within the context of medical education in higher education. Can we talk about a generic learning design – a one-size-fits-all approach to educational design – or does the content determine the pedagogical approach? What

are the features of educational best practice and how can best practice be shared among educators?

Content that is produced by LAMS is easily shared in the form of 'learning sequences' and therefore there is a great deal of potential for collaboration between those developing learning designs in the LAMS environment. This visit was the first step towards developing the kind of collaboration between LAMS users that will hopefully lead to improved learning designs as well as being a good example of collaborative practice in the area of medical education. In the future, it is hoped that we will be able to share the insights and experience that we have gained with others working in the field.

One of the research aims of the ALTC project is to further our understanding of how the ideas that underpin 'learning design' can contribute to and inform the development of online modules within the context of medical education in higher education.

Are lecture recordings and additional podcast resources achieving everything their proponents claim?

New MEU People website

We have recently updated our People page on the MEU website. The page now provides short biographic details of each member of the MEU staff, as well as photos, links to contact details, and links to full profiles.

To visit the MEU site, go to www.uws.edu.au/meu. Click on the People link on the left menu to see the new People page.

Journal club November: hidden curriculum, podcasting

Our November meeting of the MEU journal club covered the 'hidden curriculum' in medical education, and the use of podcasting as a teaching and learning tool in higher education.

Iman Hegazi discussed the hidden curriculum in relation to gender, particularly the implicit, unspoken ideas that may be propagated in medical education about so-called 'female friendly' careers and the difficulties male students may meet achieving sufficient gynaecological skills.

Resources:

Tekian, Ara. 2009. Must the hidden curriculum be the 'black box' for unspoken truth? Medical Education, 43, 822-823.

Glenn Mason led the second part of the journal club with a discussion of podcasting in higher education. Are lecture recordings and additional podcast resources achieving everything their proponents claim? Or is there still the need for more research and exploration of effective ways to use podcasting to achieve learning outcomes?

Resources:

McGarr, Oliver. 2009. A review of podcasting in higher education: Its influence on the traditional lecture. Australasian Journal of Educational Technology, 25(3), 309-321.

Share your thoughts at the online blog from the journal club at uwscamera.wordpress.com

Race, ethnicity and medicine

CAMERA reading groups are now online to allow anyone to participate.

*Here, **Glenn Mason** summarises one discussion.*

We introduced the highly controversial Tuskegee Syphilis Study, examined the racial dimension surrounding sickle cell research and discussed some of the issues arising from the Sheldon and Parker article (race and ethnicity in health research).

Resources

1. The Tuskegee Syphilis Study

<http://www.npr.org/programs/morning/features/2002/jul/tuskegee/>.

Also: Jones, H. James. *Bad Blood: The Tuskegee Syphilis Experiment*. Macmillan, 1993

2. Sickle-Cell research and race (audio resource)

http://ah.brookes.ac.uk/historyofmedicine/podcast/sickle_cell_research/

3. Race, Trust, and Tuskegee: Professional Ethics, Broken Trust, and Health Disparities

<http://www.ama-assn.org/ama1/pub/upload/mm/369/>

nih-coprraceandtrust.ppt

4. Race and ethnicity in health research

<http://jpubhealth.oxfordjournals.org/cgi/reprint/14/2/104.pdf>

Further resources

Website devoted to 'race' in science, medicine and technology -

<http://www.racesci.org/>

MIT's courseware on the topic <http://ocw.mit.edu/OcwWeb/Linguistics-and-Philosophy/24-892Spring-2004/Syllabus/index.htm>

Discussion points

In the course of the meeting we raised the following issues:

How important is it to understand the historical and social context in which the Tuskegee study took place? Was it the work of particular individuals with ethical shortcomings or a reflection of attitudes towards African Americans at the time? The start of the study predates the Civil Rights movement and Black Power movement by at least 30 years. Would this study have been possible

after African Americans began asserting themselves on the stage of history?

To use race and ethnicity as explanatory variables is problematic because they are socially determined and likely to shift over time. They are not timeless, objective measures.

Does the relative lack of prominence given to Sickle Cell research reflect that it is seen as a 'Black' disease and therefore not worthy of the same attention as other, more 'universal' conditions?

Why are certain diseases/conditions valorised more than others?

What factors are involved?

You can read the full post with all comments by visiting our blog at:

uwscamera.wordpress.com

We welcome your contribution to the blog. You can make comments, vote in polls, and even suggest ideas for discussion topics. If you'd like to be part of the face to face reading group, email Glenn at glenn.mason@uws.edu.au for more information on meeting times and dates.

What is the importance of the historical and social context when it comes to race and health in research?

Are research ethics relative, or should some apply no matter the context?

