ANZAHPE 2026

29 JUNE - 2 JULY 2026

Ōtautahi Christchurch, Aotearoa New Zealand

ANZAHPE
Australian & New Zealand Association for Health Professional Educators

ABSTRACT E-BOOK

ANZAHPE 2026 CONFERENCE

Weaving Connection

Nau te rourou, naku te rourou, ka ora ai te iwi

Conference Partner

AMH
AUSTRALIAN MEDICINES HANDBOOK

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ABSTRACTS

PRE-CONFERENCE
MONDAY 29 JUNE

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Being the Human in the Loop: Testing and Evaluating AI-Based Tools in Health Professions Education

Professor Adrienne Torda[1], A/Prof Betty Chan[1]
[1]UNSW, Kensington, Australia

Background
Artificial intelligence (AI) is rapidly transforming health professions education, offering tools that personalise learning, automate feedback and support assessment. The concept of *"being the human in the loop"* underscores educators' essential role in shaping, monitoring and interpreting AI outputs to ensure technology serves academic and educational goals, not the reverse. Although, even this is controversial.
This interactive pre-conference workshop will equip educators and researchers with practical frameworks for exploring, testing and evaluating AI-based tools in their own programs and institutions. Drawing on examples, participants will learn structured approaches to comparing AI tools across parameters such as purpose, data sources, transparency, learner feedback, academic feedback, utility and integrations, time effectiveness and curriculum alignment. They will learn to apply scholarly approaches to using and testing AI tools in their educational practice.

Methods/ Outline of workshop activities

This workshop will combine demonstration, collaborative analysis and design-thinking activities:

1. **Framing presentation:** overview of the "human in the loop" concept and current examples of AI in education and some examples of how to evaluate.
2. **Matrix creation:** Explore and define parameters that are important to evaluate.
3. **Group exploration:** participants review AI tool comparison matrices to identify educational benefits, risks and limitations.
4. **Design challenge:** each group creates a short plan for an "AI testing mini-project," defining the educational problem, evaluation method, and ethical or governance considerations.
5. **Peer feedback and reflection:** participants refine their designs and identify next steps for implementation or research.

Discussion

By the end of the workshop, participants will be able to:

1. Explain the "human in the loop" concept and its relevance to responsible AI use.
2. Think about the parameters that they want to test and consider how best to approach this.
3. Apply structured frameworks to compare and evaluate AI tools.
4. Design a feasible, ethical AI testing project for their local context.
5. Identify institutional supports and collaborations for AI-enabled education.

References

1. Tolsgaard MG, Pusic MV, Sebok-Syer SS, Gin B, Svendsen MB, Syer MD, Brydges R, Cuddy MM, Boscardin CK. The fundamentals of Artificial Intelligence in medical education research: AMEE Guide No. 156. Med Teach. 2023 Jun; 45(6):565-573. doi: 10.1080/0142159X.2023.2180340
2. Ahsan, Z. Integrating artificial intelligence into medical education: a narrative systematic review of current applications, challenges, and future directions. *BMC Med Educ* **25**, 1187 (2025). https://doi.org/10.1186/s12909-025-07744-0

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Strengthening Connections between Curriculum Developers through Critical Team Reflection

Dr Julia Paxino[1], Ms Grecia Alaniz[2], Dr Victoria Boyd[3], Prof Elizabeth Molloy[4], A/Prof Joanne Bolton[5], Prof Walter Eppich[1], Dr Lindsay Herzog[6], Ms Carolyn Cracknell[1], A/Prof Stella Ng[3]
[1]Collaborative Practice Centre, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Melbourne, Australia, [2]The Wilson Centre, University of Toronto, Toronto, Canada, [3]Centre for Advancing Collaborative Healthcare & Education, University of Toronto, Toronto, Canada, [4]Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Melbourne, Australia, [5]Poche Centre for Indigenous Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Melbourne, Australia, [6]Department of Family and Community Medicine, University of Toronto, Toronto, Canada

Introduction/Background
Interprofessional education (IPE) is essential for preparing healthcare students for collaborative practice. It is especially important in mental health where care commonly involves diverse professionals, complex psychosocial needs and a high risk of stigma and power imbalances. Much attention has focused on learning outcomes and instructional strategies, but less on how interprofessional educators collaborate to design and implement IPE. This is particularly consequential in the mental health context, where unexamined assumptions within teaching teams can inadvertently reinforce power imbalances, stigma, and unsafe practices. This workshop applies critical team reflection as a framework to support IPE curriculum developers and teaching teams to develop routines for collective reflection so their work models, rather than undermines, reflective practice and collaboration.

Methods
This workshop introduces critical team reflection as a framework to guide curriculum design in IPE. This framework integrates concepts from critical reflection, critical dialogue and team reflexivity to help curriculum teams surface assumptions, address hierarchies and improve safety in IPE. Through short presentations, case-based small-group work and a guided strategy activity, participants will practise routines for collaboratively surfacing assumptions, addressing hierarchies and embedding reflective habits within curriculum design, implementation and evaluation.

Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop)Results/Evaluation/Aims
By the end of the workshop, participants will be able to:

1. *Explain the concept and benefits of critical team reflection in IPE curriculum development.*
2. *Identify key practices for enacting critical team reflection within interprofessional curriculum teams.*
3. *Implement strategies to promote critical team reflection in interprofessional curriculum development teams.*

Discussion
The learnings generated in this workshop will serve as a foundation for curriculum development teams to engage in critical team reflection. This will help teams improve the design and implementation of complex, multi-stakeholder curricula. In turn, this reflective practice reduces stigma and bias, enhances psychological safety, and supports educators to model collaborative practice for learners.

References
Boyd, V. A., Woods, N. N., Kumagai, A. K., Kawamura, A. A., Orsino, A., & Ng, S. L. (2022). Examining the impact of dialogic learning on critically reflective practice. Academic Medicine, 97(11S), S71-S79.
Schmutz, J. B., & Eppich, W. J. (2017). Promoting learning and patient care through shared reflection: a conceptual framework for team reflexivity in health care. Academic Medicine, 92(11), 1555-1563.

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Additional requirements for pre-conference workshops only

Outline of workshop activities:

1. *Welcome and Introduction (10mins)*
    - *Overview of objectives and relevance to healthcare education.*
    - *Define critical team reflection and its role in curriculum development.*
2. *Whole-group discussion (10mins)*
    - *Prompt: "What could critical team reflection look like in practice?"*
3. *Overview of critical team reflection (20mins)*
    - *Key concepts and summary of evidence: Critical Reflection, Critical dialogue and Team Reflexivity.*
4. *Small-group work (20mins)*
    - *Scenario analysis and discussion*
    - *Case: Interprofessional educational team developing a mental health simulation scenario.*
    - *Small groups apply critical team reflection to surface assumptions and identify risks.*
5. *Strategy Development (20mins)*
    - *Guided activity to design actionable critical team reflection strategies to address barriers (e.g., biases, hierarchies and time limitations).*
    - *Groups present one strategy to the larger audience.*
6. *Reflections (10mins)*
    - *Individual/partner commitment to one critical team reflection action; signpost resources*

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From Principles to Practice: Implementing Universal Design for Learning in Nursing Education

Mrs Rebecca Caulfield[1]
[1]Murdoch University, Perth, Australia

Introduction
Undergraduate nursing cohorts are increasingly diverse in how students learn, engage, and demonstrate capability. While Universal Design for Learning (UDL) is often discussed as a theoretical ideal, educators frequently report uncertainty about how to translate UDL principles into practical, scalable teaching strategies. This session explores how UDL can be intentionally integrated into an undergraduate nursing program to embrace and position learner diversity not as a problem to be managed, but as a resource for learning.
Background, Methods
Drawing on UDL principles, a series of interactive learning strategies were co-designed and embedded across a clinical nursing unit. These strategies focused on multiple means of engagement, representation, and action, while explicitly foregrounding students' existing strengths, experiences, and ways of knowing. This session mirrors this design approach, engaging participants in interactive and reflective tasks, live decision-making activities, and collaborative problem-solving to surface assumptions about "the average learner" and explore alternative design choices in real time.
Results/Evaluation
Preliminary evaluation data from student feedback, learning artefacts, and educator reflections suggest increased learner engagement, improved confidence in clinical reasoning, and greater accessibility for neurodivergent and non-traditional students. Educators reported enhanced clarity in aligning learning outcomes, assessment, and teaching strategies, alongside reduced reliance on reactive accommodations.
Discussion
This session argues that integrating UDL through a strengths-based lens shifts curriculum design from compliance to care. Participants will leave with practical design principles, transferable activities, and reflective prompts to support immediate implementation within their own teaching contexts, while critically examining how power, norms, and assumptions shape nursing education.

Outline of workshop activities
The 90-minute session will begin with a concise framing of Universal Design for Learning, outlining core principles and clarifying the focus on practical integration within health education (15 minutes). The first major interactive block will be a *UDL Retrofit Sprint,* where participants work in small groups to redesign a familiar lecture, tutorial, laboratory session, or assessment using UDL concepts. Emphasis will be placed on depth rather than breadth, allowing participants time to discuss design decisions, anticipate barriers, and consider feasibility within institutional constraints (30 minutes).

The session will then transition to a facilitated exploration of *Lived-Experience Vignettes,* using short, authentic learner scenarios to prompt discussion about accessibility, engagement, and representation. Participants will reflect on how curriculum design choices can unintentionally create barriers, and how UDL-informed strategies can mitigate these while maintaining academic standards (15 minutes).

The final interactive segment, *Implementation Planning,* supports participants to consolidate learning into a focused, achievable plan. Participants will identify one concrete UDL strategy to implement immediately and one longer-term design goal, with guided prompts to support practice translation (15 minutes). The session will conclude with a brief synthesis and collective reflection, reinforcing key takeaways and opportunities for continued application beyond the workshop (5 minutes)

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Co-creating institutional resilience: practical tools across diverse health professions education contexts

Professor Sonia Ijaz Haider[1], Dr Jo Bishop[2]
[1]Dow University of Health Sciences, Karachi, Pakistan, [2]Bond University, Gold Coast, Australia

Introduction/Background
Resilience in health professions education is frequently framed as an individual capability, emphasising personal coping skills and self-care strategies. While these approaches may support individuals, growing scholarship highlights the central role of institutional culture, leadership practices, and organisational structures in shaping learner and faculty well-being. Across diverse educational contexts, educators report shared challenges including workload pressures, misalignment between stated values and everyday practices, and limited guidance on how to embed well-being within routine educational systems. Conceptualising resilience as an institutional property rather than an individual responsibility offers a way to integrate well-being and flourishing into everyday educational practice. This pre-conference workshop responds to the need for applied, educator-facing approaches that support participants to examine their own institutional contexts and co-create practical, context-sensitive tools for institutional resilience.

Methods
This workshop is designed as an interactive, participatory learning experience. Brief facilitator inputs introduce key concepts related to institutional resilience, followed by structured small-group activities to promote shared sense-making and contextual application. Participants engage with short case snapshots drawn from contrasting health professions education settings, guided institutional mapping exercises, and collaborative design tasks focused on identifying feasible institutional actions. The workshop prioritises peer learning and practical application rather than didactic instruction.

Results/Evaluation
As this is an educational innovation, evaluation will focus on participant engagement and perceived utility of the tools introduced. Indicators of success include participants' ability to articulate distinctions between individual and institutional resilience, identify institutional enablers and constraints within their own contexts, and co-create at least one actionable institutional strategy. Participant reflections and action commitments will be used to assess immediate learning outcomes.

Discussion
This workshop supports participants to reframe well-being as a shared institutional responsibility rather than an individual burden. By applying an institutional resilience lens, participants are equipped with practical tools to inform local educational development initiatives, leadership conversations, and ongoing efforts to create sustainable learning cultures in health professions education.

References
Cleland J, Johnston P, Watson V. Reframing wellbeing in medical education: Moving beyond individual resilience. Medical Education. 2023.

van Vendeloo SN, Brand PLP, Verheyen CCPM. Flourishing learning environments in health professions education: A systems perspective. Advances in Health Sciences Education. 2024.

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Outline of workshop activities

This 90-minute pre-conference workshop balances concise facilitator input with extended participant engagement. The session begins with an interactive introduction that establishes shared language around institutional resilience and invites participants to reflect on how resilience is currently conceptualised in their own settings. Participants then work in small groups with brief case snapshots from contrasting health professions education contexts to prompt discussion about institutional practices, culture, and structures that influence well-being.

Building on this discussion, participants engage in a guided institutional mapping exercise to identify local enablers and drains of resilience within their own educational environments. Groups then collaborate to design one realistic, context-specific institutional action that could be implemented within existing constraints. The workshop concludes with a whole-group synthesis of key insights and an individual action commitment, ensuring participants leave with a practical framework and a clear next step for application in their own settings.

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Using Large Language Models to Support Qualitative Data Analysis

Dr Bruce Lister[1]
[1]The University Of Queensland, , Australia

Workshop title
Using Large Language Models to Support Qualitative Data Analysis

Background
Large language models (LLMs) are increasingly used in health professions education research, including qualitative analysis. Their rapid uptake has outpaced methodological guidance, raising concerns about epistemological misalignment, loss of reflexivity, and ethical governance. In qualitative methodologies such as reflexive thematic analysis, meaning is actively generated by the researcher rather than discovered by tools. This workshop addresses how LLMs can be used *in support of*, rather than in place of, reflexive analytic work.

Aims
This workshop aims to equip participants with practical, ethically robust, and methodologically defensible approaches to integrating LLMs into reflexive thematic analysis.

Learning outcomes
By the end of the workshop, participants will be able to:

1. Distinguish appropriate from inappropriate uses of LLMs in reflexive thematic analysis
2. Apply LLMs to support theoretically guided approaches to qualitative analysis
3. Maintain analytic ownership and reflexivity when using AI tools
4. Identify ethical, governance, and transparency considerations in AI-assisted qualitative research
5. Articulate defensible AI use in methods sections and ethics applications

Workshop structure (90 minutes)

- **Introduction and framing (10 min)**
  Epistemological alignment of reflexive TA and AI-assisted analysis
- **Conceptual foundations (15 min)**
  What LLMs can and cannot do in qualitative research
- **Demonstration (15 min)**
  Contrasting problematic vs defensible AI-assisted workflows
- **Hands-on small-group work (25 min)**
  Participants apply AI-assisted prompts to their own anonymised data
- **Ethics and governance discussion (15 min)**
  Transparency, institutional policies, and publication expectations
- **Integration and reflection (10 min)**
  Consolidation and take-home frameworks

Target audience
Health professions educators, qualitative researchers, doctoral candidates, and education leaders with an interest in qualitative or mixed-methods research.

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Designing gamified learning activities using online toolsw

Dr. Doug Miles[1]
[1]University Of Hawai'i John A. Burns School Of Medicine, Honolulu, United States

Introduction / Background

Gamification is being increasingly adopted in health professions education as a strategy to enhance learner engagement, motivation, and active participation. Although gamification has been increasingly adopted in educational contexts, the complexity of aligning specific game mechanics with learning objectives and educational context requires purposeful design. This workshop will explore how to use available online platforms to align game mechanics with pedagogical purpose.

Methods

This workshop adopts an experiential, design-based approach. Participants will first engage as learners with a small selection of online tools that can be used to build games for learners. These platforms will be used to highlight a variety of pedagogical options, such as individual versus team-based interaction, recall versus application, and rapid versus delayed feedback. Participants will then work in small groups to design a brief gamified learning activity aligned with a defined educational objective and learner context. The facilitator will guide discussion and support reflection on design choices throughout the session.

Results / Evaluation

This skills-focused workshop aims to increase participants' confidence in designing purposeful gamified learning activities, support critical appraisal of gamification tools beyond surface engagement, and enable participants to adapt gamification strategies to their own educational settings.

Discussion

This workshop emphasizes transferable design principles rather than platform-specific solutions. By focusing on alignment between learning objectives, game mechanics, and context, the workshop is intended to help educators make intentional decisions about when and how gamification may add educational value. Participants will be encouraged to reflect on how gamified approaches can be adapted across disciplines, learner levels, and resource environments.

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Mitigating biases in performance-based assessments

Dr. Elizabeth Kachur[1], Dr. Nobutaro Ban[2], Prof. Francesco Bolstad[3]
[1]Medical Education Development, Global Consulting, New York, United States, [2]Aichi Medical University, Nagakute, Japan, [3]Nara Medical University, Kashihara, Japan

Introduction/Background
Assessments are critical elements of every training endeavour. Their purpose can range from formative (for learning) to summative (of learning). Of course, we always aim for fair and accurate assessments of knowledge, skills and attitudes/values. But every performance evaluation requires observation and judgements which can easily fall victim to stereotyping and biases. Strategies for identifying and managing them will be the focus of this pre-conference workshop.

Biases are a human condition everybody is wired for. They help sort out and make meaning of the many stimuli that constantly flood our senses. While such psychological phenomena can be understood, they interfere with key assessment principles: validity and reliability. Thus, educators must control such noxious Influences as best as possible, from test development (e.g., OSCE stations) to training those who complete performance evaluations (e.g., rater training).

Methods
This interactive workshop will include a variety of activities to help participants identify bias risks and develop strategies for mitigating their influence (including AI tools). Case scenarios will offer opportunities for analysis, reflection and discussion. The handout will feature references, worksheets and opportunities to record new ideas and take-home-points.

Results/Evaluation/Aims
At the end of the workshop participants should be able to:

1) List 3 types of biases that are common in performance-based assessments
2) Identify bias risks when evaluating assessment tools (e.g., OSCE stations, Mini-CEX patient assignments)
3) Strategize interventions to mitigate the influence of biases on performance-based assessments

Discussion
Biases are part of the human condition. Benson and Manoogian identified 188 cognitive biases in their "Bias Wheel." Nonetheless, they can derail our efforts to fairly and accurately identify learning successes and learning failures. While they cannot be eliminated completely, educators have a responsibility to identify bias risks and implement strategies that can help mitigate them.

References
Kachur E, Harter T. Wired for stereotyping and biases - Is there a professional way out of prejudicial behaviors and discrimination? J Commun Healthc. 2024 Dec;17(4):355-359. doi: 10.1080/17538068.2024.2427451. Epub 2024 Nov 14. PMID: 39540652.

Wood TJ. Exploring the role of first impressions in rater-based assessments. Adv Health Sci Educ Theory Pract. 2014 Aug;19(3):409-27. doi: 10.1007/s10459-013-9453-9. Epub 2013 Mar 26. PMID: 23529821.

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Outline of workshop activities

5 min - Welcome, introductions, orientation (word clouds)
15 min - Key biases in performance-based assessments (brief presentation, polling)
15 min - Examples of bias interference with assessment accuracy (think-pair-share)
10 min - Bias identification and mitigation strategies (brief presentation to Include rater selection/training and potential AI tools)
20 min - Case-based intervention strategies (small group discussion of case examples, worksheet to record potential solutions)
15 min - Reporting out of small group discussion results
10 min - Summary and take-home-points

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Workshop 9

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Flexible Curriculum Design: Enabling Diversity, Inclusion, and Student Success

Dr Jennie Shone[1], Dr Jessica Bergmann[2], Dr Iman Hegazi[3], Prof Nalini Pather[4], Assoc Prof Karen D'Souza[5], Ms Mary Anne Reid[6], Associate Professor Lisa Cheshire[7]
[1]University Of Sydney, , Australia, [2]University of Newcastle, Newcastle, Australia, [3]Western Sydney University, Sydney, Australia, [4]University of Queensland, Brisbane, Australia, [5]Deakin University, Melbourne, Australia, [6]Medical Deans Australia and New Zealand, Sydney, Australia, [7]University of Melbourne, Melbourne, Australia

Introduction/Background
Health professional education programs are increasingly expected to offer flexible course design to meet evolving student needs, societal expectations, and accreditation requirements. Flexibility is particularly important for supporting students with caring responsibilities, disability, chronic illness, financial pressures, or other competing commitments. Balancing these needs with the demands of pre-clinical and clinical learning, while ensuring required competencies, remains a significant challenge. Drawing on survey findings from a Medical Deans Special Interest Group, this workshop explores contemporary approaches to flexibility in Australian medical programs, including attendance and leave policies, flexible timetabling, asynchronous learning, recognition of prior learning, and part-time pathways.

Methods

The workshop will provide an overview of the key drivers shaping flexible course design across Australia and New Zealand. Presenters will share case examples from Australian Medical Schools highlighting both facilitators and barriers encountered when implementing flexible course design.

In small groups, participants will discuss areas of need within their own programs and consider how these could be addressed through intentional, evidence informed design. The session will then move to a World Café, with groups rotating through themed tables on flexible course design. Participants will explore the benefits, limitations, and relevance of these approaches in their own contexts, building on shared ideas through successive rounds of dialogue

Aims for Pre-Conference Workshop

- To explore current approaches to flexible course design in Health Professions Education
- To identify flexible design strategies that can be adapted to participants' local contexts
- To create opportunities for collaboration with colleagues nationally to support the implementation of flexible course design.

Discussion
Participants who attend this workshop will gain knowledge and practical strategies for flexible course design which can be implemented in their own institutions. Sharing of current innovative ideas will drive discussion and action to improve student experience and wellbeing, and support policy advocacy. Participants will have the opportunity to develop their professional networks to provide ongoing support and sharing of ideas following the conference.

References
Medical Deans Australia and New Zealand (2026) Flexible Medical Education Report.Medical Education Collaborative Committee (Unpublished), Sydney, Australia
Barrett A, Woodward-Kron R, Cheshire L (2022) Flexibility in primary medical programs: A scoping review. Focus on Health Professional Education. 23(4):16-34

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Additional requirements for pre-conference workshops only

The workshop will commence with an initial short plenary, outlining key themes uncovered by the Medical Deans Australia and New Zealand's Flexible Medical Education working group. This will be followed on by hands on small group activities where participants will discuss challenges within their own programs and consider how these could be addressed through intentional, evidence-informed design. The session will then move to a World Café, with groups rotating through themed tables on flexible course design:

- Part-time course design
- Flexible attendance processes
- Condensed curriculum delivery with timetabled "private time"
- Flexible delivery for specific cohorts of students

Participants will explore the benefits, limitations, and relevance of these approaches in their own contexts, building on shared ideas through successive rounds of dialogue. World Cafe groups will feed back to the wider group verbally and via a Padlet, which will be available to participants after the workshop.

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Thinking like a clinician: Using tabletop simulation to support practice-ready graduates

Dr Dayna Duncan[1,2,3], A/Prof Emma Kennedy[1,4,5]

[1]Flinders University Northern Territory Medical Program, Darwin, Australia, [2]Northern Territory Health, , Australia, [3]Australian College of Rural and Remote Medicine, , , [4]Royal Australian College of General Practitioners, , Australia, [5]Pandanus Medical, Darwin, Australia

Introduction/Background

Tabletop role play provides participants with experience solving clinical dilemmas in a team. It's been used in critical care to prepare clinicians for mass casualty scenarios, and in nursing education to foster leadership skills (Cross, 2024; Rashed et al., 2025). At the Flinders Northern Territory Medical Program, this format has been used to simulate the cognitive process of prescribing. The tabletop format uses social learning that mirrors the teamwork of the clinical environment while creating a classroom-based scaffold, free from extraneous stressors. Although the physical setting is not authentic, the materials are designed for high fidelity in the cognitive process of prescribing, enabling learners to gain insight into their current capabilities. This experiential learning activity proved to be low-resource and was associated with improved student self-perceived preparedness for prescribing. This format is adaptable and can be applied across levels of professional training.

Methods

Following a brief introduction of the tabletop simulation format, its pedagogical underpinnings, and its application to prescribing education, participants will work in small groups to design a tabletop simulation relevant to their field. Groups will consider the clinician's process of information gathering, decision-making, documentation and communication, and develop materials using provided forms and templates. Each group will then pass their task to another table, who will complete the activity and provide feedback in a structured format. Participants will then reconvene to discuss the opportunities and challenges of implementing tabletop simulation in their own educational contexts.

Aims

This workshop aims to improve participants' awareness of the tabletop simulation as an educational tool, deepen understanding of its pedagogical foundations, and empower attendees to apply this approach in their own settings.

Discussion

Participants will leave with an understanding of tabletop simulation, its theoretical basis, and practical skills to design and implement an activity relevant to their context.

References

Cross, C. R. (2024). *Effectiveness of a tabletop simulaiton activity on senior-level BSN students' clinical reasoning, clinical decision-making and clinical judgement scores.* William Carey University]. ProQuest Dissertations & Theses.

Rashed, A. L., Cherukuri, A., Seu, R., Taubman, C., Jamal, J., Guha, D., Ahmed, O., Melgar, J., Kardashian-Sieger, T., Rummaneethorn, N., Restivo, A., Yoon, A., Gartenberg, A., & Singh, M. (2025). Comparing Tabletop and High-Fidelity Simulation for Disaster Medicine Training in Emergency Medicine Residents. *Disaster Medicine and Public Health Preparedness*, *19*. https://doi.org/ARTN e276 10.1017/dmp.2025.10206

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Learning and practising health care in a second language

Professor Francesco Bolstad[1], Professor Nobutaro Ban[2], Dr Elizabeth Kachur[3]
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Key Words

1. Cross-language communication
2. Professionalism
3. OSCEs
4. Curriculum design
5. Multilingual education

Introduction/Background

English has become firmly established as the lingua franca of science and medicine, and proficiency in English is often taken for granted as a prerequisite for participation in medical education and health care—not only in English-speaking countries, but globally. However, language is far more than vocabulary and grammatical structures. Language shapes how meaning is constructed, how relationships are negotiated, and how sociocultural norms govern professional communications.

This interactive workshop invites participants to develop instructional tools for supporting cross-language communications in patient care and teaching. Drawing on the facilitators' experience with English communication curricula, OSCEs, global communities of practice events and international debate programmes, this session will examine how verbal and nonverbal language can connect or divide in a professional context.

Methods

Participants will engage in guided discussions designed to strengthen observation skills and to develop educational strategies that enhance learners' cross-lingual competence in educational and clinical contexts. Polling will help identify audience background and expertise. A handout will provide references, worksheets and opportunities to record learning gains.

Results/Evaluation/Aims

By the end of the session participants should be able to

1) Discuss the unifying and dividing potential of language in educational and clinical contexts
2) Describe how linguistic competence and confidence can affect educational and clinical encounters
3) Plan educational interventions to prepare health profession trainees for multi-language encounters

Discussion

The importance of language in educational and clinical encounters cannot be underestimated. It is a critical element for practicing in a globalized environment and for advancing any professional field. This workshop aims to enhance awareness of instructional opportunities that embrace the saying: Whakarongo kia mōhio; kōrero kia mārama — listen in order to understand; speak in order to be understood.

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References

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Zabar S, Hanley K, Kachur E, Stevens D, Schwartz MD, Pearlman E, Adams J, Felix K, Lipkin M Jr, Kalet A. "Oh! She doesn't speak English!" Assessing resident competence in managing linguistic and cultural barriers. J Gen Intern Med. 2006 May;21(5):510-3. doi: 10.1111/j.1525-1497.2006.00439.x. PMID: 16704400; PMCID: PMC1484779.

Outline of workshop activities

10 min - Welcome, introductions, orientation (polling, word clouds)
20 min - Cross-language communication challenges (Think-Pair-Share)
15 min - Sample educational programs to enhance language proficiency and promote communicative flexibility - what works? (brief presentations about English curricula for medical students, OSCE stations for working with interpreters, World Café for health profession educators)
20 min - Preparing learners for cross-language encounters in educational and clinical contexts (small group case discussion to explore intervention options that address knowledge, skills and attitudes/values with the help of worksheets)
15 min - Reporting out of small group discussion results
10 min - Summary and take-home-points

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Workshop 16

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Weaving actionable feedback into performance assessment: supporting student learning

Professor Katharine Boursicot[1], Professor Jen Williams[1], Mary Lawson[1]
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Introduction/Background

Performance assessments provide key information towards determining student competence within health professional education. These assessment episodes can be leveraged to support student learning through a best practice feedback approach.

Weaving actionable feedback activity routinely into performance assessments is important in engaging learners to reflect on their learning trajectory and enhance their skills.

Faculty development for teachers is critical to the success of a good program of feedback; this workshop aims to upskill teachers in best practice feedback based on research evidence.

Methods

This workshop will be structured to support participants with a range of levels of experience by leveraging the expertise in the room. An introductory discussion describing participants' experiences will be followed by a short presentation on evidence-based feedback, and then individual and group activities to practice the recommended approaches. A final summary will tie together the different perspectives shared and insights gained.

Aims

1. Discuss research evidence for best feedback practice in performance assessment
2. Apply best practice feedback for performance assessment
3. Analyse opportunities and challenges in the implementation of a best practice feedback approach

References

Boursicot K, Kemp S, Wilkinson T, Findyartini A, Canning C, Cilliers F, Fuller R. Performance assessment: Consensus statement and recommendations from the 2020 Ottawa Conference. Med Teach. 2021 Jan;43(1):58-67. doi: 10.1080/0142159X.2020.1830052. Epub 2020 Oct 14. PMID: 33054524.

Hattie, J., & Timperley, H. (2007). The Power of Feedback. *Review of Educational Research*, *77*(1), 81-112. https://doi.org/10.3102/003465430298487

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Outline of workshop activities

Describe how the presenters will engage with the audience, what strategies will be used to ensure a 'hands on' experience (200 word maximum)

1. Commence workshop with introductions/ice breaker and provide safe space for participants to share their experiences of feedback in performance assessment (10 min)
2. Brief presentation describing research evidence for best practice and feedback as dialogue, linking concepts to those raised by participants in (1) (15 min)
3. Facilitated discussion inviting participants to analyse best practice approaches (15 min)
4. Individual and group activities – participants will develop feedback and work in small groups to share, providing metacognitive feedback on feedback, with roaming facilitators contributing (20 min)
5. Facilitators will reconvene the group to hold a discussion about lessons and insights from the activity, and to include the role of technology in operationalisation of a best practice feedback approach (20 min)
6. A final summary will link all elements of the workshop to leverage shared and competing perspectives (10)

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Title: Seeing the Whole System: Applying Systems Evaluation Theory (SET) in Health Professions Education Research and Evaluation.

Dr Imogene Rothnie[1], Ms Libby Newton[1]
[1]Royal Australasian College Of Physicians, Sydney, Australia

Health professions education (HPE) increasingly operates within complex systems shaped by interdependent processes, diverse stakeholders, and overlapping structures. Our experience is that understanding these systems is best served by tools that move beyond linear (e.g., program logic models) or component-level analysis. Systems Evaluation Theory (SET) (Renger R. , 2015) (Renger R. , 2022) provides a practical, structured framework for analysing system purpose, subsystems, boundaries, interdependence, feedback, adaptation, and emergent behaviours.

This interactive workshop introduces participants to SET and guides them in applying foundational system concepts to their own educational contexts. Short demonstrations and facilitated mapping activities support participants to define a system, identify its subsystems and components, and examine how boundaries and interactions shape performance.

Learning outcomes: By the end of the workshop, participants will be able to: (1) define a system in their own HPE context and identify relevant subsystems, components, and boundaries; (2) explain and apply key system principles—interdependence, boundaries, feedback, adaptation, and emergent properties; (3) distinguish between system efficiency (coherence, minimising duplication) and effectiveness (achievement of purpose, including emergent outcomes); and (4) formulate a SET-informed research, evaluation, or improvement question using a practical mapping template.

By foregrounding how system components interact to produce both intended and unintended outcomes, SET offers HPE scholars a powerful lens for analysing complexity, diagnosing system-level challenges, and identifying leverage points for improvement. Integrating systems thinking strengthens evaluative rigour, supports better decision-making, and enhances responsiveness to dynamic training environments.

We encourage health professions education researchers and academics to attend this workshop to build the system thinking capabilities urgently needed in today's complex training environments. As programs grow more interconnected and adaptive, researchers require tools that illuminate interdependence, boundary tensions, and emergent system behaviours. This workshop offers a practical starting point for developing these skills and advancing rigorous, system aware scholarship in HPE.

References

Renger, R. (2015). System evaluation theory (SET): A practical framework for evaluators to meet the challenges of system evaluation. *Evaluation Journal of Australia, 15*(4), 16-28.

Renger, R. (2022). *System Evaluation Theory: A blueprint for practitioners evaluating complex interventions operating and functioning as systems.* Charlotte: Information Age Publishing.

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Outline of workshop activities

This workshop provides a concise, practice oriented introduction to Systems Evaluation Theory (SET) tailored for health professions education researchers, program evaluators or anyone interested in exploring complex interventions acting as a system. Participants begin by defining a system and its purpose in their own work environment, such as a selection process, learning program or assessment system and identifying its key subsystems, components, and their boundaries and interactions.

Facilitators then introduce core system principles, including interdependence (how subsystem interactions shape system performance), boundaries (structural, temporal, professional), feedback (information flow and influence), adaptation (responses to internal and external pressures), and emergent properties (outcomes not predictable from individual parts).

Participants work in small groups to map these principles onto their own educational contexts. They will then consider how to frame evaluation or research questions in terms of efficiency (coherence, alignment, reduction of duplication) and effectiveness (achievement of purpose, equity considerations, and emergent system behaviour).

The workshop concludes with each participant drafting a SET-informed research or evaluation question. They also receive a simple, reusable template for applying SET to future HPE projects, ensuring they leave with practical skills for analysing and improving the complex systems in which they work.

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Weaving Evidence into Education: Collaborative Program Evaluation in Health Professions Training

Dr. Kimberly Dahlman[1], Dr. Alana Newell[2], Dr. Neil Osheroff[3], Dr. Nancy Moreno[2]
[1]Vanderbilt University Medical Center, Nashville, USA, [2]Baylor College of Medicine, Houston, USA, [3]Vanderbilt University School of Medicine, Nashville, USA
ANZAHPE 2026 Pre-Conference Workshop Abstract

Five key words: Evaluation, Outcomes, Impacts, Program, Quality Improvement

Introduction
Program evaluation is the systematic assessment of educational initiatives, programs, and interventions to determine effectiveness, efficiency, relevance, and impact on trainees, educators, and communities. By collecting and analyzing quantitative and qualitative data, evaluators generate evidence-based feedback about a program's strengths and areas for improvement, supporting decisions about refinement, expansion, or discontinuation. Because educational programs are embedded in complex institutional and community contexts, collaborative approaches to evaluation are essential for sustained success and meaningful use of results.

Methods
In this interactive pre-conference workshop, an experienced program evaluation team will guide participants through foundational elements of collaborative program evaluation and practical tools, such as logic models, which can be applied immediately in their home institutions. Participants will be introduced to core evaluation concepts and will receive adaptable templates and step-by-step strategies for planning and implementing evaluations aligned with intended short- and long-term outcomes. Learning will be reinforced through structured small- and large-group discussions in which participants work through common evaluation obstacles and explore opportunities to strengthen program design and assessment plans. Facilitators will provide feedback and coaching as participants draft evaluation components.

Results
At the end of the session, participants will develop and apply a logic model to their own programs to align resources, activities, outputs, outcomes, and intended impacts. Attendees will leave with a draft logic model and supporting templates that can be implemented or adapted for program evaluation and continuous improvement, along with strategies for guiding teams in the development of logic models and program evaluation plans.

Discussion
Collaborative program evaluation supports long-term program success by promoting shared understanding of goals, increasing stakeholder buy-in, and improving the likelihood that findings will be used. Logic models serve as a practical tool that connects program operations to intended outcomes, enabling a holistic evaluation that strengthens both program implementation and demonstrated impact.

References

- W.K. Kellogg Foundation. 2004. Logic Model Development Guide. Updated Ed.
- Van der Vleuten, et al. (2018). Programmatic assessment: the process, rationale and evidence for modern evaluation approaches in medical education. *Medical Education* 209(9).

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Outline of Workshop Activities

- **15 min:** Overview of collaborative program evaluation strategies and an introduction to logic models (with a guided demonstration).
- **65 min**: Individuals will develop a logic model for their own programs. This will be supported by coaching by workshop facilitators and small and large group discussions. Strategies for engaging in this development process with others in their home institutions will be shared and discussed throughout the session.
- **10 min**: Large group reflective discussion, question and answer, and commitment to change.

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ANZAHPE 2026

ABSTRACTS

DAY ONE

TUESDAY 30 JUNE

ANZAHPE
Australian & New Zealand Association for Health Professional Educators

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Becoming interprofessional: student perspectives from a chronic conditions service in primary care

Dr Louisa Matwiejczyk[1,3], Claire Wirth[2], Zoe Maidment[2], Professor Stacey George[1,3], Nathan Chesterfield[1], Dr Kacie Dickinson[1,3]
[1]Flinders University, Adelaide, Australia, [2]Northern Adelaide Local Health Network , Elizabeth, Australia, [3]Caring Futures Institute, Flinders University, Adelaide, Australia

Introduction/Background
CONNECT is an innovative, partnered clinic between Flinders University and the Northern Adelaide Local Health Network, created to bridge the gap between classroom-based interprofessional education and the realities of collaborative practice in disadvantaged communities. Located in one of South Australia's most socially and economically marginalised regions, this student-led model brings together physiotherapy, dietetics, occupational therapy and exercise physiology students to deliver holistic care for clients with chronic conditions. By positioning learners within complex, real-world environments, CONNECT enables interprofessional teamwork to become both essential and deeply embedded in practice. This study investigated how this immersive, practice-based initiative shaped students' understanding, confidence, and experience of interprofessional practice, particularly in relation to role clarity, collaborative decision-making, and navigating structural determinants of health.

Methods
Multiple methods were implemented to explore student perspectives and the effectiveness of this interprofessional placement in a primary care setting. Individual semi-structured interviews were conducted at placement completion (n=24) to explore students' experiences of interprofessional practice. Students (n=22) also completed a pre- and post-placement survey capturing demographic data and two validated self-report tools to assess interprofessional attitudes and perceptions: the Student Perception of Interprofessional Clinical Education (SPICE-R2) and the Interprofessional Socialisation and Valuing Scale (ISVS-21).

Results/Evaluation
Qualitative interviews captured students lived experiences of collaboration, role clarity, and shared feedback across disciplines. Students reported developing a deeper understanding of social determinants of health, the lived realities of clients in disadvantaged communities, and the impact of systemic barriers on individual agency. Quantitative findings demonstrated significant increases in ISVS-21 (3.94 ± 1.4 vs 6.29 ± 0.4) and SPICE-R2 (3.73 ± 0.42 vs 4.59 ± 0.23) scores. The SPICE-R2 roles-responsibilities domain showed the greatest change (+0.9% mean change, $p<0.001$).

Discussion
Authentic, community-embedded interprofessional education fostered confidence, mutual respect, and a deeper understanding of team-based care. Students valued structured opportunities to co-assess, co-plan, and observe collaborative reasoning across disciplines. The placement challenged assumptions, supported integrative learning, and strengthened readiness for real-world collaborative practice. Barriers included inconsistent discipline-specific supervision and limited prior exposure to interprofessional frameworks, highlighting the need for a shared assessment structure and stronger scaffolding to sustain interprofessional competence development.

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Shining the light on student perceptions in a student-led community clinic: interprofessional education and connections with increased collaborative practice readiness

Mrs Dayle Osborn[1,2], Ms. Tenielle Kent[1], Ms. Kristy Wildermuth[1], Ms. Tegan Hopkins[1], Ms. Jayne Kirkpatrick[1], Dr Bahram Sangelaji[1,2], Dr Tony Fallon[1,2], Dr Benedict Osei Asibey[1], Dr Adam Hulme[1]
[1]Southern Queensland Rural Health, University of Queensland, Toowoomba, Australia, [2]University of Southern Queensland, Toowoomba, Australia

Introduction/Background
Southern Queensland Rural Health provides an immersive interprofessional (IP) placement opportunity in their student-led Health and Wellness Clinic (HaWC). Capturing the narrative of students as developing health practitioners, combined with measured change in interprofessional collaborative practice (IPCP) skills and perceptions of placement quality, this presentation highlights potential learnings for other IP settings.

Methods
Students on placement in HaWC from 2020 to 2025 completed a structured survey on their last day which focused on elements of the placement experience, the variety of interprofessional education (IPE) activities undertaken, and their prior experience with IPE. The survey also measured perceived changes in knowledge of IP competencies using the Interprofessional Collaborative Competencies Attainment Survey (ICCAS) (1), and placement quality using the Placement Evaluation Tool (PET) (2).

Results/Evaluation
Preliminary analysis of 102 student survey results revealed that the placement was perceived as being of high quality (PET 4.8/5 for Clinical Environment and Learning Support). The placement experience produced significant improvements ($p < 0.001$) with large effect sizes (*Cohen's d*s > 0.9) for all six ICCAS competency areas. The qualitative data revealed students commonly valued the opportunity to learn from other disciplines, and increasing their understanding of various roles within the health team.

Discussion
The data presented shows a substantial and meaningful enhancement in perceived interprofessional collaboration competencies following a placement in HaWC, providing compelling evidence for the educational impact of these placements. The learning about and working with other disciplines afforded by IP activities in a supportive high-quality placement highlights the need to go beyond the current siloed approach to student learning and socialisation. The findings emphasise for health educators the important role increasing interprofessional connections and activities across health disciplines plays in better preparing and supporting the next generation of collaborative health practitioners.

References
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The impact of pre-clinical medical student interprofessional observational placements on clinician preceptors: Pre-clinical medical student interprofessional observational placements – a great idea but has anyone asked the clinician preceptors?

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Introduction/Background
For medical students to become well-rounded doctors, providing meaningful interprofessional collaboration (IPC) opportunities as early as practical in their training is key. However, IPC opportunities for medical students are often ad hoc; in the latter, clinical years; and hinge on setting specific medical or surgical rotations. Conversely, while formal placements for pre-clinical medical students with allied health and nursing professionals are highly desirable, it is critical to consider the impact on the educators. This study sought to address this gap, thereby informing the feasibility of this important educational experience for medical schools who recognise its importance.

Methods
Pairs or singletons of 143 pre-clinical MD students from a large Australian medical school were placed for 14 weeks to observe 37 different allied health and nursing speciality teams. The lived experiences and insights of the clinician preceptors was sought through focus groups and semi-structured interviews. Transcripts were processed using Leximancer v5 text analysis software, and resultant concepts analysed.

Results
Clinicians emphasised that the placements were not a time- or energy-burden; and that scheduling by the medical school was generally smooth and a major advantage. Clinicians found it fulfilling to share their knowledge and experiences on a 1:1 or 1:2 basis and gratifying to contribute to the knowledge development of students and their appreciation of allied health and nursing professions. The generally positive feedback they received from students enhanced job satisfaction.

Discussion
Our study provided two important, unexpected findings on behalf of clinicians *viz.* the time- and energy-burdens were minimal and professional gratification was high. These positive impacts have led to the continued success of the placements. Feedback from clinicians was used to improve delivery and should encourage other medical schools considering pre-clinical placements to enhance IPC thereby graduating well-rounded doctors.

References

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Dornan, T., Conn, R., Monaghan, H., Kearney, G., Gillespie, H., & Bennett, D. (2019). Experience based learning (ExBL): Clinical teaching for the twenty-first century. Medical Teacher, 1-8. https://doi.org/10.1080/0142159X.2019.1630730 .

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An authentic clinical placement experience contributes to a successful interprofessional clinical placement in a residential aged care facility.

Prof Kylie Mansfield[1], Dr Christine Metusela[1], Dr Peta Drury[1], Dr Mark Wilson[1,2]
[1]University Of Wollongong, Wollongong, Australia, [2]Harbison Residential Aged Care Facility, Moss Vale, Australia

Introduction/Background
As the population ages more patients with complex chronic health conditions will eventually make use of a residential aged care facility (RACF). These residents require multidisciplinary team care which is provided by a combination of medical, nursing and allied health professionals. This project aimed to evaluate how designing an authentic clinical placement experience in a RACF enhanced the collaboration between health education students (medicine, nursing, allied health).

Methods
In total 22 students participated in 28 hours of interprofessional education clinical placement in a RACF, conducted one day every week over 3 weeks, interviewing 56 residents. Placements involved students from different disciplines meeting with a resident, together with care staff from the facility, and undertaking a case review before completing a management plan with identified actions for care requirements. The management plan was provided to the facility at the conclusion of the placement. The interactions between the students and residents were observed by members of the research team and field notes were taken.

Results
Analysis of the field notes highlighted that the presence of care staff allowed rapport to develop quickly between the students and the residents who were open in sharing their experiences with the students. All students were clear how the placement fitted in with their scope of practice and as such all were observed to contribute to the discussion with the resident and participated in generating the management plan. The care staff were seen as knowledge partners in the placement experience and were observed to provide an authentic context to the discussions.

Discussion
Designing a clinical placement that was authentic allowed students to see the value in their experience. Students took the placement seriously and collaborated with the resident and care staff in generating a management plan that could be provided to the aged care facility.

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Educational pre-configuring contributes to a successful interprofessional clinical placement in a residential aged care facility.

Prof Kylie Mansfield[1], Dr Christine Metusela[1], Dr Peta Drury[1], Dr Mark Wilson[1,2]
[1]University Of Wollongong, Wollongong, Australia, [2]Harbison Residential Aged Care Facility, Moss Vale, Australia

Introduction/Background
As the population ages there will be increasing numbers of patients with complex chronic health conditions which requires future health graduates to be ready for interprofessional teamwork. Interprofessional education (IPE) programs where students from two or more professions learn about, from and with each other are becoming essential in our education programs. This project explored the way in which educational pre-configuring contributed to collaboration of health education students (medicine, nursing, allied health) in a residential aged care facility (RACF).
Methods
In total 22 final year students participated in 28 hours of IPE clinical placement conducted one day a week over 3 weeks. The activity involved students meeting with a resident and undertaking a case review before completing a management plan. The students were divided into two groups. Group 1 had limited instructions regarding the development of the management plan. Group 2 were provided a template to generate the management plan. The interactions between the students and the residents were observed by members of the research team and field notes were taken. Focus groups were conducted at the end of the 3 week placement.
Results
Students in the first group reported uncertainty about what was required for the management plan. This uncertainty impeded their ability to work collaboratively. They were observed to allocate less time to the management plan and were more likely to rush through this component of the placement. In contrast, students in the second group were observed to be more collaborative and inclusive in developing the management plan. They were seen to spend time sharing thoughts about what the resident required and were affirming of each others suggestions and inputs.
Discussion
Removing the uncertainty around what was required of the management plan task appeared to allow increased collaboration to develop between the students.

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Student experiences of case conferences to support interprofessional learning in student-led clinics

Emilia Roberts[1], Dr Claire Pearce[1], Marian Cappellari[1], Sarah Collins[1], Louise Drysdale[1], Melanie Moore[1]
[1]University Of Canberra, Bruce, Australia

Introduction
Interprofessional Learning (IPL) is central to help prepare allied health graduates for contemporary, team-based healthcare. There is limited empirical evidence describing how students experience these activities as part of authentic workplace learning. This study explored how IPL case conferences within the University of Canberra student-led Health Clinics contribute to students' professional identity formation, interprofessional communication skills, and readiness for collaborative practice.

Methods
Four focus groups were conducted between June and August 2025 with 17 students from physiotherapy, nutrition and dietetics, psychology, exercise physiology, optometry, and occupational therapy. Data were analysed using an inductive thematic approach to identify shared experiences, perceived learning outcomes, and opportunities to strengthen IPL structures.

Results
Students described the case conferences as a supportive, low-pressure environment that enhanced confidence and enabled meaningful engagement with peers from diverse disciplines. Presenting cases and contributing to others' discussions strengthened their ability to communicate concisely, recognise discipline-specific jargon, and articulate clinical reasoning. Exposure to a broad range of professional perspectives deepened students' understanding of scopes of practice, improved referral decision-making in real patient cases, and fostered appreciation of shared challenges across allied health professions. Responding spontaneously during case conferences was perceived as confronting for some students while for others, it was viewed as a valuable mechanism for developing professional communication and adaptive reasoning.

Students also identified structural features that enhanced learning, including clear facilitation, explicit expectations, case presentation templates, advance notice of responsibilities, and awareness of which disciplines would be present. Importantly, students emphasised the need to maintain flexibility to support authentic multidisciplinary dialogue and maximise the value of placement time.

Discussion
Findings demonstrate that IPL case conferences strengthen professional identity, interprofessional capability, and holistic client-centred reasoning. The study provides evidence to refine IPL structures and develop targeted resources to support student preparation.

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The Illusion of Competence: How Artificial Intelligence is Redefining Professional Competence in Nursing – An Integrative Review

Lucy Oh[1], Rebecca Mowat[1], Gael Mearns[1]
[1]Auckland University Of Technology, , New Zealand

Introduction/Background
The ubiquitous adoption of large language models, such as ChatGPT, is fundamentally redrawing the academic landscape for the next generation of nurses. However, the capacity of these tools to generate polished outputs risks allowing nursing students to bypass the deep cognitive engagement essential for clinical judgement, potentially decoupling academic performance from actual capability. This review synthesises evidence on how this technology reshapes the professional formation of undergraduate nursing students to ensure it strengthens, rather than erodes, patient safety.

Methods
Guided by Whittemore and Knafl's framework and reported via PRISMA 2020 and Synthesis Without Meta-analysis guidelines, this review synthesised empirical data from four databases (CINAHL, MEDLINE, Scopus, ERIC) searched from January 2022 to January 2026. Thirty-five studies from 16 countries were included and analysed using Reflexive Thematic Analysis to construct an inductive conceptual framework.

Results
The synthesis reveals a governance gap where technological adoption outpaces policy, forcing students to self-regulate use without guidance. Such unstructured reliance fosters the passive acceptance of algorithmic outputs – creating a systemic 'Illusion of Competence' where surface fluency masks reasoning deficits that traditional assessments fail to detect. However, the review identifies pedagogical positioning as the decisive variable. While product-oriented use creates dependency, process-oriented designs leverage the emergent skills students are actively forging, defining 'AI governance' as a critical new competency.

Discussion
The 'Illusion of Competence' creates a critical safety risk: the certification of graduates whose academic transcripts conceal deep reasoning deficits. Addressing this requires a paradigmatic shift in professional formation. To safeguard practice, nursing education must move from reactive prohibition to 'adaptive governance,' redefining competence not as knowledge retention, but as the stewardship of human-AI cognitive systems. Consequently, assessment strategies require a fundamental evolution from validating written products to interrogating the student's process of inquiry, verifying the genuine clinical judgement required to ensure safe, patient-centred care.