Add your thoughts at the CAMERA blog at uwscamera.wordpress.com

The Hurricane Katrina event was controversial for not only its politics, but also the welfare of hospital patients. Should health professionals operate under different guidelines for patient evacuation during disasters? Add a comment, and vote in the poll

Medical ethics in disaster

A recent article in the New York Times Magazine explores the controversial issue of patient evacuation in disasters such as Hurricane Katrina:

Sheri Fink. *Strained by Katrina, a hospital faced deadly choices*. New York Times. August 25 2009.

The article focuses on the staff of one hospital during Hurricane Katrina and their choices about which patients to evacuate. Staff were alleged to have injected seriously or terminally ill patients with lethal doses of drugs in order to speed their deaths.

The context of disaster and uncertainty of evacuation makes the issue very complicated, and the article raises some complex questions about the roles and responsibilities of medical professionals in times of disaster.

Do the commonly accepted guidelines for treatment apply in times of disaster – treat the most seriously ill patients first? Or should medical staff apply a different policy and choose to treat/evacuate first the patients most likely to survive?

In times of disaster, which patients should be treated and evacuated first?

- Medical professionals should follow standard procedures: Treat and evacuate the most seriously ill and injured first. The less seriously ill patients have a better chance of surviving longer.
- Medical professionals should follow different guidelines: Treat and evacuate the least seriously ill and injured patients first. This will ensure some patients at least live.
- Medical professionals should be allowed to make independent decisions based on the specific context, and not be held accountable after the event.

Vote

Vote and make a comment at uwscamera.wordpress.com

MEU Staff Publications 2009

MEU staff publications over the year covered the wide research interests of its members, from medical education, gastroenterology, medicine and nursing, workforce issues, medical humanities, and humanities-based research outside the medical field.

Mikocka-Walus, A., Turnbull, D., Andrews, J., Moulding, N., **Wilson, I.**, Holtmann, G. (2009). Does doctors' knowledge of inflammatory bowel disease patients' psychological status affect patients' clinical outcomes: A pilot randomised controlled trial. *The European Journal of Gastroenterology and Hepatology*, 21(4): 484-5

Mikocka-Walus, A., Turnbull, D., Andrews, J., Moulding, N., **Wilson, I.**, Holtmann, G. (2009). Psycho-gastroenterology: A call for psychological input in Australian gastroenterology clinics. *Internal Medicine Journal*, 39(2): 127-30.

Wilson, I., Harding, D. (2009). "I will only work from 2.00 – 5.00" *Medical Education* 43(5), 394-395

Salamonson, Y., Everett, B., Koch, J., **Wilson, I.**, Davidson, P.M. (2009). Learning strategies of first year nursing and medical students: A comparative study. *International Journal of Nursing Studies*, 46(12):1541-7.

Weaver, R. (2009). The shield of distance: Fearful borders at the edge of the world. *Terror Australis Incognita? [Special issue]. Antipodes: A North American Journal of Australian Literature*, 23 (1), 69-74.

Weaver, R. (2009). 'The shadow of the end': The appeal of apocalypse in literary science fiction. In J. Walliss & K.G.C. Newport (Eds.), *The end all around us: Apocalyptic texts and popular culture* (pp. 173-197). London: Equinox.

Weaver, R. (2009). Cut and Manic [Excerpts] by Plumb. Commentary. [Medicine and the Arts] *Academic Medicine*, 84(12), 1840-41.

MEU Staff Conference Presentations 2009

Ian Wilson and **Bronwen Dalziel** both presented research at the 2009 ANZAME Conference in Launceston, Tasmania. The conference was held from June 30 to July 3 and its theme was Bridging Professional Islands.

Bronwen Dalziel spoke on "Using online learning to more effectively accommodate clinical attachments—An ALTC Priority Project", while **Ian Wilson** presented a session on "A beginner's guide to writing ARC grant applications".

Ian Wilson also presented a paper at the ASME Annual Scientific Meeting, July 15-17 2009, held in Edinburgh. His talk discussed "The big fish, little pond effect" and whether it applies in medical schools.

Bronwen Dalziel and **Glenn Mason** submitted papers for the Fourth International LAMS & Learning Design Conference: Opening Up Learning Design, on December 4, at Macquarie University in Sydney. **Glenn's** paper on "LAMS, forums and learning design" was co-written by Bronwen, while **Bronwen's** presentation "Using a template for LAMS in a medical setting", was co-authored by Glenn Mason and James Dalziel of Macquarie University.

Outside medical education, **Roslyn Weaver** attended a conference at Oxford University in March, and presented "Belonging and the 'finding or losing of it': Land, home and identity in *The Rabbits* and *The Arrival*". In October, Roslyn presented research on technologies and posthumanism in fiction at a seminar at the University of Notre Dame, Sydney.

Medical Education Unit

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