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Centring critical and problem-posing approaches to learning ethically with Generative Artificial Intelligence

Dr Julia McCartan[1], Dr Zoe Davidson[1], Dr Christie Bennett[1]
[1]Monash University, Clayton, Australia

Introduction
The introduction of Generative Artificial Intelligence (GenAI) and Large Language Models (LLMs) is reshaping health professions education. Ethical concerns raised include bias in AI-algorithms and issues with the accuracy and credibility of AI-generated content. (1) Educators require pedagogical approaches that foster students' responsible use of GenAI for learning and assessment. Freire's critical and 'problem-posing' pedagogy (2) offers a way for students to examine their own values regarding GenAI-use and question GenAI's ethical implications. This education innovation aimed to position students and educators as co-learners, applying scaffolding to explore the complexity of GenAI-use in learning.

Methods
Learning was scaffolded across a first-year Bachelor of Nutrition Science evidence-based practice (EBP) unit. Four workshops focused on: 1) a basic understanding of LLMs; 2) manual journal article data extractions and quality appraisals; 3) disentangling ethical issues with GenAI and peer-reflection through teach-back methods; and 4) conducting journal article data extractions/quality appraisals with the assistance of LLMs. Ethical GenAI-use declarations and reflective writing were also embedded in existing assessment tasks.

Results
Students engaged enthusiastically and offered nuanced reflections on 10 ethical issues with GenAI (bias, misrepresentation, intellectual property, data protection, accuracy/reliability of outputs, use of extractive resources, transparency, source credibility, over-reliance, and equity in access). When comparing GenAI outputs between peer groups and with manual data extractions, students identified inaccuracies and inconsistencies between outputs, prompting critical discussion about the limitations of GenAI and the need for human-centred criticality. Student assessments offered multifaceted insights and decision-making, including 59% of students who chose not to use GenAI in assessments in light of the ethical and moral implications reflected upon across the semester.

Discussion
This education innovation demonstrates the potential of critical and problem-posing pedagogy to foster students' agency in exploring and articulating their own ethical positions and shaping responsible GenAI practices.

References

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Artificial intelligence and learning resources: ensuring effective opportunities in medical learning

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Introduction/Background
Artificial intelligence (AI) is increasingly prevalent in medical education; however, there is limited clarity regarding which AI-enabled opportunities are valued by students and faculty and which meaningfully address existing educational challenges. This work aims to explore AI use cases that align with known issues in medical learning, rather than introducing technology-driven solutions without clear educational relevance.

Methods
An exploratory mixed-methods approach was used, incorporating quantitative surveys, individual interviews and group discovery sessions. Surveys were completed by 193 medical students and faculty across the United Kingdom, Australia, New Zealand and the United States. In addition, 95 individual interviews were conducted with students and faculty, along with three group discovery sessions involving students. Subject matter experts also undertook structured evaluations of AI-generated outputs to assess accuracy, educational relevance and alignment with expected learning standards.

Aims
This work aims to understand which AI use cases in medical learning are of interest to both students and faculty, and to identify where AI-enabled tools may add meaningful educational value beyond freely available AI resources. A central focus is aligning potential AI use cases with known challenges faced by learners, including navigating large volumes of online resources, difficulty evaluating resource quality, misalignment with institutional or national standards, and limited alignment with learner level.

Discussion
By focusing on AI use cases identified by students and faculty, this work highlights areas where freely available AI tools may not adequately address key challenges in medical learning. In particular, gaps relating to alignment with curricula and standards, appropriateness to learner level and reliability of educational content remain important considerations. Understanding these gaps may help inform the development of AI-enabled learning resources that provide additional educational value beyond free AI tools and better support students and educators in medical education.

Keywords: Artificial Intelligence, Medical Education, Student

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Exploring the current state of play: Health professions educators' engagement with generative AI in teaching and learning

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Introduction
Generative artificial intelligence (GenAI) is reshaping higher education, with growing relevance for health professions education (HPE). While interest in GenAI-enabled simulation, assessment design, and administrative efficiency is rapidly increasing, little is known about how health professions educators themselves are experiencing and prioritising GenAI adoption. This study explored educator experiences, perceived opportunities, and key challenges related to GenAI within contemporary HPE contexts.

Methods
A mixed-methods study was conducted during a 90-minute Personally Arranged Learning Session (PeArLS) at the ANZAHPE 2025 conference. Participants completed an anonymous online survey, followed by small- and large-group discussions using Nominal Group Technique (NGT) to generate and prioritise perspectives. Qualitative data included survey open-text responses, colour-coded post-it notes and Padlet entries, analysed through thematic content analysis with triangulation across data sources.

Results
Fifty-one educators participated with the majority identifying as female (37/51, 76%) and the highest proportion aged between 36 and 45 years (17/51, 33%). Most educators (40/51, 78%) had some experience with GenAI, with 11 indicating confident or expert use (11/51, 22%). GenAI use was concentrated in administrative and teaching-preparation tasks, with this highest usage in drafting course materials and resources (27/51, 53%). The majority of participants had never used GenAI during classroom teaching (37/51, 73%) and did not use it for clinical or professional work (31/51, 61%). Three priority areas emerged: (1) personalisation and 24/7 learner support; (2) efficiency and creativity in content generation; and (3) ethical and responsible use. The top three key challenges identified were assessment integrity, educator AI literacy and fostering critical thinking in novice learners.

Discussion
Educators expressed "hesitancy despite enthusiasm," reflecting enthusiasm for GenAI's potential alongside uncertainty about policies, readiness, and educational impact. Findings highlight the need for faculty development, governance frameworks, and pedagogically grounded implementation strategies that preserve deep learning while enabling responsible innovation in HPE.

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Is mental health professions education less likely to be disrupted by AI than other health professions?

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Introduction/Background
Equipping health professionals with the skills and knowledge to work in mental healthcare requires particular emphasis on interpersonal connection and empathy, as well as a focus on subjective individual human experience. While traditionally it has been thought that artificial intelligence (AI) may be less adept computing these more 'human' qualities [1], recent rapid technological advancements in generative AI have called this perspective into question. This oral presentation aims to explore how advancing AI capabilities will impact the education specifically of mental health professionals, including psychiatrists, psychologists, counsellors, and nurses or social workers with additional training in mental health.

Methods
Based on both a recent scoping review considering trends in the use of AI in psychiatry training [2] and the wider mental health professions literature, this oral presentation will detail how educators are applying or adapting to AI technology in mental health teaching and assessment.

Results
Mental health professions educators have found generative AI to be accurate when answering extant assessments and useful for developing adjuvant teaching resources. Natural language processing can be an effective enhancement for simulation-based clinical skills training. There are growing calls for clinical informatics skills to be integrated into mental health training curricula, as machine learning begins to impact clinical practice. Nevertheless, concerns exist relating to academic integrity, ethical considerations and the impact on critical thinking skill development. The attitudes of mental health educators toward the rise of AI in training remain underexplored.

Discussion
The education of mental health professionals appears to be no less susceptible than other health professions to the impact of AI. Training curricula will need to reflect the new knowledge and skills required for future clinical practice, while educators will need to be mindful of academic integrity risks and to emphasise critical thinking skills.

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Does better MMI design lead to better information on student selection?

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Introduction/Background
Multiple Mini-Interviews (MMIs) are widely used in health professional student selection; however, the quality, interpretability, and defensibility of the data they generate are highly dependent on station design and scoring. In 2025, our Doctor of Medicine program updated its MMI development process to strengthen station quality, governance and marking. We introduced multidisciplinary team-based authorship and peer review. Station scenarios and marking rubrics were revised, improving the authenticity of situational questions and moving away from checklists towards more holistic, criterion-referenced rubrics.

Methods
A retrospective pre-post evaluation of MMIs was conducted to support quality assurance and continuous improvement, comparing data from two previous years of legacy stations with the first year following the change. De-identified candidate-level data were analysed descriptively. Station-level analyses included trends in score distributions and measures of reliability and discrimination.

Results/Evaluation
The change resulted in improved reliability of individual stations in all domains, even though the reliability of the overall MMI remained stable. Subsequently, more candidates were rated as unsatisfactory or borderline, suggesting greater differentiation of lower-performing candidates. This incidentally resulted in an increase in the overall failure rate when a historical 50% cut score was applied, and a modified Cohen standard-setting method was used to generate a more defensible cut score.

Discussion
These findings suggest that a structured, peer-reviewed approach to MMI station and rubric development resulted in more valid and reliable assessment information. Improved differentiation of candidate performance necessitated reconsideration of historical cut scores, highlighting the interdependence between station design and defensible standard-setting practices. The shift away from checklists may support more holistic and fair judgements of performance with improved reliability. This work highlights the value of investing in systematic design processes as a quality assurance strategy for MMIs. It provides a framework for institutions seeking to enhance selection practices while simplifying assessment complexity.

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How can medical student outcome data inform selection for a generalist workforce

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Background: To ensure everyone can access the healthcare they need, governments, healthcare organisations and educational providers are examining the employment and distribution of diverse health professional disciplines. Since 2005 Medical Deans Australia New Zealand (MDANZ) has surveyed graduating medical students to understand intended careers to inform actions that improve workforce distribution. They have recently linked this data with practice area in AHPRA registration data. We aimed to understand patterns in the Medical Schools Outcomes Database (MSOD) data which may predict specialisation to identify preference and predictors for general practice/rural generalism (GP/RG) and associations with practice in AHPRA data.

Methods: Every year, graduating students in 23 medical programs in Australia and NZ are invited to complete the MSOD survey. Questions include student type (domestic/international), urban/rural background, Centrelink funding, rural placements, preferred future location and type of medical practice and internship. Data were analysed using descriptive statistics. 2010-2020 MSOD data were linked with 2024 AHPRA registration data to explore associations.

Results: In Australia, 2,176(56.5%) students completed the 2024 MSOD survey. The highest-ranked preferred medical practice was adult medicine/physician (17.2%) followed by GP/RG (15%). Respondents who intended to pursue careers in GP/RG and finally practised in GP/RG were more likely to be domestic than international (13.1%v7.9%). Respondents from rural backgrounds were more likely to preference and practise in GP/RG (32.5%vs13.5%). Those who received Centrelink benefits during their studies were more likely to preference and practise in GP/RG (17.22%vs14.3%).

Discussion: There are associations between medical students' backgrounds and future careers in medicine. Whilst rural origin has been shown to predict rural practice, the novel finding in this research is the association between student type, Centrelink eligibility, rural origin and practising in GP/RG. This has implications for student selection, support and funding. Identifying such patterns can inform workforce planning and training, aiming to improve healthcare through better workforce distribution.

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National investigation on the impact of rurality on UCAT-ANZ performance

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Introduction
The University Clinical Aptitude Test (UCAT-ANZ) is commonly used as a standardised test for admission decisions into medical school. Available evidence suggests rural applicants to medical school are disadvantaged, particularly by poorer performances on the UCAT-ANZ. This study aims to examine performance differences in overall score and for each UCAT-ANZ subtest across 5 years of rural and metropolitan applicants, as well as explore whether increasing rurality is associated with poorer performance.

Methods
Retrospective repeated cross-sectional study of all UCAT-ANZ applicants between 2019-2023, stratified by rurality according to Australia's Modified Monash Model. Six performance scores of the UCAT-ANZ were assessed: verbal reasoning, abstract reasoning, decision making, quantitative reasoning, situational judgement and aggregate cognitive score.

Results
Compared to metropolitan origin applicants, rural origin applicants consistently achieved lower scores across all five years and most test components, with quantitative reasoning and abstract reasoning having the largest differences. Across the rurality categories, the largest decrease in scores was observed in the step between metropolitan versus large regional centre applicants. Most test scores consistently decreased with each rurality level, even after accounting for key socio-economic and demographic differences. Additionally, between 2019-2023 the gap between metropolitan and rural applicants significantly increased for decision making, quantitative reasoning, abstract reasoning and overall.

Discussion
There remains a substantial disadvantage for rural applicants completing standardised tests for selection into medical school, and this worsens with increasing rurality. The performance gap between rural and metropolitan applicants has somewhat widened in the last five years, emphasising the need for meaningful action to help address rural disadvantage (social justice inequities) within medical school selection. Key actions include increased exposure and earlier support in schooling to encourage rural applicants, decreased reliance on these tests for selection decisions, or decreased direct competition between rural and metropolitan applicants.

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Performance on University Clinical Aptitude Test (UCATANZ) predicts early academic success of international medical and dental students studying in Australia

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Introduction
The University Clinical Aptitude Test for Australia and New Zealand (UCATANZ) is an increasingly used selection tool for international applicants to Australian medical/dental programs, with limited evidence on its predictive validity. This study examined whether performance on the UCATANZ and selection interview predicted early academic outcomes of international medical/dental students studying in Australia.

Methods
The study analysed data from 279 international students enrolled in Medicine and Dentistry at Adelaide University (AU) and Medicine at University of New South Wales (UNSW) between 2021-2024. Selection variables included UCATANZ total and subtest scores, interview performance, and demographic characteristics. Academic outcomes comprised Year 1 and 2 performance indicators. Linear regression models identified predictability of selection tools and demographic characteristics on early academic performance.

Results/Evaluation
For AU Medicine: UCATANZ Decision Making (DM), UCATANZ Verbal Reasoning (VR) and male gender positively predicted Year 1 Foundation of Medicine performance (β =0.340, p<0.05; β =0.258; p<0.05 and β =-0.266, p<0.05, respectively). UCATANZ Quantitative Reasoning (QR) predicted Medical Studies performance in both Year 1 (β =0.324, p<0.05) and Year 2 (β 0.287, p<0.05).

For AU Dentistry: UCATANZ QR positively predicted Year 1 overall written performance (β =0.267, p<0.05) and Year 2 overall performance [written and clinical] (β =0.314, p<0.01).
Interview scores did not predict written academic performance in either AU cohorts.

For UNSW Medicine: UCATANZ DM positively and UCATANZ Abstract Reasoning negatively predicted performance in Foundation Studies (β =0.454, p<0.05; β =-0.526, p<0.01). Interview scores positively predicted end-of-year 2 Objective Structured Clinical Examination (OSCE) and written examination performance (β =0.591, p<0.05; β =0.601, p<0.05), whereas UCATANZ DM was negatively associated with OSCE outcomes (β =-0.699, p=0.046).

Discussion
Findings support the UCATANZ test as predictive indicators of early academic readiness for international medical/dental students. The contribution of UCATANZ subtests appears variable and context-dependent, emphasizing the importance of examining both total and subtest scores in individual programs.

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Do Selection Tools Predict Training Performance? A Retrospective Study of Obstetrics and Gynaecology Specialty Training.

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This study aimed to retrospectively examine whether selection tools used for entry into RANZCOG training predict poor training outcomes, including assessment failure, multiple examination re-takes, or attrition.

A retrospective cohort study was undertaken using RANZCOG selection and training outcome data. Trainees appointed to the program over a defined intake period were included. Selection data comprised performance across individual components of the RANZCOG selection process, including curriculum vitae (CV) scoring, referee reports, institutional ranking (IR), structured interviews and situational judgment testing (SJT). Poor training outcomes were defined a priori as failure of formal RANZCOG assessments, multiple examination re-attempts, and/or attrition from the training program prior to completion. Outcome data were obtained from College training records. Associations were analysed using descriptive and inferential statistics.

Performance in CV scoring, referee report and structured interview demonstrated limited association with poor training outcomes. All showed limited meaningful predictive ability for identifying trainees who subsequently experienced poor outcomes during training.

In contrast, performance in the SJT and IR demonstrated some association with poor training outcomes. Lower situational judgment testing performance was associated with an increased likelihood of experiencing assessment difficulties or leaving the program, suggesting a degree of predictive value for this selection component. Overall, among the selection tools examined, the SJT showed greatest utility in identifying trainees at risk of poor outcomes compared with CV, referee and interview.

The study indicate that CV, referee and interview have limited predictive value for poor outcomes in RANZCOG training, while the SJT and IR may better identify trainees at risk of subsequent training difficulty.

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Advancing Collaborative Learning in Higher Education: Implementing a Two-Phase Exam Model

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Introduction/Background
Traditional exams prioritise memorisation over deep understanding, which can lead to surface learning and limited knowledge retention. Collaborative assessments designed to enhance concepts acquisition, communication, and self-efficacy within inquiry-based learning framework are crucial. This study investigated undergraduate nursing students' perceptions of a collaborative assessment model (Two-Phase examination) and measured self-efficacy scores at a single, multi-site university

Methods
A mixed methods study was conducted employing survey questionnaire with open ended questions and focus group interviews. Quantitative data, including demographic variables and self-reported measures of self-efficacy were integrated with qualitative findings capturing students' perceptions and attitudes of Two-Phase examination. Quantitative data were analysed non-parametrically while qualitative data thematically.

Results
One hundred and sixty-seven participants took part in pre survey (RR= 30.4%); 251 participants (RR=45.6%) interim survey, while post survey gathered 164 participants (RR=29.8%). Mann-Whitney U identified statistically significant differences in general self-efficacy scores between international and domestic students with higher median for domestic students (U = 1693, z = -2.48, p = .013).
Experiences were positive for the whole exam (n=167; 67%) and for phase two (n=109;65.3%). Negative feedback was accounted for (n=36;21.6%). Pretest, international students (n=42;28%) had a lower self-efficacy score (MED=30;IQR=8) compared to post test (n=32;14 %) reported self-efficacy score(MED=36;IQR=10).Three overarching themes emerged: *divergent experiences of exam phases; real world application; collaborative learning with peer engagement*.

Discussion
Two-phase exam model aligns with modern education priorities fostering collaboration, critical thinking and inclusivity while developing key process skills for safe clinical practice readiness. Garnered insights offer opportunities to refine assessment design and promote equitable participation while mitigating identified logistic hurdles.

Key words: Assessments; collaborative testing; guided inquiry learning; higher education; nursing, self-efficacy.

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A Multi-Component Assessment Framework for Pre-Clinical Students: Correlation, Coherence, and Competency Development

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Background

Ensuring readiness for workplace learning, pre-clinical medical students must demonstrate foundational clinical competence prior to clinical immersion. Relying on single assessment method risk construct under-representation while programmatic approaches provide a defensible alternative[1]. We implemented a multi-component assessment framework comprising simulated case-based discussions (sCBD), patient encounter documentation assessments (PEDA), professionalism mini-evaluation exercises (P-MEX), and competency assessment of core clinical procedures (CA), in addition to the Objective Structured Clinical Examination (OSCE). This evaluation explores coherence of this framework and its association with OSCE performance across two pre-clinical cohorts.

Methods

Year 2 and 3 de-identified cohorts were analysed. We computed Spearman correlations between OSCE and each component; conducted Kruskal–Wallis comparisons across rating levels (1–3); fitted linear models (OSCE ~ sCBD + PEDA + P-MEX S1 + P-MEX S2); and constructed a composite index (CI) as the mean of all components. Diagnostic performance for OSCE pass (≥50%) was evaluated at composite thresholds (2.00, 2.25, 2.50, 2.75).

Results

In Year 2, P-MEX and PEDA showed small, significant correlations with OSCE; sCBD was smaller. CI correlated with OSCE ($R^2 \approx 0.10$). In Year 3, P-MEX S2 was strongest, with significant contributions from sCBD and P-MEX S1; CI correlated with OSCE ($R^2 \approx 0.11$). Linear models explained ≈10–13% of OSCE variance across cohorts. For thresholding, Year 2 showed best balanced accuracy at PoA ≥2.25 (Sensitivity 0.611; Specificity 1.000). In Year 3, a cut of 2.00 perfectly separated pass/fail; a more selective confirmatory cut of 2.25 yielded Sensitivity 0.564 and Specificity 1.000. CA showed restricted score variability and limited correlation.

Discussion

Findings demonstrate coherence between assessment components and OSCE performance, supporting construct validity. Modest individual correlations reinforce the value of programmatic approaches where decisions are based on triangulation of multiple data points. Quantitative association is one of various aspects of validity such as content alignment and impact on learning[46].

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Enhancing Inclusive Assessment and Assurance of Learning through ePortfolios and Dialogic Approaches: An Interprofessional Collaborative Autoethnography

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Background
Health professions education increasingly requires assessment approaches that are inclusive, secure, and supportive of graduate readiness, yet the emergence of generative artificial intelligence challenges traditional assessment practices and this balance [1]. This study explores dialogic assessment and inclusive design principles within ePortfolio pedagogy to address these challenges.
Methods
An interprofessional collaborative autoethnography (CAE) involving educators from Physiotherapy and Audiology was undertaken following curriculum redesigns with introduction of e-Portfolio based assessment inclusive of oral and audio-visual components (Physiotherapy: viva voce, Audiology: oral touchpoints, audio feedback, video consolidation task). Structured reflective dialogue, shared narrative accounts, and comparative analysis of decision-making and experiences were undertaken. This CAE approach enabled examination of convergences and divergences in assessment design, educator experience, and learning affordances.
Evaluation
Data were analysed against theoretical constructs. Dialogic and multimodal assessment enhanced inclusivity by providing multiple means to demonstrate learning, consistent with Universal Design for Learning. Oral and audiovisual modalities strengthened assessment security by supporting verification of authorship and deeper exploration of student reasoning. These approaches supported development of student voice, reflective capability, and professional identity, contributing to graduate readiness. Key challenges included coherent longitudinal design needs, maintaining psychological safety and professional boundaries through careful scaffolding of reflective practice, and staff development.
Discussion
These CAE findings highlight that inclusive and secure assessments can be achieved in two different health professions programs using a variety of multimodal dialogic assessments utilizing ePortfolio pedagogy. Longitudinal design and feedback loops are crucial for implementation, while oral and audiovisual modalities strengthened students' capacity to articulate learning and professional identity development. Future research will expand student evaluation, examine various oral modalities to programmatic assessment, and explore multimodal ePortfolio assessment in interprofessional education. The study demonstrates the utility of CAE as a method for generating informed insights into assessment innovation across health professions.
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Enhancing construct-alignment and utility of WBA rating scales

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Introduction/Background
Rater judgement in Workplace-based Assessment (WBA) is prone to many challenges including poor discrimination and 'failure to fail'. Construct-alignment of rating scales is one approach to address these challenges (Crossley et al, 2011). Supporting construct-alignment, the 5-point 'unsatisfactory' to 'excellent' WBA rating scales used in the Melbourne Doctor of Medicine program includes clinical anchors for each of the ratings based on expectations for a minimally competent student at the end of year. These anchors were visible to assessors through a toggle button in their electronic WBA forms. However, the high number of 'good' or 'excellent' overall performance ratings and the minimal 'borderline' ratings from early year mini clinical evaluation exercises (Mini-CEX) suggested that this construct is being incorrectly interpreted.
Methods
We enhanced the construct-alignment of our WBA rating scales in 2025 by identifying performance to the expected standard in the five scale points themselves, with 'borderline' replaced by 'approaching expected standard' and 'satisfactory' replaced by 'meeting expected standard'. We also made the clinical anchor for the expected standard directly visible to assessors when rating, while the additional clinical anchors visible through the toggle button were limited to below and well above expected standard. We analysed the mini-CEX ratings, comparing data from two previous years with 2025.
Results
The change resulted in a reduction in the median for overall performance scores across years and clinical schools. Many students were rated as meeting the standard instead of good/excellent while more were rated as 'approaching the standard', suggesting greater discrimination and less hesitancy to 'fail'.
Discussion
These findings suggest that making the expected standard less abstract in the scale itself and improving visibility while reducing the cognitive load in how clinical anchors are processed, resulted in more valid and reliable assessment information. This work provides a feasible approach to enhance construct alignment while simplifying rating complexity.
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Minimising bias and maximising learning through the evaluation of competency attainment in professional psychology training

Dr Sarah Liddle[1], Ms Lara du Plessis[1], Ms Emma Thompson[1], A/Prof Katherine Lawrence[1]
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Introduction/Background
Competency evaluation is essential for assessing and developing trainee psychologists' competence. However, summative supervisor evaluations are often poorly aligned with trainee learning and are vulnerable to systematic bias, limiting their educational value. To address this gap, the Psychology Competency Evaluation Tool – Summative (PsyCET-S) instructions were redeveloped and a training video was created to optimise implementation, embed deliberate practice themes, and reduce common evaluation biases. This study evaluated the updated tool's utility in supervision, its capacity to facilitate deliberate practice, and its effectiveness in minimising leniency and halo biases.

Methods
Data were collected between June 2024 and February 2025. Thirty-seven supervisors completed 72 PsyCET-S evaluations for 42 trainees. Qualitative content analysis of 28 additional surveys examined supervisors' and trainees' perceptions of the tool's utility in supervision. Basic content analysis explored the extent to which deliberate practice was evident in supervisory feedback. Leniency bias was assessed descriptively through rating distributions, while halo bias was examined by comparing ratings across seven competency domains.

Results
Participants reported that the PsyCET-S structured supervision conversations, supported trainee learning, and identified areas for further refinement. Evidence of deliberate practice varied across competency domains, suggesting differential uptake rather than absence. Rating patterns indicated ongoing hesitancy to assign lower scores, consistent with leniency bias, although halo bias was minimal, particularly among Introductory supervisors.

Discussion
These findings suggest that the PsyCET-S has potential as a transferable model for embedding deliberate practice within competency-based evaluation in supervision while mitigating common evaluation biases. By strengthening the alignment between assessment and learning, the tool may enhance training quality and support public safety within professional psychology.

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Evaluating the impact of a flexible part-time clinical placement program on performance and stress for entry-level physiotherapy program- a pilot study

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Introduction
The health workforce crisis and ongoing placement poverty means that completing full-time clinical placements is stressful for many students.[1] Completing part-time placements may present as a feasible option but both students and educators may be concerned that part-time placements will negatively impact on students' performance. Therefore, the primary aim is to compare the impact of a flexible part-time clinical placement program with traditional clinical placement program on students' performance and stress.

Methods
This pilot study recruited final year physiotherapy students at Victoria University in 2024. Participants were allocated to either a flexible clinical placement, or traditional placement, group. Flexible clinical placement required students to complete a sixteen 1-day/week internship and five 5-week, 3 days/week, placement. Traditional placement group completed a five 5-week, 4 days/week, placement. Primary outcome measure was end of placement performance, using the standardised Assessment of Physiotherapy Practice (APP). Secondary outcome included perceived level of stress at baseline, three-months and 12-months into the program. Between-group differences were analysed at each timepoint using ANOVA.

Results
A total of 53 participants (19= flexible, 34=traditional) were recruited. The overall mean APP scores was 59/80, with no statistically significant differences between both groups across all five clinical placements (mean difference=1.00, p=0.42). There were also no significant between-group differences in perceived stress scores at baseline (p=0.48), three-months (p=0.21) and 12-months (p=0.63).

Discussion
The flexible clinical placement program had comparable student performance and stress levels to current traditional clinical placement models. Further studies are warranted to evaluate the long-term impact on work-readiness and sustainability of this program.

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Student-Assisted Clinic Meeting Unmet Demand in a Rural Community Health Service

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Introduction/Background

In rural Australia, ongoing allied health shortages limit access to publicly funded services and reduce capacity to host student placements. Whilst student-led clinics present a potential solution to connect health professions education with existing service needs, current models are typically university-led, resource-intensive, and concentrated in metropolitan settings. This study evaluates a novel partnership-driven student-assisted physiotherapy service, embedded within an existing rural community health service.

Methods
Convergent parallel mixed methods design guided the evaluation. Primary outcomes of interest were the effectiveness, acceptability and feasibility of the model to the host service, the clients who used the service, and students who undertook placement. Evaluation included: (1) retrospective and prospective clinical audits quantifying student contributions; (2) in-depth qualitative interviews with health service leadership, clinical staff, physiotherapy supervisors, clients and students, to explore acceptability and feasibility of the model. Quantitative data were analysed descriptively; qualitative data were thematically analysed using Template Analysis.

Results
Students delivered 211 one-hour appointments (mean 4.53 per day) over an 18-month period, reducing physiotherapy wait times from 41 to 16 weeks. Senior health leadership (n=2) and clinical staff (n = 4) perceived the student-assisted model as enhancing client care by increasing service availability, maintaining an appropriate standard of care, and improving service efficiency. Clients (n=4) valued the longer appointment times compared with usual physiotherapy services. Students (n=5) reported increased confidence, describing the student-led clinic as the most enjoyable part of placement. Student turnover was identified by health service leadership as the primary implementation challenge; however, it was not reported as a concern by patients.

Discussion
The partnership-driven student-assisted model was acceptable to senior health leadership, clients and students, with significant reductions in waiting time to access quality care. This scalable model supports close integration between education providers and health services, aligning community health demand with student placements needs.

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The role of accreditation standards in building allied health placement capacity

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Background: Allied Health degrees are accredited by profession specific accrediting bodies. Accreditation standards include a range of defined but varied placement parameters. This study aimed explore how accreditation structures and systems influence allied health placement capacity.

Method: Grounded in realism, we undertook a documentary analysis of 94 accreditation standards or processes documents across 19 allied health disciplines. Data extracted including classification, placement experience, practice area, time requirements, expected outcomes of placement, supervision requirements, assessment practices, and placement preparation. Data were synthesised iteratively to explore placement capacity influences, with feedback and input from an expert advisory group and relevant literature.

Results: Accreditation standards influencing placement capacity included: length, practice areas, supervision, and assessment requirements. Outcome focused accreditation standards (i.e. demonstration of competence) rather than input focused standards (duration, settings, supervision type), support flexible, innovative approaches to placement design and delivery. Professional practice advancement quickly surpasses accreditation standard reviews leading to standards being somewhat out of step with practice and education needs.

Discussion: Accreditation standards related to placements must consider allied health workforce needs and evolve to ensure placement can expand to build workforce capacity. Accreditation bodies, universities and professions need to work together to deeply consider changing accreditation standards to find the balance between public safety and meeting workforce and community health needs.

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Improving placement capacity: Insights into effective mechanisms and contexts from a realist review

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Introduction
Solutions to current and predicted health workforce shortages require a sustained pipeline of graduates. However, for many allied health professions, placement capacity remains a barrier to universities growing degree programs to supply the future workforce. Despite numerous studies on supervision practices, placement models and learning outcomes, to our knowledge, no synthesis exists of interventions that improve placement capacity. We adopted a realist approach to answer the question how, why and for whom is placement capacity increased for pre-registration health professions?

Methods
Five initial program theories were developed through the research team's expertise and working knowledge, together with an environmental scan and synthesis of published literature from 2010 onwards of health profession placements. We undertook further literature searching and synthesis guided by Pawsons' five step approach[1] to test our initial program theories: 1. Clarifying the scope; 2. Database search; 3. Selecting studies; 4. Data extraction; 5. Data synthesis. Our initial program theories were refined based on synthesis of 36 studies with placement capacity as an outcome.

Results
Revised program theories identified key mechanisms (partnership; placements as core business; investment; placement model design; mutual understanding) and under what conditions (learning culture; geographical location; placement setting diversity; shared understanding of professional requirements) these mechanisms build placement capacity. Program theories were often inter-connected – with trust interwoven throughout the literature - highlighting the complexity of what is required to build placement.

Discussion
Our realist review supports the need to take a 'whole of systems' approach to sustainable placement and workforce growth, given the complex ways each program theory interacts with one another. Strong university-practice connections will be fundamental to achieving this goal.

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Weaving connections and building collaborations to develop Student-led Allied-Health Clinics

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Introduction: The number of Australians living with disabilities or age-related conditions is growing rapidly[1], highlighting the need for an allied health workforce that is practice-ready to deliver community-based services. This study aimed to 1) understand, from the perspectives of people with disabilities and older adults, principles that should underpin the design of community-embedded allied health student-led clinics; and 2) develop, pilot and evaluate clinics, measuring both consumer and student experiences.

Methods: Phase 1 (July-December 2024) used purposive sampling and focus groups to explore lived experience and identify key principles to guide clinic development. Phase 2 (January-October 2025) followed an *a priori* protocol to develop and pilot two initial clinics (focused on mobility and physical activity and maintaining independence at home) at a community-embedded Hub in Victoria, Australia. Data were collected at baseline and upon Clinic completion, using surveys incorporating customised and validated measures and Net Promoter Scores (NPS). Data analyses were informed by Donabedian's Structure-Process-Outcome Model[2].

Results: Sixteen community members (n=7 older adults; n=9 people with disabilities) participated in Phase 1. Findings from Phase 1 shaped the development of the student-led clinic models, with the core principles focussed on inclusive and meaningful clinic design. In Phase 2, 22 community participants and 18 allied health students (12 occupational therapy; 6 physiotherapy) took part, with 18 consumers and 10 students consenting to formal evaluation. Consumer NPS ratings were consistently high across clinics, whilst student NPS responses were mixed. Qualitative feedback provided actionable guidance that directly informed clinic refinement.

Discussion: Developing and iteratively refining student-led clinics in partnership with consumer and community members and allied health students is both feasible and valuable. This approach strengthens connections between community members and health professional learners; supports interdisciplinary collaboration and learning; and enhances opportunities to achieve positive health and wellbeing and outcomes.

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Postgraduate Intensive Care Nursing Regional Students Clinical Placement Experience in A Metropolitan ICU: A Pilot Study

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Introduction/Background

Critical care nurses in regional health services are paramount to ensure high-quality patient care and reduce the risk of adverse outcomes. However, Victorian health services are experiencing unprecedented shortages of this highly skilled workforce[1]. To address this critical shortage, this study aimed to describe the perspectives of regional health students in a postgraduate ICU nursing course when students completed a clinical placement in a major metropolitan ICU.

Methods

A mixed-methods design. Six students who were employed at a regional health service were also enrolled in a university postgraduate ICU degree. All six students who completed a six-week clinical placement at a major metropolitan ICU responded to Likert scale and open-ended questions about their experiences of the clinical placement. Quantitative data were analysed using descriptive statistics, and free text response underwent thematic analysis[2].

Results

Five overarching themes represent the regional students' experiences of the clinical placement in the metropolitan ICU and highlighted the importance of clinical exposure and support structures, in shaping student confidence and clinical practice development when learning to become an ICU nurse. Eighty-three percent of students strongly agreed that the clinical placement provided a valuable learning opportunity. Students reported increased confidence in assessment and recognition of clinical deterioration. Collaboration between the health services allowed for additional support in their regional centre.

Discussion

Regional and metropolitan health services working collaboratively with tertiary providers of postgraduate ICU nursing programs, provide valuable learning opportunities that enable students to build confidence in caring for critically ill patients. This pilot initiative has strengthened professional networks, laying the foundation for future collaborations and research.

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Preparation for Success - University of Sydney Medical School Pre-med Entry Program

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Background: The Sydney Medical Program at the University of Sydney, established in 2020, is a four-year postgraduate medical degree committed to broadening participation in medicine. Aboriginal, Torres Strait Islander and rural students bring rich lived experience, cultural knowledge and community leadership to the program; however, those entering without a traditional science background may benefit from tailored academic orientation. In response, an intensive Pre-med Entry Program was developed as part of an ongoing research project documenting its co-design and evaluating immediate and longer-term outcomes.

Methods: The inaugural 2024 program was co-designed through yarning circles with Aboriginal and Torres Strait Islander and non-Indigenous medical students in Years 2–4 who had successfully entered medicine without prior science training. Their insights shaped curriculum content, learning strategies and culturally responsive delivery. Feedback informed iterative refinements for the 2025 program, including optimised timing, strengthened academic scaffolding and expanded peer-led teaching. After each program, yarning circles with participating students and staff identified enablers and opportunities for enhancement.

Results: Across both years, students described pre-med as a positive, empowering and practically valuable. Participants reported increased confidence in navigating program structure, assessment expectations and effective study approaches and felt connected to the university and its support structures. The involvement of current medical students as co-teachers was highly valued, enhancing cultural safety, relatability and peer mentoring; their role was expanded in 2025 in response to feedback. Staff highlighted the program's role in building community, belonging and early academic momentum. Iterative refinements improved session flow and integration of foundational science concepts with applied learning strategies.

Conclusion: Over two years, collaborative, community-informed refinement has strengthened the Pre-med Entry Program as a culturally grounded, strengths-based initiative. Early findings suggest it enhances preparedness, confidence and connection for Aboriginal, Torres Strait Islander and rural students, supporting equitable participation and success within postgraduate medical education.

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Integrating Lived Experience Educators into Health Professional Education: A Framework for Implementation

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Introduction/Background
Learning from people with lived and living experience (LLE) fosters collaboration, compassion, and person-centred care, ensuring a responsive and humanistic healthcare system (Parnell et al., 2023). Supporting individuals with LLE to transition from the role of consumer to that of educator requires careful consideration. Empowering individuals with LLE in the design and delivery of continuing professional development (CPD) initiatives can have a transformative impact (Harris, 2023). However, there remains a significant knowledge gap in how organisations, managers and educators can support the integration of individuals with LLE in meaningful educator roles. The objective of this work is to explore the challenges and enablers of developing and implementing a co-produced education program led by an LLE educator, from both a program management and LLE educator's perspective.

Methods
Clinicians, educators, healthcare leaders, and members of the LLE workforce will participate in a nominal group process to explore the challenges and enablers of embedding an LLE educator within a health professional education team. Braun and Clarke's thematic analysis will be used to identify key elements that support the implementation and sustainability of the LLE educator role. .

Results/Evaluation/Aims
An evaluation will be conducted to identify the critical success factors needed to integrate LLE educator roles within health professional education. Emerging themes provide useful learnings, and the framework used to embed LLE educators within a health professional education team has been widely recognized as effective.

Discussion
This oral presentation will provide an in-depth exploration of how a large metropolitan healthcare service successfully embedded an LLE educator within a health professional education team. Learning will be shared that will provide insight into the framework that was applied, offering guidance for other services seeking to implement co-produced and co-delivered education. The presentation will also explore how co-produced education contributes to a more collaborative learning culture.

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Conversations that matter: Teaching and learning with lived experience

Dr Megan Keage[1], Ms Kathryn McKinley[2], Ms Ruth Townsend[3], Professor Philip Candy[1], Dr Georgie Johnson[1], Dr Camille Paynter[1]
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Project summary:
Effective healthcare depends not only on technical competence, but on communication practices that enable genuine human connection and therapeutic alliance. This presentation showcases a thirteen-year teaching initiative that embeds lived experience into Speech Pathology curriculum through the Supported Conversation for Adults with Aphasia (SCA™) framework (Aphasia Institute, n.d.). Designed to promote communication access and person-centred practice, this teaching initiative brings together students, educators, and people with aphasia in a unique learning experience and partnership.

This presentation will cover three complementary perspectives. Educators will describe the design and evolution of the program, highlighting how curriculum, resources, and pedagogy have been designed to achieve transformational student learning.

A Master of Speech Pathology student will reflect on their own journey of engaging in authentic conversations with a person living with aphasia, discussing the profound impact on their confidence, empathy, and professional identity.

Finally, an educator with lived experience of aphasia will share their perspective on participation, describing the sense of value, connection, and empowerment that arises from contributing to health professional education.

Together, these perspectives illustrate how lived experience is not an adjunct but central to the design and delivery of this program. They demonstrate how embedding authentic partnerships in learning and teaching creates benefits that extend beyond knowledge acquisition to shape values, identity, and practice. This presentation highlights a model that is sustainable, inclusive, and deeply human, offering insights for educators across disciplines who seek to integrate lived experience into curricula in meaningful and enduring ways.

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Exploring the influence of lived experience with disability on pre-registration nursing students' attitudes toward peers with disability in Aotearoa New Zealand

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Introduction/Background
Despite increasing emphasis on inclusion, attitudinal barriers toward disability persist within nursing education and clinical environments in Aotearoa New Zealand. These barriers, shaped by misconceptions, disclosure complexities, and inconsistent language, can affect equitable access, programme progression, and student success. With limited local research examining how students' own lived experience with disability shapes attitudes toward peers, this study explores the influence of lived experience on pre-registration nursing students' attitudes toward peers with disability.
Methods
Using an exploratory sequential mixed-methods design, phase one involved a nationwide anonymous online survey of pre-registration nursing students across Aotearoa New Zealand. The survey measured implicit and explicit attitudes and collected demographic and disability related data. Phase two comprised interviews and focus groups, analysed using reflexive thematic analysis, to further explore and contextualise quantitative findings. Integration of quantitative and qualitative findings through a joint display will support meta-inferences that deepen understanding of the influence of lived experience on attitudes toward peers with disability.
Results
Quantitative findings reflected patterns reported in international literature, with generally positive explicit attitudes alongside implicit preferences favouring non-disabled people. Inferential analysis indicated a significant association between students' own lived experience with disability and more positive attitudes on one explicit attitude subscale. Early qualitative analysis supports these findings, with participants describing lived experience as fostering deeper understanding, empathy, and sensitivity toward peers with disability.
Discussion
Preliminary findings suggest that personal lived experience with disability may exert a stronger influence on attitudes toward peers than other forms of experience, although this influence is not consistent across all attitudinal measures. Ongoing integrated analysis will further explore convergence and divergence between quantitative and qualitative findings, with implications for equity-focused, inclusive nursing education and support practices.

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Moving beyond reasonable adjustments: Building inclusive participation in health professional education

Ms Tamara Clements[1], Associate Professor Lisa Cheshire[1], Dr Debra Virtue[1], Associate Professor Roisin McGrath[1], Associate Professor Khaled Ahmed[1], Associate Professor Snezana Kusljic[1], Associate Professor Litza Kiropoulos[1], Associate Professor Anthea Cochrane[1], Dr Nathan Stam[1], Dr Grace Read[1], Dr Ana Lopez Flores[1], Dr Nicole Hill[1], Dr Jessica Lees[1], Dr Tandy Hastings-Ison[1]
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Introduction/Background

Health professional education continues to grapple with tensions between maintaining professional standards and supporting increasing student diversity. While inherent requirements and reasonable adjustment processes aim to support equitable participation, implementation of these is often inconsistent, met with resistance and may unintentionally reinforce stigma for students. In this project, we are developing a Faculty-wide Inclusive Practices Framework, tailored to entry-to-practice health professional programs, with potential applicability across the sector.

Methods

This in-progress project spans medicine, dentistry, nursing and allied health programs and employs a four-phase approach. Phase one maps current inherent requirements and adjustment practices. Phase two engages students, educators and professional staff through co-design to examine lived experiences of adjustment processes. Phase three synthesises findings to develop a framework aligned with Universal Design for Learning principles. Phase four prepares implementation and dissemination strategies.

Results/Evaluation

Early findings indicate substantial variability in adjustment processes across programs, educator uncertainty in clinical contexts and student experiences of procedural complexity and stigma. Ongoing work will generate evidence to inform the development of consistent, transparent and inclusive practices supporting participation across both classroom and clinical environments.

Discussion

This presentation outlines project rationale, methodology and emerging insights. We consider implications for educators, seeking to balance professional standards with inclusive participation. Development of a clear, understandable framework aims to support a shift from individual accommodation towards systemic inclusive practice.

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Who am I now? Identity, belonging, and becoming an academic: Insights from Paramedicine

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Introduction/Background
Across health professions education, increasing professionalisation has intensified demand for academically prepared educators. However, the transition from clinician to academic remains under-theorised, particularly within low- and middle-income country (LMIC) contexts and in professions with strong clinical identities. While professional identity transformation has been widely explored in students and trainees, less attention has been given to how paramedicine clinicians experience identity transformation on entering academia. This doctoral study examined how paramedicine clinicians navigate the transition into academic roles, with a specific focus on professional identity transformation and academic actualisation. Although situated in paramedicine, the findings offer insights applicable across health professions disciplines facing similar workforce and identity challenges.

Methods
Using a constructivist grounded theory methodology, this study adopted a relativist ontological and subjectivist epistemological stance, recognising identity as socially constructed and contextually mediated. Data were generated through in-depth semi-structured interviews with paramedicine academics across diverse South African institutional contexts, supported by reflexive memoing and field notes. Data collection and analysis occurred iteratively using constant comparative methods, progressing through initial, focused, and theoretical coding until theoretical sufficiency was achieved.

Results/Evaluation/Results/Evaluation/Aims
Findings indicate that the clinician-to-academic transition is characterised by identity disruption, role ambiguity, and uneven access to institutional and relational supports. Participants described tensions between maintaining clinical credibility and establishing academic legitimacy, alongside challenges related to teaching, research expectations, leadership, and professional responsibility. Academic actualisation emerged as a dynamic, non-linear process shaped by institutional culture, mentorship, workload, time, and opportunities for legitimate participation within academic communities of practice.

Discussion
The study culminated in the development of a professional identity transition framework that articulates key phases and influences shaping clinician-to-academic transitions. While grounded in paramedicine, the framework has broader relevance for health professions education, offering theoretically informed insights to support academic capacity building, mentoring, workforce development and professional longevity.

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Weaving a career in medical education: a scoping review of career pathways

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Introduction/Background
Training tomorrow's doctors relies on a dedicated workforce of medical educators, equipped with both content and pedagogical expertise. Despite this, little is known about the career development of these educators. This is unsurprising given that career pathways are unclear, with individuals coming from multiple professional backgrounds, and may possess limited cultural capital relevant to academic and clinical contexts[1]. This scoping review aimed to identify the pathways, barriers and enablers for individuals entering, or seeking to enter a career in medical education.

Methods
This review followed Arksey & O'Malley's[2] framework. Five databases (PubMed, Scopus, Embase and ProQuest (Health & Medical, ERIC)) were searched for relevant articles with no date range restriction. Articles were included on the basis that they relate to career pathways in medical education and discuss barriers and enablers for entry. Covidence was used to coordinate the multi-reviewer process, and included articles underwent data extraction using a standardized template developed by the authors.

Results
Database searches yielded 5093 records. Following screening of titles and abstracts, 116 articles underwent full-text screening, resulting in 41 included articles. The articles described a variety of potential pathways, ranging from serendipitous entry to formalized educator tracks/programs. Barriers included unclear career pathways, lack of recognition and prestige, and competing identities and demands. Enablers included mentorship, networking, communities of practice, and professional development activities (e.g., formal educational qualifications).

Discussion
Unclear pathways and role definitions hinder the visibility of careers in medical education. For those entering the field, the predominating experience is that the 'educator' identity is secondary to the more established clinician or researcher identity. This narrative, however, is shifting, with more recent literature demonstrating a greater visibility and professionalisation of a medical education career. Further research can better characterise the current education workforce, and identify ways to best support career entry and development.

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Sow, Grow and Bloom: Understanding Health Profession Educators' Journeys to Support their Career Development

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Key words: clinician educators, career development, teaching development, training pathways, health professionals education

Introduction
Clinical education can be a challenging journey for health professionals as clinical and education identities contend[1] whilst career progression is often an unclear and serendipitous pathway[2]. The aim of this research is to understand health profession educators' (HPEs) perspectives to inform strategies supporting career development.

Methods
This study is the second stage of a sequential mixed-methods research project. A purposeful sample (n=15) of survey participants (n=328) from a previous study were included. Participants represented 8 disciplines and diverse characteristics, including perceived expertise, motivation, satisfaction, and basic psychological needs. Participants were interviewed using a semi-structured approach to gain an in-depth understanding of HPEs' career journeys. Qualitative data was analysed using Reflexive Thematic Analysis, with survey data complementing this analysis.

Results
Four themes depicted HPEs' career journeys as evolving from an 'educator seed', initiated as favourable mindsets, to being sown and grown in nourishing soils and environments, and then integrated in supportive ecosystems. Motivations evolved from being driven by positive experiences, readiness and opportunities to identity consolidation and career progression. Career pathways were facilitated through clear and formalised roles, autonomy-supportive environments and job satisfaction; and were hindered by limiting beliefs, interpersonal challenges and highly demanding and unsupportive organisational structures. Key components for becoming a HPE were the ability to create safe learning environments, consolidating teaching and education knowledge and skills, balancing education interest with clinical expertise, and building positive and collaborative relationships.

Discussion
Our findings highlight that intentional and structured training and support are needed for developing HPEs. This includes building capabilities whilst drawing on the expertise of peers and mentors, and creating organisational structures to support growth, development and career progression. This research enables a comprehensive and nuanced understanding of HPEs' career journeys to inform actions, programs and structures to effectively and sustainably support them in their roles.

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Flexible Learning in Place (FLiP) for rural medical education

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Background

Rural Australia faces critical medical workforce shortages, with significantly fewer doctors per capita in Modified Monash Model (MMM) 3-7 areas compared to metropolitan centres. This disparity causes delayed treatment and poorer health outcomes for rural communities. Traditional medical education pathways require relocation to urban centres, creating insurmountable barriers for rural healthcare workers. Evidence shows medical graduates with rural backgrounds and extended rural training are more likely to practice rurally long-term. International models demonstrate successful alternative flexible pathways enabling healthcare workers to train while remaining embedded in their communities.

Methods

To address the chronic shortage of doctors in rural areas, the novel structured Regional Health Professional entry pathway, and Flexible Learning in Place (FLiP) model of delivery was established as a collaboration between the University of Newcastle and University of New England Joint Medical Program (JMP). The entry pathway targets qualified healthcare professionals (nurses, physiotherapists, paramedics and pharmacists) in MMM 3-7 areas of the Hunter New England region of New South Wales. The five-year FLiP model of curriculum delivery combines blended learning with longitudinal clinical placements. Years 1-3 involves remote learning, with online modules supplemented by intensive school face-to-face sessions at local hubs. Years 3-5 transition to Longitudinal Integrated Clerkships in both rural community and hospital settings. Assessment maintains equivalence with traditional pathways through MCQs, OSCEs, workplace-based assessments, and competency-based evaluations. Local mentors and supervisors support students throughout, ensuring academic rigour while accommodating work-life commitments.

Results

Expected outcomes include increased rural doctor retention through place-based training, and improved healthcare access in underserved communities. The pilot cohort of ten students will provide proof-of-concept for scalability. A program logic model and full evaluation of the project will occur over 6 years and follow graduate outcomes.

Discussion

FLiP addresses rural workforce shortages by removing traditional barriers to medical education. Challenges include teaching remotely online, securing supervisors, maintaining academic standards, and ensuring adequate clinical placements. Mitigation strategies involve partnerships with rural community stakeholders (including local government), local rural health providers (community and hospital based) and vertical integration with rural generalist training providers. This innovative pathway creates a sustainable pathway for rural doctors while ensuring educational equivalence with traditional programs, ultimately improving health equity for rural Australians.

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From Concept to Practice: Making Reflective Practice Visible in Optometry Education

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Introduction/ Background

Reflective practice is widely regarded as a core component of health professions education and is increasingly embedded within optometry curricula. Despite this, there remains limited understanding of how reflective practice is conceptualised and enacted by educators responsible for teaching it. This study aimed to explore optometry educators' conceptualisations of reflective practice in teaching optometry students.

Methods

A qualitative study using focus group discussions was conducted with optometry educators across the seven optometry schools in Australia. Recruitment was done using purposive and snowball sampling, and educators were recruited if they worked more than or equal to 0.8 full time equivalent hours. Data were audio and video-recorded on Zoom and analysed using reflexive thematic analysis.

Results

Sixteen participants participated across six focus group discussions. Data collection for this study was between July 2025 and January 2026. Educators described varied understandings of reflective practice, ranging from tacit and intuitive conceptions to explicit and theoretically informed interpretations. Reflective practice was positioned differently across curricula, with variability in its visibility and scaffolding. The enactment of reflective practice differed across teaching contexts, including how reflection was modelled and assessed. Educators also expressed differing views on the impact of reflective practice. Some provided examples of perceived influence on student learning and professional development, while others viewed its impact as dependent on individual students.

Discussion/ Conclusion

These findings suggest that reflective practice in optometry education is shaped by educator understanding, curriculum design, and teaching context, rather than being implemented as a uniform educational construct. Variability in conceptualisation, prioritisation and enactment by educators may contribute to inconsistent student understandings. Greater alignment between educator development and curriculum intentions may enhance the coherence and visibility of reflective practice.

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Mana enhancing mauri animating Kutu woven mat

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Introduction/Background
The concepts of 'Indigenous' and 'indigenise' share commonalities yet hold distinct meanings. Indigenous refers to the original peoples of the land prior to European settlement, while indigenise describes the active process of embedding Indigenous worldviews, values, and practices into colonising systems. This research project explores ākonga and kaiako experience of indigenisation in the Whitireia Bachelor of Nursing Māori and Bachelor of Nursing Pacific programmes. The work undertaken by Curtis et al. (2019) provides an historical context of Cultural Safety and how it has expanded beyond nursing and been adopted across multiple health disciplines in addressing power imbalances and improving equity. This research has been germinated in two indigenous nursing programmes to have the potential to cross pollinate to other health educational academies.

Methods
The session will be utilise Kōrero Tahi (Metge, 2001), a structured, tikanga-informed process for facilitating collaborative discussion, drawing on Māori protocols to guide respectful, inclusive conversations across diverse groups. Its systematic approach supports research by creating culturally grounded pathways for collective meaning-making and shared understanding.

Participants sit in a small circular group guided by a facilitator who presents sequential questions. Discussion proceeds clockwise, with each person speaking without interruption. Dialogue continues until participants agree the topic is complete before moving on. Individuals may draw on others' ideas and do not challenge the others viewpoint or attempt to speak on their behalf.

Aim
The aim of this work is to challenge the taken-for-granted hegemony of Western education by foregrounding Indigenous epistemologies, asserting their equal validity, and demonstrating how Indigenous learning systems enrich and transform curriculum through culturally grounded, relational, and community-embedded ways of knowing.

Discussion
The findings will contribute to the development of an evidence-based framework for the implementation and ongoing support of indigenisation within nursing education and other health professional education programmes.

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Issues/Questions for exploration OR Ideas for discussion
Kōrero Tahi will focus the on the following questions:
- How do participants understand the concept of indigenisation?
- How could participants practice be transformed to address unresolved issues of racism and inequity that have resulted from colonisation?
- What are the considerations for indigenising respective health professional education programmes and curriculum?

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Valuable yet risky – sharing personal stories of imperfection to teach professionalism

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Introduction/Background: Health professions students are taught about professionalism principles but often experience situations in the clinical environment where identifying and responding to unprofessional behaviour can be nuanced and complex. The concept of 'narrative candour' (Bearman et al., 2025) encourages the telling of stories of personal imperfection to counter dominant narratives of medical heroism and to demonstrate authenticity. At our institution within a professionalism dilemmas workshop, senior clinician-educators share a personal story during an initial plenary as a deliberate demonstration of vulnerability to promote student learning.

Methods: A qualitative study was undertaken to understand facilitator experiences of the professionalism workshop and their views on the plenary. Facilitators were invited to participate in semi-structured interviews by independent researchers. Audio recordings were transcribed verbatim and de-identified. Reflexive thematic analysis identified key themes and sub-themes in the data.

Results/Evaluation: Fifteen facilitators participated in interviews. Most facilitators perceived some degree of professional vulnerability and exposure when sharing their own experiences in the plenary and during workshop facilitation. Participants believed that deliberate displays of vulnerability in the plenary were valuable in building psychological safety and reducing the hierarchical gradient, however, there were varying degrees of comfort with doing so. Some expressed that it risked professional exposure and loss of credibility. Others felt committed to sharing an 'ugly' story about themselves, despite internal discomfort, to highlight shared humanness, with shortcomings and uncertainties, leading to personal development.

Discussion: Whilst it was uncomfortable at times, facilitators recognised the value of 'narrative candour' - the sharing personal stories which portray themselves less favourably (Bearman et al., 2025). This research highlights differing levels of educator comfort and willingness to demonstrate vulnerability, reflecting a complex interplay of personal, cultural, hierarchical, and organisational influences. Further research is needed to explore these dynamics and to identify strategies to equip and support educators in demonstrating narrative candour to learners.

Reference

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Are We on the Same Page? Comparing Patient, Clinician, and Student Views on Interpersonal Skills

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Introduction
Multi-source feedback contributes to effective clinical teaching, yet historical student assessment and feedback centre on supervisors, with limited engagement from patients (Barr et al., 2021). Integrating patient perspectives enriches students' ability to deliver interpersonal care, while structured self-reflection supports the development of evaluative judgement (Gladovic et al., 2024). This study investigated the distinct perspectives that clinicians, students, and patients bring through rating students' interpersonal skills during real-world clinical encounters across multidisciplinary health settings. Identifying differences in feedback across sources can inform improvements to feedback practices and strengthen student feedback literacy (Nguyen et al., 2024).

Methods
This study was conducted at the University of Melbourne across six clinical teaching sites: optometry, audiology, speech pathology, medicine, dentistry and psychology. Students, clinicians and patients independently rate the student's interpersonal performance using the Doctors' Interpersonal Skills Questionnaire (DISQ) following routine clinical consultations. Repeated-measures analysis of variance and Spearman's rank correlations were used to evaluate the relationships between students', clinicians' and patients' DISQ ratings.

Results
Forty-three clinical encounters were rated by students, clinicians and patients. Patients' ratings were generally higher than clinicians followed by students. Post-hoc Bonferroni comparisons revealed that differences were significant between all three groups- Student vs Clinicians ($p<0.001$), Student vs Patients ($p<0.001$), Clinicians vs Patients ($p=0.02$). Student and Patient ratings for "overall satisfaction" (Spearman's $r= 0.35$, $p= 0.02$) and "recommendation of student to others" ($r= 0.36$, $p= 0.02$) demonstrated a moderate positive correlation.

Discussion
Clinicians, patients and students rated student's interpersonal skills differently during clinical encounters**,** underscoring the necessity of multi-source feedback to provide a holistic view of clinical competence. Future qualitative research will explore the underlying reasons for these divergent perspectives to further refine feedback practices in healthcare education.

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Building professionalism in tomorrow's health practitioners - a practical approach for creating a curriculum framework

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Introduction/Background
Professionalism is an essential component of the relationship between health practitioners and their patients and is key to the trust that the public places in the health professionals. The term 'professionalism' has no agreed definition in healthcare which adds to the complexity of its teaching (Birden et al 2014; Irby et al 2016; Duffy et al 2023).

Methods
In 2025, optometry educators from all Australia and New Zealand schools attended a workshop to review and discuss a draft curriculum framework for optometry created by Duffy and Cochrane. A pre-workshop survey of participants ascertained how each program defined professionalism and how professionalism was currently taught. A post-workshop survey explored the perceived usefulness of the curriculum framework and barriers to its implementation.

Results/Evaluation
The workshop allowed the finalisation of a professionalism curriculum for Optometry and agreement amongst schools on its importance in the Optometry curriculum. The quantitative and qualitative results of both surveys from the workshop will be presented (n=11, response rate 69%) along with the key themes of the curriculum.

Discussion
A working definition of 'professionalism' together with a professionalism curriculum framework designed to provide an articulated pedagogical approach and assure key professionalism topics are taught and assessed should lead to improved optometric care in Australia and New Zealand. The framework is likely to be of use to professions beyond Optometry.

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Reconceptualising competence in Australian audiology: A document analysis of national standards across allied health professions.

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Background
Clinical competence is central to health professions education and is commonly articulated through competency standards that inform accreditation, curriculum design, and assessment. In Australia, audiology has recently revised its National Competency Standards (NCS) following changes to its regulatory context. These revisions have implications for how competence is conceptualised and subsequently assessed in education and training. This study aims to explore how clinical competence is conceptualised in audiology compared with other allied health professions in Australia.
Methods
A qualitative document analysis was conducted using Audiology Australia's previous Core Knowledge & Competencies document, the current NCS document and the publicly available competency standards of 24 other allied health professions. Documents were analysed for structure, conceptual framing, and content using an extraction matrix and inductive content analysis, guided by established frameworks for document analysis in health professions education.
Results
The analysis identified a clear shift in audiology's competency standards from a predominantly technical, knowledge- and skills-focused model to a broader, more holistic conceptualisation of professional competence. The structure and content of the audiology NCS broadly align with those of other allied health professions, particularly in their emphasis on integrated professional attributes alongside discipline-specific practice. Differences were observed in the relative emphasis placed on specific domains, with audiology placing greater emphasis on advocacy, education, and lifelong learning, and comparatively less emphasis on leadership, research, and cultural safety at the domain level.
Discussion
These findings indicate that audiology's NCS document reflects broader allied health trends towards holistic conceptions of professional competence. Differences in the structure and emphasis of competency domains highlight how professions prioritise particular aspects of practice, which may have implications for education. A logical next step is the development of a national competency assessment framework to accompany the audiology NCS and support greater consistency in education and assessment.

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When AI meets clinical education: How can students and educators feel supported?

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Background
Artificial intelligence (AI) is increasingly embedded in speech-language pathology (SLP) practice; however, its role in clinical education remains underexplored. Students are using AI tools to support learning, while clinical educators report varying confidence, comfort, and clarity regarding appropriate use. Misalignment between student and educator expectations may limit transparent and ethical AI use in workplace learning. This PeArLS session draws on recent Australasian research to explore how AI is understood, used, and negotiated during SLP placements, and invites health education professionals to discuss responsible AI integration in clinical education.

Methods
A mixed-methods online survey was completed by 61 SLP clinical educators and 31 SLP students, primarily based in Australia. Survey questions examined AI knowledge, perceived value, current use, challenges, and ethical considerations during placements. Quantitative data were analysed descriptively, and open-ended responses underwent content analysis. The PeArLS session will include a brief overview of findings (5 minutes), followed by facilitated discussion (35 minutes), and a summary of shared insights (5 minutes).

Results
Both students and educators reported moderate knowledge of AI. Students primarily used AI for time-saving tasks, writing support, resource development, and information searching, whereas educators reported limited use of AI in supervision. While educators were generally supportive of student AI use for preparatory tasks, concerns were raised about covert use, disclosure, and unclear boundaries.
Students expressed uncertainty about expectations, fear of judgement, and concerns about AI replacing future professional roles. This PeArLS will use these findings to share challenges, diverse practices, and opportunities for transparent and ethical AI use in workplace learning.

Discussion
Through facilitated discussion, participants will explore how visible modelling, open discussion, and shared reasoning about AI use can support ethical learning during placements. Insights generated will inform supervision practices, educator development, and policy guidance, supporting responsible AI integration while maintaining client-centred care.

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Exploring students and clinical educators' perspectives on an innovative flexible part-time clinical education program for entry-level physiotherapy students- a qualitative study

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Introduction
Innovative clinical placement models are urgently needed to ensure the sustainability of clinical placements and could help alleviate the issue of student placement poverty.[1] This pilot study aimed to explore students' and clinical educators' perspectives of an innovative flexible part-time clinical placement program for physiotherapy students. The flexible clinical placement program required students to complete a sixteen 1-day/week internship and five 5-week, 3 days/week, placements.

Method
Eight final year Victoria University physiotherapy students and 13 clinical educators participated in semi-structured interviews at the end of the program. The interviews explored their experiences and perspectives of the program. Interviews were thematically analysed.[2]

Results
Students' reported positive experiences with the program and better work life balance. These positive experiences outweighed the challenges, which included feeling pressured to perform over a shorter placement duration and perceived clinical educators' scepticism about the new model. The clinical educators' perspectives were varied. Many clinical educators reported potential benefits including better work, life and study balance for students. However, some clinical educators felt that students had less time to demonstrate their competency whilst on placement. Clinical educators from private practice and sport settings perceived that program implementation was easier as compared to educators from health services. They suggested improvements to the program including a closer link (e.g. shared objectives and same-site sequencing) between internship and clinical placement experiences to build transferability of skills.

Discussion
The study's findings suggest that students welcomed this innovative clinical placement program. While many educators endorsed benefits for student's wellbeing and service sustainability, implementation remains context dependent.

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It takes a small town to produce a community connected doctor: a qualitative evaluation of shorter longitudinal integrated clerkships.

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Background
It takes a small rural town to produce a confident, community-connected rural junior doctor. Rural Australia is experiencing a medical workforce crisis, particularly in smaller communities (population <10,000). While strategies to increase medical graduates in larger rural centres have shown success, smaller towns still face significant workforce shortages. Longitudinal Integrated Clerkships (LIC) enhance student exposure to rural practice, with evidence supporting 12-month placements for readiness and retention. However, longer placements limit student capacity in these areas. A promising strategy is to implement shorter placements with more students, allowing them to thrive within supportive clinical teams, fostering procedural confidence, autonomy, and a strong professional identity.
Methods
This study evaluated the impact of a 6-month LIC program in small rural communities on student preparedness for internship and long-term ambition to remain as rural medical practitioners. We conducted qualitative interviews with 10 students/recent graduates and 3 GP supervisors involved in the LIC. Reflexive thematic analysis was employed to identify key themes from the interviews.
Results
The analysis revealed four primary themes: learning environment, LIC program structure, work readiness, and weaving connection. Participants emphasized the importance of collaboration and shared purpose, highlighting how strong interprofessional relationships fostered a supportive learning atmosphere. Students felt valued as integral members of health teams, contributing to local health services and the wider community.
Discussion
A 6-month LIC in small rural communities effectively supports students' aspirations for rural practice while preparing them for internship in the Australian context. This model offers a sustainable, transferable, and cost-effective solution that strengthens the rural medical training pipeline. By fostering connections within interprofessional teams, the program contributes meaningfully to addressing the rural health workforce crisis in Australia and beyond.

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Weaving teaching skills into medical training: Harnessing the connections in Educator and Clinician identity formation

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Introduction/Background
A fundamental role of all health professionals is the responsibility to share their expertise by teaching others, within and across disciplines. Accordingly, accrediting bodies, such as the Australian Medical Council and Medical Council of New Zealand, embed teaching skills within their standards[1]. Formal Student-as-Teacher (SaT) or 'teaching skills' development programs are increasingly emerging to address this need, however, it remains challenging to incorporate additional training within already crowded curricula.

The central benefit of formal SaT curricula as articulated in the literature pertains to the development of the teachers of the future[2]. However, we suggest that benefits of SaT curricula extend beyond this, facilitating the development of transferable skills such as reflective practice and principles of effective feedback that are of direct relevance and benefit to effective clinical practice. We propose the internalization of the educator mindset and philosophy may provide a catalyst to promote positive cultural change within health professions more broadly.

Methods
Presenters will share their experiences in developing and delivering SaT curriculum, positioned within the context of the current literature and educational theory. They will posit benefits and challenges of such programs to promote discussion and reflection. Participants will reflect on their own experiences &/or perspectives of formal teacher training programs for students. Discussions will be centred around the core questions for exploration listed below.

Discussion
The aim of this PeArLS is to facilitate sharing of ideas and practice regarding SAT approaches, to inform how such initiatives can leverage maximal benefit. Outcomes of discussions will be documented by presenters with a summary emailed to participants both for reference, and to support future collaborations.

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From Coping to Culture: A Participatory Systems Approach to Resilience in Surgical Training

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Background

Stress, burnout, and compromised well-being among surgical trainees are increasingly recognised as systemic challenges in health professions education. Many resilience initiatives continue to emphasise individual coping strategies, placing responsibility on learners while underplaying the influence of peer relationships, supervisory practices, institutional structures, and cultural context. There is a need for educational approaches that conceptualise resilience as a shared, system-embedded capacity, particularly in resource-constrained postgraduate training environments.

Methods

We designed and piloted a participatory, framework-informed educational intervention to operationalise resilience and well-being in surgical training. The intervention was delivered through a structured 3-hour interactive session involving 31 postgraduate surgical trainees, using a mixed-methods approach. Baseline measures of stress, resilience, and well-being were collected using validated instruments (Perceived Stress Scale-10, Connor–Davidson Resilience Scale-10, WHO-5 Well-Being Index, and the Mini-Z Burnout Survey). Activities included experiential individual practices, structured peer sharing, and a "Drains and Fountains" systems-mapping exercise across five domains: individual, peer/collective, faculty/supervisory, institutional, and cultural context.

Results

All 31 participants completed baseline and post-session evaluations. Baseline data indicated moderate-to-high perceived stress and variable resilience levels. Post-intervention ratings demonstrated high perceived relevance (mean >8/10), increased confidence in managing stress, and strong intention to apply resilience strategies in practice. Qualitative outputs highlighted systemic drains within institutional and supervisory domains, including workload intensity and hierarchical communication. Key enablers included peer support, approachable supervision, reflective space, and culturally embedded sources of meaning. Participants described a shift from viewing resilience as an individual responsibility toward a shared, system-level construct.

Discussion

This pilot demonstrates the feasibility and educational value of a participatory, systems-oriented approach to resilience in surgical training. Integrating individual practices with peer and institutional strategies offers a transferable model for embedding well-being within postgraduate education

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Transforming OSCE feedback: A four-year study on enhancing OSCE feedback through small changes

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Introduction/Background
Objective Structured Clinical Examinations (OSCEs) are widely used to evaluate clinical competence; however, due to OSCEs being a resource intense assessment, the quality and quantity of examiner-written feedback often remain suboptimal [1]. Comprehensive feedback is essential, yet OSCEs present unique constraints such as strict timing, cognitive load on examiners, and assessment fatigue [2]. This four-year study sought to investigate practical, scalable strategies to enhance student OSCE feedback.

Methods
A mixed-methods design was employed. Quantitative data were collected from 12 OSCEs across four years (2022-2025), involving 109 stations and feedback delivered to over 2,600 medical students. Interventions included increasing the time allocated for reading, marking, and writing feedback from two to three minutes and introducing centralised prompts as well as encouraging examiners to provide specific, constructive feedback. Word-count analysis was performed across all stations pre- and post-intervention. Qualitative data were gathered through post-OSCE surveys of examiners and students, focusing on perceptions of feedback clarity, usefulness, and feasibility of the adjusted workflow.

Results/Evaluation
Quantitative analysis showed a substantial increase in written feedback volume, with up to a 180% rise in median word count when extended time was paired with explicit pre-OSCE reminder. Examiners reported that the additional minute reduced time pressure and allowed for more considered responses. Students consistently rated receiving better feedback following the interventions. Both groups (79% examiners and 92% students) strongly agreed that the innovations improved the overall assessment experience.

Discussion
Findings of this study demonstrate that small adjustments can meaningfully enhance student OSCE feedback. Increased marking time and brief motivational prompt/s represent effective strategies to support examiners in generating better feedback. These results highlight the value of system-level refinements in improving assessment practices and offer a practical framework for other health professions programs seeking to optimise OSCE feedback without substantial resourcing demands.

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Are your OSCE score categories working? Insights from partial credit analysis

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Introduction/Background
OSCEs commonly use polytomous scoring, including 0 to 2 or 0 to 3 levels, global ratings, and checklist-based rubrics with performance levels. However, score categories do not always function as intended. Adjacent categories may be difficult to distinguish or applied variably, which can reduce interpretability and weaken the defensibility of decisions. Partial credit analysis provides a practical approach to examine whether candidates demonstrate meaningful progression through rubric levels and whether categories operate as distinct steps in performance. This presentation outlines how partial credit analysis can be used as a quality assurance lens to strengthen OSCE scoring rubrics and category structures.

Methods
Polytomous criterion scores from Nursing Council of New Zealand OSCE administrations will be examined using partial credit analysis. Evidence about category functioning will be used to identify rubric areas that may warrant closer evaluation, such as unclear separation between levels or inconsistent category use in practice.

Results
The study will generate empirical insights into how OSCE score categories function within polytomous rubrics. Findings will be used to inform practical directions for rubric improvement, including clarifying descriptors, strengthening behavioural anchors, reconsidering the number of score categories, and refining scoring guidance.

Discussion
Partial credit analysis provides a complementary lens for OSCE quality assurance by examining the functioning of score categories within polytomous scoring rubrics. This perspective can help identify whether rubric levels appear to represent distinct and interpretable steps in performance. Over time, integrating this evidence into routine review processes can strengthen rubric clarity, support rater consistency, and improve the defensibility of decisions drawn from OSCE scores.

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Assessing Clinical Reasoning Without the OSCE: Designing Digital Clients for Authentic Assessment

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Background
Traditional assessments in Clinical Exercise Physiology (CEP) often rely on theoretical examinations and standardised practical tasks that inadequately represent authentic clinical practice and can be experienced as disengaging. A Design Thinking framework informed the design of an alternative approach in a postgraduate CEP module, guiding the creation of authentic digital client scenarios with branching logic that better align theory, assessment, and practice.

Methods
An interdisciplinary team comprising a Subject Matter Expert, a Curriculum and Learning Developer, and a Digital Course Developer used Design Thinking principles of empathy, ideation, prototyping, and testing to design branching digital client scenarios in Storyline360. The resulting assessment required students to complete a simulated consultation involving history-taking, clinical questioning, test selection, and interpretation of results with a digital client. Embedded conversational AI supported realistic interaction, enabling students to demonstrate clinical communication and reasoning within the constraints of the scenario logic. Formative scenarios provided immediate explanatory feedback to scaffold learning, whereas the summative assessment deliberately withheld feedback to mirror real-world uncertainty and decision-making. Students then synthesised client data to produce an evidence-based exercise prescription plan as a linked assessment task.

Results
Students viewed the digital client assessment as authentic, engaging, and reflective of real clinical practice despite its computer-based delivery. The approach was perceived as less stressful and more meaningful than traditional examinations, particularly in supporting clinical reasoning, confidence, and applied decision-making. Teaching staff valued the pedagogical shift and noted opportunities for richer feedback and moderation, despite substantial time required for development.

Discussion and Conclusion
This approach appears to enhance assessment integrity and alignment without increasing student anxiety. Emerging considerations include equity, data governance, and institutional scalability, particularly when implementing a bring-your-own-device model. Integrating digital clients and branching scenarios into summative assessment offers a viable, transferable alternative to traditional examinations and OSCEs in CEP education and related programmes.

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Understanding assessment rubric practices in medical radiation science education in low- and middle-income countries

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Introduction: Assessment rubrics are widely advocated as tools to enhance transparency, consistency, and fairness in higher education assessment. However, their use varies across disciplines and contexts. In low- and middle-income countries (LMICs), evidence on educators' knowledge, use, perceived benefits, and challenges related to rubrics remains limited. This study explored medical radiation science (MRS) educators' knowledge of rubrics, patterns of use, perceived benefits, challenges, and support needs.

Method: A cross-sectional survey was conducted involving MRS educators in LMICs globally. Respondents reported their knowledge of rubrics, frequency and type of rubric use, alternative assessment evaluation methods, perceived benefits, challenges. This paper presents pilot findings from the study.

Results: 70% of respondents (n=37/53) reported knowledge of assessment rubrics, and 65% (n=24/37) used rubrics regularly in their assessment practices. Rubrics were most frequently applied to practical examinations (66%, n=21/32), oral presentations (53%, n=17/32), and written assignments (50%, n=16/32). Among non-users, model answers/marking schemes were reported (100%) as the primary alternative, with lack of training in rubric design identified as the main barrier (80%). Majority of respondents agreed that rubrics enhance students' understanding of assessment expectations and influence their preparation for assessment tasks (31/36). Similarly, most participants perceived rubrics as beneficial for educators, reporting that they improve marking efficiency and support alignment between learning outcomes and assessment tasks. Key challenges associated with rubric use included insufficient training (52%) and limited time for rubric design and development (45%). There was strong endorsement for increased institutional support, with 90% of respondents advocating for targeted training opportunities and 73% supporting the development of institutional guidelines.

Discussion: While rubric use is prevalent and valued for both teaching and assessment alignment, gaps in training and institutional support limit consistent implementation. Targeted professional development and clear guidelines are critical to strengthen equitable, transparent assessment practices in LMIC contexts.

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The role of practical assessment in entry-level physiotherapy education: a scoping review

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Introduction As first contact practitioners, Physiotherapists are responsible for ensuring the safe delivery of physical assessment and treatment techniques. As a result, there is strong emphasis on the teaching and assessment of practical skills in Physiotherapy education. While practical assessments are widely used due to their authenticity, feasibility and ability to assess multiple skills simultaneously, variation exists in their design, outcomes measured and the degree to which assessment scores indicate student competence or readiness for clinical placement. The aim of this project was to map the evidence on the role of practical assessment in entry-level Physiotherapy education.

Methods This review was performed as part of a wider scoping review of the role and impact of practical assessment in entry-level Physiotherapy education. Database searches of Medline, CINAHL, PubMed, Scopus and Google Scholar were conducted. Studies examining demonstration of psychomotor skills alongside cognitive and/or affective skills in an academic setting were included. Data were synthesised descriptively. Study quality was appraised using the Mixed Methods Appraisal Tool (MMAT) and Risk of Bias in Systematic Reviews (ROBIS II) to support the interpretation of findings.

Results Sixty-two papers where included (of 4100 retrieved). Variability was identified in assessment structure, content, outcomes measured and degree of reliability and validity testing reported. Practical assessments commonly employed case-based performance tasks within a simulated learning environment. Outcomes primarily focused on practical performance, clinical reasoning, and communication skills.

Discussion The literature describing the design and implementation of practical assessments across Physiotherapy skills contexts is fragmented. Studies typically focused on discrete aspects of assessment structure, content or scoring however these elements were rarely examined in relation to one another. The extent to which elements of the assessment design and implementation of these practical assessments affect the experiences of students and examiners is unknown

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Nurses' perceptions of competence assessment in Australian clinical practice

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Introduction/Background
Competence assessment is a cornerstone of nursing regulation and patient safety, yet limited research has examined how nurses themselves experience and interpret these processes in contemporary clinical practice. This study addresses a critical gap by exploring Australian registered nurses' perceptions of the practicality, enjoyment, usability and accuracy of competence assessment using the newly developed and validated Competence Assessment Insights Survey for Australian Registered Nurses (CAISA-RN) (Osborn et al., 2025).
Methods
A national cross-sectional survey was conducted with registered nurses across diverse clinical and non-clinical settings. The CAISA-RN includes two validated factors assessing assessment practicality and enjoyment, and usability and accuracy. Descriptive statistics and multivariate analyses were used to examine differences across years of experience, workplace context and demographic variables. The study was underpinned by social constructivism and experiential learning theory to guide interpretation.
Results/Evaluation
Nurses generally rated competence assessments as usable and accurate, with no significant differences across years of experience, workplace type, age, education level or location for usability and accuracy (MANOVA, $p > .05$). However, perceptions of practicality and enjoyment varied significantly by career stage and workplace context. Years of experience demonstrated a significant multivariate effect (Pillai's Trace = .191, $F(6, 206) = 3.62$, $p = .002$, partial $\eta^2 = .095$), with early-career nurses reporting higher scores and mid-career nurses the lowest satisfaction. Workplace type also showed a significant effect (Pillai's Trace = .121, $F(6, 206) = 2.21$, $p = .044$, partial $\eta^2 = .060$), with nurses in education and non-clinical roles reporting lower practicality compared with acute and critical care nurses.
Discussion
Competence assessment is not experienced as a neutral technical process, but as one shaped by social, cultural and experiential factors. One-size-fits-all assessment models may fail to meet the diverse needs of the nursing workforce. Greater alignment between assessment design, workplace context and career stage is required to support meaningful, developmental and professionally relevant assessment.

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Capability development in health professions education research: A mixed-methods study

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Introduction

Health professions education research and scholarship offer significant potential to transform educational practice and outcomes. Since 2018, an education research short course at Monash University has supported educators, health professionals, scientists, and PhD students in developing foundational research capabilities that span the full research process—from identifying problems to disseminating findings—while emphasising theoretical grounding, ethical rigour, and reflective practice. This study examined the long-term impact of the course, focusing on how participants' engagement shaped their education research trajectories over time.

Methods

Underpinned by pragmatism, we employed a sequential explanatory mixed-methods design. Participants were drawn from cohorts spanning 2018 to 2024. An online survey (n=52) captured participants' research activities and perceptions of the course's influence, followed by individual interviews (n=7). Quantitative data were analysed using descriptive statistics, while qualitative data were analysed using framework analysis informed by transformative learning theory.

Results

Findings suggest a sustained influence of the course in building participants' research capability and fostering ongoing scholarly engagement. Most participants (96%) reported that the course enhanced their ability to publish, present, and engage in education research. Participants collectively produced 94 publications in leading journals and 130 conference presentations. The course was also described as instrumental in developing a shared research language and cultivating a community of practice among emerging health professions education researchers—facilitating collaboration and mutual support in advancing others' research capacity. Participants identified systemic barriers within their workplaces that limited opportunities to fully enact their learning, highlighting the need for institutional support and sustained mentorship.

Discussion

This long-term evaluation illustrates how structured learning experiences can build lasting research capability while fostering connections between theory and practice, individuals and communities, and scholarly activity and educational leadership. The findings offer insights into how institutions can more effectively support capability development and strengthen cultures of education research.

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Weaving Connection for Shared Understanding: The World Café Method in Faculty Development for Clinical Competency Committees

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Introduction
Clinical competency committee (CCC) rely on shared mental model (SMM) to support consistent and defensible decision-making in competency-based medical education (CBME). SMM, characterized by a common understanding of goals, processes, and assessment standards, are critical for effective collaboration in complex assessment contexts. Faculty development approaches that foster dialogue and collective sense-making may therefore be particularly well suited to CCC preparation. The World Café method, which emphasizes structured conversation and co-construction of knowledge, supports shared understanding and purpose among educators.
Methods
A three-hour World Café–based faculty development course was delivered to CCC members. Participants completed pre–post knowledge assessments focused on CCC processes and a post-workshop learning self-efficacy survey comprising twelve five-point Likert-scale items across cognitive, affective, and psychomotor domains. One-sample t-tests compared mean self-efficacy scores against a benchmark of four, representing confident self-efficacy. Outcomes were compared with those from a separate three-hour faculty development course using a small group exercise format. Multivariable regression analyses adjusted for age, gender, and pre-test knowledge scores.
Results
Participants demonstrated significant improvement in CCC knowledge following the World Café workshop (mean difference 0.88, $p<0.001$). Mean self-efficacy scores exceeded the benchmark across all domains: cognitive (mean difference 0.55, $p<0.001$), affective (0.18, $p=0.036$), and psychomotor (0.31, $p<0.001$). After adjustment, World Café participants reported significantly higher learning self-efficacy than those in the small group exercise in the cognitive ($\beta=0.22$, $p=0.050$) and psychomotor ($\beta=0.28$, $p=0.011$) domains.
Discussion
This study suggests that the World Café method may enhance faculty learning self-efficacy by supporting the development of shared mental models among CCC members. Through dialogue and collective reflection, participants appear better able to align their understanding of assessment processes and apply these frameworks in practice. By weaving connection through shared purpose and sense-making, the World Café represents a theoretically aligned and practical approach to faculty development in CBME.

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Faculty readiness for online teaching in Indian health professions education (HPE): insights from a mixed-methods national study

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Title: Faculty readiness for online teaching in Indian health professions education (HPE): insights from a mixed-methods national study

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Introduction/Background: In India, the expansion of online learning in HPE has been driven by policy reforms and the COVID-19 pandemic. However, there is limited empirical evidence capturing Indian HPE faculty preparedness and their lived experiences with online teaching. This study examines Indian HPE faculty readiness for online teaching to inform faculty development and contribute to global evidence on online teaching readiness in LMICs.

Methods: A mixed-methods design was employed. A cross-sectional online survey of faculty from medicine, nursing, dentistry, public health, and pharmacy across India (n = 488) assessed readiness in course design, course communication, time management, technological competence, and institutional support using a Likert instrument (α = 0.91). Descriptive statistics, ANOVA, and multiple linear regression analyses examined disciplinary differences and predictors of readiness. The qualitative phase comprised 18 in-depth interviews with faculty from public and private institutions across India.

Results: Faculty members reported positive perceptions of online learning (mean = 3.9/5), but moderate readiness for course design and communication (means = 2.8–2.9). Older faculty demonstrated lower technological competence, whereas greater online teaching experience was associated with higher readiness. Technological infrastructure, pedagogical support, and professional development emerged as key facilitators (40–46% reporting significant influence). Regression analysis identified course communication, time management, and technological competence as key predictors of course design readiness (β = 0.43, 0.28, 0.21, respectively). Qualitative findings highlighted uneven digital literacy, infrastructural constraints - particularly in public institutions, mixed perceptions of online learning, limited institutional training, lack of incentives, and heavy workload. Shifting professional identity from traditional clinician -educator to emerging digital educator roles was also reported. All agreed that online learning alone is insufficient for imparting clinical skills.

Discussion: Pandemic-driven exposure hasn't translated into comprehensive readiness in the Indian HPE sector. Targeted faculty development, supported by leadership commitment and institutional infrastructure, is critical for sustainable, high-quality online education in India.

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Exploring Cross-Cultural and Interprofessional Faculty Development: Perspectives from Vietnamese Health Professions Educators

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Purpose:

Faculty development (FD) is a strategic priority in health professions education, yet its impact in low- and middle-income countries (LMICs) is often limited by contextual and cultural factors. This study explored how Vietnamese health professions faculty engaged with and applied learning from a cross-cultural, interprofessional FD certificate program.

Methods:

Using a qualitative approach informed by a constructivist paradigm, we conducted semi-structured interviews with 10 faculty from a single academic institution in Vietnam who completed a nine-month international FD program. Interviews, conducted from December 2024 – February 2025, were audio-recorded, transcribed verbatim, and thematically analyzed following Braun and Clarke's six phases; coding was conducted in pairs with regular reconciliation meetings. Cultural Historical Activity Theory (CHAT) served as an interpretive lens to analyze systemic tensions.

Results: Three interrelated themes characterized participant experiences. First, cultural norms of hierarchy and conflict avoidance, compounded by language barriers and time zone differences, limited open dialogue and learner engagement. Second, contextual barriers, including heavy clinical workloads, structural constraints, and a lack of locally relevant case examples, impeded the translation of educational theory to practice. Third, while interprofessional education (IPE) broadened participants' perspectives, its implementation was limited by role ambiguity between health professions, insufficient institutional support, and a lack of local IPE expertise. Viewed through CHAT, these findings highlight three key tensions: between cultural rules and the learning community; between program instruments (curriculum and pedagogical approaches) and the object of improving teaching capacity; and between the interprofessional community of learners and the object of applying new teaching practices in local contexts.

Discussion: Cross-cultural and interprofessional FD can foster significant professional growth, but its sustainability in LMIC contexts requires system-level alignment. To enhance relevance and impact, programs should embed cultural humility and psychological safety, co-design locally relevant content, and use layered learning designs that balance interprofessional breadth with profession-specific depth.

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Developing academic writing skills is more than learning conventions: Autoethnographic insights from health professions educators participating in a writing group

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Introduction
Writing groups are a means to develop academic writing skills. In health professions education, writing conventions stem from clinical practice, social science, and education theory. This blend of approaches may create challenges for emerging health professions education (HPE) academics. This study aimed to identify the benefits and costs associated with participating in a HPE academic writing group.

Method
An autoethnographic methodology was used to collect and analyse reflections from eight female academics who attended a HPE writing group. The group met weekly to discuss writing challenges and develop skills using contemporary respected resources.[1,2] Brief reflections were written after meetings. Each member analysed their own and others' reflections to identify insights.

Results
Benefits included feeling socially connected and sharing well-being strategies. This connectedness created a supportive environment where members could share their writing and give and receive constructive feedback. A more experienced member provided mentorship to develop expertise with constructing sentences to build compelling arguments. Collaborative writing opportunities allowed members to safely practise skills. Costs were largely time-related and included limited availability to prioritise meeting attendance due to completing teaching or clinical workloads. Costs were mitigated by members joining online when possible, minimising preparation and follow-up between meetings, and using time together to complete collaborative writing projects that resulted in publications.

Discussion
An autoethnographic approach enabled members to realise that their participation built more than learning academic writing conventions. Insights included the importance of establishing a safe supportive environment where personal and professional challenges could be shared freely and provided a sense of solidarity. Having a shared understanding of HPE conventions allowed non-judgemental critique of each other's writing. Collaborative writing projects provided recognition and motivation.

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Exploring the experiences of rural academics teaching into allied health degrees in rural South Australia

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Background:
To address persistent rural allied health workforce shortages, Flinders University co-designed a rurally contextualised Bachelor of Allied Health (BAH) with local communities in three South Australian regions. The interprofessional degrees in occupational therapy, physiotherapy and speech pathology were introduced in 2024 with flexibly pathways in and out of the program and strong industry connections. Rural allied health professionals were recruited to teach the face to face aspects of the degrees while the curriculum and course leadership were predominantly led by experienced metropolitan based academics.
Aim:
This study investigated the perspectives of rural academics teaching into the BAH, focusing on why they choose to teach, perceived community impact, and the opportunities and challenges encountered in delivering an allied health curriculum in rural contexts.
Methods:
Focus groups were conducted with academics teaching across occupational therapy, physiotherapy, and speech pathology degrees. Participants provided consent prior to participate in the research. Focus groups were audio-recorded, transcribed, coded using NVivo and analysed thematically. Ethics was approved by the university ethics committee.
Results:
Rural Academics were motivated to teach for career development, to develop connection with students, for workplace flexibility, and because of a desire to contribute to rural workforce solutions. Advantages of teaching rurally included small class sizes, support structures and professional skill development. Challenges included training, orientation and renumeration limitations, consideration of rural contexts, limited resourcing, and professional isolation.
Conclusion:
Findings highlight the critical role and unique pressures faced by rural academics. Improved orientation, clearer communication structures, enhanced resourcing, and recognition of the rural teaching context are essential to sustain a rural academic workforce and optimise student outcomes.

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Silence as agency? How medical students navigate difficult feedback conversations

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Introduction

Using feedback to improve the quality of work relies on learner agency to process and enact information. Understanding how to support learner agency in feedback conversations is important yet remains understudied. The aim of this research was to explore how medical students demonstrated agency, (or failed to), during difficult feedback conversations in the medical environment. We adopted a socio-cultural framing of agency which recognises the temporal, relational, cultural and structural influences on how learners engage with feedback (1)

Methods

In this qualitative study, twenty graduate medical students from an Australian university participated in semi structured interviews. Learners were asked to describe in detail one difficult feedback conversation, how they initially reacted to it and how they had processed it since. Data was analyzed by reflexive thematic analysis.

Results

The concepts of *silence*, *being silenced* and *breaking through silence* were helpful for supporting our understanding of learner agency when unpacking complex feedback interactions. Silence was a common initial response to feedback information that served multiple functions, including regulation of emotions, protecting self-image, prioritizing patient care and navigating hierarchy. Some learner silence was unproductive due to power dynamics or lack of psychological safety. Learners demonstrated their agency through feedback sharing with peers, friends and family.

Discussion

Learner silence during a feedback conversation may not necessarily indicate a lack of engagement in learning. Rather, it offers an opportunity to consider the enablers and constraints impacting learner agency. Feedback literacy curriculum could acknowledge the role of silence and the value of sharing feedback experiences with others. For supervisors, an awareness of the extent to which they might be silencing learners through their position of power and feedback delivery is important for creating positive feedback conditions.

Key words

Medical education, qualitative, feedback, agency, silence

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Factors affecting diagnostic imaging decision-making in the emergency department amongst different levels of emergency medical officers

Doctor Robert Klein[1], Professor Gary Velan[1,2], Doctor Husna Razee[9], Professor Andrew Coggins[4], Professor Kevin Lai[4], Professor Amith Shetty[5,6], Professor Noel Young[7], Doctor Michelle Moscova[2,8]
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Introduction/Background: Low value imaging in emergency departments (EDs) remains a persistent challenge with implications for patient safety, cost, and workflow[1]. While clinical guidelines exist, little is known about how imaging decisions are made in real-world and whether decision process differs based on the level of clinical experience[1,2]. Understanding how the hierarchy of junior medical officers (JMOs), senior resident medical officers (SRMOs), and emergency medicine specialists in training (EMSITs) influences clinical reasoning and imaging orders may identify important points for improving imaging stewardship.

Methods: A mixed-methods observational and interview study was conducted in an ED of a Level 6 tertiary referral hospital. Consenting medical officers, including JMOs, EMSITs, and SRMOs, were observed making imaging-related decisions during day and night shifts. Interviews with the observed medical officers were conducted shortly after the shifts to understand how imaging decisions were made. Qualitative data were thematically analysed and triangulated with quantitative data from patient records to explore and conceptualise the reasoning behind why the imaging ordering patterns are reflected as such.

Results/Evaluation: Preliminary analysis showed that across all levels, imaging decisions were primarily shaped by early risk framing from triage documentation and prior records, prioritisation of excluding life- or limb-threatening pathology, and experiential or heuristic reasoning. JMOs and EMSITs commonly demonstrated independent clinical thinking with senior validation, whereas SRMOs exhibited greater autonomy with selective escalation for advanced imaging. Explicit reference to imaging guidelines was uncommon across groups; instead, guidelines appeared internalised as heuristics rather than actively consulted. Imaging was frequently used as a safety-net to reduce diagnostic uncertainty and to inform disposition rather than to refine differential diagnoses.

Discussion: Imaging decision-making across medical officer levels appears driven more by experiential reasoning, risk tolerance, and supervisory context than by explicit guideline consultation. Educational and system-level interventions aiming to improve imaging stewardship should therefore target reasoning processes, supervision structures, and risk communication, rather than guideline dissemination alone.

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Near-peer coaching in medical education: A scoping review of concepts, practices and outcomes.

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Introduction/Background
Uncertainty remains regarding how near-peer coaching is conceptualised, implemented and evaluated in medical education, particularly in relation to developmental coaching as defined in professional coaching literature. This scoping review examined how near-peer coaching is described and operationalised to identify reported outcomes and enabling factors.
Methods
A scoping review was conducted in accordance with JBI guidance and registered a priori. Studies describing near-peer coaching interventions involving medical students or doctors were eligible, with near-peers defined as individuals within one to two levels of professional seniority. Searches were conducted in PubMed, Embase, CINAHL, ERIC and PsycInfo. Screening and data extraction were managed using Covidence. A program logic framework was applied to synthesise intervention inputs, activities, outcomes and enablers.
Results
2469 titles and abstracts and 183 full-text studies were screened, with 28 studies included (3 reviews, 25 primary studies including 3 RCTs). Most described short-term, one-to-one coaching interventions, focussed on technical and non-technical skills and/or behaviour change. Most near-peers were consultant surgeons.
Although labelled 'coaching', many interventions aligned more closely with structured feedback, skills instruction or mentoring rather than developmental coaching as defined in professional coaching literature. Participants self-reported high acceptability, perceived value and practice changes. Objective improvements in patient experience, skills and/or behaviour change were described in six studies. Enablers included psychological safety, voluntary, longitudinal relationships, autonomy, reciprocity, protected time and ongoing training/mentoring.
Discussion and conclusion
Near-peer coaching in medical education is feasible and acceptable; however, the current evidence base is limited by short-term interventions reliant on self-reported outcomes. There is a narrow focus on skills acquisition, particularly within surgical contexts and a conceptual gap between professional definitions of coaching and it's educational application. Educators designing peer coaching programs should prioritise longitudinal relationships, reflective practice and learner autonomy, and evaluate outcomes beyond short-term skill acquisition to capture developmental learning.

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From stamps to self: using an SDT-informed EPA passport to foster motivation and professional identity formation

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Introduction/Background

Self-Determination Theory (SDT) posits that satisfaction of competence, relatedness and autonomy nurtures intrinsic motivation. Entrustable Professional Activities (EPAs) enable authentic participation, while Professional Identity Formation (PIF) reflects learners becoming practitioners. Although SDT and EPAs have each been associated with PIF, few initiatives intentionally weave them into a single tool. An SDT-informed EPA Passport was developed with challenges aligned to six EPAs. Students earned stamps for each challenge, and five stamps qualified for a voucher. This study explored how the passport influenced motivation and PIF during clinical placement.

Methods

A sequential explanatory mixed-methods study involved ten final-year diagnostic radiography students in a Singapore public hospital. Pre- and post-placement surveys measured self-reported competence. Post-placement surveys assessed passport completion, perceived voucher influence, autonomy and relatedness. Descriptive analysis informed two purposively grouped focus group discussions based on competence change. Qualitative data were analysed thematically and integrated with quantitative findings.

Results

All participants achieved a minimum of five stamps, indicating strong engagement. On a 5-point Likert scale, competence increased (mean 2.5 to 4.0), with high autonomy (mean 4.5) and relatedness (mean 4.4). Despite the high extrinsic motivation score (mean 4.6), qualitative findings clarified the voucher's role. The passport's clarity and accessibility were drivers of participation, and the voucher served as the final push to complete remaining challenges. Educator scaffolding and repeated task involvement supported competence, workflow integration fostered functional relatedness, and challenge selection and independent task completion enhanced autonomy. Excessive supervision occasionally undermined self-efficacy, whereas full entrustment generated significant PIF moments. Passport completion supported PIF development.

Discussion

Within an autonomy-supportive environment, the EPA Passport satisfies needs for competence, relatedness and autonomy. Findings suggest movement toward internalised motivation and emerging PIF. The EPA Passport weaves SDT, EPA and PIF into a coherent pathway, highlighting the value of theory-informed tools and autonomy-supportive cultures in clinical education

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Bridging the gap between educational intent and experience: A current state analysis in a regional paediatric service

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Background
While Quality Improvement (QI) has been widely applied in healthcare, its implementation within medical education remains underexplored. Our project aims to use QI frameworks to understand the current state of medical education within a paediatric service and improve the educational experiences of our Resident Medical Officers (RMOs).

Methods
A multi-source evaluation of the current state of medical education was conducted within our department, incorporating: 1) A stocktake of all departmental activities with educational potential, 2) Surveys of the Resident Medical Officers and Senior Medical Officers (SMOs), 3) External Accreditation Report Findings and 4) Iterative departmental discussions. A driver diagram was developed, synthesising findings to provide a systemic view of the primary and secondary drivers influencing medical education. These drivers led to the development of targeted change ideas and interventions.

Results
The five primary drivers influencing RMO education were: 1) Need for educational leadership, 2) Need for a formal, structured curriculum, 3) Differentiated learning in education sessions, 4) Roster allocations impacting access to teaching; and 5) Clear communication/prioritisation of education from both SMOs/RMOs. Fourteen secondary drivers were identified, with seventeen associated potential interventions and change ideas. Tools such as the impact-effort matrix were used to prioritise interventions for implementation through Plan-Do-Study-Act (PDSA) cycles.

Discussion
QI methodology provides a practical framework for understanding medical education as a complex, dynamic system within a clinical department. Tools such as driver diagrams clarify key influences and support structured approaches to identifying targeted improvements in medical education.

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Ensuring standards for public safety: A co-constructed competency evaluation tool for clinical psychology registrars in public health

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Introduction/Background
Competency-based assessment is the most effective way to monitor and evaluate the development of specialist knowledge and skills in clinical settings, but fit-for-purpose tools in professional psychology are scarce. This ANZAHPE funded project aimed to translate a recently validated tool used in postgraduate clinical psychology training to clinical psychology registrars working to attain specialist professional competencies within tertiary health services. The tool uses behavioural vignettes to help clinical supervisors assess registrars' performance over time, facilitate meaningful learning conversations in supervision, and ensure patient safety.

Methods
In partnership with three major public health services in Victoria, we designed a mixed-methods study across three iterative phases to evaluate and revise the Psychology Competency Evaluation Tool – Summative (PsyCET-S) with registrars, supervisors and clinical educators. The study is currently in its final phase, where participants will evaluate the utility, validity, and feasibility of the revised version.

Results/Evaluation
To date, fifteen registrars, supervisors, and educators have completed evaluative surveys and participated in focus groups. Preliminary findings indicate that the PsyCET-S is perceived as a useful and structured framework for supporting competency-based supervision and learning conversations. Survey data also confirmed that the content of the vignettes needs refinement to reflect registrar-level complexity and alignment with the Psychology Board of Australia's updated professional competencies. Iterative revisions are ongoing, with the final evaluation underway.

Discussion
The project will result in a tool that reflects real-world clinical practice in public health settings that will be useful to competency attainment and maintenance in registrars as well as trainees new to clinical psychology practice. Having fit-for-purpose tools to track professional competence is essential to ensuring high quality client-centred services, and this tool could be applied to other health professions looking to support the development of key clinical skills across stages of training.

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A scoping review of community-engagement for transgender health medical education

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Introduction: Transgender and gender-diverse (TGD) people experience persistent inequities in healthcare that are exacerbated by gaps in medical education and limited provider competence in TGD health, and the role of community-engaged medical education (CEME) in addressing these gaps for TGD health has not been comprehensively mapped. This scoping review aimed to explore how CEME is currently being conducted in TGD health education in medical schools.

Methods: Guided by PRISMA-ScR, a systematic search of Ovid Medline, PubMed and Scopus (2010–2025) identified peer-reviewed original studies describing community engagement in TGD health within accredited medical programs. Eligible studies underwent two-stage screening, data charting and inductive thematic analysis.

Results: Eleven studies met inclusion criteria. Four overarching themes were identified: curriculum development and integration; experiential learning and clinical immersion; intersectionality and TGD diversity; and TGD-specific community-based participatory research. Across studies, involvement of TGD community members as co-designers, advisors, patient-educators, standardised patients and guest teachers was associated with improved student knowledge, confidence and attitudes, alongside reported empowerment for participating community members, although psychological safety, remuneration, tokenism and institutional constraints remained concerns.

Discussion: Current evidence for CEME in TGD health is nascent, heterogeneous and sometimes contradictory, particularly regarding optimal longitudinal integration, assessment and governance. Further rigorous, intersectional research grounded in community-based participatory approaches is needed to develop best-practice, equitable CEME frameworks for TGD health in medical education.

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“Under pressure”: The hidden challenges of neurodiversity in dental education

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Introduction: Dentistry involves precision-based performance, high sensory loads, and standardised competency-based assessments, creating unique challenges for neurodivergent individuals[1]. Without empirical evidence, neuro-affirming practices in dental education remain aspirational rather than actionable, perpetuating challenges. This is the first Australian study examining neurodivergent dental professionals’ experiences, to understand strengths and systemic barriers in education.
Method: A national study in the form of an online survey was open to all dental practitioners who identified as neurodivergent. Data relating to demographics, diagnoses, education, and career trajectories were collected, and summarised using descriptive statistics.
Results: Participants included 132 neurodivergent dental professionals, with the majority being female (68%) and aged 20 –40 years old (58%). Many (45%) reported more than one form of neurodivergence, most commonly Autism Spectrum Disorder(ASD) and Attention Deficit Hyperactivity Disorder(ADHD).
The majority were unaware they were neurodivergent during initial training (76%) and among those who were aware, most chose not to disclose to their institution (71%). The majority (80%) reported challenges associated with neurodivergence, such as managing sensory stimuli in the clinic (noise, bright lights (66%)) and maintaining accurate records (56%).
Despite many respondents (76%) reporting that their neurodivergent traits aligned well with clinical competencies, most (73%) reported inadequate support during training. Key barriers included, inflexible assessment (63%), a lack of neurodivergent role models (53%) and limited staff understanding of neurodiversity (51%). Among those who took longer to complete their training, many perceived this related to poorly adapted learning environments (53%).
Discussion: Despite facing educational challenges, participants felt that neurodivergent traits aligned with clinical strengths. This raises questions about how standardised dental education models may constrain cognitively diverse students[2] and prompts us to consider whether redesigning sensory load, assessment practices, and professional norms in education may promote inclusion for all learners

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Utilising Inclusive Gender Perspectives to Improve History and Examination Education: A Student-Staff Co-Creation Project

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Introduction:
Gender diverse health care is a recognised area of need with significant disparities still in existence and limited representation in medical education. Medical students reported a desire to collaborate with academics to embed inclusive content earlier, while staff expressed uncertainty around language and interactions with diverse populations. This project aimed to develop skills in confidence and competence in caring for gender diverse patients by identifying gaps in first-year clinical skills teaching through direct engagement with students, staff, and a gender-diverse patient community.
Methods:
The project was co-created, with students and staff sharing responsibilities in survey development, data collection, and curriculum proposal design. A mixed-methods approach was employed, including quantitative and qualitative surveys and semi-structured interviews. Surveys explored perceptions of current history and examination (H&E) education, confidence in inclusive practice, and experiences of care. Interviews allowed deeper exploration of perspectives and recommendations. Participants included medical students (n=35), staff involved in curriculum design (n=5), and gender-diverse patients (n=14).
Results:
Key themes emerged regarding the treatment of gender diverse patients: lack of respect for gender identity and chosen names, and perceptions that affirming care is “optional” rather than standard practice. Students reported confusion and low confidence in interacting with gender diverse patients, while tutors identified gaps in existing resources and guidance. Patient feedback highlighted both positive and negative clinical experiences, reinforcing the need for consistent, inclusive training. These insights informed targeted curriculum recommendations, emphasizing early integration of gender diverse perspectives and practical guidance for inclusive patient interactions.
Discussion:
Co-evaluation with students, staff, and patients demonstrated a feasible model for enhancing H&E education. Incorporating gender diverse perspectives from the outset can reduce stigma, promote respect for identity, and normalize inclusive practice as part of standard care. Early engagement fosters confidence among students and supports staff in delivering culturally competent education.

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Who cares?: Barriers and facilitators to providing medical education on transgender health

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Introduction/Background
Clinicians often lack confidence when working with transgender patients due to lack of formal training. The underrepresentation of transgender health in medical school curriculum is a global contributor to the lack of clinician confidence when working with transgender patients[1]. Doctors' competencies impact on patient experience, which can in turn impact on population health outcomes[2]. This talk explores transgender health content and the barriers/facilitators to ensuring medical school curricula provide future doctors with opportunities to provide competent and confident care.

Methods
Otago Medical School MBChB curriculum contains a single workshop on transgender, non-binary, and intersex health within the public health module for 4th year medical students. The process of updating the workshop titled "Healthcare for people who are intersex, non-binary and transgender" began at the end of 2023, rolled out in 2024. In year 1, there were meetings with past presenters and educators involved in the workshop to review strengths and weaknesses.

Results/Evaluation/Aims
Year 1 aims were to retain community voice, increase focus on learning objectives and student engagement. Year two aimed to increase in-class hours and opportunities for student discussion. In year three, increase continuity across curriculum. Positive feedback and increased buy in from a range of stakeholders (ie student organisations, teaching/clinical staff, community advocates) would indicate success for the workshop, as well as opportunities to shift the content to be assessable, strengthened continuity throughout the curriculum.

Discussion
Understanding the barriers and facilitators to inclusion of transgender health in medical curricula can support efforts to ensure populations with health inequities are well-represented in teaching. While epistemological worldview and bureaucratic inertia of medical school programmes was often dictated by the history and context of preexisting curricula, impeding inclusion, there are relevant counterparts in addressing inequities other areas of medical education from which we can learn.

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Increasing equity and inclusion through education: Learnings from the co-development of Trans inclusive health workforce education.

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Introduction/Background
The problem of heteronormativity and cisnormativity within heath systems in Aotearoa and internationally is well established, as is the impact of these norms on the experience and health outcomes of LGBTQIA+ people. While the problems are well documented, further research is needed around the most effective approaches to education and other workforce development to address these problems.

Methods
This presentation will focus on an education package developed to support trans inclusion within perinatal mental health services. This education package was developed during a participatory action research project where we partnered with two perinatal mental health services in Aotearoa. This research focused on supporting and being led by the services' priorities for change related to increasing capability for trans inclusive care. One-on-one interviews with service staff, and a Prioritisation Hui within each service (where staff developed priorities collaboratively), indicated education was a priority for both services. The education package was developed collaboratively using information from the initial interviews and Prioritisation hui. Additionally, the large multidisciplinary research team, got input from service staff, and a trans whānau advisory rōpū at the early and mid-stages of development.

Results/Evaluation
Our presentation will provide an overview of the education package that centres mātauranga Māori, honours the uniqueness of lived experience, and prioritises self-and- peer group reflection work to facilitate meaningful and sustainable change. This education package differs from the many of the common approaches to inclusion education which focus on "learning about" rather than "reflecting on".

Discussion
Our presentation will emphasise the importance of collaboration for the development of this education and workforce development. We will outline our experience of collaborative development and the importance of the different expertise in shaping and creating an education package that is both informed by lived experience and relevant and practical for the service staff.

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From Threads to Shared Capability: Understanding Intersectional Learning Needs Across a Healthcare Workforce

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Introduction/Background

People with disabilities and LGBTQIA+ individuals continue to experience inequities within healthcare environments as staff, volunteers, consumers, and patients. Targeted education is recommended to reduce stigma, improve communication, and strengthen culturally safe and inclusive practice. To ensure education is tailored to specific needs of diverse roles within a large tertiary healthcare network in Melbourne, a learning needs analysis (LNA) will be undertaken to identify and prioritise learning needs across the workforce.

Methods

All staff and volunteers will be invited to complete a self-assessment informed by learning domains generated through a prior co-design process involving people with lived experience, clinicians, educators, and leaders. The self-assessment will identify strengths, gaps, and priority learning needs across different workgroups. To triangulate and enhance validity of the findings, managers and senior leaders will be invited to participate in focus groups or individual interviews to describe their team's capability and learning support needs. Because the domains were intentionally developed to apply across disability and LGBTQIA+ experiences—not as discrete categories—the design enables exploration of intersectionality and the learning required to support safe and respectful interactions between all people, not only with patients. Interview and focus group data will be transcribed and thematically analysed by the research team.

Results/Discussion

Data collection will commence in February and will explore learning needs of all staff and volunteers, regardless of role. This work is novel in its whole-of-workforce focus and its shift away from traditional education models that centre solely on patient-facing interactions. By identifying learning needs that support inclusive and psychologically safe interactions between staff, volunteers, and patients alike, this study aims to inform a comprehensive and context-specific education plan capable of enhancing workplace culture across the organisation.

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Weaving connections amongst HPE higher degree by research students and supervisors

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Introduction/Background
Higher degree by research (HDR) programs in HPE—such as Masters by Research, PhD, and Doctorate degrees—play an important role in developing HPE researchers and educators with the knowledge, skills, and attributes to conduct quality research with the aim of advancing theory and improving practice.[1] However, HDR can be isolating,[2] especially in HPE where cohorts are small, and many complete their degrees part-time and largely off campus. A recent review highlighted the importance of peer support in contributing to a positive student experience and well-being.[2] Therefore, we need to develop strategies to better connect and support our HPE HDR students.

Methods
Intended Audience
HDR students, recent graduates and supervisors, academics interested in HDR supervision.

Introduction (5-minutes)
Presenters to introduce the topic by sharing examples from their own experiences as HDR students and supervisors.

Small-group discussion (25 minutes)
Small groups will discuss the questions, outlined in the questions for exploration section, adding to a Padlet in real-time. Presenters will collate key insights from the Padlet, creating a poll to collect information on potential strategies to implement.

Poll (10 minutes)
Attendees will complete the poll with presenters sharing results.

Wrap-up (5-minutes)
Presenters summarise the session and share a QR code with the attendees to register interest in being involved in implementing identified strategies.

Aims
The key aims of this session are to:
1. Foster discussion and develop strategies to connect HPE HDR students and supervisors across Australia and New Zealand.
2. Form connections between HPE HDR supervisors across multiple Australian and New Zealand universities to support the implementation of suggested strategies.

Discussion
The findings will be used to generate a list of potential strategies to better connect Australian and New Zealand HPE HDR students and supervisors, and to create a network of interested individuals who can work together to implement these strategies.

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Is seeing, believing? Can we assess clinical competence using online methodologies?

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Background
Across health professions education, the shift from traditional face-to-face to online assessment of clinical competence has generated varied responses. While online methods are often reported as broadly accepted, concerns regarding assessment scope, logistics, security, and the adequate evaluation of non-verbal skills is reported across disciplines including medicine, nursing, pharmacy, and dentistry (Chan et al., 2023; Kunutsor et al., 2022). Recent research in physiotherapy suggests these concerns may be linked to deeper tensions around assessment authenticity and professional identity. Despite the persistence of these challenges in the post-pandemic landscape and their relevance across multiple health disciplines, opportunities for meaningful cross-disciplinary dialogue examining both shared concerns and discipline-specific divergences remain notably absent.
Methods
The aim of this interactive PeArLS session is to bring together health professionals from diverse disciplines to explore their experiences and perceptions of online methods of clinical competence assessment through guided and collaborative discussion. Following a brief presentation of current evidence and preliminary qualitative findings from physiotherapy research, participants will engage in structured small-group discussions. Using targeted prompts, we will examine shared experiences, discipline-specific challenges, and assumptions about authenticity, validity, and professional identity in online assessment. Real-time theme capture will enable synthesis across professional contexts, creating a rich tapestry of cross-disciplinary insights.
Aims
Participants will: (i) critically examine their own perspectives towards online methods of clinical competence assessment and underlying assumptions; (ii) identify shared and profession-specific opportunities, challenges, and barriers to online assessment adoption; (iii) explore how assessment practices intersect with professional identity, authenticity, and notions of competence; and (iv) contribute to developing frameworks for future assessment innovation.
Discussion
Session insights will directly inform ongoing doctoral research, extending findings beyond physiotherapy to create a cross-disciplinary evidence base. Participants will gain exposure to diverse professional perspectives, challenge their assumptions, and contribute to shaping future research, policy, and practice.
Issues/Questions for exploration
Have you used online assessments of clinical competence before? How do they compare to others in the group? What went well? What was challenging
How does you view online assessments? Is this reflected in your profession? Why do you hold these views?
What feels lost or gained by using online methods? What are the benefits? What are the challenges?
Do you feel increasing the use of online assessments will impact your profession? How is it perceived? Is there any tension in using online assessments?
What future possibilities do you see for online assessments? What needs to change?
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Making professional identity formation explicit in the radiation therapy curriculum

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Background
There is strong evidence that professional identity formation (PIF) is a key element of becoming a health practitioner (1). Arguably, health professional curriculum design should include explicit teaching, learning and assessment geared towards fostering a professional identity (2). Recent investigation of the Bachelor of Radiation Therapy (BRT) which prepares Radiation Therapists (RTs) for entry to practice in New Zealand, highlighted professionalism and professional standards receive attention in the BRT, PIF does not. The BRT is ready to embark on a curriculum review process, providing an ideal juncture to identify teaching and learning strategies which will facilitate PIF.

Methods
The session will begin with a brief introduction in two parts. First, to offer a working definition of professional identity and its formation. Second, to contextualise the conversation in the nature of RT education.
The main section will ask participants to share teaching strategies identified by their experience and/or research which successfully contribute to PIF in students.
The wrap up time will allow the presenter to summarise, clarify points of interest and identify areas for follow up.

Aim
The purpose of the PeArLS is to canvass the perspectives and experiences of participants who will be expert practitioners, researchers and educators about teaching, learning and assessment strategies which foster professional identity formation. The intent is to integrate those suggestions into RT education.

Discussion
The BRT is about to undergo a curriculum review process; an opportunity exists to integrate any PIF-promoting strategies identified by the session into the education of tomorrow's RTs. The session should also catalyse further discussion and collaboration between participants and presenter.

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Interprofessional learning in multidisciplinary healthcare teams may reduce the risk of patient mortality by 28%

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Introduction/Background
Most evidence published in support of interprofessional learning (IPL) remains qualitative and Cochrane reviews have failed to show significant benefits of IPL in terms of patient outcomes. Lack of outcomes-based or quantitative evidence hinders the promotion of IPL by many, including policymakers. We aimed to assess all available quantitative evidence for the benefits of IPL in terms of patient mortality and adverse events.

Methods
We conducted a systematic search from January 2000 of the Medline, Scopus, PsycInfo, Embase and CINAHL databases to locate studies of interventions intended to improve performance in multidisciplinary healthcare teams. We performed a meta-analysis of patient outcomes in IPL and conventional care groups, including studies with quasi-experimental and before/after designs. We extracted numerators of the number of deaths or adverse events, and denominators of the total number of patients, in IPL and conventional care groups reported in each included study, and synthesised these results in risk ratio forest plots.

Results
From 15,248 reports found in our search, 20 contained the required hard end-point data. In the 13 studies reporting mortality outcomes, the 7166 patients in the IPL group had a 28% reduced risk of death, comparing with the 6809 patients in the conventional care group – risk ratio 0.72 (95% CI, 0.60-0.86), $p<0.0003$. In the 14 studies reporting adverse events, the 4789 patients in the IPL group had a 23% reduced risk of experiencing an adverse event compared with the 4129 patients in the conventional care group – risk ratio 0.77 (95% CI, 0.67-0.88), $p<0.0001$.

Discussion
We believe our meta-analysis of evidence from 22 years of the refereed literature is the first to demonstrate significant outcomes-based benefits for patients due to IPL in multidisciplinary healthcare teams. Our work reinforces earlier qualitative work that IPL is valuable, and demonstrates that more mixed-methods and quantitative work is needed.

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Employer perspectives on practice readiness: Informing health professions education through the ADAPT model

Dr Michelle Stubbs[1], Professor Michelle Guppy[2], Dr Oyepeju Onifade[3], Dr Felista Mwangi[3], Professor Katie Wynne[3], Dr Julie Burrows[4], Ms Elizabeth Bembridge[1], Mr Nathan Aulsebrook[5], Dr Tazeen Majeed[3], Professor Bunmi S Malau-Aduli[2,3]
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Introduction/Background
Healthcare systems require graduates who are not only clinically competent but also adaptable to complex, high-pressure environments[1]. Rising patient acuity, technological change, and interprofessional collaboration have amplified expectations for practice-ready graduates[2]. However, employer perspectives on graduate readiness remain underexplored. This study aimed to examine employer views on how well health professions education prepares graduates for independent clinical practice, to inform curriculum design and workforce strategies.

Methods
Employers of recent graduates across medicine, nursing, allied health, oral health, and social work participated in semi-structured interviews. An interpretive descriptive approach guided data collection and analysis. Transcripts were coded inductively using reflexive thematic analysis to identify patterns and develop themes.

Results/Evaluation
Thirty-one employers contributed insights, revealing four key themes: (1) Patient-Centred Care - graduates were generally competent but required stronger communication skills; (2) Clinical Competence - readiness for routine care was high, but gaps persisted in emergency management and time prioritisation; (3) Transition to Practice - structured onboarding, digital literacy, and interprofessional collaboration were critical; and (4) Wellbeing and Adaptability - employers emphasised resilience and self-directed learning as essential for sustainability. These findings informed the development of the ADAPT model, comprising five domains: Applied Competence, Digital & Systems Literacy, Agency through Self-Reflection, Professional Collaboration, and Transitional Adaptivity.

Discussion
Employer insights highlight the need for curricula that integrate simulation-based training, digital health literacy, resilience-building, and interprofessional education. The ADAPT model offers a practical framework for aligning educational outcomes with workforce expectations, supporting graduates to deliver safe, effective, and patient-centred care.

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Co-design of a framework for practical interdisciplinary learning in health research and evaluation

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Introduction/Background
Health science students currently graduate with limited practical experience of interdisciplinary collaboration in research and evaluation contexts.[1] Consequently, students may feel underprepared to enter a workforce which increasingly requires interdisciplinary expertise and experience to address complex challenges in contemporary health contexts. This study aims to co-design a framework for practical interdisciplinary learning in research and evaluation for use in health professions education contexts.

Methods
A pragmatic and participatory approach was taken involving iterative data collection and analysis including interpretive synthesis via a project advisory group including current and alumni graduate students, academic staff and community experts. A pre-existing interdisciplinary initiative involving physiotherapy and public health students, was first evaluated via 16 surveys completed by students/alumni and 16 interviews with students/alumni (n=6) and academics/experts (n=10). Next, informed by the survey and interview data, to co-design the framework, two separate workshops were undertaken involving 4 students/alumni and 6 educators/experts respectively followed by a final combined workshop involving both participant groups (n=9). Quantitative data were analysed descriptively while qualitative data were analysed using constant comparative analysis.

Results
Evaluation of the pre-existing interdisciplinary initiative revealed benefits and challenges while key considerations were suggested. These included: explicit framing and clarity of purpose for all involved, creating a safe space for taking risks, yet understanding these risks, planning and preparation are essential and varied student readiness for interdisciplinary collaboration exists. The co-designed framework articulates the “why” (i.e. values and purpose), the “what” (i.e. six key principles to apply to learning activities) and the ‘how” (i.e. essential implementation factors) of interdisciplinary learning in health research and evaluation. A roadmap was also developed to support implementation of the co-designed framework.

Discussion
The co-designed framework and roadmap may be useful implementation strategies to support interdisciplinary learning initiatives in health professions education. Future work should evaluate the implementability[2] of such initiatives.

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Measuring what matters: Selecting self-assessment tools for interprofessional collaborative practice

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Introduction/Background
Interprofessional education (IPE) is essential for preparing health profession students to deliver collaborative, patient-centred care in complex healthcare environments. Core competencies such as teamwork, communication, and role clarity are central to IPE but challenging to assess in dynamic clinical contexts where direct observation is limited. Self-assessment tools offer a practical way to capture learners' perceptions of their interprofessional capabilities when observation is not feasible. Despite growing emphasis on IPE, evidence on the validity and practical usability of these tools remains limited. This rapid review synthesises current evidence to help educators identify self-assessment instruments that support interprofessional learning and practice in diverse education settings.

Methods
A rapid review was conducted following Cochrane Rapid Review guidelines. Medline, CINAHL, Web of Science, and ERIC were searched for studies published between 2014 and 2025. Psychometric evaluation followed COSMIN standards and the COSMIN Risk of Bias Checklist.

Results
Nineteen studies describing 11 self-assessment instruments for healthcare students were identified. Most tools were grounded in IPE frameworks and assessed teamwork, communication, and roles/responsibilities. Instruments varied in scope, length, timing, and response formats. Content validity was generally supported, though comprehensibility reporting was limited. Structural validity was examined through factor analysis, and internal consistency was strong across studies. Cross-cultural validity was confirmed for several translations, but evidence for test-retest and inter-rater reliability was limited.

Discussion
Self-assessment tools can enhance interprofessional learning by promoting reflection and dialogue about collaborative practice competencies when direct observation is impractical. While most instruments demonstrate strong internal consistency and structural validity, gaps in comprehensibility and longitudinal reliability limit their use for critical assessment decisions. Educators should select tools that balance psychometric strength with applicability for time-constrained environments. Future research should explore long-term reliability and feasibility to make these instruments practical for diverse IPE contexts.

Keywords: Interprofessional education, Self-assessment, Collaborative practice, Psychometrics, Health professions education.

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Developing skills for collaborative practice in the workplace: findings from a research evaluation project

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Introduction/Background

Clinical and community settings can provide rich learning environments for developing collaborative skills, however opportunities for health professions students to observe, notice and participate in collaborative practice in the workplace remain inconsistent.[1] At ANZAPHE 2024, we presented plans to introduce a set of interprofessional workplace learning activities designed to harness the *organic* opportunities on Older Person's Health placements across ward and community settings. This paper presents findings from the evaluation of these collaborative practice workplace-based learning activities.

Methods

The Haji emergent evaluation framework[2] guided a mixed methods approach to capture the process of implementation and development, and stakeholder experiences. Qualitative data included open-ended responses from student surveys, focus groups with clinicians on the ward, on-site interviews with community-based clinicians and teaching staff communications, which were analysed descriptively. Quantitative data included Likert scale responses from student surveys, which were analysed longitudinally to examine changes in the student experience as the module developed.

Results/Evaluation

Students valued the clinically based learning activities, particularly when they could participate actively and ask questions about interprofessional collaborative practice. Clinicians reported the process was sustainable, noting that students approached them directly and showed genuine interest in their roles. Students appreciated the portfolio as a guide for learning but reported that some activities and reflective prompts were overly detailed and repetitive. In response, staff made iterative changes to the portfolio throughout the year to simplify guidance and streamline reflective prompts.

Discussion

The Haji framework highlighted progressive development of the learning activities in response to stakeholder feedback. A self-directed model, where students approach other health professionals, was effective in supporting collaborative practice learning. However, learning tasks and reflective prompts require simplicity to accommodate varied interprofessional experiences. These findings offer practical guidance for clinical educators seeking to support collaborative practice skill development more deliberatively in workplace settings.

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The influence of workplace conditions on how students learn collaborative decision-making for interprofessional practice

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Introduction
Collaborative decision-making (CDM) is central to interprofessional practice and is recognised as a core competency in health professions education. While the clinical workplace offers rich opportunities to develop skills for CDM, little is known about how students learn this competency in clinical work. This study aimed to examine how workplace conditions influenced students' experiences of learning CDM for interprofessional practice.

Methods
This longitudinal qualitative study used a nested-case study design involving semi-structured interviews with fifteen students from medicine, nursing, and physiotherapy at three time points (twice in their final year of study and once in their first six months of clinical practice). Interview transcripts were analysed using a framework informed by Workplace Learning Theory[1] and Theory of Practice Architectures[2] to identify patterns of learning (participation, guidance, engagement) within cases, and workplace conditions shaping learning (social, material, cultural) across cases, respectively.

Results
Patterns of learning involved students participating by observing clinicians practising CDM and being invited to contribute. Students were guided by role modelling, coaching, and questioning; primarily with clinical supervisors from their own profession. Students demonstrated engagement by reflecting on CDM with their peers and valuing opportunities to practice CDM despite the anxiety it evoked. Importantly, patterns of learning were shaped by workplace conditions that afforded or constrained supportive and respectful interprofessional and supervisory relationships, clinical routines that protect time for regular CDM, and professional hierarchies that value and invite contributions from all team members, including students.

Discussion
Workplace conditions appear to govern how students can participate, be guided, and engage in CDM. These conditions may override individual learning needs. Recommendations for educators include making CDM learning outcomes explicit to students, supervisors, and clinicians; and to responsively tailor placement experiences and interprofessional learning opportunities so participation and guidance are deliberate rather than afforded by chance.

Word count 293

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Educator Perspectives on Interprofessional Education: Challenges and Opportunities for Sustainability

Ms Joanne Walters[1], Dr Lee-Ann Jacobs-Nzuzi Khuabi[1], Ms Simone Perry[1,2], Ms Lee Lethbridge[1], Dr Sherphard Chidarikire[1], Ms Natalie Govind[1], Dr Felista Mwangi[1], Dr Oyepeju Onifade[1], Professor Bunmi Malau-Aduli[1]
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Background
Interprofessional learning (IPL) is widely acknowledged as essential for preparing health professionals to deliver safe, effective, and person-centred care[1]. However, systemic and cultural barriers continue to impede its meaningful and consistent integration into health professions curricula, contributing to variability in graduates' readiness for collaborative practice[2]. This study explored academic and clinical educators' perceptions of IPL, including its value, challenges, and opportunities for sustainable integration within undergraduate health education.

Methods
A qualitative descriptive design was adopted. Semi-structured interviews were conducted with 20 educators from medicine, nursing, pharmacy, and allied health disciplines at a regional Australian university. Data were analysed using reflexive thematic analysis.

Results
Four key themes emerged, reflecting educators' views on the foundational role of IPL, the value of experiential and relational learning, barriers to implementation, and strategies for sustainable integration. Participants emphasised IPL as essential for person-centred care and underscored the importance of learning through real-world interprofessional experiences. Structural challenges such as curriculum fragmentation and time constraints were seen as limiting IPL's effectiveness. Drawing from these insights, the study developed a Four-Pillar Framework to guide sustainable and embedded interprofessional education.

Discussion
This study provides a nuanced understanding of how educators perceive and implement IPL within undergraduate health professions education. It highlights the importance of authentic, supported, and relational learning environments and institutional commitment. The Four-Pillar Framework offers a practical model for embedding IPL across curricula and health systems, reinforcing its role as a cornerstone for collaborative, person-centred care.

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Weaving Connection Through Context: A substrate model for a flexible interprofessional learning across health and social care programs

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Introduction
Health and social care systems increasingly require graduates who can collaborate across disciplinary and organisational boundaries [1]. The Collaborative Practice Centre at the University of Melbourne is developing a whole-of-faculty collaborative practice curriculum spanning 14 postgraduate health and social care programs [2]. Programs vary in duration and accreditation standards, yet all students are enrolled in a shared interprofessional curriculum embedded across existing subjects. The central challenge remains designing interprofessional learning that is both authentic and flexible within diverse disciplinary contexts and importantly minimises curriculum overload.

Methods
Over 2025, we developed and implemented a flipped-learning model comprising short online primer modules to establish shared conceptual literacy, followed by two-hour interprofessional workshops structured around applied activities and facilitated debrief. The novel element of these workshops is the use of a discipline-responsive "substrate" for applied activities. While the primary learning outcomes align with collaborative practice competencies (e.g., structured interprofessional communication tools, conflict management, collaborative leadership), the clinical or professional scenario for application of these skills is customised to the mix and developmental stage of learners present. This enables authentic contextually relevant application of shared competencies without requiring identical professional settings.

Evaluation
This model is currently being piloted across participating programs as an innovation-in-progress. Initial evaluation focused on learner perceptions of relevance and authenticity, educator acceptability, and perceived transferability of skills. Formal qualitative and quantitative feedback will be available at the time of presentation.

Discussion
The substrate model offers a practical mechanism for "weaving connection" across heterogeneous programs by aligning shared interprofessional competencies within locally meaningful disciplinary contexts. This approach supports coherence without standardisation by uniformity. Ongoing questions include scalability, faculty capability to design adaptive substrates, and how authenticity can be sustained at scale. This work contributes to broader conversations about balancing shared purpose with contextual responsiveness in interprofessional education.

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From novelty to necessity: Longitudinal student experiences with AI virtual patients in communication skills education

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Introduction/Background

Health professions programs require scalable approaches to support repeated practice of complex communication skills. AI-enabled virtual patients offer opportunities for low-risk, experiential learning, yet there is limited longitudinal evidence on student acceptability and perceived educational value over sustained curricular use. Understanding how learner perceptions evolve over time is critical for effective educational design.

Methods

A mixed-methods, longitudinal evaluation was conducted with a cohort of 300 undergraduate medical students across one academic year. Students completed repeated three AI virtual patient interactions aligned to six communication learning outcomes. Evaluation data were collected at two timepoints, early and late in the year, using Likert-scale ratings and open-ended reflections. Qualitative data were analysed using an AI-augmented thematic analysis aligned with Braun and Clarke's framework. Google Gemini APIs supported segmentation and coding, with theme synthesis undertaken using ChatGPTEdu 5.2 through an iterative, human-in-the-loop process.

Results/Evaluation

Students consistently valued psychologically safe, repeatable practice that supported skill development and confidence. Over time, perceptions shifted as novelty diminished. Learners increasingly foregrounded feedback quality, learner control, and integration with other learning activities, while limitations related to realism and repetition became more salient.

Discussion

Over sustained use, students increasingly evaluated AI virtual patients through an educational rather than technological lens. These findings suggest that learning impact is driven by how AI-supported simulation is designed and integrated, particularly in relation to feedback and progression, rather than by authenticity alone.

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Evaluating an AI-assisted record card (ERiK) for clinical note efficiency, accuracy, and educational feedback: a mixed-methods pilot study

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Introduction

Artificial intelligence (AI) assisted clinical documentation tools are increasingly proposed to reduce documentation burden and enhance learning in health professions education. While emerging evidence suggests potential gains in efficiency and feedback delivery, concerns remain regarding accuracy, hallucinations, and over-reliance. Empirical evaluation of AI-assisted notetaking and feedback within physiotherapy education is limited. This study aimed to evaluate the accuracy, efficiency, usability, and perceived educational value of an AI-assisted record card (ERiK) during simulated physiotherapy history-taking.

Methods

A within-subject, convergent mixed-methods pilot was conducted within a physiotherapy program. Eight students completed scripted and unscripted simulated patient interviews using both ERiK (a secure, ChatGPT-4.0-based web application) and manual notetaking. Quantitative measures included note accuracy (via a 31-item checklist), consultation efficiency (normalised review time), and user experience (Likert-scale survey). Qualitative data from open-ended questions explored perceptions of benefits, risks, and feedback quality of ERiK.

Results

ERiK-generated notes achieved significantly higher accuracy scores than manual notes (28.4 vs. 23.3/31; p=0.03) and showed a trend toward fewer critical errors. There was no significant difference in normalised review time (p=0.78). Participants reported high satisfaction (mean ratings ≥4.0/5), particularly for efficiency, reduced cognitive load, and detail capture. Qualitative analysis highlighted themes of cognitive relief, learning enhancement from feedback, and concerns about over-reliance. ERiK's feedback was perceived as comparable in quality to educator feedback.

Discussion

ERiK improved note accuracy and reduced cognitive load without compromising consultation efficiency. Participants valued AI-generated feedback as a complement to educator input. Concerns regarding potential over-reliance and occasional AI errors, particularly in safety-critical domains, underscore the need for oversight and algorithm refinement. This study supports the feasibility of AI-assisted tools as educational aids in clinical training, warranting larger, longitudinal research in real clinical settings.

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Transforming tertiary health professional learning: A validated framework for ethical, AI driven virtual patient simulation

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Introduction/Background
The accessibility of generative AI has driven interest in higher education, raising concerns about assessment integrity (Francis, Jones, & Smith, 2025) while enabling innovations like virtual simulated patients (VSPs). Traditional simulated patient models face cost and access challenges that AI can address, but limitations of this technology require strategies for safe, effective use (Shah, Edgar, & Evans, 2018). This study established guidelines and guardrails, providing a framework for creating robust VSPs and supporting scalable, innovative, future-facing learning experiences.

Methods
Using the Design Science Research methodology, this study developed and validated a framework for creating VSPs with ChatGPT, applying the Best Possible Medication History framework for pharmacy students. Clinical cases were collaboratively designed, reviewed for accuracy, and standardized to optimize AI training. VSPs were built using ChatGPT Model 4o via the platform's web interface and 'Create a GPT' function. To ensure integrity and educational validity, guardrails addressing clinical scope, privacy, communication standards, technical behaviour, and ethics were embedded throughout development.

To ensure reproducibility, all sessions used ChatGPT's default safety settings with memory disabled, and each interaction occurred in a new chat to prevent context carryover. VSP performance was validated through twenty clinical questions asked over two weeks at varying times, assessing both accuracy and consistency of responses in the context of clinical correctness.

Results/Evaluation
This study developed comprehensive guidelines and templates to help educators create safe, reproducible VSPs using ChatGPT. The guidelines cover VSP structure, prompt design, guardrails, clinician review, reproducibility, performance validation, and integration for educational deployment.

Discussion
This study provides a validated, practical guidelines for integrating generative AI into healthcare education through VSPs, addressing cost, accessibility, and ethical concerns. It bridges theory and practice, enabling scalable, safe, and innovative learning experiences that prepare future health professionals for technology-driven healthcare.

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AI patient simulator: Scaling healthcare communication training

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Background and Hypothesis
Effective communication is a core competency in healthcare training, yet faculty shortages limit opportunities for practice and timely feedback. We explored whether an AI-powered patient simulator could provide scalable, interactive communication training with structed feedback. This study examines the feasibility of integrating such a simulator into communication skills training and its capacity to deliver consistent, actionable feedback aligned with educational objectives. By reducing reliance on faculty availability, this approach has the potential to expand access to support feedback standardisation, and enhance training capacity in resource-constrained settings.
Methods
A qualitative pilot study was conducted with three Year 3 Lee Kong Chien School of Medicine students in January 2025. The simulator, developed by SUTD students with $18,000 CHI Digital Prototyping funding, enabled learners to engage in simulated consultations. Feedback was gathered via semi-structured interviews. The study received ethics approval from the SUTD Institutional Review Board (SUTD-IRB Ref S-25-C01).
Results
Participants valued the simulator's ease of navigation and feedback mechanisms. However, evaluation identified key improvements needed such as quantifiable performance metrics, explicit user guidance, faster AI response and more realistic patient interactions through enhanced avatar expressions and natural speech patterns. These refinements were seen as essential for improving learner engagement and the overall effectiveness of the training experience.
Discussion and Conclusions
The pilot demonstrated the feasibility and perceived value of an AI-powered communication simulator for medical education, particularly in settings constrained by faculty availability. Participants found the tool useful for self-directed practice and appreciated its potential to deliver timely feedback. However, key improvement areas from user feedback included AI interaction naturalness, feedback clarity and user experience guidance. Moving from proof-of-concept to a scalable educational solution will require further development, funding and collaboration with healthcare educators and technology partners.

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Incorporating student voice into the creation of AI-driven Virtual Patients

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Introduction/Background
Artificial intelligence (AI)-driven virtual patients (VPs) are increasingly sought after for communication skills training in healthcare education, yet often lack stakeholder input and educational theory in their design (Bowers et al., 2024). Our previous research shows that students and educators value VPs that are capable of realistic, voiced conversations and provide transparency on ethical issues (Bowers et al., 2025). We aimed to involve students in an iterative VP design, implementation and evaluation process, using design-based research principles. Our main goal was to create an AI-driven VP platform informed by end-users, ensuring acceptability of the technology prior to curricular integration.

Methods
We constructed VP scenarios and mapped them to an existing Master of Clinical Audiology curriculum. Transcripts from simulated patient roleplays based on these scenarios were used for VP construction. Ten students trialled the VP on two separate occasions, with further iterative development after each meeting. A Likert scale of 13 items was completed immediately following each trial (analysed by descriptive statistics), followed by a short semi-structured interview about the students' experience (analysed using Inductive content analysis).

Results/Evaluation/Aims
Students raised initial problems with conversation fluidity, suggesting further improvements in relation to voice realism, response times and turn-taking mechanisms. A method of providing feedback for learning was refined based on students' preferences for written performance reports. Students highlighted positive aspects like voiced interaction and realistic, relevant responses. Potential benefits students anticipated included gaining additional practice opportunities and furthering their communication confidence.

Discussion
This study adds to the growing body of literature on incorporating AI based tools into clinical skills curricula. It presents a novel methodology for ensuring the effectiveness of emerging AI educational tools by partnering with students in their design. This approach addresses the gap in stakeholder input noted in previous VP implementations, potentially enhancing engagement with such tools.

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Ako Ai Agents: Exploring the Potential of AI to Promote Learning in Nursing Education.

Dr Maia Topp[1], Associate Professor James Oldfield[1], Ms Sharnell Aumua[1], Mrs Sacha Garrity[1], Mrs Emma Treadaway[1], Mr Jonathan Adams[2], Dr Pam Foster[2], Mrs Fiona Lagae[1], Mrs Amelia Condell[1], Mrs Amy Withy[2], Mrs Joan Mackie[1], Mrs Jeni Palmer[2], Mrs Bandhana Rana[1], Ms Jane Allen[1], Mr Josh Burrell[2], Mrs Amy Waters[1], Mrs Katrina Whittle[1]
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Introduction/Background
A collaborative project across three New Zealand Polytechnics is exploring the potential for customised AI Agents to support learning and teaching in nursing education. These agents function similarly to ChatGPT but they are purpose-built with developers and subject matter experts to engage learners in discipline specific ways. This project aims to identify design principles that can guide future AI agent development and to evaluate the usefulness of these agents in strengthening core learning outcomes.

Methods
Design based research was identified as the method for iteratively designing, building and evaluating AI Agents. A concurrent mixed-methods approach integrates quantitative usage data with qualitative feedback from students. This presentation reports back on initial findings from the first of two development and implementation cycles. Expert nursing educators identified three priority teaching areas where AI agents could offer the greatest support: Drug Calculations, De-escalation of Patient Scenario and Deterioration of Patient Scenario. Initial concepts were developed and tested until each agent was considered ready for active student use. After interacting with one of the agents, students were invited to complete a survey and participate in a focus group. Their feedback, combined with an analysis of student-agent conversation data, informed revisions for the next iteration with the subsequent cohort of students.

Results/Evaluation
Preliminary findings across the three agents show that students valued instant feedback, step-by-step guidance, and the opportunity to practice their skills safely. Learners reported confidence in applying clinical skills and bridging theory to practice. While the interface was clear and easy to use, participants expressed interest in greater realism through images, video, and voice interaction.

Discussion
Initial results indicated strong potential for Ako Agents to enhance clinical learning and support learner confidence. Future iterations will integrate user-driven recommendations to improve authenticity and scenario complexity to ensure these remain current and fit for purpose

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AI-enabled remediation: Supporting at-risk nursing students in clinical learning

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Introduction/Background

Undergraduate nursing students who fail clinical placement are less likely to complete their degrees, underscoring the need for effective, student-centred remediation (Hughes et al., 2024). Given the increasing complexity of clinical learning environments and the diverse learning needs of nursing cohorts, timely and personalised remediation approaches are essential for student success. Artificial Intelligence (AI) chatbots can provide immediate, tailored academic and skills support, yet their role in remediation for nursing students is underexplored. This study examined how AI chatbots could support learning, confidence, and skill development for nursing students at risk of clinical placement failure.

Methods

A qualitative case study design was used (Stake, 1995). In 2025, two AI chatbots were integrated into remediation plans for nursing students at risk of clinical placement failure. Students were encouraged to use the chatbots to explore learning needs, practise clinical reasoning and communication, ask questions, and evaluate understanding. Prompt–response records across one trimester were thematically analysed; academic staff independently assessed the appropriateness and accuracy of chatbot responses.

Results

Three nursing students' chatbot records were analysed. Four overarching themes emerged: (1) addressing diverse learning needs; (2) disclosing concerns within a psychologically safe environment; (3) identifying additional learning gaps; and (4) targeted skill development. Academic staff judged chatbot responses to be evidence-based and contextually appropriate. All three students subsequently passed the course, indicating early impact.

Discussion

AI chatbots appear to offer a flexible, and personalised means of supporting nursing students at risk of clinical placement failure. Their capacity to promote psychological safety, encourage help-seeking behaviours, and identify learning gaps suggests value for broader integration into remediation and academic-support strategies across health professional disciplines. They may also support curriculum refinement to better meet students' learning needs during clinical placement. Future work should evaluate scalability and acceptability across nursing cohorts and other health disciplines.

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Silent or Silenced? Understanding Student Reluctancy to Report Placement Incidents

Associate Professor Lisa Cheshire[1], Dr Will McHenry[1]
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Introduction
Clinical placement is crucial to the education of health students, yet negative experiences reduce learning, mental wellbeing, and motivation to pursue a healthcare career. Timely incident reporting is essential to student safety and placement quality. Despite available reporting channels, past University of Melbourne Graduate Student Association (GSA) surveys indicate very low reporting rates. This student-led, Faculty–GSA co-sponsored study examined the scale and drivers of under-reporting among health students to guide reform.

Methods
An online survey (n = 1,425) captured quantitative and qualitative data on placement experiences, perceived barriers to reporting, and awareness of reporting channels. Quantitative items were analysed descriptively and by course subgroup. Qualitative responses underwent thematic analysis to identify common narratives and illustrative testimony.

Results
Three out of four students who experienced a placement incident did not report it, with 24% of respondents experiencing an incident. Primary barriers included fear of reputational/career harm, distrust of university processes, and poor awareness of reporting channels. Students preferred raising concerns with clinical supervisors or student associations; however, only 20% of these external reports were escalated to the University. Factors contributing to placement incidents included exclusion from clinical teams, limited hands-on learning, unpaid hours, and threats to psychological safety. Testimony echoed themes of humiliation and power imbalances.

Discussion
Under-reporting is driven by fear, low awareness, and mistrust. Recommended interventions include student–faculty co-designed placement training, more visible and supportive reporting processes with regular encouragement to provide feedback, and a “no wrong door” escalation framework to ensure all concerns reach appropriate oversight. Further interventions include promoting positive-provider models to supervisors and employer-partnered research to clarify potential career consequences of reporting. The student-led nature of this research strengthens its validity and potential for successful intervention. Ultimately, these findings call for practical reforms to increase reporting and protect student wellbeing and learning quality.

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Beyond resilience: addressing registrar well-being through system-level exploration

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Introduction/Background

Well-being remains a critical issue for the healthcare workforce (1), directly impacting safe clinical practice. Despite evolving recognition of challenges to well-being, many current approaches focus on individual "resilience," which risks shifting blame to the clinician rather than addressing the mounting pressures of complex health systems. This is particularly evident for registrars in mental health who must navigate the demanding balance of service delivery, education, and personal life.

Methods

This presentation will focus on findings from an initial literature review and an interview study exploring perceived barriers to well-being, as well as system-level solutions, from the view of registrars and other healthcare professionals involved in their journey (n=14). Findings are analysed thematically underpinned by the theoretical lens of Gherardi (2). Further, it will present information on next steps in this work, ultimately aimed at identifying emerging system-level solutions tailored to the Australian healthcare context.

Results/Evaluation

Our literature search identifies six key domains that promote registrar well-being: effective clinical supervision, workplace flexibility, organisational support systems, leadership modelling, educational interventions, and "connection and community". Based on the interview findings a model was developed that encompassed societal practices, practices of the professional community, personal practices and workplace practices.

Discussion

Securing the well-being of the future workforce requires moving away from individual-focused approaches, particularly those that may be 'short-term' approaches (e.g., resilience workshops). Instead, our current findings emphasise complex well-being challenges experienced by registrars that highlight the need for coordinated well-being support strategies at the individual, team, and organisational levels. By identifying and working to address systemic barriers and investing in workforce redesign, healthcare organisations can create a sustainable culture of support. Aligning with the theme of "Weaving Connection," we argue that genuine well-being is achieved when systemic support and professional community are intentionally integrated.

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Unacceptable behaviours towards health professional students: suggestions for improvement

Professor Joy Rudland[1], Ibrahim Al-Busaidi[2], Danni Aldabe[3], Katrina Bryant[2], Andrew Gray[2], Virginia Jones[2], Paul Kane, Sunyoung Ma, Susan Moffat[2], Geoff Noller[2], Ainsley Peterson[2], Jim Ross[2], Faafetai Sopoaga, Lynley Anderson[2]
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Introduction: Unacceptable behaviours towards clinical students in health professions education remain a persistent and well-documented problem, with significant consequences for student identity formation, learning outcomes, psychological safety, and wellbeing. Although most institutions have policies intended to address such behaviours, reporting remains low. Barriers include uncertainty about what constitutes unacceptable behaviour, fear of retaliation or negative academic consequences, and perceptions that reporting is futile or will not lead to meaningful change. This research aimed to explore student perspectives and experiences of unacceptable behaviours, identify student-generated solutions, and assess awareness of institutional policies and procedures for reporting unacceptable behaviour.

Methods: A co-design approach was used, with students involved in the adaptation of a questionnaire derived from the Association of American Medical Colleges (AAMC) Graduation Questionnaire. The survey was distributed online to 1,645 University of Otago Health Sciences students enrolled across seven professional programmes. Quantitative data examined student awareness of policies and reporting procedures, while qualitative free-text responses addressing solutions and improvements were analysed using thematic analysis.

Results: A total of 733 students responded (44.6% response rate). While 54% (n=398) of respondents reported awareness of policies relating to unacceptable behaviour, only 24% (n=176) were aware of how to report such behaviour. Thematic analysis of free-text responses identified four interrelated domains for improvement: (1) student empowerment through increased awareness, education, and clarity; (2) accessible, trusted, and confidential reporting and support systems; (3) respectful, inclusive clinical learning environments supported by positive role modelling; and (4) institutional and systemic change, characterised by accountability, transparency, and visible action following reports.

Discussion: Integrating social learning theory and the concept of psychological safety provides a strong theoretical rationale for interventions that combine behavioural role modelling with structural and systemic reform. Addressing unacceptable behaviour requires more than policy development; it necessitates a sustained cultural shift supported by education, trustworthy reporting systems, inclusive leadership, and visible accountability. Embedding these principles may disrupt entrenched patterns of unacceptable behaviour and foster safer, more supportive clinical learning environments for students.

6. **Stream:** Well-being

7. **Key Words**

Unacceptable behaviour; Student wellbeing; Reporting systems; Psychological safety; Clinical learning environments

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Can Impostor Phenomenon be re-framed as a catalyst for growth?

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Introduction/Background
Impostor Phenomenon (IP) is characterised by feelings of perceived inadequacy despite evidence of competence. Research indicates that environmental factors, such as hierarchical workplace structures and performance monitoring, influence the development of IP. These conditions are embedded in health professional students' clinical placements and examinations, potentially functioning as breeding grounds for IP. Understanding IP in these contexts is critical for supporting student wellbeing. However, numerous studies fail to acknowledge socio-cultural contextual factors, creating conceptual imprecision in how IP is understood and contributing to interventions focusing on "fixing the individual". This study aims to develop a conceptualisation of IP by exploring health professional students' experiences of IP, its impacts, and coping strategies.
Methods
Concept mapping methodology was employed to explore students' experiences of IP, responding to calls within health professions education for this approach to deepen theoretical understanding [1]. Three aspects of students' IP experiences were explored: negative impacts, coping strategies and positive impacts.
Results
Using concept mapping, participants identified negative impacts of IP across four themes: *Physiological and psychological stress responses, Academic and clinical disengagement, Maladaptive coping,* and *Clinical performance impairment.* Participants explored IP coping strategies across solution-based themes such as *Goal-oriented study approaches* and *Seeking external support*, and emotion-focused themes such as *Cognitive reframing.* Positive impacts of IP were identified across four themes: *Perseverance*, *Increased preparation, Active learning and Increased self-awareness.*
Discussion
IP emerges as an ongoing and multifaceted experience among health professional students, revealing positive dimensions that have been largely unexplored in the literature. This study proposes a shift in perspective that views IP as a contextually situated experience rather than an individual deficiency. Health professional educators can use this understanding to support students in recognising, managing and leveraging IP for growth.
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What Does Wellbeing Mean for Student Nurses? A Scoping Review

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Aim: To explore the meaning of 'wellbeing' as defined by undergraduate student nurses.

Background: During their studies, undergraduate nursing students are exposed to a range of clinical experiences, often emotional, stressful, confronting, unfamiliar, and with potential impacts to their wellbeing. Despite the number of wellbeing interventions targeting the nursing workforce, a definition of wellbeing, as described by nursing students, is lacking from published literature.

Design: Scoping review of qualitative research.

Methods: The following databases were searched - CINAHL, MEDLINE, EMBASE and PsycINFO to identify relevant qualitative studies from January 2015 to July 2025. Data were extracted and charted, qualitative findings, described, key themes synthesised across the studies.

Results: Thirteen studies were retrieved with a total of N=385 participants. The following themes were synthesised from the data: (1) factors that impact wellbeing (2) barriers to maintaining wellbeing (3) sustaining wellbeing, resilience being a recurring theme. No consistent definition of wellbeing was provided across the studies. All described the role of stress as a major factor impacting wellbeing that impacts negatively on the self and their ability to achieve academic success.

Conclusion and Relevance to Clinical Practice and Nursing Education: The review highlights the lack of a clear definition of wellbeing as described by undergraduate nursing students. Learning and understanding the personal meaning of wellbeing could provide students with insight into self-care and strategies needed to manage stressors. Further research is needed to understand the meaning of wellbeing as described by undergraduate nursing students to inform curriculum on ways to prepare students for stressors.

Keywords: Nursing students, Wellbeing, Wellness, Salutogenesis, Resilience

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Learning approach, situational demands and mental wellbeing among medical students: A replication and extension

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Introduction
The life of the medical student has become more complicated over the years, with more students needing to take on external employment to make ends meet while studying full time in their medical programme. This adds further stress to students already experiencing pressure from their studies. A study of postgraduate students who are in work found a clear relationship between situational demands, learning behaviour and wellbeing. Increasing situational demands led to decreasing wellbeing which was accelerated when students had high learning behaviours[1]. In terms of learning approach, the learning behaviours described in the study may be considered the equivalent of the strategy aspect of learning approach[1]. If that is the case, it is possible that Biggs's conceptualization of learning approach as incorporating both motive and strategy may offer a way to cushion the effects of learning behaviours on wellbeing[2].

Methods
To replicate the previous work in a novel population, we invited medical students from Auckland and Otago Universities to complete a survey measuring wellbeing and situational demands[1]. As an extension, we included a measure of learning approach which includes learning behaviours across two factors, motive and strategies. Demographic data will be collected. Data was analysed using descriptive statistics and linear regression.

Results
376 medical students completed the survey. Initial analysis replicated the results of the earlier study[1]. However, by separating learning behaviour into strategy and motive, we have begun to uncover the interaction between situational demands, learning strategy and learning motive on student experience of wellbeing and expect to be able to describe this interaction in more detail.

Discussion
Having a clearer understanding of the relationship between situational demands, learning and wellbeing can help medical schools develop support structures to ensure students have optimal opportunity to succeed in the medical school environment.

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Drawn Together: Engaging Students Through Anatomy and Art, A Creative Initiative to Foster Connection, Learning, and Community in First-Year Medical Students

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Introduction
Anatomy is foundational to medical education but is often perceived by first-year students as overwhelming and reliant on rote memorisation. To strengthen connections between students, their curriculum, and peers, the MD Learning Hub introduced an Anatomy Art competition as a student engagement initiative for first year medical students. The initiative was informed by key considerations: students' experience of anatomy as a content heavy subject, staff reflections of the pedagogical value of maintaining hand-drawn portfolios during their medical training, and evidence supporting visual learning principles such as "draw it to know it". The longstanding relationship between anatomy and art dating back to the Renaissance, when artistic skill was essential for visualising and communicating anatomical knowledge reinforced the value of integrating creativity into learning. A creative approach was therefore adopted to support understanding beyond memorisation.
Methods
A voluntary Anatomy Art competition was introduced as a co-curricular activity aligned with anatomy teaching. Students submitted original artworks representing anatomical concepts, using any medium. Indicators of success were evaluated through participation, informal student feedback, and the integration of artworks into the medical school environment.
Results
The competition attracted diverse submissions demonstrating creativity and anatomical understanding. Students reported improved conceptual learning beyond memorisation, a valuable creative outlet, and fostered peer connections. Connection to the program was strengthened through visible institutional recognition, with artworks displayed on a dedicated wall at the MD Learning Hub and featured in the annual student yearbook.
Discussion
The Anatomy Art competition successfully fostered connections across curriculum, community, and creativity. Grounded in constructivist learning principles, this pedagogical initiative integrated student feedback with the historical relationship between anatomy and art to facilitate deeper, active learning while supporting student wellbeing and belonging. Creative, student-informed approaches such as this can enrich anatomy education and enhance engagement in medical programs.

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Validating the HOTSPOTS Bullying Discrimination and Harassment Reporting Tool Among Medical and Nursing Clinical Placements

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Introduction/Background

Bullying, Discrimination, and Harassment (BDH) are commonly experienced by health workers, including students on clinical placements. While policy and legislation demonstrate a requirement and willingness to act on BDH, accurate BDH data are difficult to collect. Formal complaints processes exist, but may not be trusted. Validated tools exist, however typically focus on gathering information rather than on taking action.

In 2019, The Auckland Medical Programme developed and implemented HOTSPOTS, a system which combines an online survey with an accountability framework. Non-identifiable reporting of any BDH experienced or witnessed by students on clinical placements feeds into an action cycle.

While informal feedback and internal confidential evaluation indicate improvements, formal comparison to established questionnaires will help assess the validity of the HOTSPOTS questionnaire.

Methods

Research was conducted under an action research framework. Data was collected in June and October 2024, as an optional research component of the HOTSPOTS rounds undertaken in the University of Auckland's Medical and Nursing programmes. Consenting participants completed the Clinical Workplace Learning Negative Acts Questionnaire-Revised (CWL-NAQ-R) and the Psychological Safety Climate Scale (PCS-12) after the HOTSPOTS questionnaire.

HOTSPOTS scores were analysed for an underlying factor structure, reliability, and their relationship with the CWL-NAQ-R and PCS-12. This was done in R using confirmatory factor analysis (CFA), α and ω, and Spearman's Rho respectively.

Results

CFA demonstrated HOTSPOTS can be represented by a 3-item factor for BDH with inclusion as a supplementary item. The BDH factor shows acceptable α and ω >0.7.

HOTSPOTS scores show significant correlations with the CWL-NAQ-R and the PSC-12 in the expected directions, and consistent across programmes.

Discussion

The significant correlation of HOTSPOTS with established questionnaires adds validation for its use within clinical teaching environments. The consistency across nursing and medical disciplines supports the reliability and use of HOTSPOTS across multiple settings.

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The Undergraduate Learning Environment and Radiology

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Introduction/Background
Medical students have rated their learning environment (LE) lower compared to nursing, physiotherapy and speech-language pathology students[1]. Proposed reasons include fragmented clinical encounters, limited opportunities to learn through work and develop supervisory relationships, and unclear learning objectives.
The aim of this study was to evaluate student and educator perspectives of the undergraduate medical LE with specific reference to radiology.
Methods
At Otago Medical School, parallel survey instruments were designed and administered to 135 third-year students, 62 sixth-year students and 73 educators. Quantitative data were analysed using descriptive statistics and qualitative data subjected to content analysis. Focus group interviews were conducted with 10 third-year and 10 sixth-year students to explore the survey results.
Results
Elements of the radiology LE were perceived negatively by students and educators. 34%, 52% and 21% of third-year students, sixth-year students and educators, respectively, agreed that the medical school had a plan for their radiology teaching and learning; 40%, 65% and 19% agreed they had a clear understanding of radiology learning objectives. For third-year students, the speed and volume of material in radiology lectures were overwhelming, and teaching by non-radiologists was variable. For sixth-year students, access to radiologists was limited, and clinical learning opportunities were time-pressured. Educators reported inadequate time and support for teaching and collaboration.
Discussion
Radiology is frequently underrepresented in medical school curricula, and is taught by an array of educators many of whom are not radiologists, potential specialty-specific challenges to fostering a positive LE.
By identifying specific influences we have expanded on findings showing why medical students may rate their LE lower than students from other health professions.

[1] Selberg et al: A cross-sectional study of clinical learning environments across four undergraduate programs using the undergraduate clinical learning environment measure. *BMC Medical Education* 2021;21:258.

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Do online resources matter? The association of student engagement with performance in an early medical curriculum.

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Introduction

Blended learning has become prominent post-COVID-19. However, limited studies interrogate student interaction with online teaching materials and resultant student performance. This study aimed to quantify medical students' interaction with course-associated online resources, evaluate how interaction changes across year levels, and assess association with student performance.

Methods

Data regarding student engagement with the online pre-practical learning modules were expressed as a proportion of completed online exercises. Additionally, the proportion of watched pre-recorded lecture material was extracted. The level of interaction with online resources was compared between year levels and correlated with the performance on final tests. Statistical analyses were performed via IBM SPPS Statistics v.31.

Results

Median engagement with online pre-practical resources decreased from 84% for year 1 students (n=155) to 58% for year 3 students (n=159; $p<0.001$). Median percentage of watched online lecture material decreased from 43% in year 1 (n=153) to 29% in year 3 (n=159; $p=0.006$). Pre-practical engagement and test results yielded a moderate correlation in year 1 and 2 courses (Spearman rho (ρ): 0.401 – 0.448, $p<0.001$), and a weak correlation in year 3 (ρ: 0.265, $p=0.003$). Students that completed ≥50% of online exercises scored 5 to 14 scaled marks higher on the end of semester test ($p<0.001$) compared to students that completed <50% across all three-year levels. Furthermore, there was a moderate correlation between watching lecture recordings and test performance across all courses (ρ: 0.448 – 0.557, $p<0.001$).

Discussion

Our results suggest that interaction with online resources is associated with a positive effect on student performance across foundational clinical education, though interaction with online resources decreases as students progress through the program. Further analysis of attitudes toward online curricula is needed to better understand the student journey through the program. Furthermore, monitoring student interaction with online resources during the semester may assist in identifying students at risk.

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Design vs Reality – Students' Evolving Experiences with a Learning Advisor Program

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Background
In 2020, Sydney Medical School introduced an MD program based around programmatic assessment. Reflective practice and educational growth were facilitated by allocating a Learning Advisor (LA) to every student. The LA program was designed to facilitate students review of longitudinal progress and assessment performance, provide personalised feedback and educational guidance. Through this, students are supported by LAs (senior academics or clinicians) to develop agency to improve learning. Following 4 years of implementation, this study sought to understand student experiences of the LA system, its impact and its potential utility in health professional education.

Methods
Using grounded theory methodology, we conducted focus groups and individual interviews with final-year students. Theory-informing inductive data analysis was performed through line-by-line coding and constant comparison to identify initial patterns in the data. The data was interpreted through hermeneutic theory to explore students' experience of their LAs' efforts to holistically understand them to enhance learning advice and relationship building and share knowledge.

Results
Ten students participated. Bonds between participants and their LA were built through time, accessibility, consistency and shared vulnerability. Academically, LAs tended to provide reassurance to participants about their performance and only gave learning advice for those in difficulty. Contrary to program design, throughout the medical program, LAs transitioned into mentors: junior students appreciated advice on wellbeing and group study, and in senior years received broader career advice and opportunities. Some participants perceived that non-alignment with LAs' medical specialty and personality impacted their relationship.

Discussion
LAs are an invaluable resource in medical education. An LA program provides a platform for personalised/individualised student development. It allows students to build a mentorship-style relationship with a senior doctor. Once formed, this relationship helps to translate theoretical knowledge into real world practice. LAs help guide students in transition towards internship with a well-rounded, broader sense of medicine.

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Disability education for medical students co-administered by faculty and a medical student with a disability

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Background
Medical practitioners hold unacceptably high rates of discriminatory attitudes towards people with disabilities, often including stereotypes of helplessness and incompetence. Consequently, practitioners do not always perceive people with disabilities as equals, detrimentally impacting patient care and peer-to-peer relationships.

Education co-designed by people with lived experience is an effective strategy to enhance student performance and overcome discriminatory attitudes. Exposure to the stories of peers with disabilities helps students challenge reductive stereotypes.

Methods
First-year medical students participated in a 1-hour interactive activity delivered by a faculty member and a senior medical student with a disability. The activity consisted of an introductory lecture, a presentation about the student presenter's lived experience, and a question & answer session. Attendees were encouraged to consider their preconceived notions of disability through activities which invited them to actively make assumptions and then challenge them.

Evaluation
17% of attendees asked questions, balanced between theory (54%) and lived experience (46%). 100% of surveyed attendees provided positive feedback, including enhanced understanding of disability, challenges to internalised ableism, and increased comfort when interacting with individuals with disabilities. Attendees reported these persisted at one-year follow-up. Attendees with disabilities reported increased personal confidence and comfort in the program.

The student presenter reported positive engagement and observed that attendees continued to express interest in disability advocacy for several months following the activity. The co-presenting faculty expressed a greater appreciation of how disability education is received by people with lived experience.

Discussion
Co-administration of disability education by faculty and students with disabilities is a novel and viable strategy that challenges internalised bias by allowing for a holistic, lived-experience-led exploration of disability. This model offers a powerful opportunity to transform medical education from a theoretical exercise into a compassionate, consumer-centred, and practical learning experience for better engagement with and empowerment of patients in their future practice.

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The theoretical case for manual notetaking: preserving educational value while embracing AI-scribes

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Background: The rapid adoption of AI-powered scribes in healthcare raises a critical educational question: should medical students still learn manual notetaking? With curricula already stretched thin, this question warrants careful theoretical exploration before empirical investigation. Our review examined the distinction between the *instrumental value* of learning clinical notetaking (the product, which technology can replicate) and the *educational value* of learning notetaking (the cognitive processes it develops).

Methods: We conducted a scoping review using a "human-in-the-loop" approach with generative AI (ChatGPT/Gemini). Beginning with analogical reasoning from comparable educational debates (e.g., calculators and numeracy instruction), we identified two core domains: clinical reasoning and professional/practical skills. Through iterative dialogue with AI, we generated assertions for each domain, mapped them against established educational theories, and verified these frameworks through targeted literature review and expert interpretation.

Results: We identified three major themes: (1) enhancing clinical reasoning, (2) developing practical and professional skills, and (3) navigating human-AI boundaries. Our analysis showed a productive theoretical tension: Cognitive load theory, Illness script theory, and Dual-process theory suggest that manual notetaking is essential in active information synthesis and mental model formation. Conversely, Scaffolding theory, Cognitive apprenticeship, and Situated learning frameworks suggest that AI can productively offload clerical burden, enabling students to focus on higher-order synthesis and reflective practice.

Discussion: The educational value of notetaking lies not in producing documentation, but in the cognitive effort the process demands. While AI scribes enhance efficiency in practice, educators must ensure "cognitive offloading" doesn't bypass critical developmental experiences. We suggest that curricula shift from teaching note-taking purely as a documentation skill to leveraging it as a vehicle for development of clinical reasoning and professional competencies while simultaneously teaching students to manage the human-AI agency and accountability balance. Especially the latter is likely to be increasingly important for modern practice.

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Learner Education Handover, managing the transition from university to hospital in medical education: a scoping review

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Background
The transition from undergraduate medical education (UME) to the first postgraduate year (PGY1) is globally recognised as a vulnerable period for learners and health systems. Graduates frequently report reduced confidence and variable preparedness for clinical responsibility, while training programs continue to identify early competence and professionalism concerns that were not anticipated at graduation. Despite increasing alignment around competency-based medical education and programmatic assessment, approaches to transferring learner-specific educational information across this transition remain inconsistent and contested. Learner education handover (LEH) has emerged as a potential response; however, its conceptual boundaries and practical implications remain unclear.
Methods
We conducted a scoping review following Joanna Briggs Institute methodology and reported findings in accordance with PRISMA-ScR guidance. MEDLINE, Embase, ERIC, Education Source, CINAHL, APA PsycINFO, ProQuest, and Scopus were searched from database inception to December 2025, supplemented by targeted grey literature searches and reference list screening. We included empirical studies, conceptual papers, policy documents, and review articles addressing the transfer of learner-specific educational information from UME to PGY1. Data were charted using a standardised extraction framework and synthesised descriptively.
Results
Across the literature, there is growing agreement around competency-aligned learner education handover at the transition from UME to PGY1, intended to support continuity of learner development and early supervisory decision-making. Commonly endorsed content includes graduation-level competency summaries, capstone and clinical pre-internship performance, and unresolved professionalism or safety concerns. Substantial variation persists in handover processes, governance arrangements, and the extent of learner involvement. The evidence base is dominated by feasibility studies and stakeholder perspectives, with limited outcome evaluation and gaps in the investigation of equity, bias, or unintended consequences.
Conclusions
This scoping review mapped a diverse body of literature on learner education handover at the undergraduate-to-postgraduate transition. Despite increasing attention, no agreed standard, best practice model, or shared guidance was identified. Instead, approaches vary widely across contexts, reflecting local priorities and a limited conceptual and empirical foundation. These findings highlight the need for more theoretically informed and systematically evaluated research to inform best practice.

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Building evaluative judgement through collaborative multiple-choice question design

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Introduction/Background
Developing evaluative judgement - the capacity to make informed decisions about quality using explicit criteria - is critical for both students and educators. Engaging students as partners in assessment design offers a promising approach to strengthening assessment literacy. This initiative aims to build evaluative judgement through collaborative MCQ design.

Methods
Evaluative judgement will be operationalised as a framework to guide MCQ co-design and review. Students and educators will be invited to participate in structured interactive workshops focused on the co-design of MCQs aligned with program learning outcomes. Bespoke generative AI chatbots will be used for initial drafting and revision, with explicit emphasis on critical human evaluation and responsible use. Data sources will include conversations between facilitators and participants about the procedures they use to design MCQs, field notes, and the MCQs produced during workshops. These data sources will be analysed to identify judgements about MCQ quality.

Results
Student-generated MCQs will be incorporated into formative assessments, creating opportunities for feedback and reflective discussion about assessment quality and design principles. Educator-generated MCQs will be reserved for summative assessments. A centralised assessment database to support quality assurance, consistency, and efficiency was co-designed to store the outcome aligned items.

Discussion
This collaborative approach positions assessment as an active learning process that develops evaluative judgement to address persistent challenges in MCQ quality and longevity. Integrating evaluative judgement frameworks with formative assessment can support assessment validity and continuous improvement. This approach offers a strategy for building assessment literacy across health professions education and opens a discussion about how we can measure evaluative judgement.

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Feedback in large university cohorts: a scoping review of approaches, technologies and evidence gaps

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Introduction/Background
As university classes expand, educators face a persistent challenge: translating feedback evidence into scalable practices that meaningfully improve learning and student experience. In health professions education and beyond, feedback is viewed as a relational, dialogic process, yet large-cohort conditions can shift it towards one-way transmission, automation, or compliance. To clarify how feedback is currently delivered under these conditions, we aimed to describe feedback practices for university students in large cohorts.

Methods
We undertook a scoping review with an a priori registered protocol (1). We included English-language studies published from 2014–2024, with searches updated in December 2025. After deduplication, 8,522 records were screened and 126 studies met inclusion criteria. We charted context (discipline, country), cohort characteristics, feedback source and modality (educator, peer, self, automated, generative AI), feedback strategies, technology use (including AI/machine learning), and ethics reporting. We summarised study characteristics using frequencies and percentages.

Results/Evaluation/Aims
Included studies most often came from the USA and Australia across STEM, health sciences and humanities. Designs were mixed, with about one quarter using mixed methods. Technology-enabled feedback was common: nearly half used AI or machine learning, yet only 63.5% reported ethics approval. Written feedback dominated (72.8%), with checklists also frequent (33.3%). Educators were the main feedback source (64%), although automated feedback was also widespread (52.6%). Most papers reported more than one type of feedback. Approaches ranged from rubric-based comments and audio/video feedback to peer feedback, learning analytics messaging and automated tools, shaped by cohort size and assessment design.

Discussion
Feedback at scale is increasingly technology-enabled, but inconsistent reporting, especially around ethics and implementation details, limits what educators can confidently adopt. Clearer standards for describing context, design and governance are needed to support effective, connected feedback in large cohorts.

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Developing feedback literacy: Bringing standards to life

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Introduction/Background
Extensive evidence indicates that university students report dissatisfaction with feedback. For health and social care professionals, lifelong learning requires the ability to engage with feedback and exercise evaluative judgement. Feedback literacy and evaluative judgement are central to learner-centred feedback frameworks. This project aims to develop, implement and evaluate a flipped classroom curriculum module ("Feedback literacy: Bringing standards to life") to enhance postgraduate health and social care students' evaluative judgement skills, thereby improving their engagement with feedback, assessment preparation and professional readiness

Methods

A curriculum module was developed comprising a short video outlining the concept of evaluative-judgement (online priming materials), two pre-recorded exemplars of a student completing a case history interview within an objective structured clinical examination format and the associated completed rubrics (workshop materials). A cohort of 120 graduate speech pathology students will engage in the module in Semester 1, 2026. The video will be provided online as pre-requisite material prior to, attending a 2-hour workshop. During the workshop students will practice their evaluative judgement skills and receive feedback, by watching exemplar videos (one excellent, one satisfactory) and completing the associated rubrics while participating in moderated discussions with their peers in small groups. Students will be invited to complete a pre- and post-workshop survey to evaluate their experience of the module and workshop and their perception of their evaluative judgement skills. 30% of survey respondents will be invited to participate in focus groups.

Results/Evaluation
Evaluation indicators include thematic evidence of changes in students' perceived ability to identify and justify quality relative to standards and educator implementation perspectives. Qualitative data will elucidate enablers, barriers and refinements for scalability.

Discussion
If effective, the module offers a scalable approach to improve feedback literacy and evaluative judgement across other heath and social care courses, potentially reducing assessment-related stress and strengthening professional competence.

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Weaving together human judgement with computational assistance; the development of a scalable and transparent method to analyse written feedback narratives

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Background

Medical education assessment is increasingly reliant on workplace-based assessments (WBAs), incorporating narrative feedback for candidate learning opportunities and progression decisions. As a large and rich source of data, text analysis of this magnitude using common methods (descriptive statistics and theming) proves challenging for scalable, consistent, and transparent research decisions. Through analysis of WBAs (n>30,000) including feedback and self-reflective comments (n~90,000), we developed a pragmatic corpus-linguistic informed approach (McEnery & Hardie, 2012) weaving together human judgement with computational assistance to analyse narrative feedback.

Method

This project utilised deidentified WBAs from two consecutive cohorts at one medical school. The workflow normalized text (tokenization, spelling/text variants, lemmatization) developing a lexicon grounded in common medical education assessment terminology. Frequency, dispersion and collocation practices were utilised to establish emerging patterns. Rule based tagging with automated coding, verified with human sense checking, enabled automation of data analysis, occurring in parallel with audit trials and playbook development. The supervisory team (content experts in medical assessment) reviewed emerging clusters and examples to refine the lexicon, strengthening trust and defensibility of decision-making and workflow.

Results / Evaluation

There was a dramatic improvement in data processing time, preserving a consistent approach to provide transparent research findings across multiple cohorts and assessment types. Scalable metrics (eg: frequencies, collocation, dispersion) together with qualitative findings supported faster synthesis of data and improved data visualisation.

Discussion

Written narratives from WBAs are a rich source of feedback to students but can be large and messy to analyse at scale. Utilised as a corpus and analysed using non-traditional methods, this data can be transformed into a manageable resource. These approaches offer a transparent and consistent

approach to data interpretation; the adoption of a playbook invites the opportunity to share a scalable approach where human experts serve as gate keepers to consistency while computational assistance can provide automated reliability of mixed methods research.

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Authentic Assessment at Scale: Evaluating Viva Voce in Health Professional Education in the Gen AI Era

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Introduction/Background

Health professional education is rapidly redesigning assessment as generative artificial intelligence (AI) challenges the validity and defensibility of traditional written tasks. In practice-based disciplines such as nursing, assessment must provide credible evidence of clinical reasoning, professional judgement, and readiness for safe practice. Oral assessment approaches such as viva voce are increasingly positioned as authenticity-enhancing and integrity-protective alternatives, enabling students to articulate reasoning and defend clinical decisions in real time (Alcorn & Cheesman, 2022; Newell, 2023). However, despite growing adoption across health programs, evidence regarding the effectiveness, equity, and scalability of viva assessments in large cohorts remains limited.

Methods

A mixed-methods evaluation analysed 2025 online viva voce assessment data from a large final-year cohort within a Bachelor of Nursing program at an Australian university (n=803) across three campuses. Quantitative analysis examined overall outcomes and criterion-level performance on a standardised rubric aligned to clinical reasoning and professional judgement. Qualitative content analysis of assessor feedback comments identified recurring strengths and gaps in students' reasoning processes. Operational data relating to assessor numbers, moderation workload, and delivery logistics were descriptively analysed to examine scalability and sustainability.

Results/Evaluation/Aims

Preliminary findings demonstrated the viva enabled clear identification of cohort-level strengths and performance gaps, including a failure rate of 11.08%. Students most frequently struggled with cue collection, information processing, and responding to assessor-led questioning, providing actionable evidence to refine learning supports, preparation activities, and rubric prompts. Delivery across campuses required coordination of 18 assessors over multiple assessment days, highlighting workload, moderation, and contingency planning considerations central to large-cohort implementation.

Discussion

This evaluation provides evidence to inform authentic, AI-resistant assessment design in health professional education. By examining learning outcomes and operational realities, the findings highlight the importance of collaborative moderation processes, scalable delivery models, and continuous refinement of oral assessment approaches to support graduate readiness for professional practice.

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Active learning in health education: evaluating AI-assisted, case-based tutorials

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Introduction/Background

Active, case-based learning is central to preparing students for clinical practice; however, scalable tutorial designs that promote engagement, teamwork, and clinical reasoning remain challenging (Thistlethwaite et al., 2012). This study describes and evaluates a structured tutorial model integrating active learning principles, case-based discussions, and guided use of generative AI for educational resource development (Kasneci et al., 2023).

Methods

Tutorials were built around weekly, AI-assisted and expert-reviewed clinical cases aligned with lecture content. Two cases per week, each comprising five targeted questions, were provided to support consistency and depth of learning. Students received case notes 1–2 days prior to class, with questions released during tutorials. In-class activities involved randomised group allocation, collaborative problem-solving without AI use, electronic submission with referencing, individual student presentations, immediate verbal feedback, and post-class written feedback. A voluntary, anonymous survey was administered during class time to evaluate tutorial structure, skill development, career relevance, and perceptions of AI use. Quantitative data were analysed descriptively, and qualitative responses underwent thematic analysis. Forty-five students completed the survey.

Results

Most respondents reported that the tutorial structure positively supported knowledge development, professional communication, transferable skills (including teamwork and time management), and engagement. Students highlighted improvements in oral communication, real-world application of content, proactive learning behaviours, and confidence using medical terminology. About 25% of students reported improved ability to identify a wide range of diseases and contextualise pathophysiology, while around 20% reported enhanced diagnostic reasoning skills. Perceptions of generative AI were mixed: some students identified benefits in supporting information synthesis and unfamiliar topics, while others raised concerns regarding reduced active learning, inhibited critical thinking, and overreliance.

Discussion

This structured, case-based tutorial model supports student engagement, skill development, and clinically relevant learning while maintaining academic integrity. The approach is scalable and transferable across disciplines, offering a practical framework for integrating active learning with the guided use of generative AI in health professions education (Kasneci et al., 2023).

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Empowering students for independent learning

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Introduction/Background
Preparing pre-registration nursing students for the complexities of contemporary clinical practice requires learning environments that cultivate autonomy, critical thinking, and confidence. Feedback is widely recognised as central to this development, however, its impact depends on how it is interpreted and integrated into learning. While existing literature emphasises constructive, timely feedback, less is known about how feedback practices across university and clinical settings shape students' progression toward independent learning. This study explored the role of feedback in fostering students' capacity for independent clinical practice.

Methods

A grounded theory methodology. Semi-structured individual interviews were conducted with pre-registration nursing students, nurse clinicians and academics. Data collection and analysis occurred concurrently using theoretical sampling and constant comparative analysis. Inductive and abductive reasoning were applied to identify patterns, develop conceptual categories and grounded theory.

Results

Data from 33 participants generated the core category *empowering students for independent learning*. Feedback was perceived as effective when it was dialogic, future-focused, and embedded within supportive relationships. These approaches enabled students to evaluate their performance, make informed decisions, and engage proactively with learning. Overall, feedback was experienced as a dynamic and relational process that extended beyond information transmission, functioning as a developmental scaffold that strengthened students' autonomy, critical judgement, and responsibility for clinical practice.

Discussion

While the findings align with broader pedagogical literature emphasising learner agency and self-regulation, this study extends current understanding by demonstrating how these processes unfold across both academic and clinical contexts. Effective feedback practices help bridge the gap between structured educational environments and the realities of clinical practice, where independent decision-making is essential. The developing theory highlights the need for feedback approaches that intentionally cultivate independence, with implications for curriculum design, supervisory preparation, and alignment across learning environments. Conceptualising feedback as a catalyst for independent learning offers a meaningful contribution to preparing nursing students for confident, self-directed professional practice.

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Integrating Culturally Responsive Domestic Violence Education in Pharmacy

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Introduction - Domestic violence (DV) remains a pervasive yet under-reported global public health issue. Pharmacists, as highly accessible primary healthcare professionals, are well positioned to support individuals experiencing DV; however, culturally responsive training within pharmacy education remains limited. This study aimed to examine how cultural and gender norms and educational experiences influence pharmacy students' understanding of DV and their perceived confidence and preparedness to provide culturally sensitive care.

Method - This study applied the Cultural-Historical Activity Theory (CHAT) framework to explore how cultural norms, gender roles, and educational experiences shape pharmacy students' perceptions of DV and their preparedness to provide culturally responsive support. An anonymous mixed-methods survey was administered across all year levels, with quantitative data analysed using SPSS and qualitative data thematically analysed using NVivo.

Results - 109 pharmacy students participated in the study and approximately 70% were females. Participants represented diverse cultural backgrounds including Australian, Asian, Middle Eastern, African, and Oceanian. 40% reported a non-English first language. >80% perceived gender influenced DV perceptions, and more than half indicated that cultural background shaped DV recognition, help-seeking and response behaviours. Most students viewed DV support as a professional responsibility of pharmacists and about 90% highlighted the need for culturally-informed DV training that incorporated simulation and case-based learning. Qualitative data highlighted cultural influences on recognising and responding to DV, alongside barriers and enablers including community expectations, experiential learning and interprofessional learning.

Discussions - While recognising the importance of DV awareness and support within their future professional role, most pharmacy students felt underprepared and reported limited confidence. Perceptions of DV and response behaviours were strongly shaped by cultural and gender dynamics, revealing a gap between awareness and preparedness for practice. Our findings highlight an urgent need for culturally-responsive DV education within pharmacy curricula with broader implications for DV training across health professions in diverse care settings.

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Combining the “New” and the “Old”: Integrating Doctors-in-Training and Consultant Teaching to Enhance Intern-Readiness

Dr Jason D'Silva[1], Dr Jun-Ting Yeung[1], Dr Adian Izwan[1], Dr Joshua Naylor[1], Dr Hannah Legge[1], Associate Professor Kate Jutsum[1], Associate Professor Helen Wilcox[1], Professor Neil Boudville[1]
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Introduction
Doctors-in-training (DiT)-led near-peer teaching is widely valued in medical education for its approachability and relevance. However, concerns persist regarding variability in content depth and overall credibility when teaching is delivered solely by DiTs. This study explored whether combining “the new” (DiT-led teaching) with “the old” (consultant-led teaching) could preserve the strengths of near-peer education, while mitigating its limitations.

Methods
Four interactive, four-hour teaching sessions were developed and delivered to final-year medical students at the University of Western Australia, focusing on Objective Structured Clinical Examination (OSCE) skills. Two sessions followed established DiT-only teaching models developed in previous years, characterised by peer-level explanations, structured workbooks, and OSCE-style practice. Two sessions trialled a novel DiT-consultant combined model, where a consultant taught alongside DiTs, providing senior oversight, real-world clinical nuance, and expert validation of management decisions. Student feedback was collected using a five-point Likert scale assessing overall session quality, alongside free-text responses. Quantitative data was analysed descriptively and qualitative feedback from the combined sessions was thematically analysed.

Results
A total of 207 students provided feedback. DiT-Consultant combined sessions (n = 79) achieved a mean satisfaction score of 4.32/5, compared with 4.67/5 for DiT-only sessions (n = 128). Qualitative analysis of the combined sessions identified key strengths: (1) high clinical relevance focusing on skills required for “intern-readiness”, (2) effective DiT-led explanations on clinical content, and (3) added credibility, depth, and practical insights from consultants. Areas for improvement in the DiT-led sessions related to (1) time management, (2) improving interactivity, and (3) optimising sequencing of teaching versus practice.

Discussion
Although DiT-only sessions achieved greater average student satisfaction, the combined teaching sessions demonstrated potential to address known limitations of near-peer teaching while maintaining its core strengths. This hybrid approach represents an innovative and promising direction for intern-readiness focused medical education, warranting further refinement and evaluation.

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Trainee conceptualisation of feedback in a South East Asian context

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Introduction/Background
Feedback is widely considered essential for the learning and development of healthcare trainees. Extensive literature on feedback predominantly focuses on clinical training in Western settings, with limited attention to Asian contexts where cultural norms and educational traditions differ substantially. This study explored how clinical trainees in Malaysia conceptualise and engage with feedback.

Methods
Underpinned by interpretivism, we employed interpretive description as the methodological approach. Thirty-five fourth-year medical students from Johor Bahru, Malaysia participated. Data were collected through semi-structured group interviews at entry (n = 10) and three months later at exit (n = 8), complemented by 62 audio diary entries documenting participants' reflections on feedback encounters. Data were analysed using thematic framework analysis.

Results
Trainees predominantly conceptualised feedback as "telling"—typically corrective comments delivered by supervisors. Comments unaccompanied by specific advice for improvement were not regarded as feedback. Trainee experience of feedback influenced by power distance, collectivism, and uncertainty avoidance. Power distance seen both in humiliation in teaching and reluctance of trainees to question or provide feedback to supervisors. Group feedback, commonly used in bedside teaching, was perceived as vague. Peer feedback was encouraged, yet trainees held ambivalent views regarding its credibility and usefulness. Ambiguity about the intent or meaning of feedback often generated uncertainty and distress.

Discussion
*From participants' perspective, feedback was **telling** and error correction, given in a harsh manner. Most accepted that this was valid, if also given advice to improve or correct errors. Trainees' engagement with feedback was influenced by the interaction of multiple cultural layers: broader education system, workplace culture, and ethnic cultural norms. Understanding these intersecting cultural influences is critical for designing feedback practices that support meaningful learning in South East Asian clinical training environments.*

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Connecting law and culture: Alignment of body donation legislation and societal values in four African countries

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Introduction
Anatomy education courses that rely on voluntary body donors to train the next generation of health professionals are governed by legislation. For countries with colonial histories, the laws governing body donation can be heavily influenced by inherited colonial laws, creating a potential disconnect between legislation and sociocultural norms. This misalignment can influence donor decision-making, impacting the sustainability of body donation programs and, ultimately, students' learning.

Methods
This qualitative case study explored the alignment between body donation legislation and societal norms in four countries with British colonial histories: Ghana, Malawi, Kenya, and Zimbabwe. Data collection occurred in two phases. In Phase 1, each country's legislation was reviewed against the International Federation of Associations of Anatomists (IFAA, 2012) good practice recommendations for body donation. In Phase 2, individual semi-structured interviews were conducted with 21 anatomists to understand the experiences of those involved in body donation. Interview data were analysed thematically.

Results
While there was evidence of alignment between legislation and the IFAA recommendations, no country was fully compliant, largely due to ongoing reliance on unclaimed bodies for anatomy education. In Phase 2, five themes were developed: (1) legislative awareness; (2) societal norms/values; (3) tensions between legislation and sociocultural norms/values; (4) adaptability in navigating sociocultural and legislative perspectives; and (5) challenges/opportunities to facilitate legislative change.

Discussion
Legislative/societal dissonance was evident in the countries' body donation programs. Legislation emphasised *individualist* decision-making, while anatomists described the reality and importance of *collective* decision-making. Consequently, anatomists play an integral role in navigating legislation and societal norms. Strengthening this alignment requires a critical review of historical legislation and advocacy involving all stakeholders, with anatomists positioned as key agents in connecting legislation with societal values. This could support more sustainable voluntary body donation in these African countries and ultimately, enhance students' learning of anatomy.

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Trans-Tasman connections to support culturally safe practice: Weaving critical pedagogy in dietetic education

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Introduction
In Aotearoa/New Zealand, Te Tiriti o Waitangi articles expect Kāwanatanga (governance), Tino Rangatiratanga (authority over taonga) and Ōritetanga (equal rights and opportunities).
In Australia, Victoria's Treaty was established in November 2025, the first of its kind between an Australian state government and First Nations peoples. There is work to be done to prepare future health professionals to uphold Treaty principles in health systems. Cultural safety plays a key role in reducing health inequities resulting from colonisation, requiring health professionals to engage in critical self-reflection and reflexivity, address power imbalances, and seek feedback from those receiving care. (1,2) This presentation aims to conceptualise learning and teaching that provides students with opportunities to develop skills, attributes and behaviours to support culturally safe practice required by dietetic competencies.

Methodology
True cultural safety is developed through critical pedagogy and fostering critical reflexivity. Critical pedagogy, described by Paolo Freire, requires educators to empower students to examine their beliefs and values and the organisational systems within which we work as health care professionals. 'Problem-posing' education requires students to problem-solve barriers to equitable healthcare access and health outcomes. Critical reflexivity commences with understanding oneself, providing opportunities to safely explore positionality and resulting privileges.

Results
This presentation will focus on critical pedagogy and critical reflexivity learning approaches from Aotearoa and Australian dietetics programs that foreground Treaty principles. Student evaluations demonstrate the evolution of learning fundamental to cultural safety (critical reflexivity, examining power and privilege and addressing inequities in healthcare for Indigenous Peoples). The balance between critical pedagogy and 'Othering' approaches taught through cultural awareness education will be discussed.

Discussion
This work is delivered in the spirit of the conference theme, 'Weaving Connection', reflecting Trans-Tasman educator connections and collaboration with a shared purpose to empower future dietitians to value and prioritise culturally safe practice.

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Investigating the Barriers and Facilitators to Training in the Operating Theatre

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Introduction: Training opportunities in the operating theatre are often overshadowed by the immediate demands of service delivery. Previous work has demonstrated that the Surgical Education Checklist can increase education-focused discussions but that uptake was inconsistent. This study explored the barriers and facilitators to education in theatre to inform future implementation of the Surgical Education Checklist and similar tools.

Methods: A mixed-methods explanatory sequential design was employed in the General Surgery Department at a teaching hospital in New Zealand. A structured online survey, based on the Theoretical Domains Framework, was distributed to all consultant surgeons (n=24) and trainees (n=7). Twenty consultants (83%) and all seven trainees (100%) responded. Findings from the survey informed the development of a semi-structured interview guide used for interviews conducted with five consultants and four trainees. Quantitative data were analysed descriptively, and interview transcripts underwent thematic analysis with inductive coding.

Results: Barriers and facilitators to training existed at multiple levels, from individual behaviours to wider system influences. Four overarching themes emerged: system pressures, culture, relationships, and training and tools. Operational constraints such as time pressure, staff shortages, and case complexity limited teaching opportunities. Cultural norms prioritising efficiency over education further reduced focus on learning, while hierarchical dynamics discouraged trainees from voicing learning needs. Positive trainer-trainee relationships, departmental pride in training, and the use of structured tools, such as the Surgical Education Checklist, were key enablers.

Discussion: Surgical training in theatre is constrained by systemic and cultural factors but supported by strong relationships and simple educational tools. Targeted strategies addressing time, culture, and teaching frameworks may help bridge the gap between educational ideals and real-world practice.

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Enhancing engagement through responsiveness to learning needs: The Eastern Health Psychology Educator Experience

Dr Rachel Cousins[1], Ms Mandy Taylor[1]
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Introduction/Background: The Psychology Educator Team at Eastern Health was established in May 2023 in response to recommendations from the Royal Commission into Victoria's Mental Health System to build a skilled multidisciplinary workforce delivering high-quality, evidence-based care.
Psychologists play a critical role in mental health reform through assessment, intervention, and leadership in evidence-based practice, making their ongoing education essential to achieving system-wide improvements. Eastern Health employs approximately 130 psychologists across diverse clinical settings, highlighting the need for a coordinated approach to professional development. The Commission emphasised that education and training strategies are essential to attract, train and retain the workforce needed for reform (Royal Commission into Victoria's Mental Health System, 2024, Interim Recommendation 7). To this end, the Psychology Educator Team was created and rapidly mobilised to engage stakeholders and identify workforce learning priorities.

Aims: Initial aims of the Psychology Educator Team:
- Deliver Targeted Education
- Strengthen Professional Connections
- Enhance Engagement and Retention
- Maintain Visibility and Responsiveness

Method: Within the first 12 months, a learning needs assessment was conducted through informal stakeholder engagement, review of professional competencies and a survey of all Eastern Health psychologists. Findings informed the design and delivery of educational activities implemented within the first 12-24 months of establishment. A follow-up survey evaluated engagement and guided 2026 planning.

Results/Evaluation: The initial survey achieved a 37% response rate, generating 138 topic suggestions. Thematic analysis revealed strong interest in neurodivergence, trauma, psychosis, and formal assessment. Preferred formats were live webinars and face-to-face sessions of 1–3 hours. Respondents also identified needs for mentoring, supervision, connection, and resources. Across 2024–2025, Psychology Educator activities attracted approximately 700 attendees. The follow-up survey indicated strong engagement and provided new topic ideas, ensuring ongoing responsiveness to evolving needs.

Discussion: Rapid engagement and early delivery of education initiatives responsive to identified learning needs enabled the Psychology Educator Team to respond effectively to the learning priorities of our workforce. This proactive and agile approach enhanced engagement and strengthened professional capability across diverse clinical settings.

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Embedding simulation learning for physiotherapy students during acute clinical placements

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Aim: To enhance recognition and response to deteriorating patients for physiotherapy students during acute care placements using simulation.

Method: Mixed methods study design. Students participated in a single simulation session during their acute care clinical placement. Sessions involved recognising and responding to patient deterioration in either respiratory, circulatory or neurological system. Two facilitators managed a maximum of 16 students. Sessions were evaluated by both students and clinical supervisors.

Results: 300 students over a two- year period participated in simulation. Students were overall very positive towards the learning experiences simulation provided. Clearly simulation met their expectations (97%), was relevant to their work (95%), was engaging (95%), they felt comfortable to ask questions (95%) and the learning objectives were clearly communicated (93%).

Supervisors reported that simulation was a valuable aspect of the clinical placement experience, particularly if offered towards the end of the university program: 85% thought it provided a diverse learning experience on placement, 71% indicated that that simulation was a valuable opportunity for students to develop skills; ran for an appropriate amount of time; and supported students to improve their performance on placement.

Discussion: Simulation learning was well accepted from both a student and supervisor perspective, supporting student capability and confidence to recognise patient deterioration and rehearse appropriate responses. Further opportunities exist to explore the impacts of simulation in the development of other areas of clinical competence such as interprofessional practice in pre-qualified physiotherapy students.

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Context matters: A longitudinal exploration of the impact the new professional development policy on doctors

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Introduction/Background
Continuing professional development (CPD) is mandated to keep doctors current, with meaningful CPD reducing turnover and burnout. However, workload pressures and impractical requirements often make CPD a tick-box exercise.[1] After review, the Medical Board of Australia revised their CPD policy, requiring performance review and outcome measurement. However, health systems appear ill-equipped to help doctors collect necessary data.[2] This research will investigate whether and how the CPD policy is affecting practice in Australia.

Methods
Using longitudinal qualitative research, situated within a social constructivist orientation, we carried out a longitudinal audio-diary study with doctors to explore the impact of CPD policy on practice. It consisted of entrance interviews, multiple audio diary recordings, and exit interviews over approximately four months. To interrogate the data, we used holistic narrative analysis and framework analysis informed by Cultural Historical Activity Theory.

Results/Evaluation
Seven doctors from diverse specialties, settings, and career stages participated. Preliminary narrative analysis suggests participants' experiences sit along a continuum, ranging from positive—characterised by alignment between CPD and practice—through pragmatic acceptance and adaptation to the new requirements, to negative—marked by scepticism, frustration, and contemplation of disengagement from colleges or the profession. Preliminary framework analysis shows tensions in the activity system, including between relevant CPD and compliance requirements, valued informal learning and easily quantified formal education, and time spent on CPD and time spent documenting it.

Discussion
The impact of the new CPD policy is not the same for everyone. It appears that those in private practice, or smaller practices find it harder to meet the requirements, because the burden is not distributed, but falls solely on them. Further research is needed to inform how CPD policies can be implemented in ways that recognise differing practice contexts and identify the support doctors require to engage meaningfully with CPD.

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Piloting the Surgical Education Checklist: A Mixed-Methods Study

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[3]University of Otago, Dunedin, New Zealand

Introduction: The operating theatre remains both the cornerstone and the most challenging environment for surgical education. Despite its significance, the learning opportunities available in this setting are often overshadowed by the immediate demands of service delivery. This study evaluated the feasibility and acceptability of the Surgical Education Checklist, a simple tool designed to prompt structured, education-focused discussions in theatre.

Methods: A mixed-methods, before-and-after pilot study was conducted in two New Zealand general surgery departments. Three surgical trainees completed daily questionnaires across two six-week periods before and after checklist implementation. Questionnaires assessed discussion of learning goals, feedback, and action plans. Following implementation, three trainees and two consultant surgeons participated in semi-structured interviews exploring experiences and contextual factors influencing use.

Results: Pre-implementation learning goals, feedback, and action plans were reported on 26%, 37%, and 4% of theatre days, respectively; post-implementation, these increased to 53%, 56%, and 47%. On days when the checklist was used (32% of post-implementation days), these discussions occurred almost universally (100%, 100%, and 91%). Interviews showed the checklist supported educational dialogue, enhanced trainee confidence, and provided trainers with a practical framework. Uptake was inconsistent, influenced by trainee initiative, consultant engagement, and systemic constraints such as time pressure and workload.

Discussion: The Surgical Education Checklist was feasible and well received in real-world surgical training. When used, it markedly improved education-focused discussions. Broader implementation strategies are required to embed the checklist into surgical workflows and culture, and larger studies are needed to evaluate its sustained impact on learning and performance.

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Perspectives on Delivering Bachelor of Nursing Education in a Rural Health Setting: Insights from Students

Dr Louise Allen[1], Associate Professor Karen Missen[1], Ms Naomi Cruz[1], Dr Elissa Dabkowski[1], Ms Chelsea Webb[1], Ms Jane Anderson[1]
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Introduction/Background: Students from regional and rural areas in Australia face significant barriers to accessing higher education, particularly in health professions programs requiring workplace-based learning. Geographic isolation, limited public transport, travel and accommodation costs, relocation, and the financial burden of mandatory clinical placements disproportionately affect these students (Fray et al., 2020; Winchester, 2025). Concurrently, rural and regional healthcare organisations face persistent challenges in recruiting and retaining nursing staff, resulting in workforce shortages and threatening the sustainability of local healthcare services (MacKay et al., 2021). These intersecting challenges underscore the need for locally accessible education models that support student participation while strengthening the rural health workforce.
In response, Federation University, in partnership with Bass Coast Health in Wonthaggi, established a dedicated Bass Coast cohort within the Bachelor of Nursing program. Supporting up to 20 students per year level, the cohort aims to reduce geographic and financial barriers for students living in Bass Coast and South Gippsland, while developing a locally trained nursing workforce through place-based, workplace learning.
Aim: This study aims to evaluate the implementation of the Bass Coast nursing cohort by exploring students' motivations for enrolment, their learning experiences, and perceptions of the model.
Methods: A qualitative exploratory design will be used to examine participants' perceptions and experiences of delivering and undertaking nursing education in a rural healthcare setting (Sandelowski, 2000). Ethics approval Federation University HREC 2025/08.
Participants and Data Collection
Semi-structured online interviews using Microsoft Teams with the automatic audio-recording and transcription function will be conducted with 5–10 students per year level Bachelor of Nursing students enrolled in the Bass Coast cohort. Data collection will continue until saturation is achieved (Aldiabat, 2018).
Evaluation: A six-phased thematic analysis approach, as described by Braun and Clarke (2021), will be used to analyse the transcribed interviews. Findings will inform future iterations of the cohort model, contribute to sustainable program delivery, and support the development of a locally trained nursing workforce aligned with community needs.
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Australian adults' preferred sources of health information and how this differs by generation, sex and education

Associate Professor Theresa Larkin[1], Dr Pippa Burns[1]
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Introduction/Background. *Historically, medical and health professionals were the primary sources of health information. Over time, this has changed with the internet and social media becoming prominent information sources. We aimed to determine where and how often Australian adults obtain health information, and the influences of generation, sex and education. It is important for health professionals and educators to know where patients get health information as this may influence expectations of diagnosis or treatment.*

Methods. *An online survey was developed in Qualtrics, with sections asking about demographic information and sources of health information. Among numerous demographic data collected, the influences of generation based on current age, sex and highest level of education are reported here.*

Results/Evaluation. *Among 1030 respondents (36.4 ± 12.0 years; 81% female), the most common sources of health information and their frequency of use at least sometimes were: internet search (93%), doctor/GP (84%), specific website (74%), relative/friend (68%), pharmacist (54%), podcasts (44%). Sex had the biggest impact, with all sources used more frequently by females than males. Younger generations more frequently used an internet search and asked a friend or relative, while Baby Boomers more commonly saw a doctor/GP. Those with a higher education level more frequently sought a Doctor/GP, specific website, pharmacist, or podcast, while lower education was linked to asking a friend/relative.*

Discussion. *Those who were more educated more frequently accessed more reliable health sources, while younger generations and those with lower education more frequently used less reputable sources, such as an internet search and asking a friend/relative. The curriculum must evolve to prepare healthcare professionals to engage effectively with diverse sources of health information, identify misinformation and direct patients to trustworthy sources that meet their needs.*

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Designing against deficit: a strengths-based curriculum architecture for rural health education

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Background

Deficit-based representations of rural health remain common in health professional education, often framing rural contexts in terms of service gaps, workforce shortages, and professional compromise. Many university undergraduate health professions programs now include 'rural health' content, but there is a dearth of discussion about what is included and what messages are being conveyed to the current and future rural health care workforce.

Methods

The aim of this presentation is to outline the core components of strengths-based rural health education, utilising communities of practice learning theory, rural community and lived experience perspectives, and complexity-informed systems thinking as conceptual foundations. We demonstrate how 'rural health' is a method rather than a topic, and a lens through which healthcare in any geographical location can be better understood and shaped.

Through these integrated understandings, we show how strengths-based rural health narratives lead to a more nuanced approach to rural workforce, models of care, and data interpretation. As health professions students engage with rural health as a lens through which to review health and service policy, we create pathways for enhanced analysis of equity and justice in Australian healthcare delivery.

Discussion
We argue that positioning rural health as a curricular method rather than a discrete content area provides a robust foundation for strengths-based education in the health professions.

Does this approach offer a transferable curriculum design strategy for engaging students with complexity, context, and equity across diverse healthcare settings? Does it have relevance for the design of curricula addressing other complex practice contexts, for example, disability?

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Rural Interprofessional Education: designing sustainable programmes

Professor Eileen McKinlay[1], Ms Melanie Brown[1], Ms Louise Beckingsale[1], Professor Fiona Doolan-Noble[2]
[1]University Of Otago, , New Zealand, [2]Curtin University, , Australia

Introduction/Background
Establishing rural Interprofessional Education (IPE) programmes is appealing because they demonstrate to students that rural settings are rewarding places to live and work in, as well as boosting their clinical and interprofessional skills. In both New Zealand (NZ) and Australia, it has proven difficult to sustain delivering IPE in rural settings when students come from multiple institutions and the University managing the programme is remote. We sought to distil the key elements of Otago University's 5-week Tairawhiti (established 2012) and Te Tai o Poutini IPE programmes (established 2021) that support sustainability.

Methods
This qualitative study collected data between 2021 and 2023 from several rounds of individual or focus group interviews with students and stakeholders (IPE faculty, clinical placement providers, community representatives, and a cross-institutional governance group).

Results
Thematic analysis showed six themes which lead to sustainability: (1) Providing sufficient lead-in time and maintaining visible ongoing community connections; (2) Employing local faculty who build trust and cultural connections; (3) Allowing the programme time to bed down and respond to emerging issues; (4) Creating reciprocal benefits (community/university); (5) Enabling student learning through living and working together; and (6) Undertaking location-specific quality improvement.

Discussion
Rural IPE programmes are complex, expensive to establish, and challenging to sustain. Such programmes, however, may be a key strategy to increasing the rural workforce. Students appreciated living together, visiting rural and cultural settings, the pastoral support from local IPE faculty, and that suggestions for programme improvements were listened to and considered. Stakeholders noted that it took time to establish trust with a remote university but felt the success of the programmes was due to having local faculty, robust relationships with clinical placement providers, support from the wider community, cross institutional governance and responsiveness from the central IPE staff.

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Using social network analysis methodology in health professions education

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Introduction
Relationships are central to health professions education (HPE) practice and career development. Some relationships are bound by formality, such as student-teacher or mentee-mentor dyads, while others are informal and dynamic. They may be built intentionally or form organically. The true structure, composition and value of social networks in HPE is not always visible or accessible. We aim to describe how Social Network Analysis (SNA), an underutilised methodology in HPE research, may be used to uncover more about these relationships, and provide an example of how we are applying SNA to HPE research.

Methods
Social networks consider systems of social interactions as ties (relationships) between nodes (actors). SNA allows for visualisation of a network's structure and analysis of the relationships within. Analysis can focus on the individual level (egonet) or organisation/community level (whole network). It can explore a range of relationships such as advice-giving or support, as well as tracking phenomena such as diffusion of innovations.

Aims
We will be applying mixed-methods SNA to investigate how health professions educators engage others when enacting educational change. We will use surveys to collect educators' egonets - quantitative SNA will allow for basic network analysis, such as determining an educator's centrality in their network. We will then undertake interviews - qualitative SNA will allow us to explore how and why the relationships within the educators' egonets formed, and how relationships are leveraged to implement change.

Discussion
Findings from SNA studies have broad applications, from individual professional development through to policy design. Using mixed-methods SNA in our study will allow visualisation of educators' networks, and identification of key players in supporting educational improvements. Findings from this study will help educators make informed decisions about network development and intentionally weave connections that will be advantageous to their practice, students and broader education community.

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Opportunities and challenges: establishing and delivering regional medical programs in Queensland, Australia

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Background

Regional, rural, and remote communities in Queensland continue to experience persistent shortages of medical doctors, contributing to inequitable healthcare access and poorer health outcomes compared with metropolitan populations. Workforce maldistribution is driven by limited training opportunities outside major cities, constrained career pathways, and reduced exposure to rural practice during medical education. Evidence consistently demonstrates that doctors who have undertaken substantial portions of their education and training in regional and rural settings are more likely to 'stay local'. Establishing medical programs in regional and rural Queensland is, therefore, a strategic approach to strengthening local workforce pipelines by expanding clinical training capacity, supporting community-engaged education, increasing access for local students, and aligning training with regional population health needs. However, creating new programs is complex and resource-intensive, and collaboration between established medical schools and regional universities offers an effective way to address these challenges.

Methods
In 2019, The University of Queensland (UQ) collaborated with CQ University, Central Queensland Health and Hospital Service, and Wide Bay Health and Hospital Service to establish and deliver a pre-medical CQUniversity degree in Rockhampton and Bundaberg, the local delivery of the UQ Doctor of Medicine, and clinical placements throughout Central Queensland and Wide Bay. In 2021, UQ established a similar partnership with the University of Southern Queensland, Darling Downs Health, and South-West Health and Hospital Service to establish and deliver the educational program from UniSQ and UQ in Toowoomba with clinical placements throughout the Darling Downs and South-West Queensland.

Results and Discussion
Expanding medical education infrastructure beyond metropolitan centres is essential to addressing entrenched workforce shortages, improving healthcare and health education equity, and sustaining medical services across regional and rural Queensland. This presentation will showcase the opportunities, challenges, and early outcomes from implementing these two medical pathways including insights into partnership models, program delivery and student experiences.

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Shaping rural intentions: how medical students construct fit for rural practice within a socially accountable medical program

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Background
Understanding why some medical students choose rural work is crucial for developing the future rural medical workforce. There is limited understanding about the personal characteristics that influence students' perceived fit with rural practice. This study explored medical students' personal characteristics and intentions towards rural practice.

Methods
Semi-structured interviews were conducted with final-year and fourth-year 12 students. Interviews were audio-recorded and verbatim transcribed. Data were analysed using reflective thematic analysis.

Results
Of the 12 students, nine intended to practice rurally/regionally at the start of the programme; two revised their intentions after completing rural placements; and one was uncertain. Five major themes and associated subthemes were identified. **Personal and professional agency for rural practice** reflected students' self-perceived capacity to manage rural work, including *self-drive, professional agency*, *adaptability and independent capability*. **Initiative and risk-taking** captured approaches to uncertainty through *novelty-seeking, curiosity, and a challenge orientation*. **Relational orientation** highlighted the importance of *a sense of belonging, empathy, social justice, and service orientation*, particularly in relation to continuity of care and underserved communities. **Place attachment and environmental fit** were described as aligning with rural lifestyles, characterised by a slower pace of life, discomfort with urban environments, and a *connection to natural and rural settings*. **Vulnerabilities and limits to rural fit** were acknowledged, including challenges related to *privacy*, *work–life balance*, and *social complexity within small communities.* Across themes, students' accounts reflected the influence of rural placements and the aspects of the hidden curriculum.

Conclusion
Students described characteristics such as agency, adaptability, relational skills, and place attachment as suited to rural practice, while recognising personal vulnerabilities and contextual challenges, as well as the hidden curriculum, including role modelling and community engagement. The findings indicate that building a sustainable rural workforce needs more than exposure; it requires purposeful educational experiences that foster personal characteristics aligned with rural practice.

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Cultivating a primary medical workforce for New Zealand: the General Practice Enhancement Model

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Background
The shortage of General Practitioners (GPs) in New Zealand is well-documented. However, we have little recent knowledge about the career specialty intentions of new medical graduates, and the factors that predict or motivate their choice of a GP career.

Methods
This study aimed to identify the influential or predictive factors associated with an interest in a GP career choice for New Zealand-trained doctors five years post-graduation. This study also aimed to show how combining quantitative data from participants in the NZ Medical Schools Outcomes Database (MSOD) longitudinal tracking project (1) and qualitative data derived from interviews may allow the iterative development of a whole-of-system model to enhance career choice in GP.

Results
In addition to demographic factors, significant influences on a GP career choice for NZ medical graduates include positive experiences with GP, interactions with mentors, and concerns about workload. A whole-of-system General Practice Enhancement Model was able to be created, by layering analyses of data from 6,421 medical graduates who completed NZ MSOD questionnaires between 2007 and 2020, with qualitative insights from interviews with 20 medical graduates. This model may allow the testing of specific government policy changes, and for the demonstration of the aggregation of marginal gains at specified timepoints along the training pathway, in terms of the supply of graduates that better suit community health needs. Finally, the model can suggest evidence-based workforce interventions along the training pathway that may help to alleviate the workforce burden for GP.

Discussion
Longitudinal data that tracks the same student throughout their training and into the workforce is critical to identify where system changes may be made. The overlay of qualitative and quantitative data has helped to clarify where gains may be made and confirms the need for a systemic approach to building priority health workforces such as General Practice.

References
Optional. A maximum of two references can be included in the abstract. These references are not part of the word count.

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More than a clinician: Relational, community, and identity dimensions of rural medical doctors

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Background
Understanding personal and professional characteristics of rural doctors is key to improving recruitment and retention of rural health workers. While rural doctors' accounts give insight into their professional identities, medical students' perceptions show observed views. This study aims to develop a comprehensive understanding by synthesising insights from interviews with rural-experienced doctors and students in a socially accountable program.

Methods
This research combines two studies: interviews with nine doctors who worked in rural areas and 12 medical students in a socially accountable programme. Interviews were audio-recorded, and transcripts were analysed using reflective thematic analysis. Findings were integrated to identify key personal and professional characteristics linked to rural practice.

Results
Seven themes were identified. Rural doctors were characterised by a **strong identity fit with rural practice**, including adaptability, emotional endurance, and tolerance to adversity. **Broad-scope clinical capability and professional autonomy** were emphasised, alongside lifelong learning, leadership, mentoring, and teamwork. **Relational and communication-centred practice** emerged as central, characterised by empathy, kindness, approachability, and advocacy. Rural practice was further shaped by **moral and values-driven orientations**, particularly social justice and responsibility. **Cultural and contextual sensitivity** was highlighted through patience and cultural competence. **Place attachment, lifestyle alignment, and belongingness** influenced satisfaction and retention, while **pragmatic considerations** such as security, planning, and family needs supported long-term sustainability. Cultural sensitivity was emphasised more strongly by rural doctors, while medical students placed greater emphasis on rural doctors as role models, influencing career aspirations.

Conclusions
Integrating rural doctors' self-described characteristics with medical students' perceptions reveals a coherent set of personal and professional characteristics associated with effective rural practice. These include strong personal values, broad clinical competence, adaptability and a meaningful connection to both community and place. Collectively, these characteristics offer important insights for informing rural medical education, training priorities, and long-term workforce development strategies.

Keywords: Doctors, Medical Students, Personal characteristics, Career, Retention, Satisfaction, Rural and Underserved.

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End to end rural medical training – the student experience

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Introduction/Background
End-to-end rural medical training has been adopted across Australia to address the relatively poor access to healthcare faced by rural communities. Students commence and complete their entire program of study in a rural location, intending to provide immersive rural experience, skill development and community engagement. The University of Tasmania has established an end-to-end rural program, formally launched from Year 1 in Burnie in 2025. A pilot program started in 2020, and these students graduated at the end of 2025.

Methods
Semi-structured interviews were conducted with all 5 students from the pilot program prior to their graduation. Interviews focused on elements of course design, student support, and professional Identity formation. Transcripts were thematically analysed using the method of Braun and Clark (1).

Results
Students valued the quality of mentoring and longitudinal relationships they formed with staff and students in other year groups. They reported rich experiences in a wide range of clinical settings in regional centres and more remote areas of Tasmania. They valued feeling a part of their communities, and all stated their interest in rural practice grew over the course of their program. At the point of graduation, three had internships in the same place they studied. Two had internships interstate but stated their intention to work rurally after completing further training.

Discussion
The Tasmanian end-to-end rural pilot was successful, with students reporting high levels of satisfaction with their experience and intent to return to practice rurally. Features of course design contributing to student satisfaction and rural career intent, and iterations applied from this evaluation to the program since this pilot, will be further explored during the presentation, demonstrating a model of delivering high quality medical education in rural and regional areas to address disparities in access to healthcare.

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ANZAHPE 2026

ABSTRACTS

DAY TWO
WEDNESDAY 1 JULY

ANZAHPE
Australian & New Zealand Association for Health Professional Educators

PLENARY 2

From Vision to Practice: Weaving Social Accountability into Health Professions Education

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Social accountability has emerged as a guiding principle for health professions education, calling on institutions to align their education, research, and service activities with the priority health needs of the communities they serve. While the concept is widely endorsed, translating social accountability from aspiration into meaningful educational practice remains a significant challenge. This presentation explores practical approaches to embedding social accountability across the continuum of health professions education, moving beyond isolated initiatives toward institution-wide integration.

Drawing on experiences from student admissions, curriculum and assessment design, and community led student projects the presentation highlights strategies for fostering socially responsive graduates equipped to address health inequities and complex population health challenges. Key themes include meaningful co-creation with communities, integration of social determinants of health throughout curricula and community engaged learning in underserved settings.

By bridging theory and practice, this session aims to support educators, leaders, and policymakers in advancing health professions education that is not only academically rigorous but also socially responsive and accountable, contributing to a more equitable and effective future health workforce.

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Preparing future professionals to work together for children: A scoping review of interprofessional education across health and education

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Introduction/Background
Effective collaboration between educators and health professionals is essential for supporting school-aged children's learning, wellbeing, and inclusion; however, research indicates such collaboration is often fragmented or poorly implemented in practice. One contributing factor may be limited opportunities for educators and health professionals to develop collaborative skills during their pre-service training. Interprofessional education (IPE) offers structured opportunities for learners from different fields to learn with, from, and about each other, fostering competencies for effective collaboration. While IPE is well established in health disciplines, the extent to which education students have been included remains unclear. This scoping review examined the design, implementation, and outcomes of IPE initiatives involving students from both health professions and education.
Methods
The review was conducted in accordance with the JBI Manual for Evidence Synthesis[1]. A systematic search across seven databases was undertaken, with studies screened and selected using predefined inclusion and exclusion criteria.
Results
The search identified 31 publications describing 19 distinct IPE initiatives globally, with only two initiatives reported from Australia and New Zealand. Initiatives varied in scale, from small pilot placement programs to large cohort-based modules, and were delivered through face-to-face and online formats. Common pedagogical approaches included case-based discussions, simulations, and collaborative projects. Reported outcomes included improvements in interprofessional knowledge, attitudes, and collaborative skills, as well as enhanced context-specific knowledge.
Discussion
Despite the need for collaboration between health professionals and teachers, relatively few universities offer initiatives that bring education and health profession students together. Structural and institutional barriers, including limited coordination across faculties operating in distinct silos with differing timetables, governance structures, and resource allocations, appear to constrain broader implementation. This presentation challenges educators to engage with these barriers through creativity, leadership, and sustained cross-faculty commitment, ensuring universities fulfil their responsibility to prepare graduates for the realities of collaborative practice in supporting children's learning, wellbeing, and inclusion.

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Co-designing an interprofessional Parkinsons workshop.

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Introduction

An interprofessional Parkinsons workshop for medicine, nursing, physiotherapy, and speech pathology students was implemented in 2024 and continues to run at the University of Tasmania. The workshop was co-designed by people with lived-experience of Parkinsons and local clinicians; and was co-facilitated by the same stakeholders. This presentation will explore the first years of the project, with reflections and implications drawn from both the 2024 and 2025 data, and the experience of the educators involved.

Methods

The workshop is embedded within the allied health curriculum and is an optional activity for medicine and nursing students. The session aligns with an Interprofessional Capability Framework (Brewer et al., 2013) and Bloem et al.'s (2021) model of multidisciplinary care for people with Parkinsons.

Results

The 2024 workshop had 92 attendees, with 92.7% of eligible participants completing the evaluation. The 2025 iteration of the workshop featured similar attendance however faced challenges with evaluation survey response rates. Co-design, and the presence of those with lived-experience emerged as the most valuable feature of the workshop. Students appear to have an increased understanding and appreciation of interprofessional collaborative practice following the workshop; however, their adoption of these values might be 'in theory but not in practice' with some negative comments made about other professions. Challenges faced during this project include the logistics of delivering a new initiative, and research design. The educators responsible for the project have reflected on the involvement of the local community in this initiative, and the potential positive impacts arising from this.

Discussion

The Parkinsons workshop has demonstrated value for learners and for the local community. Future iterations of the workshop will be refined by implications drawn from the initial evaluation and the reflections of the educators. Such refinements include the development of interprofessional empathy, and the refinement of the methods used to evaluate the workshop.

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Perinatal Interprofessional Psychosocial Education-Maternity Clinicians (PIPE-MC) A Novel Simulated Skill Based Education Program

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Introduction/Background

Perinatal Interprofessional Psychosocial Education for Maternity Clinicians (PIPE-MC) is a simulation-based program co-designed, to strengthen clinicians' skills to sensitively respond to women's/families' psychosocial needs and to collaborate across disciplines and perinatal services. The
program is underpinned by the principles of trauma informed care. The program comprises a pre-workshop online module; a 7-hour workshop (delivered face-to-face or online) and is supported by access to 4 immersive technology resources reflecting varied situations and contexts related to perinatal mental health for example, post partum psychosis and perinatal loss.

Methods

This mixed methods project comprised three stages: 1) the co-design team developed the program 2) implemented workshops in all Australian States and Territories and 3) co-designed the PIPE-MC Facilitator Training program. Participants completed a pre and post-workshop survey and follow-up 6 months survey.

Results

The evaluation included 504 participants including midwives, child and family health nurses, GPs, obstetricians, social workers, perinatal mental health clinicians, drug and alcohol workers, Aboriginal Health Workers and cross-cultural and peer support workers. The results demonstrated a significant increase in knowledge and confidence post workshop and this increase was retained at six months. These positive outcomes were found in both the online and face-to face groups. Participants highlighted that they built knowledge and skill related to trauma informed care and were positive about the opportunity to network with clinicians from different disciplines enabling learning through listening and sharing experiences and by observing others in simulated sessions.

Discussion

PIPE-MC is an innovative, and effective way to strengthen skills and knowledge of health professionals to support women with perinatal mental health and psychosocial needs. Over 90 professionals have trained as facilitators and are supporting sustainability.

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Interprofessional education between non-prescribing and prescribing health professions to enhance medical, nursing and pharmacy student's understanding of roles in antimicrobial stewardship

Dr Averil Grieve[1], Shahd Alzard[1], Dr Angelina Lim[1], Dr Sharon Yahalom[1], Dr Mahbub Sarkar[1], Associate Professor Betty Exintaris[1]
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Introduction/Background

Antimicrobial resistance necessitates effective antimicrobial stewardship (AMS) and interprofessional collaboration [1]. While non-prescribing health professionals (e.g. nurses) play key roles in antimicrobial administration, monitoring, and advocacy, they may lack confidence to engage in interprofessional AMS discussions and their decision-making contributions are often poorly defined (Gotterson et al., 2021). This study examines the impact of an experiential, competency-focused interprofessional education intervention on pharmacy, nursing and medical students' engagement, confidence, and role development in AMS.

Methods

34 undergraduate students participated in a 2-hour interprofessional workshop on AMS. Informed by Kolb's Experiential Learning Theory and the Monash University Collaborative Care Curriculum Framework, the workshop included case-based discussions and a progressive interprofessional role-play. Quantitative data were collected via pre- and post-workshop surveys assessing AMS knowledge, confidence, and interprofessional perceptions. Qualitative data from open-ended survey responses and semi-structured interviews explored students' learning experiences and professional role development. Upholding the mixed methods approach, data were analysed separately and integrated at the interpretation stage.

Results

AMS knowledge and confidence improved across all disciplines, with the greatest gains among nursing students. Nursing students demonstrated increased confidence and role clarity, particularly in non-prescribing responsibilities such as patient-monitoring, advocacy, escalation of concerns, and participation in decision-making. Nursing students' pre-existing interprofessional orientation was reinforced, while medicine and pharmacy students showed improvements in interprofessional perceptions and understanding of nurse contributions to AMS. Qualitative findings highlighted the value of experiential learning for communication, shared decision-making, role understanding, and reducing professional barriers such hierarchical structures, time constraints, and confidence to speak up.

Discussion

The outcomes highlight not only the importance of interprofessional education for AMS, but also the inclusion of students from non-prescribing professions in IPE and AMS education. The impact of these findings extend to ensuring AMS practice is included within and across a range of health professions curricula, including non-prescribing professions.

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Weaving connections for stroke care - evaluation of an authentic interprofessional education activity for entry to practice graduates

Kelly Saber[1], Sarah Meiklejohn[1], Anna Joy[1], Dr Jessica Trevena-Peters[1], Narelle Dalwood[1], Kirsty Pope[1], Natalia Mendes[1], Prof Debra Kiegaldie[1]
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Introduction / Background

With stroke rates at an all time high, and the associated costs on the healthcare sector skyrocketing, working collaboratively to support stroke survivors - in the community and rehabilitation - is more critical than ever.

Within the Faculty of Medicine Nursing and Health Sciences at Monash University, a broad range of health profession courses are offered, and thus we have ample opportunity to develop interprofessional knowledge, attributes and skills in our students. To best prepare occupational therapy, physiotherapy and neuropsychology health professions graduates for collaborative practice, we re-designed an authentic scenario-based interprofessional activity.

The focus of this research was to reflect upon the previous design and delivery of an interprofessional education activity to provide a focus on incorporating a stroke rehabilitation theme and engagement of a wider range of health professions. We also sought to determine student and educator perspectives regarding the interactions and utilise these perspectives to inform further program development and implementation.

Methods

This study design incorporates a social constructivist approach to knowledge generation and employs both quantitative and qualitative research methods to collect and analyse data. Data collection methods to capture student and educator perspectives included online surveys. Data analysis is being conducted using inductive reflexive thematic analysis. Survey data collection has been commenced and is ongoing into 2026 to enable comparisons across student and educator cohorts. Ethics approval has been secured for this research.

Results / Evaluation / Aims

This presentation will provide insight into the process to re-design the activity, report on student engagement and learning outcomes, and discuss future directions for ongoing development of community and rehabilitation-ready collaborative practitioners.

Discussion

Findings arising from this research will be used to inform further program development and implementation. This information will enable us to understand the effectiveness of the education initiative from both the student and educator perspectives.

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Pilot implementation and evaluation of interdisciplinary research capstone projects in graduate health education

Dr Rachel Toovey[1], Dr Kelly Bower[1], Dr Free Coulston[1], Professor Lucio Naccarella[1], Professor Dani Tomlin[1]
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Background
Preparing students for a workforce which increasingly requires interdisciplinary teamwork in complex contexts remains a challenge for health professions education. Interdisciplinary research capstone projects offer an authentic learning opportunity to develop collaborative research and team-based skills. The aim of this study was to evaluate the implementation of interdisciplinary research capstone projects across graduate health courses using a co-designed framework for interdisciplinary learning in research and evaluation.

Methods
A pragmatic and participatory approach to implementation and evaluation was adopted. The working-group, comprising academics representing collaborative practice, allied health, dentistry, medicine, nursing and public health, met regularly throughout the project. Five interdisciplinary capstone projects were piloted over 2025, involving 40 students across physiotherapy, speech pathology, audiology, optometry, and public health courses, and 24 academic staff. The framework and a roadmap for framework implementation was shared with all involved students and staff at project commencement. The co-designed framework articulated the “why” (values and purpose), the “what” (six guiding principles for learning) and the ‘how” (key implementation factors) of interdisciplinary learning in health research and evaluation. An online survey was distributed to all participating staff and students at project completion. Quantitative data were analysed descriptively, and qualitative responses were analysed using constant comparative methods.

Results
The survey was completed by 27 of the 64 students and mentors involved in the pilot projects. Most students and mentors (>60%) perceived the interdisciplinary projects were valuable and met the key purposes of: an opportunity to develop interdisciplinary communication and teamwork skills, and to apply research theory into practice. Recommendations included: creating a ‘how-to’ guide, and a shared understanding of equitable roles and responsibilities.

Discussion
Interdisciplinary research capstone projects were implementable across multiple graduate health programs. Future work should focus on refining implementation resources and addressing organisational and structural factors to support sustainable scaling across health curricula.

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Filling the Gap: Creation of AI Enhanced Online Palliative Care Education for the Health Workforce in Aotearoa New Zealand

Dr Amanda Landers[1,2], Ms Liz Ridder[1], Mr Scott Hallman[1], Ms Lisa Henderson[2], Dr Wendy Pattemore[3], Dr Paul Chin[1,3], Ms Bridget Marshall[4], Ms Raewyn Jenkins[5], Mr Leonard Bagley[2], Dr Helen Atkinson[6], Dr Kate Grundy[1,3]

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Introduction/Background

Health professionals across Aotearoa New Zealand report limited access to continuing professional development in palliative care, despite increasing demand for advanced skills. Previously developed and evaluated in-person Master Classes achieved strong knowledge gains but were constrained by time, geography, and service pressures. The shift toward digital learning during the pandemic period amplified the need for flexible, high-quality education that clinicians could complete alongside clinical commitments.

In response, these Master Classes were redesigned as online, AI-enhanced short courses. This study aimed to: (a) describe the design of a 10-week online palliative care module (b) evaluate participant feedback, including perceived knowledge gains, confidence, and acceptability of the learning format.

Methods

A multidisciplinary, multiorganisational working group converted the existing curriculum into an online module. Recorded presentations by content experts were enhanced using an AI-supported tool (H5P smart remote) to create interactive tutorials incorporating quizzes, definitions, transcripts, and knowledge checks. The module also incorporated fortnightly case-based Zoom discussions to supplement the learning and build a community of practice.

Learners completed pre-module, post-module, and 6-month post-module questionnaires. Demographics, roles and settings were collected, in addition to changes in self-reported confidence and knowledge across 30 learning objectives. Open-ended questions collated participants' experience with the course content, acceptability of the AI-enhanced tutorials, and perceived relevance to clinical practice.

Results/Evaluation

Participants rated the course highly, with 95% reporting an excellent or very good overall experience. Learners demonstrated significant increases in confidence across all learning objectives immediately after the modules, sustained at 6 months. Evaluations consistently highlighted the value of the blended format: the manageable workload, interactive content, and case-based discussions which strengthened engagement, and supported clinical problem solving.

Discussion

This innovative, AI-enhanced online module appears to address longstanding gaps in palliative care continuing professional development and provides a scalable, sustainable model for postgraduate education across the health sector.

Keywords

palliative care; online learning; artificial intelligence AI; medical education; continuing professional development

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Adaptive algorithm-driven perceptual learning in dermatology education: a double-blinded randomised controlled trial comparing sequential classification and comparative discrimination training in medical students

Dr Hyun Jae Nam[1], Vinod Gopalan[1]
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Introduction

Dermatology education often relies on traditional didactics that fail to replicate the high-volume visual exposure required for expert pattern recognition. While perceptual learning (PL) and adaptive learning (AL) offer solutions, their integration into medical curricula remains fragmented. Informed by our preceding systematic review identifying a lack of synergistic PL-AL interventions, we developed and evaluated a novel, algorithm-driven educational engine designed to accelerate dermatological diagnostic expertise in postgraduate medical students.

Methods

We developed an AL engine that automates spacing, sequencing, and retirement protocols to personalise visual stimuli delivery in real-time. In a double-blinded randomised controlled trial, 108 postgraduate medical students were stratified into three arms: control (standard lecture), PL-sequential (algorithm-driven single-image classification), and PL-comparison (algorithm-driven multi-image discrimination). Primary outcomes assessed diagnostic accuracy in immediate and 3-month delayed post-tests. Secondary outcomes analysed algorithmic efficiency (including time-on-task), learner psychometrics, and thematic analysis of learner feedback.

Results

Both algorithm-driven arms significantly outperformed controls in diagnostic accuracy at immediate post-test (comparison: $p<0.001$; sequential: $p<0.05$) and maintained gains at 3-months. While diagnostic scores between the two intervention arms were statistically equivalent, the sequential model demonstrated superior efficiency, achieving target proficiency significantly faster than controls ($p=0.029$). The comparison model yielded the largest effect size on diagnostic accuracy ($r=0.48$), and exclusively improved learner confidence ($p=0.02$). Qualitative analysis indicated strong engagement with gamified repetition with learners preferring contrastive visual feedback to distinguish similar pathologies.

Discussion

This study evaluates a comprehensive PL-AL engine for dermatology education. PL-AL interventions are superior to traditional didactics for long-term dermatological knowledge retention, with a trade-off between PL stimulus presentation modalities: sequential classification improves time-efficiency, whereas comparative trials yield a greater magnitude of learning gain and enhance learner confidence. In addition, learners favoured the comparison model, specifically valuing the ability to visually contrast similar conditions.

Word count: 291/300
Keywords: Randomised controlled trial; Dermatology education; Visual diagnosis; Pattern recognition; Gamification

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Translating Artificial Intelligence into Dental Education: Pilot initiatives at the University of Sydney

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Introduction/Background
Artificial intelligence (AI) is increasingly influencing health professions education; however, its integration into dental curricula remains fragmented and largely exploratory. While advances in large language models, machine learning, and immersive simulation technologies present new opportunities to enhance learning and clinical reasoning, their educational value depends on careful alignment with pedagogy, assessment, and professional standards. This presentation reports on a series of AI-enabled pilot initiatives undertaken at the University of Sydney to explore how AI can responsibly augment dental education.

Methods
Several pilot initiatives were designed and implemented across undergraduate dental programs. These included an AI-driven virtual patient chatbot to support history-taking practice, an adaptive oral histopathology tutoring system incorporating virtual microscopy, generative AI–based clinical case construction using multimodal image databanks, and an AI-integrated virtual reality simulation for training dental medical emergency management. Evaluation approaches included student surveys, self-reported confidence and engagement measures, learning analytics, and iterative academic review to assess feasibility and perceived educational value.

Results/Evaluation
Across initiatives, students reported increased engagement, improved perceived competence, and expanded opportunities for deliberate practice beyond traditional teaching settings. AI tools functioned effectively as supplementary educational supports, providing adaptive feedback and structured clinical reasoning rehearsal. Academic oversight reduced major errors in generative outputs, although limitations related to AI literacy, case diversity, and scalability were identified.

Discussion
These pilot initiatives demonstrate the potential of AI to augment dental education when implemented as a human-centred, ethically governed adjunct to teaching. Key challenges include faculty development and validation at scale. The findings inform future curriculum integration and support the development of graduates who are critical and responsible users of AI in dental practice.

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Maximising student learning through automated individualised feedback on assessment: A multidisciplinary collaborative initiative

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Introduction
Personalised feedback on written exams is crucial for students' experience and to scaffold effective learning[1]. However, its implementation can be labour-intensive, costly, and challenging, especially in subjects with large student cohorts, multiple educators, assessment tasks, and diverse learning outcomes[2]. Technology-enhanced feedback can improve the quantity and consistency of personalised student feedback, foster self-learning, while being time- and cost-effective for educators. This study aimed to establish the implementation, utility and impact of a technology-enhanced individual feedback system, previously used in a post-graduate medical program. By evaluating its effectiveness in an undergraduate educational setting, we contribute to the growing body of knowledge on innovative assessment and feedback practices.

Methods
We developed, implemented, and evaluated an automated individualised feedback system after a mid-semester test with multiple-choice questions in an undergraduate core subject (Pathology) with 158 students. We describe here the implementation process involved a strategic educational alignment, the mapping and tagging of test items relevant to subjects' curriculum/knowledge domains and taxonomies. This explanatory sequential mixed methods study included usability surveys, staff interviews and a student focus group. The analysis focused on user costs, time-staffing commitments, training-infrastructure requirements, and changes in students' learning experience, performance, attitudes, and behaviour. This comprehensive strategy ensured a direct evaluation of the automated feedback system's implementation and impact.

Results
Data analysis will be presented. Preliminary results show that six participants completed the survey and four participants participated in the focus group. In a semi-structured interview, the educator shared their insights of their experience, barriers and facilitators of rolling out this automated personalised feedback report.

Discussion
Our findings demonstrate that efficient, automated, individualised feedback can be successfully implemented in undergraduate educational settings.
This study provides context-specific recommendations for both students and educators and offers a comprehensive roadmap of the collaborative process for customising a tailored feedback method.

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Developing a Quality Assessment Rubric for Online Videos Used for Teaching Procedural Skills

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Introduction
The quality of online medical videos is often unclear despite their widespread use in health professional education. Prior studies, particularly those examining YouTube content, show substantial variation in video quality. This mixed-methods study aims to describe the conceptual design, item development, and content validity of a rubric created to assess the quality of online procedural videos.
Method
We conducted a multi-stage, mixed-methods study using a pragmatist, inductive approach over two years (2023-2024). The study had three phases: 1) rubric development phase, 2) content validity of items and scale assessment, and 3) rubric revision. Health professional educators and postgraduate learners participated in a modified two-round Delphi process that included an anonymised survey and two online focus groups. In the second phase, some of the focus group participants rated rubric items for clarity and content. Content validity indices (CVI) were calculated. Finally, rubric items with I-CVI (item-level CVI) <0.78 were modified based on feedback.
Results
The responses from 32 participants (17 educators, 15 learners) were analysed, and 9 questions reached consensus during the rubric item development stage. Through the Delphi process, a preliminary 18-item rubric was created. For clarity, 94% of items achieved an I-CVI ≥0.78; one item received an I-CVI of 0.75. The S-CVI/Ave for clarity was 0.93. For relevance, all items achieved an I-CVI ≥0.78, and the S-CVI/Ave was 0.91.

Conclusions
We have developed a rubric to assess the quality of online videos used to teach procedural skills with strong content validity. Further research is needed to determine its psychometric properties, feasibility, and user experience.
Keywords:
- Rubric development
- quality assessment
- online video
- procedural skills
- content validation

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Weaving Connection: Strengthening Early-Career Nursing Through Mentorship and Reflective Practice

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Background: Early-career nurses and nursing students often face significant cognitive, emotional, and social demands as they transition into clinical practice. Learning theory emphasises that novices learn most effectively through supported participation, guided reflection, and learning from more experienced practitioners—consistent with social learning theory, experiential learning theory, and communities of practice. Psychological safety underpins these processes; when learners feel safe to ask questions, disclose uncertainty, and reflect openly, they engage more deeply in meaning-making and clinical reasoning. This project explores a mentorship-based clinical supervision model designed to strengthen psychological safety, structured reflection, and supported learning for graduate nurses (years 1–2) and nursing students.

Methods: Monthly group supervision and reflective practice sessions were facilitated by clinical educators trained in psychologically safe supervision and strengths-based mentorship. Sessions used structured reflective frameworks to analyse clinical experiences, model expert thinking, and promote vicarious learning through peer discussion. Drawing on experiential learning, participants moved through guided cycles of reflection, conceptualisation, and planning for future practice. Evaluation included pre- and post-surveys assessing reflective capacity, perceived psychological safety, confidence, and communication. Qualitative reflections explored developmental needs, identity formation, and relational learning.

Evaluation: Preliminary findings indicate that regular supervision and reflective practice sessions build early-career nurses' psychological safety, increase clinical confidence, and foster stronger peer relationships. Participants also reported clearer articulation of clinical reasoning, reduced feelings of isolation, and enhanced capacity to learn from challenging experiences. Thematic analysis highlighted increased self-awareness, improved emotional regulation, and greater sense of belonging within the clinical team. The program aims to integrate these supervision structures into broader education frameworks to enhance learning conditions, build psychologically safe cultures, and support sustained development of early-career nurses and students

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Recognising the Impact, but Missing the Remedy? A Scoping Review of Student-Related Influences on Health Professional Educator Wellbeing

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Introduction/Background
As governments and institutions increase demands for greater support for students at risk of not succeeding, comparatively far less attention has been placed on safeguarding the wellbeing of their educators. Health professional educators (HPEs) represent a particularly vulnerable group, given their dual roles as clinicians and educators, serving as 'gatekeepers' to the profession for students undertaking a range of degrees within the medical and allied health professions. This dynamic often positions the HPE at the nexus of two complex and competing objectives: fostering supportive and ultimately successful learning experiences for students, while also ensuring they meet minimum competency thresholds for safe professional practice. The aim of this scoping review was to adopt an interprofessional perspective to the identification of student-related impacts on HPE wellbeing and highlight recommendations for how Higher Education Providers can support their wellness in striving to meet their obligations to students, institutions, and the profession.

Methods
Adopting best-practice scoping review methodology, a systematic search of six databases was conducted, augmented by supplementary search strategies. Results were screened against inclusion criteria, leading to the extraction of data from 41 articles using a purpose-designed data-charting tool.

Results
A majority of studies focussed on a single discipline, with nursing most represented. The literature mainly focused on negative wellbeing outcomes for educators, with fewer articles articulating positive impacts from work with students. Some suggestions for supporting HPEs were provided, though few studies offered comprehensive recommendations, or viewed these from an interprofessional lens.

Discussion
HPEs are at risk of a range of highly deleterious emotional and physical consequences. This is particularly in the context of 'student incivility' – a term unique to the nursing profession, but which resonated with this team of interprofessional educators. Multi-level, whole-of-university approaches are critical for sustaining the wellbeing of those tasked with preparing the future health workforce

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Academic, Psychological, and Sociocultural Experiences of International University Students in Tertiary Health Education: A Systematic Review

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Background: International students constitute a growing proportion of enrolments in health-professions education programs worldwide and play a critical role in sustaining global health-workforce pipelines. While their presence enriches academic environments, international students face unique academic, psychological, and sociocultural challenges that may affect their wellbeing, learning, and professional development. Existing evidence is fragmented, often discipline-specific, or limited to single outcome domains. This systematic review synthesises global evidence on the academic, psychological, and sociocultural experiences of international students across health-profession education programs.

Methods: A systematic review was conducted in accordance with a prospectively registered protocol (PROSPERO: CRD420251140377) and reported following PRISMA 2020 guidelines. Four databases (MEDLINE, Embase, PsycINFO, and CINAHL) were searched from inception till October 2025. Eligible studies included qualitative, quantitative observational, and mixed-methods research reporting academic, psychological, and/or sociocultural experiences of international students enrolled in tertiary health-professions education programs globally. The articles were screened, data was extracted, and methodological quality was appraised independently by multiple reviewers using Joanna Briggs Institute tools. Findings were synthesised using an integrated narrative approach that combined descriptive quantitative summaries with thematic synthesis of qualitative data.

Results: 39 studies published between 2011 and 2025 were included, encompassing medicine, nursing, dentistry, pharmacy, midwifery, and allied health disciplines across multiple host countries. Academic outcomes were reported in 17 studies: objective performance measures were generally comparable between international and domestic students, although communication-intensive assessments (including clinical communication stations and placement evaluations) were seen as more challenging. Psychological outcomes were reported in 21 studies: higher levels of stress, anxiety, psychological distress, and burnout were common, with lower use of formal support services relative to reported need. Sociocultural outcomes were reported in 18 studies: international students commonly reported lower sense of belonging, moderate-to-high acculturative stress, and experiences of exclusion or discrimination, particularly in clinical environments. Peer support, clear academic expectations, and culturally responsive institutional practices emerged as key protective factors across domains.

Discussion/Conclusion: International students in health-professions education demonstrate academic capability comparable to domestic peers but experience disproportionate psychological and sociocultural burdens that may undermine wellbeing and professional development. Addressing these challenges requires system-level strategies encompassing academic transparency, culturally responsive mental health support, and inclusive learning environments which are essential to support international students' success and to sustain a globally competent health workforce.

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Who Are Our Students, Really? Intersectionality, Identity, and Wellbeing in Australian Medical Education

A/Prof Laura Gray[1], Dr Bryony McNeill[1], Dr Siobhan O'Halloran[1], Mr Benjamin Maan[1], Ms Jinny Shim[1], Ms Asmara Downey Twiss[2], Ms Raener Miller[2], Ms Jessica Mitchell[4], Ms Asha Doolabh[3], A/Prof Lise Mogensen[4], A/Prof Brahm Marjadi[4], A/Prof Anna Vnuk[5], Dr Gisselle Gallego[6], Prof Nalini Pather[7], A/Prof Paul McGurgan[8], Dr Amy Bannatyne[9], A/Prof Jo Bishop[9]
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Introduction/Background

Medical student wellbeing and progression are shaped by more than academic demands. While existing research frequently examines individual demographic or risk factors in isolation, this approach can obscure how students' identities, personal circumstances, and social contexts intersect and accumulate in lived experience. Greater insight into these intersecting factors and their impact on study is needed to inform structural and cultural changes.

Methods

The aim of this multicentre, concurrent mixed-methods study was to explore students' perceived impact of intersecting personal and social factors on learning and wellbeing. Australian medical students completed an online survey including rating scale and open-ended questions to examine factors that have supported or hindered their progress. Quantitative data were analysed descriptively and using ordinal regression to explore associations between reported negative impacts, concerns about progress and wellbeing, and consideration of intermission or withdrawal. Free-text responses were analysed using inductive content analysis.

Results

Respondents were 517 students from 15 Australian medical schools. Nearly 90% reported negative impacts from two or more factors, and over 60% reported five or more. Negative impacts related to financial hardship, mental health, neurodivergence, caring responsibilities, and limited social support were significantly associated with greater concern about progress and wellbeing, and with consideration of intermission.
Qualitative analysis of 2,064 free-text responses revealed three overarching themes: *Culture and identity*, *The balance and the juggle*, and *Managing health and wellbeing*. Students described how intersecting factors and identities, stigma, and normative assumptions embedded within curricula, policies, and clinical environments compounded pressure and undermined belonging.

Discussion

Medical students' experiences are characterised by diversity, complexity, and intersectionality rather than isolated risk factors. Moving beyond demographic representation toward student thriving requires institutional attention to pragmatic support strategies that recognise cumulative and intersecting lived experiences and a shift from deficit-focused approaches to structural and cultural change.

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The “3Ps” of Thriving in Clinical Veterinary Practice: A Universal Framework for the Health Professions?

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Introduction/Background
Across the health professions, sustaining a thriving workforce is critical to patient care, clinician development and system resilience. This research explores how positive leadership, psychologically safe teams and a shared sense of purpose enable veterinary clinicians to thrive across career stages. Grounded in the context of clinical veterinary practice, the findings have direct relevance for educators and leaders supporting both new graduates and experienced clinicians across the wider health professions.

Methods
Three qualitative interview studies were conducted in New Zealand to identify factors that support clinical veterinarians to thrive at work. Adopting a constructionist-interpretivist methodological framework, the three studies shared a strength-based, positive psychology lens. A total of 70 semi-structured interviews were conducted with veterinarians across NZ from a variety of clinical settings at early-, mid-, and late-career stages. The transcripts were inductively analysed using reflexive thematic analysis to identify patterns of meaning and generate themes.

Results
Collectively, these three studies indicate three key concepts as central to thriving in clinical veterinary practice: positive leadership, psychological safety, and a strong sense of purpose – referred to as the “3Ps” of thriving. Early-career clinicians highlighted the importance of supportive mentorship, constructive feedback, and psychologically safe environments that enabled learning, confidence, and professional identity formation. Mid- and late-career veterinarians described an evolving sense of purpose that extended beyond patient care to mentoring colleagues, contributing to professional organisations, and engaging in community or philanthropic work. Many were motivated by supporting others to succeed. Across all career stages, positive leadership and psychologically safe workplaces were especially influential.

Discussion
These findings informed consolidated recommendations, evidence-informed strategies for fostering thriving throughout a veterinary clinician's career. This actionable framework could contribute to a cross-disciplinary conversation.

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Pharmacy students' perceptions of self-reflection and peer and educator feedback on the development of patient counselling skills: A retrospective qualitative study

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Introduction
Simulation is an effective way to develop practical pharmacy skills; combining simulation and self-reflection can increase impacts on learning. While existing literature highlights the benefits of reflection in developing self-awareness, critical thinking, and professional skills, there are few specific insights into how reflective practices enhance learning in patient counselling role-plays. This study aimed to explore pharmacy students' perceptions of self-reflection and peer and educator feedback on the development of patient counselling skills.

Methods
Retrospective qualitative analysis of student reflections on learning in patient counselling activities. Responses to four structured self-reflection prompts were collected and analysed thematically.

Results
Reflections from 201 students were analyzed. We identified four themes and ten associated subthemes: impact of peer feedback (subthemes supportive peer dynamics and developing a personal counselling style through peer practice); impact of self-reflection and assessment (subthemes goal setting through self-reflection and video review as a tool for skill refinement); impact of educator feedback (subthemes feedback variation in learning growth and addressing self-doubt); and professional identity (subthemes value pharmacists can bring, struggles in real-life practice, incorporating feedback to working opportunities, and reinforcing skills to self-reflect in future practice).

Discussion
Integrating consistent, high-quality feedback from educators and peers with self-reflection in patient counselling activities enhances students' learning experiences and prepares them for professional practice. These strategies should be systematically embedded throughout pharmacy curriculum.

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How does engaging in a Peer Assisted Learning (PAL) program as a medical student influence doctors experiences as educators in the first 2 postgraduate years?

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Introduction/Background
This study investigated the long-term career outcomes of medical graduates who participated as tutors in a Peer-Assisted Learning (PAL) program during their medical education. Although existing literature highlights the immediate academic and professional benefits associated with PAL, limited research explores its sustained influence on tutors' career development, particularly regarding teaching competence and educator identity. Guided by Self-Determination Theory (SDT), this study addresses this gap by examining how PAL participation shapes graduates' long-term engagement in medical education.

Methods
A descriptive phenomenological methodology was employed to explore the lived experiences of medical graduates who previously served as PAL tutors within their medical degree at the University of Western Australia. 15 Semi-structured interviews captured rich accounts of how PAL contributed to skill development, motivation, and evolving professional identity. Data were analysed using a phenomenological approach, remaining close to participants' narratives.

Results/
Four major themes emerged. First, PAL acted as an early catalyst for interest in medical education by providing authentic teaching experiences. Second, PAL served as a formative and multifaceted educational experience, offering a safe environment to develop and refine teaching skills. Third, participants described PAL as a foundation in shaping their educator identity, strengthening confidence and autonomy in teaching. Finally, skills learnt through PAL such as structuring teaching, simplifying complex information, and adapting to learner needs were readily transferred into bedside teaching and broader clinical practice.

Discussion
The findings demonstrate that PAL exerts a sustained influence on graduates by fostering teaching competence, professional confidence, and a lasting engagement with educational roles in medicine. PAL functioned not only as a peer-teaching activity but as an early developmental platform that supported identity formation and motivation consistent with SDT principles. These outcomes suggest that structured, theory-informed PAL programs can play a strategic role in cultivating future clinician-educators with recommendations for curriculum design present.

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Supporting learners in clinical placements: An implementation evaluation of a near-peer coaching program.

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Introduction
Transition into hospital-based clinical placements can be challenging for medical students. In response to student feedback indicating a need for additional support, Bond University established the Clinical Placement Coaches (CPC) Program. The program was co-designed with medical students and stakeholders and employs postgraduate year three or above doctors trained to provide near-peer coaching during clinical placements.
Methods
A mixed-methods implementation evaluation was undertaken. Prior to program implementation, an anonymous survey exploring students' experiences of their first hospital placement was administered. Three months post-implementation, student and CPC focus groups explored perceptions of program impact, enablers and barriers. Focus groups were co-facilitated by Doctor of Medicine research students and an independent researcher. Data were analysed thematically using Braun and Clarke's framework, with independent coding by two researchers.
Results
Of 161 students, 92 (57%) completed the survey; 81 were undertaking their first or second hospital placement. Mean self-reported confidence and clinical competence increased over the first placement (1.47 to 2.84 and 1.51 to 2.66, respectively, scale 0-4). While 72% reported adequate orientation and 56.5% understood expectations, fewer felt integrated into clinical teams (42%) or able to contribute (36%). Students wanted greater support with skills practice, learning strategies, expectations, and communication.
Eleven students and six CPCs participated. Students described early lack of preparedness and missed learning opportunities, with CPCs perceived as approachable advocates who enhanced learning, confidence and wellbeing. CPCs described their role as a "coaching approach to teaching". Enablers included orientation involvement, flexible coaching strategies, and availability. Barriers included limited access to student timetables, rapid student turnover, and initial hesitancy from clinical staff.
Discussion
Near-peer coaching addressed identified gaps in student support during early clinical placements and was perceived to enhance confidence, learning and wellbeing. Optimising impact requires clear role definition, improved communication and awareness and stronger integration within clinical teams.

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Click, Curate, Reflect: Building Digital Teaching ePortfolios for Aspiring Educators

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Keywords:
Competency-based education; Digital pedagogy; ePortfolios; Reflective practice; Teaching identity

Introduction/Background:
Doctoral candidates are increasingly expected to demonstrate teaching capability alongside research excellence, yet many, particularly international PhD students, have limited access to structured pedagogical development and opportunities to articulate a coherent educator identity. Digital ePortfolios may address this gap by enabling reflective, multimodal, audience-aware representations of teaching growth and by fostering learning connections through peer dialogue and feedback.

Methods:
This design-based case study reports the redesign of a capstone module ("Creating a Digital Teaching Portfolio") within a Certificate of Teaching in Higher Education programme in Central Europe. A traditional paper portfolio was replaced with a scaffolded six-week digital ePortfolio built on WIX™. Redesign decisions were guided by the ASMAR diagnostic framework (Adequate, Superficial, Misaligned, Absent/Missing, Redundant) to strengthen sequencing, reflective depth, and alignment across portfolio components. Students curated artefacts developed across prior modules (e.g., teaching philosophy, syllabus and lesson plans, assessment/feedback artefacts) and integrated these through reflective commentary and multimodal evidence (e.g., narrated slides, short video reflections). Structured milestones, exemplars, peer review, and iterative formative feedback were used to scaffold both reflective writing and platform skills.

Results/Evaluation:
Facilitator observations and anonymised student reflections indicated improved coherence and alignment across artefacts, deeper reflection explicitly linked to educational theory, and increased confidence in presenting a public-facing teaching identity. Challenges included variable digital fluency, cognitive load associated with design decisions, and educator time required for high-quality feedback.

Discussion:
Purposefully scaffolded digital ePortfolios can function as both assessment and professional dossier, fostering reflective practice, creativity, and digital resilience in aspiring health professions educators. We discuss workload- and equity-sensitive implementation strategies, including staged submission, transparent rubrics, reusable feedback resources, and targeted technical support. This approach is relevant beyond PhD cohorts, offering a transferable model for any educational programme in which learners are expected to curate and present credible evidence of skills and competencies.

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Using the Progress Review Panel as the loom to interlace data points for decision making

Dr Isla Hains[1], Dr Sarah Hyde[1], Mrs Alyssa Anderson[1], Ms Libby Newton[1], Ms Katherine Deller[1]
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Introduction
In 2025, the Royal Australasian College of Physicians (RACP) introduced redesigned curricula for eight vocational training programs across Australia and Aotearoa New Zealand, as a first tranche of programs with enhanced competency-based medical education (CBME) elements. Two CBME components central to this redesign are the 'programmatic assessment' (PA) and 'sequenced progressively'.[1] At the RACP this includes six low-stakes work-based assessments every quarter to monitor development towards entrustment for required competencies. These are sequenced and reviewed by Progress Review Panels (PRPs) enabling evidence-based decisions about trainee progression or remediation. As a new initiative, we sought to understand how competence and compliance data were used, how PRPs were making decisions, the fidelity of implementation, and opportunities for strengthening PRP capability.

Methods
A mixed methods approach supported triangulation of findings, including surveys of PRP members and interviews with a purposive sample of panel members representing multiple programs and jurisdictions.

Results
This presentation will outline how PRPs are operating in practice and the extent to which they are functioning as intended. We will describe how PA evidence was interpreted and weighted, variations in decision-making across programs and jurisdictions, the dynamics of group deliberation, challenges encountered and perceived benefits.

Discussion
PRPs are designed to enhance the integrity, consistency and transparency of trainee progression decisions – addressing the persistent challenge of 'failure-to-fail'. Achieving this requires panels to connect regularly, engage with the full breadth of available evidence and apply shared judgement. Our evaluation explores the strength of connections between the underlying structure of the PRP process (the warp), such as the curricula requirements and the evidence, and expertise panels bring to deliberation (the weft). Understanding how these elements interlace helps clarify whether PRPs are realising their potential to support fair, robust and evidence-driven decisions.

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Unpacking the black box: understanding the cognitive process of examiner decision making in high stakes clinical examinations

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Background:
Objective structured clinical examinations (OSCE) are integral to healthcare student assessment. Examiner assessment and content expertise is critical for reliability and validity. Examiners perform a difficult and complex task making real time judgements on the quality of candidate competencies against required standards and pre-specified case specific criteria; whilst simultaneously managing the examination environment, ensuring consistent and accurate scenario delivery.
Despite rigorous standardised OSCE design, observation-based assessment does involve subjective examiner judgement.
The Australian Medical Council Examiner Decision Making Project was designed to understand the cognitive load during high stakes examinations, as examiners balance their observations, knowledge, clinical background and level of expertise with a myriad of social and personal factors.
Methods:
Purposefully sampled participants from the senior online examiner pool ensured a broad range of examiner characteristics. Twelve examiners thought aloud about their decision making processes during semi-structured interviews with video-stimulated recall of an examination station. Interviews were transcribed, de-identified, coded and independently thematically analysed. Each of the themes and sub-themes was populated with participant exemplars to ensure grounding in the data, and theme saturation. (Ethics Approval H-2024-0249, University of Newcastle).
Results:
Examiners described using predominant lenses during decision making: patient safety; patient centred care; artificial examination environment, and the mark sheet. These lenses were not mutually exclusive and provided indicators of candidate competency, together with strategies examiners used to identify and understand recurring patterns in their observations which informed decision making processes. Examiners emphasised cognitive load management strategies - progressive making, marksheet utilisation, note taking and consciousness of personal well-being.
Discussion:
While first impressions have been found to be important in the literature, our examiners described progressive, marking decisions, utilising the entire station timeframe before completing their final judgement. Better understanding of examiners cognitive processes provide an evidence base relevant to examiner training and assessment design.
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Project Ferrari: A Student-Staff Partnership to Enhance Clinical Skills Preparation for Year 2 Medical Students

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Introduction:
Observed Structured Clinical Examinations (OSCEs) are a pivotal, ubiquitous component of medical education, yet students often lack supervised opportunities to prepare under realistic conditions. Project Ferrari is a novel solution to addressing this gap. On two successive weekends, clinical skills students self-reported as challenging were reinforced, followed by a practice OSCE with personalised, structured feedback. Our paper describes the 'how-to' features and the key student outcomes, to inform OSCE preparation initiatives in other health professions programmes.
Methods:
Project Ferrari was co-created by a team of students and clinicians. Communication aimed at consensus-based decision-making was facilitated through online or in-person meetings. Clinical skills training and practice OSCE stations were co-facilitated and examined, respectively, by a clinician and senior student to enable professional and near-peer perspectives. Pre- and post-event surveys assessed participants' confidence in practical skills, understanding of clinical applications, and perceived OSCE preparedness.
Results:
Forty-five year 2 MD students participated in each weekend session. All survey respondents agreed - a quarter strongly so - that confidence in performing clinical skills increased, citing the combination of student and clinician instruction as highly effective. The practice OSCE was described as realistic and reflecting the summative OSCE, with 75% of attendees feeling better prepared for future OSCEs. Participants identified challenging areas, such as intimate examinations, for future workshops.
Discussion:
Project Ferrari is a novel, co-created solution to the lack of structured opportunities for OSCE preparation. Structured collaboration and consensus-based decision-making were key to project success. Ferrari's novelty and strength are rooted in its co-creation by students and staff; following skills development with assessment; and in accurately simulating summative assessment conditions, enhanced by multi-source feedback. Ferrari provides a replicable and scalable framework for integrating peer and clinician teaching to optimize OSCE readiness.

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Validity as a social imperative: applying another lens to argument-based validity evidence in a medical program

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Introduction
The concept of validity evidence in health professions education has evolved significantly, reflecting fundamental changes in assessment practices and societal expectations. This presentation will explore three interconnected challenges in our contemporary educational landscape: identifying the audience for whom we collect validity evidence, determining what constitutes legitimate validity evidence, and understanding how validity evidence intersects with equity considerations.

Methods
We frame these challenges within modern validity frameworks, particularly Kane's argument-based approach and Messick's Unified Validity Framework, which emphasise context-specific, inference-centred validation practices. These frameworks have gained considerable traction in health professions education as they necessitate collecting validity evidence and crafting evidence-informed arguments for intended audiences. This shift is particularly timely given that the social licence of medical programmes is increasingly under scrutiny, and there is a growing expectation for more diverse student cohorts responsive to community healthcare needs.

Results/Evaluation
The paper addresses three critical questions. First, we examine for whom we collect validity evidence, recognising that different audiences—whether learners, communities, regulators, or patients—require different types of evidence to support validity arguments. Second, we explore what constitutes legitimate validity evidence beyond traditional psychometric data, acknowledging that modern validation practices must incorporate diverse data sources including qualitative inquiry, equity-focused evidence gathering, subgroup analyses, and community engagement. Third, we consider how validity evidence intersects with equity considerations, particularly given the necessary increased diversity of learner cohorts and the responsibility of medical programmes to graduate doctors equipped to address the healthcare needs of all communities.

Discussion
We propose a more comprehensive and socially responsive approach to validation that expands our notions of key partners and legitimate evidence. By incorporating considerations of audience, fairness, and equity into pre-specified interpretation and use arguments, we argue for a flexible, defensible, and empathic approach to assessment validation. This staged validation plan combines available data with targeted equity-focused inquiries, enabling programmes to build capacity in validity and validation whilst protecting privacy and enabling routine monitoring. Ultimately, we contend that an expansive understanding of validity evidence allows for creativity, customisability, and meaningful conversations about what truly matters in our educational, assessment, and patient care contexts.

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A fly on the wall: How online supervision supports development of autonomy in a rural health setting

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Introduction/Background

Rural workforce shortages can lead to challenges in finding highly skilled clinical supervisors to supervise students. This impacts the rural workforce pipeline, as less placements reduce student exposure to rural opportunities. A novel supervisory model within a student-assisted clinic was developed to enable high-quality rural placement experiences within a community health service previously unable to accommodate students. In-person clinical supervision was combined with remote, teleconference supervision with a skilled clinician one day per week. This study explored student and supervisor experiences of using this supervisory model.

Methods
Following ethics approval, final year Doctor of Physiotherapy Research Capstone students completed in-depth qualitative interviews with physiotherapy students and supervisors, exploring enablers and barriers to the development of autonomy utilising this supervisory model within a student-assisted clinic. Each interview transcript was independently coded by two Capstone students. Qualitative data were thematically analysed using Template Analysis.

Results
Five clinical placement students and two clinical supervisors participated. The main theme emerging from student interviews was enhancement of student autonomy. This was facilitated when students felt the online supervisor trusted in their abilities, and by the supportive presence of a student peer. Online supervisors valued being “a fly on the wall” during consultations, focusing on providing immediate and timely feedback following the session. Patients were noted to interact more fully with students when supervisors were not physically present. Clinical supervisors described the positive impact of the supervisory model, noting that students began to develop their own presence in clinical situations, taking more responsibility within the consultation.

Discussion
The novel supervisory model within a student-assisted rural clinic enhanced student autonomy in working clinically with patients. Reduced physical supervisory presence encouraged students to take greater responsibility for patient interactions and clinical decision-making, while remote supervision enabled offsite skilled clinical supervisors to provide care in a rural setting.

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Producing novel-ready clinicians: a grounded theory on the educational needs of paramedicine educators

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Introduction/Background

Despite the rapid professionalisation of paramedicine, the educational needs of paramedicine educators remain poorly defined. This study aimed to identify the distinctive educational needs of paramedicine educators to effectively prepare out-of-hospital (OOH) clinicians for practice.

Methods

This study employed a constructivist grounded theory methodology and was informed by a theoretical framework integrating symbolic interactionism and pragmatism. Data were collected iteratively through in-depth semi-structured interviews (n=26) and focus groups (n=2) with paramedicine educators from a range of educational contexts. Data were analysed using the constant comparison method to refine emerging categories, consistent with grounded theory principles.

Results/Evaluation

The core grounded theory, *producing novel-ready clinicians*, captured the central process through which educators conceptualised preparation for adaptive, safe, and psychologically sustainable practice. Within this, there was a misalignment between current educational structures and OOH paramedicine practice. Consequently, educational program completion was perceived to inadequately translate into readiness for the adaptive, unpredictable nature of OOH environments. Participants described persistent time and resource constraints that limited preparation of novice clinicians for safe, effective practice; in turn, limiting capacity to respond to novel clinical situations. This was associated with risks to patient safety and psychological distress among early-career clinicians, including moral injury.

Discussion

This research offers a conceptual framework for understanding educator-specific requirements within an emerging allied health profession, with relevance for other developing health professions seeking to inform targeted faculty development strategies. The grounded theory, *producing novel-ready clinicians*, provides a starting point to advance dialogue on how education and faculty development can support safe and effective practice in complex clinical environments such as OOH care contexts. This can be achieved by strengthening collaboration between paramedicine educators and the broader health professions education (HPE) community.

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Medical graduates' perspectives on their preparedness for practice: exploring the spectrum of competence and capabilities in clinical practice during workforce transition

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Introduction/Background
Preparing graduates for practice is a primary goal of medical education, however a gap remains between medical education and clinical practice demands. Graduates' perceptions of their preparation for practice (P4P) remains difficult to measure, and current understanding often fails to capture the multidimensionality and complexities of working in clinical environments. We aimed to gain deeper insight into what P4P encompasses to inform medical education reform and support graduates' transition into clinical practice.

Methods
This qualitative study used a constructionist design. Recent graduates of Sydney Medical Program were invited to semi-structured interviews. These explored perceptions of P4P and experiences transitioning into the workforce. Data were analysed alongside data collection using a theory-informing inductive data analysis approach(1) through the lens of Geoff Scott's(2) Higher education leadership capability framework.

Results
Analysis of 15 interviews revealed that new graduates felt competent to perform routine tasks. There was a steep initial upskilling period to achieve competency in some areas, including managing out-of-hours shifts and prescribing. Within the capability framework, P4P incorporated individuals' personal capabilities, including commitment to learning and doing a good job, and awareness of their limitations. Adaptability was critical, involving adapting to the environment, those around them (patients/families/colleagues), and case complexity. Participants also highlighted the important capability of taking action, which included independent decision-making, applying skills and knowledge in complex contexts, and recognising when to seek help.

Discussion
P4P encompasses multidimensional aspects of competence and capability. While competence in skills and knowledge is necessary, graduates must integrate and apply these in complex, unpredictable environments, requiring personal and interpersonal capabilities, and the ability to adapt and make appropriate clinical decisions. Medical education should prioritise not only competencies, but also personal and interpersonal capabilities that enable graduates to navigate uncertainty, take appropriate action, and adapt to evolving demands while supporting confidence and a commitment to lifelong learning.

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Aotearoa NZ medical graduate perceptions of satisfaction with their programme and preparedness for practice

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Background:
Medical programmes must ensure graduates are ready for current and changing demands of health care delivery, yet little systematic research has been done into medical student perception of readiness for their work as doctors[1]. This national study aimed to assess the satisfaction of graduates from Aotearoa NZ programmes with their training, and how well it prepared them for practice.
Methods:
Using survey data from New Zealand Medical Schools Outcomes Database[2] over the years 2011 to 2025, inclusive, satisfaction with the programme was assessed at graduation, and programme preparation for future practice at PGY1, 3, 5 and 8. Responses were on a 5-point Likert scale, with 1 and 2 considered agree/satisfied, 3 neutral, and 4 and 5 disagree/dissatisfied. Variables explored were age, gender, institution, survey year, and whether a career specialty had been decided upon.
Results:
Based on data from 4207 graduates, overall satisfaction was 80% and dissatisfaction levels low (<10%). Those who were older, male, or more certain of their career choice tended to be less satisfied (each $P<0.001$). There was a significant drop in satisfaction in 2022 to 60% which recovered somewhat in 2023/2024.
Across 7,863 responses (from 3590 separate individuals), preparedness for practice improved from 70% at PGY1 to 78% at PGY8 ($P<0.001$), but with little difference between demographic groups.
A longitudinal sub-study followed 443 individuals with complete data out to PGY8. This confirmed a core of 77% who were satisfied across all stages of training, with only 3% chronically dissatisfied.
Discussion:
Aotearoa NZ medical graduates generally report high levels of satisfaction with their programme and how well it prepared them for practice. The study provides insights into possible causes for dissatisfaction. For example, the decrease in satisfaction from 2022 may represent health or education system issues arising from the COVID pandemic impact, and merits further exploration.
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Connecting experience to curriculum: Advice from new graduate dietitians in a longitudinal study of graduate outcomes

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Introduction: Transition to employment is a topic of interest to universities, students and graduates, yet it remains relatively underexplored within the dietetics profession. Understanding how new graduate dietitians navigate entry to the workforce is critical to supporting employability, wellbeing, and professional identity formation. This paper the advice graduates would provide to dietetics students and universities through the lens of their lived experiences 12- and 24-months post-graduation.
Methods: Graduates from the Griffith Bachelor of Nutrition and Dietetics 2017–2019 cohorts (n=150) were invited to participate in a longitudinal study known as the Griffith Dietetics Graduate Outcomes Survey.[1] Qualitative responses to five open-ended items at the 12- and 24-month surveys were thematically analysed for perceptions of factors influencing transition to employment. Advice for students, graduates and universities was deductively analysed using the CareerEDGE framework[2] to connect lived experience with employability development.
Results: The 12-month **s**urvey was completed by 89 graduates (59.3%) and the 24-month survey by 77 (51.3%). Most graduates were female (89.0%), 25–29 years (51.9%), and had obtained dietitian employment (6-months: 76.4%; 12-months: 89.9%; 24-months: 89.6%).[1] Advice for students, graduates and universities was classified into 17 key subthemes across the CareerEDGE areas of Career Development Learning (early CV development/ enhancement, employment challenges and opportunities, mentoring and support, strategic decision making); Experience (professional development and volunteering, networking and relationships, ongoing learning and experience, career reflection); Degree Subject Knowledge, Skills & Understanding (diverse roles, enhanced learning, private practice preparation, scaffolded practical experience); Generic skills (importance, identified skills, open to feedback); and Emotional intelligence (recognising and managing emotions with self and others).
Discussion: Connecting lessons from the lived experience of new graduate dietitians offer valuable insights for university curricular to enhance graduate preparation. Interpreting employment experiences in the context of employability models highlights key drivers of success and satisfaction during early career development.

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New Zealand new graduate nurses' self-efficacy and attitudes towards providing palliative and end-of-life care

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Background: Palliative care is a core component of care for people with life-limiting illnesses, especially those who are nearing the end of life. In Aotearoa New Zealand, one third of deaths occur in acute hospital settings where nurses play a crucial role. Undergraduate nursing programmes must, therefore, prepare students by providing structured learning opportunities to develop the knowledge, skills and attitudes required. There is currently a lack of information about how well prepared New Zealand-trained nursing graduates are for this part of their work.

Methods: This research investigated the self-efficacy and attitudes of new graduate nurses towards providing palliative and end-of-life care. Methods included a national online survey of new graduate nurses with 18 months post-initial registration, followed by semi-structured interviews.

Results: 104 responses were received. Results showed low to moderate self-efficacy and positively oriented attitudes with a wide range of responses and a notable group with more negative attitudes. Participants reported a lack of formal teaching in palliative and end-of-life care, which left them feeling unprepared for the realities of clinical practice. Support from preceptors was highly valued, but not always available or reliable. Self-efficacy and attitudes improved with increased frequency of exposure to palliative care activities, while those with a previous healthcare occupation or personal experience of caring for a loved one who died showed greater self-efficacy and more positive attitudes than those without such experience.

Discussion: These results highlight the need to address how palliative and end-of-life care can be explicitly and systematically integrated into the Bachelor of Nursing curriculum to ensure graduates have the knowledge, skills and attitudes to provide quality care for patients and whānau with palliative and end of life care needs.

Keywords: Palliative and end-of-life care, undergraduate nursing education

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Part- time medical training: moving from bespoke to normal

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Introduction

We describe how an existing full-time MB ChB programme was modified to enable a returning student to study part-time while preserving programme integrity and equity.

Methods

Rather than creating ad hoc exceptions, the Faculty developed a set of principles to guide implementation and ensure alignment with accreditation and graduate outcomes. The approach reframes part-time study as a structured pathway rather than a special concession.

Guiding principles

1. Part-time study must be formally applied for and prospectively approved.
2. All learning outcomes must be achieved; none are waived.
3. Part-time study does not justify alternative assessment conditions
4. One year of full-time equivalent study must be completed within two consecutive years.
5. Each 12-week set of clinical attachments must be completed in full.
6. Longitudinal components may be reconfigured to ensure completion across two years.
7. Clinical attachments may occur in a bespoke sequence. Part-time students are not allocated to a single student group. Consequently, structured opportunities are created to support peer engagement and collaboration.
8. Students are given agency to find their own solutions within agreed parameters
9. An individualised learning contract formalises expectations between faculty and student.
10. Attendance and progress are monitored by the regional Student Progress Committees and reported to the Board of Censors.

For discussion

This principles-based framework provides a replicable model for accommodating students whose circumstances require part-time study while maintaining standards, equity, and accountability. As student diversity increases, structured part-time pathways may represent an important evolution in medical education design.

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Broad outcomes, crowded curricula: Who and how to decide what matters most?

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Background
Accreditation bodies typically articulate broad outcome statements that health professional education providers are required to meet, while leaving decisions about interpretation, emphasis, and implementation to individual programmes. This flexibility allows curricula to be responsive to local contexts, workforce needs, and institutional priorities. As a result, programmes within the same discipline may legitimately demonstrate variation in how the depth and breadth of accreditation outcomes are addressed.

However, increasing curricular crowding, evolving healthcare needs, and heightened expectations around social accountability, equity, and cultural safety have sharpened longstanding tensions about curricular prioritisation. In particular, determining the appropriate depth and breadth of underpinning biomedical and social concepts remains contested. Decisions about what to include, integrate, or de-emphasise are often influenced by time constraints, clinical relevance, assessment pressures, and shifting accreditation emphases.

For educators and curriculum leaders, this raises important questions about how such decisions are made, who holds responsibility for adjudicating educational value, and how coherence and defensibility are maintained across complex curricula. The aim of this PeARL is to explore how health professions programmes navigate these challenges in practice, and to surface strategies that support transparent, context-responsive, and educationally sound interpretations of accreditation outcomes.

Issues or questions for exploration

- How do programmes determine the appropriate depth and breadth of accreditation outcomes, particularly for underpinning biomedical and social concepts?
- Who is best placed to adjudicate curricular priorities: discipline experts, generalist oversight groups, or clinical educators?
- What curriculum structures (e.g. integrated or scenario-based learning) support meaningful linkage between foundational concepts and practice?
- How do co-convenorship or shared leadership models contribute to balancing clinical relevance with conceptual integrity?
- What strategies help maintain coherence and defensibility in accreditation narratives?

1. **Stream Designing:** Curriculum and Planning Learning

2. **Key words:** Curriculum development, outcomes,

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Beyond the big overhaul: Weaving continuous and sustainable renewal into health professions curriculum practice

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Background

Curricula in health professions programs are often renewed through periodic, large-scale reforms triggered by accreditation or institutional demands, emerging scientific knowledge, shifts in health system and community needs, or innovations in education practice and pedagogy[1]. While these efforts can lead to meaningful change, they are resource intensive and difficult to sustain, particularly when institutional priorities shift or leadership changes. A persistent challenge relates to long-term sustainability: even well designed innovations may attenuate over time unless clear reinforcement mechanisms and ongoing support structures are in place. In this context, and amid expanding healthcare demands and increasing instructional complexity, episodic reform alone may be insufficient.

A complementary approach may be to embed ongoing curriculum renewal through regular cycles of small, evidence-informed adaptation, distributed ownership, and continuous quality improvement routines. However, embedding ongoing renewal is not straightforward, as it introduces its own structural, cultural, and relational challenges. These tensions highlight the need for dialogue about how continuous renewal can be feasibly enacted and supported.

Purpose/Objectives

This PEARLS session draws on lived experience with curriculum renewal to frame a conceptual model for continuous curriculum adaptation. The model integrates ideas from complexity theory, improvement science, adaptive leadership, and faculty development literature. In presenting this model, the presenters acknowledge that while continuous renewal offers a promising complement or replacement for episodic reform, it is not a simple solution. Challenges related to sustainability, coherence, governance structures, educator identity, student experience and institutional culture require thoughtful navigation.

Grounded in both theory and practice, this PEARLS session will invite participants into facilitated small group discussions to examine the realities of curriculum renewal in their own settings. Together, participants will identify barriers and enablers, explore potential processes for more resilient and relationally grounded renewal, and collaboratively shape practical models suited to their institutional contexts. The aim is not only to share collective wisdom but to also strengthen cross-institutional connection.

Issues or questions for discussion

How does episodic curriculum reform manifest in your own context, and what challenges does it generate for faculty and students?

What existing structures, rhythms, and governance processes could be strengthened to support an ongoing approach to renewal within your institution?

How do we decide which elements of a curriculum warrant large-scale renewal versus episodic reform?

How could small-scale, low-stakes curriculum pilots serve as catalysts for broader cultural and pedagogical shifts?

How could institutions and their leadership support educator identity, capability, and wellbeing during periods of ongoing curricular and organisational change?

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Talking Transfer: A Shared Conversation about Transfer of Knowledge and Skills on Placement

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Introduction:
Transfer of knowledge and skills between classroom learning and workplace practice is central to developing competent, reflective health professionals. Although both students and clinical educators play critical roles in enabling transfer, there is limited shared understanding of what effective transfer looks like in practice or how it is recognised across professions. Recent speech-language pathology (SLP) research has produced a set of observable statements describing how transfer of knowledge and skills is enacted and supported during placements. This PeArLS aims to explore the extent to which these indicators and facilitators of transfer are shared across health professions, and which may be profession-specific.

Methods:
Two complementary studies investigated transfer during SLP placements, capturing both practice educator and student perspectives. Each study used a modified Delphi approach incorporating surveys, focus groups, and consensus processes to identify indicators and facilitators of transfer. Presenters will briefly introduce key findings (5 minutes), facilitate participant-led discussion and comparison across professional contexts (35 minutes), and conclude by synthesising shared insights and implications (5 minutes). The student project was supported by an ANZAHPE research grant.

Results:
Educators reached consensus on 37 statements, strongly endorsing reflective practice, cumulative development, and observable changes in student performance as indicators of transfer. Feedback and reflection were the most endorsed strategies to support transfer. Preliminary student findings concur on reflection and feedback and highlight automaticity and confidence as markers of transfer. The PeArLS uses these findings as a catalyst for participants to identify transferable and profession-specific indicators of transfer of knowledge and skills within their own contexts.

Discussion:
Participants will compare how transfer is supported and made visible across health professions. Insights generated will inform supervision practices, curriculum design, and educator development. This will promote alignment between educator and student perspectives and strengthen opportunities for transfer of knowledge and skills in workplace-based education.

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Workplace learning is not valued or sufficiently available

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Introduction/Background
The place, value and importance of learning in the clinical workplace of undergraduate and early graduate nurses and doctors is contested. Apprenticeship models are undervalued.

Work previously done by students and early graduates is now done by colleagues with lesser training . Early graduate support is recognised as needed yet has been diminishing. Overseas- trained professionals are often being chosen ahead of new graduates.

The requirement to obtain consent for teaching as defined in the NZ Health and Disability Code of Rights, limits the workplace learning of undergraduates and early graduates, particularly in caring for people who lack capacity. Workplace learning is largely limited to demonstration by clinical staff and observation by students and early graduates. In times of pressure- i.e. during Covid, student placements were curtailed or abandoned.

There is a shortage of clinical placements in NZ and no requirement that registered practitioners contribute to teaching. For example; private Hospitals perform 70% of elective surgery with almost no training of surgical trainees, private Aged Care Facilities rarely take nursing students. While universities offer more undergraduate training places, there is no strategy to increase clinical placements, now currently at their limit.

Structure and process of session

We will introduce the background and then seek input from participants to the issues raised.

Key Aims

Ensure all issues are canvased and develop a series of actions to try to address the problem.

Issues questions for exploration

Should the definition of “teaching” in the HDC Code be amended?

Is inadequate supervision of health care assistants/ associates currently a problem?

Training currently predominantly done in the public sector and the private sector recruits trained staff. How would we devise a requirement for the private sector to be involved in teaching?

How should we fund teaching and supervision?

Who is responsible for addressing this issue? Registration Authorities? Professional Organisations? Employers? Legislation?

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Learning to Feel Like a Doctor: Emotion, Meta Emotion, and Professional Identity Formation in Medical Training

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Introduction/Background

Emotions are integral to medical learning and professional identity formation, yet medical students often receive limited guidance on how emotion should be experienced or displayed.[1] While alexithymia, difficulty identifying and describing emotion, is commonly viewed as an individual deficit, emerging research suggests that emotional regulation in medicine is shaped by social and cultural norms. This study examined how emotional awareness, emotion beliefs, and institutional influences interact to shape medical students' emotional regulation and early professional identity development.

Methods

A mixed-methods study adopting a critical realist paradigm combined quantitative and qualitative approaches.[2] Seventy-six Australian medical students completed validated measures of alexithymia, emotion beliefs (control and self-efficacy), and emotion regulation strategies (suppression, acceptance, reappraisal). Regression and mediation analyses tested belief-dependent pathways linking alexithymia and regulation strategies. Eight participants undertook semi-structured interviews exploring emotional experiences in clinical and educational contexts. Integration of qualitative themes with participant-level emotion profiles clarified how similar accounts of emotional detachment reflected distinct regulatory patterns, enabling more precise theorisation of mechanisms shaping emotion regulation.

Results/Evaluation

Quantitatively, higher alexithymia predicted greater suppression and reduced acceptance and reappraisal, with mediation by emotion beliefs. Beliefs endorsing emotional control strengthened suppression, while emotion self-efficacy beliefs enabled adaptive regulation even in those with high alexithymia. Qualitative analysis revealed recurring patterns of emotional socialisation, including *performing for validation*, *learned neutrality*, and *hierarchical emotional asymmetry*. Apparent emotional detachment often reflected strategic professional adaptation rather than emotional incapacity, a pattern that became clearer when interview accounts were interpreted through the lens of participants' emotion regulation profiles.

Discussion

Medical students learn not only technical knowledge but also emotional norms – when and how emotion is permitted. Emotion regulation thus reflects both personal and cultural learning processes. Addressing emotion at the level of *meta-emotion*, students' beliefs about emotions and their legitimacy, may better support professional identity formation and well-being than empathy or resilience training alone. Educational interventions that legitimise emotional diversity and decouple emotional expression from perceptions of competence may foster sustainable, authentic professionalism.

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Weaving connection through the medical humanities: A partnership model for professional identity formation between the Flinders Doctor of Medicine and Arts in Health at Southern Adelaide Local Health Network

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Introduction/Background
Professional identity formation (PIF) is the dynamic process through which medical students integrate personal values with the knowledge, skills, behaviours, and ethical responsibilities of the profession. Exposure to diverse ways of understanding and enacting care is central to this development (Sarraf-Yazdi et al., 2021). To support this, the Flinders MD program and Arts in Health at SALHN have established a sustained partnership that foregrounds the medical humanities as a means of cultivating relational professionalism. Drawing on the complementary strengths of academia, creative practice, and clinical service, the partnership seeks to nurture empathetic, reflective, and culturally responsive future doctors. It reflects shared purpose, mutual respect, and relational ways of working, while inviting students to imagine forms of care that prioritise creativity, connection, and collective wellbeing.

Methods
The partnership supports two MD2 Personal and Professional Development electives—Arts in Health and Music for Health. Planning occurs collaboratively, with the Arts in Health team shaping and delivering learning experiences aligned with curriculum goals. Students are welcomed as valued members of Arts in Health at SALHN, participating in creative, relational encounters with patients that foreground the emotional, cultural, and social dimensions of health. A developmental evaluation approach is employed, drawing on staff reflections, student narratives, and observations of practice to support ongoing sense-making and iterative refinement as the electives evolve in context.

Results/Evaluation/Aims
Emerging insights suggest that students develop a more relational understanding of professional identity, recognising that clinicians contribute to healing not only through diagnosis and treatment but through presence, creativity, and human connection (Orchard et al., 2024). Patients, in turn, engage with students as individuals who offer time, attention, and genuine interest.

Discussion
This partnership demonstrates how creative, relationship-centred learning can regenerate understandings of care and support the formation of clinicians capable of contributing to more compassionate and socially sustaining healthcare systems.

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Medical student Learning in Primary Care: A platform towards professional and interprofessional identity formation

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Background
Primary care provides a unique and rich medium for cognitive and affective learning as well as socialisation. A growing focus in medical education is on professional identity formation and the development of practice-ready collaborative practitioners. Different experiences and, more specifically, the location of these experiences, could affect identity formation. In accordance with situated learning theory, professional identity is considered to be socially constructed via communities and landscape of practice. The purpose of this study was to explore how interactions with health practitioners in primary care may influence aspects of medical student professional and interprofessional identity development.

Methods
We conducted semi-structured interviews with final year medical students at The University of Sydney (n=13) following an 8-week immersive placement with general practitioners. Students reflected on prior primary care learning during a Year 2 program that included 32 short placements with various community healthcare professionals. Interviews were recorded and transcribed and data was analysed using reflexive thematic analysis.

Results
Placements in primary care provide authentic settings for student learning within their own discipline as well as opportunities to experience healthcare delivery through an interprofessional lens. We derived four themes representing factors that support professional and interprofessional identity formation through student experiences:(1) Community practice humanises patients (2)Greater awareness of role identity: Learning about self and learning about others (3) Learning to cultivate and navigate relationships (4) Foundational concepts in primary care and the realities of practice.

Discussion
Within the primary care context, situated learning enabled medical students to 'see' people: patients, health practitioners, and, ultimately, themselves as future doctors. Primary care experiences can significantly alter students' perceptions and attitudes with transferrable benefits to other learning contexts. This research advances a limited evidence base by exploring how learning within primary care settings shapes the complex processes of student professional and interprofessional identity formation.

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When and why medical students' ideals decline and what mediates this erosion?

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Introduction/Background
Medical students enter medicine with lofty ideals about delivering socially accountable medicine once qualified. However, evidence suggests these ideals erode through medical training, contributing to medical workforce shortages in less affluent areas. Little is known about when this happens and what influences this shift, yet this knowledge is essential to inform interventions and ultimately address medical workforce maldistribution. Our aim in this study was to examine if medical student ideals erode in the early years of medical school, and if so, what influences change.

Methods
We examined how potential career drivers changed between Year 1 (T1) and Year 3 (T2) of medical school. Outcome measures: motivators for studying medicine (wish to make a difference [social contribution] and interest in medicine). Independent variables: intrinsic (value and purpose) and extrinsic (e.g., salary expectations) motivation and perceived burden (e.g., workload). We also examined the relationship between these variables and perceptions of the learning environment. Univariate and logistic regression analysis were used to determine any associations between motivators and independent variables, and to compare how these changed over time in students from different socio-economic origins.

Results
Data were from 11,958 Chinese medical students. Between T1 and T2, prioritizing social contribution dropped (74.9% to 21.1%) as did interest in medicine (81.9% to 44.4%). Interest in earning potential rose (74.3% to 88.6%). Intrinsic motivation at T1 supported sustained interest in social contribution (OR=1.14, p=0.002). Extrinsic motivation and perceived burden were associated with earning potential prioritization (OR=1.25, p<0.001; OR=1.12, p<0.001). Supportive learning environments and coming from a less affluent area were associated with sustained interest in social contribution (OR=1.10, p=0.012).

Discussion
Student values shift from social responsibility and personal interest in medicine to personal gain early years in medical school. However, supportive learning environments and coming from a less-advantaged background help preserve social commitment and personal interest.

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The Emotional Logic of Medicine: a Moderation/Mediation Model of Emotion Regulation

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Introduction/Background

Emotion regulation is central to both physician well-being and professional performance. Within medical culture, emotional composure is often valorised, creating tension between authentic emotional experience and professional expectations. Trait alexithymia, the difficulty identifying and describing emotions, has been linked to maladaptive emotion regulation, yet its operation is shaped by underlying emotion beliefs.[1] Little is known about how alexithymia and emotion beliefs jointly influence emotion regulation strategies in physicians. This study investigated whether these traits interact to determine the use of suppression, acceptance, and reappraisal, aiming to clarify the belief-dependent pathways that shape emotion regulation in medical practice.

Methods

A cross-sectional survey of 462 Australian physicians assessed alexithymia (Perth Alexithymia Questionnaire), emotion beliefs (beliefs discouraging emotional control and emotional self-efficacy), and emotion regulation strategies (suppression, acceptance, and cognitive reappraisal). Hierarchical regression and conditional process modelling[2] examined mediation, moderation, and conditional effects, adjusting for age and gender.

Results/Evaluation

Alexithymia emerged as the strongest predictor of emotion regulation strategies, with higher alexithymia associated with greater suppression and lower acceptance and reappraisal. Emotion beliefs shaped when and how these effects occurred. Beliefs discouraging emotional control partially mediated the relationship between alexithymia and suppression, while emotion self-efficacy beliefs promoted adaptive strategies and buffered alexithymia's negative effects. Johnson–Neyman analyses confirmed that alexithymia's impact appeared only within specific belief ranges rather than uniformly across physicians.

Discussion

Emotion regulation in physicians reflects belief-mediated adaptation rather than a fixed deficit model. Alexithymia predicts maladaptive regulation primarily under certain belief conditions. Educational strategies that explicitly address emotion beliefs, especially those enhancing emotional self-efficacy and acceptance of emotional experience, may promote adaptive regulation and improve physician well-being.

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Threads of uncertainty: A conceptual exploration of tolerance of ambiguity in medical students

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Background
Medical practice is characterised by uncertainty, incomplete data, and changing clinical contexts. For medical students, the ability to tolerate ambiguity is essential for developing flexible clinical reasoning, supporting psychological wellbeing, and forming a professional identity that aligns with real-world practice[1,2]. Although ambiguity tolerance is increasingly recognised as an important competency, its conceptualisation and educational implications are inconsistently addressed in medical curricula[2]. Many teaching and assessment practices continue to prioritise certainty, binary answers, and algorithmic thinking, which may inadvertently undermine the development of adaptive expertise.
Aim
This presentation provides a conceptual analysis of ambiguity tolerance in medical students. Drawing on psychological constructs, professional identity formation theory, and contemporary models of clinical reasoning, it examines why ambiguity tolerance matters, how it intersects with students' developing identities, and what types of learning environments foster or inhibit its growth.
Methods
A narrative synthesis of the literature was conducted, integrating frameworks related to tolerance of ambiguity, uncertainty tolerance, adaptive expertise, and learners' emotional responses to uncertainty. These perspectives were combined with theories of professional identity formation to propose a conceptual model describing how students encounter, interpret, and respond to ambiguity across preclinical and clinical learning. Particular attention was given to the influence of curriculum structure, faculty role-modelling, hidden curriculum signals, and assessment practices.
Results
The resulting model highlights three interacting dimensions: cognitive, affective, and identity related. Cognitively, students must interpret incomplete information and weigh multiple possibilities without clear answers. Affectively, they navigate the discomfort, anxiety, and perceived threat to competence that uncertainty often generates. Identity-wise, they reconcile ambiguous experiences with emerging ideas about what it means to be a capable and "good" doctor. Together, these dimensions suggest that responding to ambiguity involves coordinated cognitive, emotional, and identity development**.**
Discussion
This conceptual exploration provides a foundation for designing curricula that intentionally cultivate ambiguity tolerance. Implications include redesigning case-based learning, embedding uncertainty into assessment, and supporting faculty to model uncertainty constructively. The model also offers a framework for future empirical research.

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Beyond Competence: Understanding Professional Excellence Through Virtue and Identity in Medical Education

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Background

Professional excellence in medical education is commonly defined in terms of competence, knowledge, and skills. Increasingly, however, there is recognition that character, values, and professional identity formation play a critical role in shaping ethical, resilient, and trustworthy practitioners. Despite this shift, limited empirical work has explored how medical students themselves conceptualise professional excellence, particularly in contexts where training is demanding and hierarchical. This study aimed to identify and prioritise the qualities medical students associate with professional excellence, to inform more holistic educational approaches.

Methods

A sequential mixed-methods study was conducted at a private medical university in Pakistan. In the qualitative phase, five focus group discussions were held with 41 undergraduate medical students across all years of training. Data were analysed using inductive thematic analysis. Findings informed the development of a survey instrument administered to 321 undergraduate medical students, who ranked identified qualities using Garrett's ranking technique. Descriptive and inferential statistics were used to prioritise attributes.

Results

Qualitative analysis identified six domains of professional excellence: knowledgeable and skilful personality, management skills, personal attitude, leadership skills, emotional intelligence, and communication skills. Quantitative findings indicated that students prioritised knowledgeable and skilful personality, management skills, and personal attitude as the most important attributes of professional excellence. Across domains, virtues such as honesty, empathy, integrity, responsibility, and emotional regulation were repeatedly emphasised. Students consistently described professional excellence as extending beyond technical competence to include identity-based qualities guiding behaviour and decision-making.

Discussion

Medical students conceptualise professional excellence as a virtue- and identity-driven construct rather than solely a set of competencies. These findings support a shift from purely skills-based frameworks toward intentional integration of professional identity formation and character development within undergraduate curricula.

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From Values to Practice: Exploring Health Workforce Choices in a Small Island Developing State

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Background:
In Small Island Developing States (SIDS), health services are often unevenly distributed across geographically dispersed islands, contributing to health workforce inequities. Health professional graduates are expected to reduce such disparities by working in island health settings. The Capability Approach provides a useful framework to examine influence of personal, institutional, and structural factors that influence their choice of workplace.
Aim:
To explore health professional students' intended workplace choices and the factors influencing these choices in a Small Island Developing State.
Methods:
A mixed-methods study was conducted. Quantitative data were collected through an online survey examining students' intended workplace choices. Qualitative data were gathered through focus group interviews with students and individual interviews with educators to explore the factors that influence students' choice.
Results:
Only 27.5% of participants indicated an intention to work in an island health facility outside the capital city. Although students articulated strong social justice values and recognised the importance of providing health care services in island settings, these values did not translate into workplace choices. Qualitative findings identified multiple factors contributing to this discrepancy: professional support, opportunities for career progression, infrastructure, and socio-cultural factors. Educators' perspectives highlighted tensions within the wider health system: while some emphasised the importance of graduates working in island settings to support equitable service delivery, others expressed concern that such environments may not provide educational and professional support for new graduates.
Conclusion:
Applying a Capability Approach lens revealed a misalignment between students' valued capabilities for socially just practice and the choices they make. Structural and institutional constraints within island health systems limit students' ability to act on their social justice commitments. Addressing these constraints through targeted educational preparation, strengthened professional support structures, and system-level adaptations may enhance graduates' capabilities to practise in island health settings and promote equitable health workforce distribution in SIDS.

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Building Expertise: Designing a Structured Learning Program for Social Workers in Hospital Settings

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Introduction/Background: The transition from Social Work practitioner to supervisor is a critical professional milestone, often associated with uncertainty and a crisis of identity traditionally occurring after several years of practice. This transition now happens earlier due to workforce shortages and changes in the Victorian Allied Health Professionals Enterprise Agreement 2021-2026, which no longer specifies minimum years of experience for Grade 2 roles. Consequently, Social Workers are advancing from Grade 1 to Grade 2 within 18 to 24 months of qualifying, and may assume supervisory responsibilities earlier, creating gaps in confidence, knowledge and skills. Therefore, a targeted professional development program is essential to support these early career supervisors to enhance clinical supervision quality and improve patient outcomes.

Methods: A mixed methods approach was adopted; participants included all Grade 2 Social Workers, with specific interventions for those appointed within the past 12 months. Phase 1 involved a learning needs analysis via surveys and consultations with team leaders. Phase 2 will introduce a tailored quarterly professional development (PD) workshop, bedside teaching through the Watching Others Work in Environment (WOWIE) program, and weekly drop-in sessions addressing self-identified learning needs. Phase 3 focuses on implementation, ensuring attendance at existing Monash Health supervision workshops and delivering new targeted sessions. Phase 4 evaluates outcomes using pre- and post-intervention surveys (quantitative Likert scales and qualitative feedback) and focus groups.

Results/Evaluation: Evaluation will measure changes in self- reported confidence, knowledge and skills. Preliminary outcomes from the Grade 1 WOWIE program demonstrated increased clinician confidence and competence, supporting its adaptation for Grade 2 staff. Data will be analysed to identify trends in professional growth and inform future workforce development strategies.

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Transforming Local Government Health Workers into Champions of Universal Health Care

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Introduction/Background

The promulgation of the Philippines Republic Act 11223: the Universal Health Care (UHC) Law in 2019 puts the country's human resources for health (HRH) at the forefront of health care delivery system. The UHC embraces what the World Health Organization (WHO) acknowledged that there is no health without a workforce (Campbell, 2013). The law also stipulates that government agencies namely the Department of Health (DOH), Commission on Higher Education (CHED), and the Professional Regulation Commission (PRC) ensure that all higher education institutions offering health science degrees prepare their graduates to be competent and practice-ready primary care providers.

On the other hand, those who are currently in active service especially the municipal health officers (MHOs), public health nurses (PHNs), public health midwives (PHMs), and barangay health workers (BHWs) also need to be retrained and continually capacitated especially as they are the

Methods

This study will develop an outcome- and workplace-based learning and development intervention (LDI) focused on primary care competencies and other salient provisions of the UHC. Target learners are nine selected towns in the fourth district of the Province of Laguna and their MHOs, PHNs, PHMs, and BHWs. The study will be a pre and post-test design where the test scores, vital health indicators, and levels of engagement and collaboration will be compared before and after the conduct of the LDI. The overall goal is to transform those in active service at the local government levels to become effective implementers of UHC.

This study is in progress and will be completed on 31 May 2026.

Keywords

Primary care competencies, Universal Health Care, Human Resources for Health, Collaboration and Engagement, Learning and Development Intervention

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Developing a competency framework and identifying competencies for workplace learning for anesthesia care teams (ACTs) in a Canadian pediatric hospital using a nominal group technique

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Anesthesia care teams (ACTs), consisting of anesthesiologist, anesthesia assistant, and trainees, are essential for quality perioperative patient care. In Canada, anesthesia assistants are integral to ACTs and have nursing, respiratory therapy, or international medical backgrounds. Clinical experience attained in adult ACT settings may not be directly transferable to working effectively in a pediatric ACT. Pediatric ACTs require a distinct set of competencies since children differ from adults: they have immature physiology, anatomy necessitating different equipment, medication dosing requiring tailoring and concerns regarding limited cooperation and understanding. Workplace training of anesthesia assistants is not standardized in Canada and includes little to no clinical exposure to pediatric patients. New non-anesthesiologist members of pediatric ACTs therefore require additional workplace training to provide safe, quality care. No competency framework presently exists to guide this workplace training.

Using a modified nominal group technique (NGT) consensus-building approach, our interprofessional research team is developing a competency framework and identifying competencies for workplace learning for pediatric ACTs. This study takes place at the Montreal Children's Hospital-McGill University Health Centre in Quebec, Canada, where anesthesia assistant members of ACTs are registered respiratory therapists (RRTs).

We have identified 9 nominal group members (anesthesiologists and RRTs) to participate in our study. A literature review identified relevant documents to include in round-robin discussion for NGT first iteration and resulted in a suggested framework of 8 domains with 51 competencies for initial voting/ranking. We are aiming to gain consensus within 3 iterations.

Ensuring that each member of the pediatric ACT is competent improves patient care and safety and is increasingly important in our complex healthcare system. A competency framework with identified competencies for workplace learning would lead to focused, time-efficient training, optimizing progression towards competent pediatric ACTs. This competency framework would then be assessed in our and other Canadian perioperative departments.

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Australian nursing students' perceptions and career intentions after an aged care placement: A scoping review

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Introduction

Australia's ageing population is driving increased demand for aged care services, with a projected shortfall of over 17,000 full-time equivalent nurses by 2035. Enhancing undergraduate nursing students' exposure to aged care through clinical placements is a key strategy to address this workforce shortage. However, limited research exists on how such placements influence students' perceptions of gerontological nursing and their future career intentions. This scoping review explores how clinical placements in Australian aged care facilities shape nursing students' views and aspirations.

Methods

A scoping review was conducting using Arksey and O'Malley's five-stage framework. Six databases were searched for peer-reviewed Australian studies published between 2005 and June 2025. Eligible studies examined nursing students' experiences of clinical placement in aged care settings. Studies were independently screened and data extracted, prior to being thematically analysed. The review was conducted in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis for Scoping Review (PRISMA-ScR) guidelines.

Results

Five studies met the inclusion criteria. Three overarching themes were identified: industry-education provider connectedness, challenging preconceived ideas and attitudes, and creating supportive learning environments. Positive placement experiences were associated with strong collaboration between universities and aged care providers, effective mentorship, structured learning frameworks and opportunities for reflection. Conversely, poorly support placements reinforced negative perceptions, concerns about limited learning opportunities, and students' reluctance to pursue a career in aged care.

Discussion

Nursing students' perceptions of gerontological nursing are influenced by the quality of aged care placements. Well-designed, supportive placements can challenge negative stereotypes and enhance students' interest in aged care. Strengthening industry-education provider partnerships and intentionally designing high-quality learning environments are critical for improving student experiences. Further research is needed to examine how contemporary placement models, mentorship frameworks, and mandated staffing reforms may influence nursing students' learning outcomes and long-term career intentions in aged care.

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Understanding clinical competence decision-making in audiology: Exploring current practices and informing a national framework.

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Background
Clinical competence in health professions education is shaped not only by competency standards but also by how educators support student learning and form judgements about competence in practice. In audiology, clinical placements are structured around the completion of required hours rather than formalised workplace-based assessment, placing considerable responsibility on university educators to guide the development and assessment of competence. Despite this, little is known about how audiology educators understand and enact this role across different educational and clinical contexts. This study aims to explore how audiology educators understand and approach their role in supporting and judging the clinical competence of student audiologists in Australia.
Methods
This in-progress study adopts a constructivist paradigm and uses a qualitative descriptive methodology. Semi-structured interviews are being conducted with audiology educators across Australia, including academic staff from accredited university programs and clinical educators supervising students in internal university clinics and external placement settings across public and private sectors. Interviews are conducted online and analysed using reflexive thematic analysis to identify patterns across participants' experiences while remaining close to their language and professional contexts.
Results / Evaluation
Data collection is underway. Preliminary observations suggest variability in how educators conceptualise their responsibilities for supporting student development and forming judgements of competence across roles and settings. Differences are emerging in perceived responsibility, confidence in judgement, and expectations of assessment.
Discussion
By centring educators' perspectives, this study seeks to describe current practices and challenges in supporting and judging clinical competence in audiology. The findings will inform discussion about educator roles, expectations, and support needs, and will guide future work towards the development of an educator-informed, profession-appropriate competency assessment framework for audiology.

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Allied health professional students learning in their final placement: what are we missing?

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Introduction
Placements are an essential ingredient of occupational therapy education, providing opportunities to develop and demonstrate professional competencies. However, students perception of the value of these placements are relatively unknown. Several studies of first year student learning have described their transformative learning experiences. In the final placement the main focus is on professional competence and graduate preparedness, while other important, valuable and transformative student learning may have been missed. This study aimed to explore allied health student perceptions of their key learnings during the final placement experience. The study was conducted in Australia, United Kingdom and Aotearoa New Zealand.

Methods
Using photovoice methodology, volunteer students from three countries were invited to participate in two sequential interviews. The first interview occurred before the placement to explore students anticipated learning while the second interview occurred at the end of the placement. Student were asked to bring selected photos to the interview to discuss. Interpretive phenomenological thematic analysis of the interview transcripts was applied to capture how students made sense of their placement journey.

Results
We anticipate the findings will identify how students make sense of their learning during the final placements and what opportunities for learning that we, as educators, are missing.

Discussion
This international study will highlight the similarities and differences in learning between students across different programmes and different countries. The study will inform future innovation in curricular development and provide new insights to prepare students and practice education supervisors.

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Expanding the ‘HARD’ model to examine distinctiveness of place: an ethnographic case study of clinical reasoning development in context

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Introduction
Place-Based Medical Education (PBME) aims to train physicians who are better prepared to serve medically underserved communities. However, discussions on “place” in PBME remain largely theoretical. Based on a scoping review (Dharmaratne et al, 2026), we identified a lack of research examining Clinical Reasoning (CR) development and place and proposed the ‘HARD’ model as a framework to guide future studies. The current study expands and confirms this framework, examining how ‘place’ distinctly impacts the development of CR among a group of final-year medical students in Australia.

Methods
We conducted an ethnographic case study of General Practice (GP) placements. Four primary cases (including observations and repeated interviews with students and their supervisors), eleven supplementary cases (repeated and standalone interviews with five students and six GP supervisors, respectively), observation of nine campus-based teaching sessions, and two group interviews (students and GP supervisors) generated a rich data set, consisting of field notes and audio recordings from 120 hours of participant observations, 46 interview transcripts, and digital curriculum documents and workplace-based learning artefacts. The immersive ethnographic design, HARD model, and the concept of “sense of place” as an interpretive lens guided the thematic analysis.

Findings
We identified five domains of CR development and that each student followed a unique development pathway, shaped by placement-specific affordances. Further cross-case analysis generated novel evidence on how CR development in context shaped a distinct sense of place.

Discussion and conclusions
Our findings extend the HARD model as a substantive and transferable framework to support students, educators, and researchers understand ‘place’. Discussing CR as a context-bound capability where students become an element of dynamic context generates a strong sense of place. Our findings strengthen the call for greater attention to ‘context as content’ in physician training to better prepare doctors for practice in ‘somewhere’ as well as ‘anywhere’.

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Strengthening Early Career Practice: Evaluating a Psychology Registrar Program in Public Health

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Introduction/Background
How can psychology registrars in a public health setting build clinical competencies while simultaneously adapting to new organisational, professional, and cultural environments? Our psychology registrar program aimed to support registrars as they work toward endorsement as clinical psychologists or clinical neuropsychologists. The program is aligned with the Four Pillars and the Best Practice Clinical Learning Environment (BPCLE) Framework (State of Victoria, 2016) including Growth Learning, Reflective Practice, Supervision, and Self-Care. It aims to facilitate a smooth transition into public health and provide the foundational skills required for specialist psychological practice. The program was evaluation across two years.

Methods
A mixed-method evaluation was undertaken using anonymous surveys (N=14) and semi-structured interviews (N=7) with registrars and supervisors. Evaluation was guided by the Australian Psychological Society Learning Evaluation Framework and principles of Braun and Clarke's thematic analysis. Descriptive statistics were used for quantitative data and a reflexive thematic analysis was conducted on the interviews. Monthly feedback was provided from registrars on the education series using the Kirkpatrick model.

Results
Registrars reported high satisfaction with program components, with most agreeing the program supported competency development and was relevant to endorsement requirements and 87% recommended the program. Registrars highlighted strengthened confidence, increased knowledge, and the value of structured supervision, protected learning time (for those in the mental health stream), and group supervision in developing broader public-health workforce capabilities. Supervisors identified benefits in registrar development but reported mixed views regarding the secondary supervisor model and requested greater clarity around roles, standardised competency assessment tools, improved communication, opportunities for group/peer supervision and consistent learning templates. Across the education series, over 92% of responses indicated increased knowledge, confidence, and likelihood of applying new skills.

Discussion
Findings will guide future program refinement, strengthen supervision structures, and inform broader models for early-career psychology training in public health settings.

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Defining Consensus-Based Attributes to Inform Selection of Obstetrics and Gynaecology Trainees in Australia and New Zealand.

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The purpose of this study was to establish expert consensus on the attributes most relevant to the selection of obstetrics and gynaecology (O&G) trainees within the Australian and New Zealand training context.

A modified Delphi study was conducted with a purposive, multi-stakeholder panel including O&G Fellows (metropolitan and rural), O&G Trainees from Australia and New Zealand and First Nations and Māori representation. An initial list of trainee attributes was developed through literature review and stakeholder input. Attributes were rated for importance to trainee selection across sequential Delphi rounds, with anonymised feedback provided between rounds. Consensus was defined a priori and used to identify attributes considered most relevant to selection.

This study establishes consensus on attributes considered important for the selection of O&G trainees in the Australian and New Zealand context. The findings provide a transparent, contextually relevant foundation to inform specialty selection processes. Incorporating consensus-derived attributes into selection frameworks may support more defensible and aligned decision-making in postgraduate specialty medical education.

The study allowed for a greater consideration of how consensus-derived attributes can be used to enhance transparency and defensibility in specialty selection processes.

Reference:
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Beyond assumptions of preparedness: undergraduate degree background and performance in medical school selection

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Introduction/Background
Graduate-entry medical programs value diversity of educational background, yet biomedical science degrees are often implicitly regarded as the most appropriate preparation for medicine. This assumption influences applicant behaviour, institutional messaging, and selection design. This study examined whether undergraduate degree background is associated with differential performance across selection tools, and whether assumptions of disciplinary preparedness are evidence based.

Methods
Secondary analyses were conducted using longitudinal admissions data from the University of Wollongong medical program. Academic performance (GPA/GAMSAT) was examined across the full applicant cohort (n=19,339). Interview performance was analysed within the multi-mini interview (MMI) cohort (n≈900). Applicants were categorised by undergraduate degree background (biomedical science, health professions, sciences, humanities, engineering/informatics). Group differences were examined using appropriate parametric and non-parametric analyses with effect sizes reported.

Results/Evaluation
Undergraduate background was significantly associated with performance across all selection measures. Engineering/informatics graduates achieved the highest total GAMSAT scores (mean≈60), while health professions recorded lowest (≈58). Section-level analysis demonstrated disciplinary alignment: engineering and science graduates performed strongest in reasoning-in-science, while humanities graduates consistently outperformed all other groups in verbal reasoning and written communication, with large effect sizes. Biomedical science applicants clustered in mid-to-lower performance bands across GAMSAT sections, despite having highest mean GPA.
MMI performance showed a contrasting pattern. Humanities and health professions graduates scored higher than biomedical science graduates (moderate effects; d≈0.4), and these differences persisted after adjustment for academic performance, indicating that interview outcomes were not simply a function of prior academic achievement. Biomedical science applicants did not demonstrate consistent advantage across any selection domain.

Discussion
These findings challenge assumptions that biomedical science represents the most advantageous preparatory pathway for medicine. Selection tools appear to privilege different forms of educational preparation, reflecting construct alignment rather than universal readiness. Where selection architectures implicitly privilege biomedical science pathways, these assumptions warrant re-examination in the context of widening participation and medical education equity.

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Keywords (5)
Medical student selection; graduate-entry medicine; undergraduate degree background; assessment validity; widening participation

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Change to specialty college selection is critical to growing the future rural medical workforce

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Introduction
Governments are investing strongly in rural medical training, building on consistent and growing evidence of who is more likely to practise in a regional/rural location. This includes substantial changes to medical school selection to support increased rural applicants; however, medical specialty colleges have been slow to change their selection criteria to support workforce diversity and rural distribution. We highlight potentially untapped opportunities to directly address workforce distribution that require negligible financial costs to change criteria and processes.

Methods
A half-day workshop was convened in 2025 by the Council of Presidents of Medical Colleges (CPMC), in collaboration with the Australian National Rural Health Commissioner and research experts. The workshop highlighted strong momentum across the colleges to support workforce priorities by embedding rural equity into specialist training, as well as affirming the vital leadership role that specialist medical colleges play in addressing rural health access through education and selection.

Results
Competition for specialist training positions is diluting the impact of many rural health workforce strategies. Evidence suggests rural communities are losing too many doctors who graduate with a preference for rural practice, before exiting rural pathways to help them meet subsequent metropolitan-centric college selection and training regimes. It is pertinent to acknowledge that addressing specialty selection is more than a diversity exercise. It is about increasing the likelihood of doctors having positive and fulfilling rural careers.

Discussion
College selection changes should be synergistic with other government programs, in order to maximise rural workforce outcomes. Culture and attitudes within specialty colleges and across training systems remain critical influences. Available evidence strongly emphasises the importance of the prevocational period to helping shape equitable workforce distribution. Changes to selection criteria need to encourage trainees taking this pathway, as well as recognising other key factors of either rural origin or medical school rural immersion.

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2. McGrail, M., May, J., & Logan, K. (2025). Specialty college selection: Why change is critical to support a future rural workforce. *Medical Journal of Australia*, *Epub 2025 Dec 18*.

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Beyond binary rurality: revealing gradients of disadvantage within rural medical school applicants

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Introduction/Background
Rural background is commonly incorporated into medical student selection to support equity and rural workforce objectives. In practice, rurality is generally operationalised using binary rural/non-rural classifications. While administratively convenient, binary categorisation assumes homogeneity within rural applicants and may obscure gradients of disadvantage for those from more remote settings. This study examined whether binary rural classification masks systematic differences across academic and non-academic admissions measures, and whether disaggregation by remoteness provides a more educationally defensible basis for selection.

Methods
Secondary analyses were conducted using longitudinal admissions data from a rurally focused Australian graduate-entry medical program. Academic selection measures were examined across the full applicant cohort (2007–2020; n=19,339), and interview performance analysed within the multi-mini interview (MMI) cohort (n=840). Rurality was categorised using binary rural status, disaggregated Modified Monash Model classifications (non-rural, regional, rural, remote), and a continuous composite rurality score. Group differences were examined using effect sizes and monotonic associations.

Results/Evaluation
Binary rural classification demonstrated modest differences in academic performance. Rural applicants scored lower on GAMSAT than non-rural applicants (Δ−1.32; d=0.24). Under binary rural classification, regional applicants (predominantly MM2) dominated the rural cohort, effectively masking substantially poorer performance of remote/very remote applicants (MM6–7), who were treated as homogeneous with comparatively advantaged rural peers. When disaggregated by remoteness, clearer gradients emerged: mean GAMSAT scores declined stepwise from non-rural (60.43) to remote applicants (57.29), who consistently recorded the lowest scores. MMI performance showed a larger disparity. Rural applicants scored lower than non-rural applicants (d=0.47) and treating rurality as a continuous construct revealed moderate negative association between rurality and MMI scores ($r=-0.38$, $p<0.0001$), indicating greater disadvantage with increasing remoteness.

Discussion
Across selection measures, binary rural classification understated both magnitude and distribution of rural disadvantage, particularly for remote applicants. Graded and composite approaches to rurality provide a more transparent and educationally defensible basis for contextualised medical student selection.

Keywords (5)
Medical student selection; rural admissions; Modified Monash Model; equity; widening participation

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Seeing the forest, the trees and navigating the pathways within: applying systems evaluation theory (SET) to selection and entry into physician training across Australia and Aotearoa New Zealand.

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Introduction/Background
Selection into physician training occurs within a complex ecosystem spanning nine jurisdictions and more than 40 programs, incorporating variable recruitment systems and timelines. Interdependence across components means changes in one area influence outcomes elsewhere. Traditional program evaluation approaches often struggle to account for this complexity. Systems Evaluation Theory (SET) (Renger, 2015; 2022) provides a framework to understand the entire system by mapping its purpose, subsystems, interdependencies, boundaries, and feedback loops. We applied SET to examine selection as a dynamic set of interconnected subsystems within a broader functional system, rather than a series of isolated procedural steps

Methods
We used a mixed-methods approach, synthesising data from jurisdictional and specialty selection and recruitment materials and 15 stakeholder focus groups encompassing multiple perspectives. Themes were synthesised using SET principles to interpret subsystem components, interactions, boundary tensions, and emergent system behaviours across the selection landscape.

Results
SET revealed a functional yet fragmented system comprising interdependent subsystems - selection, recruitment, accreditation, governance, and data - operating across misaligned boundaries and goals, undermining efficiency and fairness. What appeared as discrete problems (e.g., decentralised applications, variability in tools, equity gaps) emerged instead as system-level patterns produced by interactions among temporal, structural, and governance boundaries. SET highlighted a lack of coordinated feedback loops across subsystems, helping to explain persistent uncertainty about predictive validity and perceptions of inconsistency in selection decision making, despite the use of structured application tools.

Discussion
Applying SET to evaluate selection into physician training enabled the generation of system-level recommendations, particularly around connecting data and information flows, and mechanisms to help stakeholders navigate these subsystems. We argue these insights would not surface through traditional program evaluation. Subsequently, a SET lens allowed us to 'see the forest and the trees,' revealing leverage points for systemic, not piecemeal, improvement across pathways into the Australian and Aotearoa New Zealand physician training systems

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Can AI Improve Medical School Admissions? A Reliability Analysis of AI Generated Multiple Mini Interview (MMI) Stations

Mr Kyle Birchill, Dr Sabryn Hamila
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Interview (MMI) Stations

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Abstract
Background:
Multiple Mini Interviews (MMIs) are widely used in medical school admissions to assess applicants' non-academic attributes in a structured and reliable manner. However, the development of high-quality MMI stations is resource-intensive and dependent on expert input.

Objective:
This study explores the utility of artificial intelligence (AI) in the generation MMI stations for the Direct and Graduate Entry Medicine Program admissions process for domestic applicants at Monash Medical School.

Methods:
A total of 56 MMI stations from the 2025 admissions cycle were evaluated, including 17 AI generated and 39 traditionally developed stations, administered across 824 domestic applicants for a total of 4,897 applicant-station interactions. We assessed station quality through both reliability (using Cronbach's alpha to examine internal consistency) and discrimination capability (using standard deviation and range of scores) at the station level.

Results:
AI-generated stations exhibited slightly higher reliability ($\alpha = 0.8181$) compared to existing stations ($\alpha = 0.8081$), though this difference was not statistically significant. Both AI-generated and traditionally developed stations demonstrated variable discrimination capability, with some stations from each development method showing excellent combinations of high reliability and strong discriminatory power, while others exhibited ceiling effects that limited their discriminatory power. Importantly, a greater proportion of AI-generated stations achieved excellent reliability ($\alpha > 0.85$), and a lower proportion demonstrated poor reliability ($\alpha < 0.75$), compared to traditional stations, suggesting that AI-generated development may enhance the consistency and quality of MMI stations.

Conclusions:
Our findings presented here highlight the utility of AI as a useful tool for MMI station generation, offering a scalable approach that may reduce the resource burden on faculty while maintaining or enhancing psychometric quality for applicants. Ongoing quality assurance and evaluation remain essential to ensure fairness and validity across the admissions process.

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GradTrack - a tool to track the contribution of Tasmanian School of Medicine Graduates to the medical workforce

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Introduction/Background
The social accountability of medical schools in rural/regional locations extends beyond educating the future medical workforce to improving the health of local communities. Delivering medical education in rural/regional locations and improving the maldistribution of the medical workforce are key social responsibilities of the Tasmanian School of Medicine (TSoM). Measuring the achievement of these goals requires linkage of university student systems data with data from external organisations. The aim of this presentation is to describe the TSoM GradTrack database and its use in research and reporting requirements.

Methods
GradTrack securely stores confidential student and graduate data and transforms it into linked, de-identified datasets for internal reporting, reporting to the Federal government, and research use. It consolidates longitudinal information from multiple sources (e.g. student management, inPlace, AHPRA, DoctorConnect, and student surveys) cleans the data and formats the data for analysis. GradTrack protects privacy and ensures appropriate data use through student consent processes, the "Five Safes" framework, and a data governance committee.

Results
PowerBI reports extract GradTrack longitudinal data on student demographics, geographic origin, rural background, study progression, and AHPRA Principle Place of Practice for graduates, for internal monitoring and Rural Health Multidisciplinary Training (RHMT) reporting. De-identified GradTrack data is also exported for research. Projects include describing the profile of TSoM students, mapping the work locations of international graduates, determining the rural clinical school contribution to the rural medical workforce, and mapping the distribution of the ophthalmology workforce. Current projects will determine the geographic distribution of TSoM graduates, the contribution of graduates to the Tasmanian medical workforce, and pathways to specialisation.

Discussion
GradTrack facilitates monitoring of student progression, reporting on program outcomes and it provides a robust evidence base to determine the effectiveness of the TSoM in delivering a medical workforce for the community.

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Barriers before entry – designing inclusive course guidance for applicants with disabilities.

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Introduction/Background
Despite widespread calls for greater inclusion of disabled people in the healthcare workforce, significant barriers remain. These barriers exist even before admission to training, when applicants are considering study options and future careers. The ways that institutions communicate with prospective applicants are shaped by assumptions about who should apply and what attributes they should possess. Often unintentional and unacknowledged, institutions convey messages to prospective applicants about whether they will 'fit' which can discourage disabled applicants from applying. Prospective applicants may find it difficult to access information about course requirements, or find statements which do not acknowledge the availability of adjustments. Compounding these challenges, institutions may not provide sufficient clarity regarding whether disclosure of disability affects admission or students' experiences thereafter.

Methods
This workshop will draw on research exploring patterns of disability-related communication on medical school websites in Australia and New Zealand. It involves an audit and content analysis of all public-facing medical school websites, examining how Information for prospective applicants was provided and framed, and the clarity and transparency of this information. In this workshop, we identify the practical importance of reviewing pre-admissions communication through a disability-inclusive lens, and provide a series of recommendations and reflective prompts to support health professions programs as they work towards more inclusive practice.

Aims
This workshop will explore factors which influence the experience of disabled applicants across disciplines, institutions and jurisdictions. Any educator with an interest in disability inclusion, admission and selection, or widening participation Is encouraged to attend.

Discussion
Participants will learn about the social, cultural and structural factors shaping the way institutions communicate with prospective applicants, reflect on their own institution's practices, and identify opportunities for development and positive change.

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Gray, L. *et al.* Barriers Before Entry: Opportunities for Improving Pre-Admission Guidance for Disabled Medical School Applicants in Australia and New Zealand. *Teaching and Learning in Medicine* (2025).

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Emotional intelligence as an evidenced based fundamental competency for health and social care practice.

Profesor John Hurley[1]
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Introduction/Background
The increasing complexity of health practice necessitates workforce preparation for both clinical proficiencies, and emotional attunement. This presentation aims to build the confidence of educators and practitioners that emotional intelligence is both evidenced and effective. It seeks to encourage curriculum developers and multi-disciplinary graduates to increase their focus on skills needed to provide compassionate, effective, and sustainable practice, regardless of the clinical setting.
Methods
Findings from three original research studies are offered to meet the aim of this presentation.
Study 1: A scoping review asking 'What is the recent evidence base, if any, for emotional intelligence influencing positive experiences of mental health service delivery'.
Study 2: An original qualitative research study of Australian medical officers and the influence of emotions on their decision making.
Study 3: A scoping review examining the research evidence of the role of emotional intelligence in palliative care.
Results
Study 1: Emotional intelligence behaviours emerged as the most frequently reported drivers of positive experiences of mental health services. Service structures, effective communication, efficacy of treatments and consumer demographics were other determinates.
Study 2: Thematic data identified fear and power within professional relationships, emotionally intelligent leadership, and the structural context of healthcare services are all critically influential in both challenging emotions, and enabling emotions to inform effective decision-making.
Study 3: Scoping review findings identified emotional intelligence allowed palliative care practitioners to provide better care as either a direct patient intervention, or as a workforce capability enabling patient-centred care. Simulation was found to be a tool that can be used to increase emotional intelligence in palliative care contexts.
Discussion
Evidence from three diverse areas of health care suggest emotional intelligence is a pivotal workforce capability. Importantly emotional intelligence, unlike IQ, can be developed through training and education and is hence an important focus for curriculum developers.
References
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Are We Asking the Wrong Questions? Reframing Professional Identity, Engagement, and Attrition Through Professional Subjectivity

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Introduction/Background
Prevailing accounts of professional identity often treat it as a stable end-state and seek solutions to disengagement and attrition through episodic curricular fixes. Drawing on professional subjectivity, a dynamic, developmental, and context-sensitive lens for understanding how people come to see and act as professionals, this paper argues that traditional identity framings have constrained both how problems are defined and how educational and workforce interventions are designed.

Methods
This paper presents a conceptual analysis informed by a longitudinal qualitative doctoral programme conducted in one health profession (physiotherapy), tracing the formation and development of professional subjectivity across pre-entry, educational, and early-career phases. Rather than reporting discipline-specific outcomes, we synthesise empirically grounded contributions to knowledge into a transferable framework for health professions education, foregrounding developmental processes and modifiable conditions for engagement.

Results/Evaluation
Across the professional life course, professional subjectivity is shaped by interacting influences:
(1) Pre-entry meaning-making (early imaginaries of practice and authentic exposure);
(2) Educational communities and authenticity (belonging, approachable role models, feedback cultures, and progressive autonomy); and
(3) Workplace affordances and alignment (supportive relationships, growth opportunities, scope/role clarity, and capacity to exercise judgement). When these conditions align, engagement deepens; when they misalign, disengagement and early exit emerge as developmentally intelligible responses rather than individual deficits.

Discussion
Reframing engagement and attrition through professional subjectivity suggests that health professions education often intervenes too late and at the wrong level. We propose three cross-professional shifts:
(i) Pre-entry - curate honest occupational narratives and enable meaningful practice exposure;
(ii) Education - design for communities of engagement, explicit scope-broadening, structured feedback, and progressive autonomy;
(iii) Workforce - formalise mentoring, protect development time, and prioritise values–context alignment alongside technical fit. These modifiable levers can be embedded across admissions, curricula, work-integrated learning, and early-career support to foster engagement and address attrition.

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Cultivating compassion in future doctors: A scoping review of educational strategies in medical schools

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Introduction/Background
Compassion - the motivation to act on suffering through empathic understanding - is fundamental to high-quality healthcare. However, evidence on the structured and sustained cultivation of compassion in medical curricula remains limited. This project aims to address this gap by mapping strategies that effectively foster compassionate practice in medical school curricula.

Methods
A scoping review was conducted across PubMed, Embase, and ProQuest from inception to August 2025. Studies were included if they targeted compassion cultivation in medical students via multi-session or sustained interventions; were in English; and included at least one pre- and post-intervention measure. Screening and data extraction followed Cochrane guidelines. Due to practical constraints, a single reviewer (N.Y.) conducted title and abstract screening and data extraction under supervision, and assistance from a second author (H.T.) during full-text review. Findings were reported per PRISMA-ScR standards.

Results
Eight studies (2016-2025), predominantly from the United States, met the inclusion criteria. Interventions included established programs such as Compassion Cultivation Training, Cognitively-Based Compassion Training, and Mindful Self-Compassion, as well as tailored approaches including the Kind Care Bundle and Compassion Coach. Programs lasted 4–10 weeks and commonly incorporated reflection or meditation. Outcome measures indicated improvements in mindfulness, self-compassion, and emotional regulation, alongside reductions in stress, anxiety, and burnout. Digital adjuncts like mobile apps and online delivery formats were feasible and acceptable.

Discussion
The relatively small number of studies suggests that sustained teaching of compassion is uncommon in medical schools worldwide. Furthermore, we identified areas for future research such as long-term and cross-cultural effects; strategies to integrate compassion training longitudinally; impacts on patient-directed compassion; and behavioural and patient-reported measures to better assess compassion directed toward others. Therefore, our study underscores the need for well-designed, implemented and evaluated compassion-based medical curricula worldwide and identifies important areas for future research to support compassionate healthcare.

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If at first you don’t succeed: The experience of designing a spirituality workshop for occupational therapists

Mrs Heather So[1], Prof Lynette Mackenzie[1], Assoc Prof Chris Chapparo[1], Dr Judy Ranka[1], Prof Mary Ann McColl[2]
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Introduction/Background
Spirituality remains an underexplored and often avoided aspect of Australian occupational therapy practice, despite evidence that therapists desire local training opportunities. Developing accessible professional education is essential for establishing a practice framework that supports the integration of spirituality into occupational therapy. This talk describes the process of designing, piloting, and refining a spirituality workshop and its accompanying evaluation survey.

Methods
A convergent parallel mixed methods design was used, incorporating qualitative (free-text responses) and quantitative (scored survey items) data collected during and after workshops. Workshop development followed four iterative stages: drafting, piloting, redrafting, and finalising content. Feedback from pilot participants informed revisions to both workshop materials and the evaluation design. Ultimately, four workshops were delivered across two Australian states, attended by thirty-three occupational therapists.

Results/Evaluation
While workshop content was positively received by all pilot participants, they identified limitations in the evaluation survey. First, items were not aligned to validated instruments; second, the questions did not sufficiently map to the workshop content. Participants recommended adapting an existing validated survey to enhance reliability and applying a structured model of training design and evaluation. Despite initial challenges, final workshop delivery demonstrated improvements in participants’ knowledge, skills, and attitudes related to addressing spirituality, reflected in upward trends across Likert-scaled items and supportive qualitative comments.

Discussion
The workshop ultimately provided a valuable foundation for enhancing therapists’ confidence and competence in addressing spirituality with clients. However, the development process was not straightforward. Meaningful piloting, structured redesign, and adequate time for iteration were crucial to achieving a coherent and effective educational resource. Insights from this experience highlight the importance of allowing time and feedback during curriculum design, especially in emerging or sensitive areas of practice.

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The PRACTICAL blueprint: weaving practitioners' insights into CPD design and delivery

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Introduction/Background

Continuing Professional Development (CPD) is most impactful when it aligns with the realities of clinical work, yet many offerings remain disconnected from practitioner needs and insights. Allied Health Professionals (AHP) express clear preferences, frustrations, and value judgements about CPD and its effectiveness in supporting learning and influencing practice. This presentation clarifies those judgements and introduces a practitioner-derived blueprint for improving CPD design and delivery for AHP.

Methods

Doctoral research underpinned by Self-Determination Theory (Deci & Ryan, 2008) examined AHP motivation to participate in CPD and the translation of learning into practice. A two-phase design was used: an online survey incorporating quantitative items and open-text responses, followed by in-depth semi-structured interviews. Across both phases, AHPs articulated what genuinely matters in designing and delivering CPD that supports engagement, relevance, and practice change.

Results/Evaluation

AHPs seek CPD that is directly applicable to practice, aligned with their roles, and responsive to patient needs (Bullock et al., 2020). Their accounts consistently emphasised commitment to quality patient care, lifelong learning, the influence of workplace context, and clear expectations about CPD design and delivery. These insights are represented by the acronym **PRACTICAL**. This blueprint synthesises AHP strongly expressed learning needs and provides a stimulus for rethinking CPD planning and delivery.

Discussion

The PRACTICAL blueprint is both practitioner-informed and grounded in motivation theory. It articulates what motivates AHP to participate, learn, and translate CPD into improved patient outcomes. Insights from this doctoral research offer a timely opportunity to design and deliver CPD that aligns with AHP needs and learning desires. It signals the conditions most likely to support meaningful, sustained practice change. By acknowledging practitioner insights, PRACTICAL provides a contemporary, evidence-informed contribution to CPD curriculum design and a practical tool for strengthening the impact of learning.

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The availability and nature of intercalated and other research degrees at Australasian medical schools

A.Prof Joanne Hart[2], Dr Jon Cornwall[1], Dr Jackie Hazelhurst[1], The Research Educators Network (REN) of Australasia[1]
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Introduction
Intercalated and other research degrees offer medical students opportunities for academic development, yet their specific availability and structure across institutions in Australasia remains unclear. This study examines intercalated and other formal research degree programmes in Australasia to illuminate the nature of the degrees offered. The study aimed to inform curriculum planning, degree development, and facilitate an understanding of research degree availability and delivery within medical schools throughout Australasia.

Methods
The 23 medical degree programmes in Australasia were invited to participate in a study exploring intercalated and research degree options that were available for medical students. Participants completed a spreadsheet containing questions around the availability and nature of research degree options, such as the degree obtained, and whether it was intercalated or in parallel with the programme. A research degree was defined as requiring an outcome of a >10,000 word thesis or research document.

Results
Twenty of 23 invited medical programmes responded. Four reported no higher degree by research options for medical students, while two offered research degrees running in parallel to the medical programme rather than as intercalated (gap year) pathways. Fifteen programmes confirmed intercalated research degree options, including ten doctoral programmes, six master's degrees (MPH, MPhil, MRes), five honours degrees, and one Bachelor of Medical Research. Entry criteria varied depending on the nature or level of the degree; many had flexible enrolment around part- or full-time study. Four respondents additionally described coursework higher degrees available outside a research framework.

Discussion
Intercalated and other research degree opportunities for medical students are available across Australasia but demonstrate considerable variation in structure, degree type, and mode of delivery. Identifying these degrees and pathways highlights the differences between institutions in regards offerings to medical students, facilitating an understanding of degree availability and providing guidance for students considering research training alongside medical education.

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Action Learning or Service Improvement Projects? Comparing experiential modalities in a healthcare leadership programme

Dr Juliette Phillipson[1], Mrs Mary Fenwick[1]
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Background

Experiential learning is widely regarded as essential in healthcare leadership development, yet there is limited comparative evidence on how different experiential modalities shape learning and organisational impact. This study compares Action Learning (AL) and Service Improvement (SI) projects within parallel cohorts of a multidisciplinary leadership development programme.

Methods

We conducted a mixed-methods evaluation of two cohorts (n=24 each) of a six-month programme. The experiential component differed: Cohort 10 undertook facilitated Action Learning; Cohort 11 completed team-based Service Improvement projects. Data sources included workshop ratings, paired pre/post questionnaires (n=38), egocentric social network mapping (n=29), reflective essays (n=40), interviews (n=17), and project artefacts. Quantitative changes were analysed using Wilcoxon signed-rank tests with Bonferroni correction. Qualitative data were analysed using Braun and Clarke's thematic analysis and interpreted across Kirkpatrick levels.

Results

Both cohorts reported high satisfaction and significant increases in leadership confidence (AL $p=0.004$; SI $p=0.001$). SI participants more frequently described transfer of discrete tools and skills, produced measurable project outputs, and demonstrated significant gains in both network size and diversity. AL participants showed larger increases in network size and emphasised relational, reflective and identity-oriented development, including continuation of Action Learning groups beyond the programme. Organisational impact in the SI cohort was more readily observable within the evaluation timeframe, whereas AL outcomes appeared more emergent and relational.

Conclusions

Action Learning and Service Improvement produced distinct learning-to-practice pathways aligned with their pedagogic designs. Differences in observable outcomes reflect modality-specific enactment rather than definitive differences in effectiveness. Evaluations privileging short-term behavioural metrics may under-represent identity-oriented and relational leadership development. Alignment between experiential modality, intended outcomes, and evaluation strategy is critical in curriculum design.

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Embedding Patient and Public Involvement in Health Professions Education: stuck between novelty and normal

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Introduction/Background

Patient and public involvement (PPI) in health professions education (HPE) is well established in some contexts, yet in many settings it remains difficult to sustain. While successful examples of PPI are increasingly reported, there is limited understanding of how institutions navigate the organisational, cultural, and practical challenges required to embed PPI as routine practice. Theory can provide insight to understand why some PPI initiatives persist, while others remain short-lived. Normalisation Process Theory (NPT) provides a useful framework for examining how practices are implemented, sustained and embedded. NPT describes four mechanisms that shape normalisation: 1) coherence (how people make sense of the work), 2) cognitive participation (who is involved and their commitment), 3) collective action (how the work is enacted), and 4) reflexive monitoring (how practices are evaluated and adapted). Applying NPT helps make visible the often-hidden work required to support PPI over time and highlights where implementation efforts may falter.

Methods

This presentation will combine a brief theoretical overview with a worked example of successful PPI implementation at the University of Melbourne (UoM). Discussion will also include reflection on enablers, barriers, and practical strategies for embedding PPI in HPE.

Results/Evaluation/Aims

The Centre for Digital Transformation of Health (CDTH), UoM has embedded PPI in the co-production of health technology solutions and HPE. As a case study, CDTH's work illustrates the four mechanisms of NPT through: 1) Involving everyone using a toolkit 2) creating staff buy-in with leadership support 3) an embedded patient expert who led the co-design of displayed PPI principles 4) a yearly review through a 'living framework' to chart normalisation.

Discussion

By bringing together theory and presenter experience, this session supports deeper understanding of how PPI can move beyond isolated initiatives toward sustained, embedded practice. Insights generated will contribute to more intentional, theory-informed approaches to embedding PPI in HPE.

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Evaluating GP speciality intent amongst rurally trained medical students in Tasmania

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Introduction/Background
The University of Tasmania's Medicine Program expanded in 2025 to offer students an entirely rural training experience in the North-West coast for all five years of their degree. This new rural training scheme reflects broader national trends, with government investment in rural medical schools, based on strong research that demonstrates trainees from a rural background, and those who undertake rural medical training, are more likely to stay on and work in rural communities. This restructuring of the course creates a tailored pathway for future rural doctors, removes barriers for local students to access high-quality medical education, and supports continuity of the rural workforce.

This project aims to assess this rural training stream through a general practice lens, evaluating the demographics and driving factors of students who choose to undertake rural end-to-end medicine training and how this relates to future General Practice specialty intent.

Methods
Mixed methods study comprising cohort study of first year medical student entrance survey and semi-structured interviews with first year students beginning their rural end-to-end training at the Rural Clinical School.

Aims
As an in-progress project, the aims are to assess GP speciality intent amongst first year medical students in the rural end-to-end training program, and how this differs to their metropolitan colleagues. It will evaluate the factors that influence medicine students' decisions to undertake rural end-to-end training, and how participation in this program influences intentions to pursue a career in GP.

Discussion
Data could be utilised to inform federal, state and college strategies to address persistent gaps in the Australian GP workforce. It can strengthen investment in rural medical schools across Australia, supporting development of a resilient and well-distributed GP workforce. Locally, it can inform recruitment strategies, highlight key target groups, and uncover potential barriers or accessibility issues related to rural training in our state.

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A physiotherapy Near Peer Tutor program: a qualitative study of learning experiences in pre-clinical simulation

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Background

Near peer education is an instructional approach where students who are more advanced in their training, teach or support the learning of junior peers within the same discipline. During 2024-2025 a large-scale Near Peer Tutor (NPT) program was implemented whereby pre-clinical physiotherapy students participated in simulated case scenarios with hired simulated patients and were provided with feedback from their Near Peer Tutor. The aim of this study was to explore the subjective learning experiences of the physiotherapy Near Peer Tutors who volunteered in these structured feedback and supervisory roles, during the pre-clinical simulation education.

Methods

A qualitative study utilising online focus groups. Participants were eligible if they were physiotherapy students who had completed at least one clinical placement and were NPTs in 2024 or 2025. Focus groups were audio-recorded, transcribed verbatim and analysed independently by two investigators via inductive thematic analysis.

Results

Seventeen (of 51, 33.3%) eligible NPTs participated in four focus groups over 2024-2025. Preliminary analysis indicating three main themes (1) NPT facilitated confidence development and reassurance of readiness for clinical practice; (2) provided an opportunity to develop own skills in giving feedback, whilst addressed their self-perceived lack of knowledge; (3) NPT identified barriers to participation such as placement allocations, NPT program timing and self-perceived lack of knowledge.

Discussion

Preliminary findings suggest this Near Peer program provided a learning opportunity whereby students observe and provide feedback to emulate the professional behaviours of qualified physiotherapists. Through delivering feedback, Near Peer Tutors appeared to strengthen their communication, confidence, and professional judgement, engaging with both the formal and hidden curricula underpinning physiotherapy practice. As these results are exploratory, further research is required to evaluate scalability and the impact on core communication skills within supervision relationships.

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The Medical Schools Outcomes Database longitudinal tracking project – what areas to research?

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Background

This session explores the Medical Schools Outcomes Database (MSOD); a rich trans-Tasman data resource for medical education. MSOD provides longitudinal data on medical students' backgrounds, educational experiences, career intentions, and postgraduate outcomes in respect to locality and area of work. While MSOD has been widely used to inform workforce planning and policy, its potential contribution to curriculum design and planning for learning remains underexplored.

As health professions education increasingly emphasises social accountability and continuous improvement, MSOD offers a valuable evidence base to support alignment between curriculum intent, learning experiences, and career trajectories. Understanding how graduates progress through training and practice has implications for curriculum relevance, responsiveness, and workforce sustainability.

This session focuses on how MSOD data might be meaningfully interpreted and integrated within complex educational contexts. It may be of value to workforce planners, those involved in vocational training, and educators interested in understanding doctors' career pathways and transitions over time.

Participants will engage in facilitated discussion to consider how MSOD data may be used to address research questions. For example, when and why do doctors shift their career intentions or move between disciplines? Participants will be supported to critically reflect on the opportunities, limitations, and ethical considerations associated with using MSOD data.

Issues or Questions for Exploration

1. Devise a research or curriculum question that MSOD might help to address.
   Group critique and discussion.
2. Using selected examples, consider what additional data might be required to fully answer the question.
   Group critique and discussion.

1. Stream Designing: Curriculum and Planning Learning

2. Key words: Curriculum development, outcomes

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Developing leaders, strengthening systems: evaluation of a multidisciplinary healthcare leadership programme

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Background
Evaluations of healthcare leadership development programmes often rely on short-term self-report and rarely examine organisational impact. This study evaluates four cohorts of the multidisciplinary Emerging Leaders Programme (ELP), using a theory-informed mixed-methods design with longitudinal follow-up across all four Kirkpatrick levels.

Methods
The programme included experiential methods including workshops and team Quality Improvement (QI) projects. 94 participants from multidisciplinary backgrounds completed the programme. Qualitative data included 39 reflective essays and 21 semi-structured interviews conducted 3–4 years post-programme. These data were analysed using Braun and Clarke's approach to thematic analysis. Quantitative data included workshop ratings, pre/post Affective Commitment Scale (ACS), Turnover Intention Scale (TIS-6), and an adapted Medical Leadership Competency Framework Questionnaire (MLCFQ). 86 (91%) completed pre- and 72 (77%) completed post-programme questionnaires, resulting in 55 (58%) paired questionnaires. Results were compared using Wilcoxon signed-rank tests, adjusted for multiple comparisons.

Results
Participants reported improvements in leadership knowledge, confidence and emotional intelligence. There were significant improvements across all MLCFQ domains (median change +0.6 to +0.9; adjusted $p<0.005$ for each). Participants reported application of QI tools, stakeholder engagement, conflict management and distributed leadership. The ACS and TIS-6 showed no significant pre/post changes. Participants described sustained service improvements and system contributions, including redesigned patient pathways, team processes, externally funded innovations, and initiatives that maintained service continuity.

Conclusions
This study demonstrates an evolving and sustained impact of the ELP, with outcomes extending beyond individual capability gains to behavioural change and organisational benefits.

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Balancing assessment and learning: Understanding student motivation in ePortfolio

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Introduction
Despite evidence of ePortfolio benefits for reflection, critical thinking, and lifelong competencies such as self-regulated learning (SRL) (Eynon et al., 2017) and widespread adoption in health professions education, understanding of how they are best utilised as assessments remains unclear. In particular, there is limited empirical research into how learners experience ePortfolio tasks and how these experiences intersect with motivation, a key component of SRL. This case study addresses this gap by examining both the effectiveness of ePortfolios in developing SRL and the motivational factors that influence student engagement.

Methods
Twenty students across a speech pathology undergraduate program were interviewed, and their ePortfolios were analysed. Thematic analysis of interviews, using expectancy-value theory (Eccles & Wigfield, 2020) as a framework, explored student perceptions of the value of ePortfolios. Content analysis of their ePortfolios examined evidence of SRL in assessment activities.

Results
Content analysis revealed strong evidence of SRL competencies through the structured, programmatic activities of goal setting and reflective practice over the four-year program, demonstrating the ePortfolio's effectiveness in developing these critical skills.

However, thematic analysis revealed student motivation to engage with ePortfolio activities is often shaped by complex, sometimes competing tensions. Students experienced ePortfolios simultaneously as assessment, learning, identity formation and labour. This multiplicity can create tensions between ePortfolio as assessment, and ePortfolio as a space for authentic learning.

Discussion
This case study demonstrates that a well-designed ePortfolio can successfully build self-regulated learning competencies critical to becoming reflective practitioners. Yet, findings suggest that motivational tensions may be inherent to ePortfolio practice. This raises important questions about ePortfolio practice in general: How do we weave assessment rigour with learning authenticity? What strategies help students see value? How might student voices inform ePortfolio design? This session invites collaborative exploration of these questions.

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When bots answer back: Identifying bot-generated responses in health professional education survey research

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Introduction
Validity underpins survey-based research in health professional education, yet advances in artificial intelligence have introduced new threats to survey integrity. Automated robots ('bots'), deployed by human 'bad actors', compromise data by identifying and completing online surveys for financial gain, disruption or technical challenge. Drawing on a case study (Bonnamy et al., 2025), this presentation supports health professional education researchers to prevent, detect, and mitigate bot-related threats to survey validity.

Methods
We designed an online survey to explore what Australian and New Zealand health professional educators are teaching about the role patients and their family have in identifying and escalating acute deterioration. We incentivised participation with a $200 virtual gift voucher. We advertised the study through professional networks and social media. Within six days of opening the survey, more than 2000 responses were received, prompting us to suspend response collection.

Results
We estimated that 95% of the responses were bot-generated. Indicators for bot-generated responses included near identical responses, unrealistic completion times, and a propensity for survey responses to be provided overnight (local time). Despite implementing various strategies to guard against further bot interreference, we continued to receive hundreds of suspected bot-generated responses. We made the decision to abandon using the data for analysis and instead pursue other data collection methods.

Discussion
Unfortunately, our experience is increasingly consistent with that of other researchers who have had to abandon survey data collection due to validity concerns. Bad actors are constantly developing more sophisticated bots capable of mimicking human activity online, making it increasingly challenging for researchers to identify invalid responses. Based on our experience, we will present prevention, detection, and mitigation strategies to safeguard survey validity in an evolving digital landscape.

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The development and evaluation of a learning package and workshop on Electronic Medical Records for nurse academics.

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Introduction/Background

The widespread adoption of electronic medical records (EMR) has fundamentally transformed healthcare practice, with digital documentation replacing paper-based records across most clinical settings (da Silvia Tiago & Mitchell, 2024). Consequently, nursing education providers are responsible for ensuring graduates develop competent digital documentation skills. Although previous studies have explored nursing students' digital health capabilities, there is limited research examining nurse academics' preparedness to teach EMR content within undergraduate curricula. This study aimed to evaluate a learning package designed to prepare and support nurse academics to teach Electronic Medical Records.

Methods

Guided by Knowles' adult learning principles and a structured development model, an EMR learning package and workshop were developed for nurse academics. Following participation in the workshop, semi-structured interviews were conducted with 22 participants to evaluate the effectiveness of the learning package and workshop in supporting EMR teaching.

Results

Preliminary analysis identified three key themes: readiness to teach EMR, challenges associated with teaching EMR, and academic resources required to teach EMR effectively. Prior to the workshop, many participants reported reverting to teaching paper-based documentation due to limited skills and confidence in using EMR systems. Following the workshop, participants described increased confidence and perceived competence in teaching EMR to pre-registration nursing students. However, several challenges remained, including limited time to learn EMR systems, difficulties troubleshooting technical issues, and the absence of suitable or authentic EMR teaching platforms. Participants strongly recommended that EMR workshops be made available to all academic staff to ensure consistent upskilling.

Discussion

Consistent with previous quantitative research by Parrish et al. (2025), which reported that over 70% of nurse academics continue to teach paper documentation due to limited EMR confidence and exposure, this study highlights the importance of targeted professional development. The EMR learning package and workshop enhanced academics' confidence and knowledge, supporting improved EMR teaching and preparation of nursing students for clinical practice.

Keywords: Electronic medical records (EMR), nurse academics, pre-registration nursing students, nursing education, digital documentation

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Exploring experiences of Learning Advisors as part of a programmatic assessment approach: A Hermeneutic Perspective

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Background: Sydney Medical School introduced programmatic assessment as part of a new MD program in 2020, incorporating clinician Learning Advisors (LAs). Students were paired with an LA across their four years in the program, with the pedagogical intent to foster reflective practice, self-regulated learning, and professional identity formation. This study aimed to understand experiences of clinicians as LAs.

Methods: Clinicians from metropolitan and rural clinical schools who had served as LAs across the four-year MD program were invited to participate in semi-structured interviews, to explore and illuminate LAs' overall experiences, approaches to advising and relationships with students, and any role changes over time. Audio-recorded interviews were transcribed verbatim and analysed using reflexive thematic analysis, informed by hermeneutic theory to foreground LAs' interpretation of students' experience, meaning-making and reflexivity.

Results: Hermeneutic analysis of 12 interviews identified that LAs recognised students' contextual factors, which guided their approach to advising. They assisted students in navigating challenges associated with their context and helped students to step back from their immediate experiences and challenges to see the bigger picture. LAs reported that their advising approach evolved over time as relationships deepened and student needs changed as they progressed through the program. The LAs' approach was influenced by their self-awareness and reflexivity associated with their own experiences, learning style and biases. Epistemic humility varied between participants and further guided their approach to advising. LAs fostered connections by linking students with people and resources that enhanced learning and potential career goals, but felt less connected to other LAs.

Discussion: LAs valued the opportunity to guide students through their years in the program working towards becoming future doctors. This included developing an understanding of the student contextual factors and experiences. They perceived development of their role as an iterative, interpretive process, anchored in their own reflexivity.

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How clinical supervisors weave insights from supervision training into the fabric of their supervisory practice

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Introduction
High quality clinical supervision in health workplaces is fundamental to ensuring both learner and consumer safety. This necessitates recognising that clinical supervision is a distinct professional skill set that must be crafted over time. While various training initiatives exist to hone the craft of clinical supervision, limited evidence exists about how supervisors weave this training into their supervisory practice. This study sought to address this gap by examining how clinical supervisors apply learning from supervision training to their supervisory practice.

Methods
This exploratory qualitative study examined the perspectives of clinical supervisors from medicine, nursing and allied health to understand how supervision training influences their supervisory practice. Individual semi-structured interviews were conducted with 17 health professionals across the Northern Territory, three months after attending supervision training. Data were analysed thematically.

Results
Data analysis resulted in the development of five themes to understand how supervisors integrate learning into practice: 1) work and supervision experiences; 2) supervision conditions; 3) pedagogical approaches; 4) professional learning opportunities; and 5) knowledge translation experiences.

Discussion
Formal professional learning was experienced differently by participants, shaped, in part, by their supervision experience. For novice supervisors, the training introduced foundational frameworks which provided structure to their emerging practice. For supervisors with some experience, the training offered a shared language and rationale, bringing greater coherence to their supervisory approach. For highly experienced supervisors, the training affirmed and strengthened their existing practices.

Understanding how clinical supervisors weave newly acquired strategies into their supervisory practice following training can assist faculty developers to ensure professional learning is relevant for supervisors at all stages, and consider the influence of training beyond isolated learning events. This may involve cultivating a community of practice, supported by flexible, ongoing access to supervision training.

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A scoping review of the nature and influence of health professions educators' social networks

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Introduction
Health professions educators work alongside many individuals, including students, other educators and clinicians. While connections can facilitate an educator's transition and career, they can also constrain identity and growth. Understanding these relationships, and the social networks they sit within, would identify influential connections and make desirable relationships visible. This review mapped the current literature on educators' social networks and explored what is known about the nature and influence of the relationships within.
Methods
We conducted a scoping review, guided by Levac et al's[1] extension of Arksey and O'Malley's framework.[2] Six databases were searched for studies of health professions educators where relationships or social networks were a focus or finding. We used descriptive numerical analysis to examine the study characteristics and thematic analysis to explore the nature and influence of relationships.
Results
Preliminary findings are presented from 88 papers, reporting on 86 separate studies. Included studies primarily focused on educators in medicine and nursing in the United States. Four themes were developed – a metaphor of a gardener intentionally tending their garden to ensure a productive harvest was utilised to reflect the nature and influence of educators' relationships. The themes were (1) transplant shock, (2) diversity is desirable, (3) reaping what you sow and (4) thriving in an educational environment.
Discussion
Novice educators engaged in formal relationships and built tailored informal connections as their career progressed and development needs changed. The culture of education roles, like a garden's climate, also influenced how educators formed and utilised relationships. This review identified that educators' social networks and key players within are still not well understood, and the full extent of how educators leverage relationships is unknown. Further research should focus on the formation and structures of social networks to uncover how educators can weave connections to support their educational practice and career development.
300 words

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Educators' experiences and perspectives on teaching pharmacy law: A qualitative study

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Introduction
Laws regulate many aspects of pharmacy practice, helping ensure appropriate care is provided. It is important to teach pharmacy law effectively to students so they can practise legally. Given educators' experiences and expertise in teaching, their viewpoint can guide teaching of this topic. Therefore, this study aimed to investigate educators' experiences and perspectives to inform future teaching of pharmacy law.

Methods
A qualitative approach was utilised. Participants were recruited via purposive and convenience sampling, and one-on-one semi-structured interviews examining educators' professional backgrounds and teaching experiences were conducted. Zoom® was used to generate audio recordings and transcripts. Data analysis was conducted using Braun and Clarke's thematic analysis process and NVivo® was used to identify codes.

Results
Five themes emerged: philosophies around teaching, alignment of pedagogical approaches with learning goals, the nature of pharmacy law, factors restricting pedagogical approaches and experience in practice as a qualification. One teaching philosophy focused on law and one additionally incorporated ethics. Educators explained how they aligned pedagogical approaches with learning goals. Pharmacy law was reported to be viewed as dry, complex, unfamiliar and unimportant by students warranting strategies including case scenarios and content integration. University and faculty requirements and lack of time and staff affected teaching. Educators relied on practising as pharmacists to guide their teaching.

Discussion
Various considerations and experiences specific to pharmacy law education were identified, including the need to teach it in a way tailored for pharmacy students. Pharmacy law appeared to be insufficiently prioritised in pharmacy programs.

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A study on the link between near-peer teaching experience and professional identity formation for medical and health sciences students

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Introduction
Near-peer teaching (NPT), in which senior students teach junior students, has been implemented in various components of medical and health sciences curricula. Prior studies highlight benefits for tutors, including enhanced communication skills and improved self-perception. Given these advantages, further exploration of how NPT shapes the broader professional development of undergraduate students is warranted.

Methods
We recruited 19 NPT tutors from undergraduate medical and health sciences programmes offered by the Li Ka Shing Faculty of Medicine, University of Hong Kong. Individual semi-structured interviews were recorded, transcribed and then analysed thematically.

Results
Most participants recounted positive encounters with past tutors and noted that tutors better understand students' struggles because of their recent experiences. Most believed that the role of tutors is to consolidate fundamentals while introducing relevant clinical knowledge to strengthen understanding. Another widely shared view was the importance of inclusiveness and fostering psychological safety and collective cognition.

Some tutors struggled to engage students of differing confidence levels, while others faced scepticism. Such experiences affected certain tutors' self-esteem and motivation. These highlight a dissonance between holding student identity and developing their educator identity. Though all participants continued with NPT, some remained dependent on validation from authoritative figures.

Over half believed NPT provided a strong foundation for medical education careers. However, some expressed reservations, noting the need to juggle administrative work, research output and teaching duties.

Discussion
This study offers insights that inform strategies for supporting students who assume medical educator roles. NPT also serves as legitimate peripheral participation, gradually allowing tutors to integrate into the community of practice. This is particularly relevant to medical students, since doctors are expected to teach as stipulated by professional bodies. Future studies validating these findings in larger cohorts are warranted. Ongoing longitudinal follow-ups will uncover potential changes in tutors' personal challenges on uncertainty tolerance and perceptions of professional identity.

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Internship Preferencing in Senior Medical Students

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Background
At the end of their medical degree, medical students must apply for their internship and rank hospital networks. Many factors such as location, education, staff, mentorship, research, and additional training programs may affect how students rank their preferences. With the variety that we see in medicine, it can be difficult to standardize a student's clinical experience. While it cannot be promised that each medical student gets an equal taste of each network, we can work towards making the experience as unbiased as possible for the students.

Materials and Methods
This will be an exploratory qualitative study utilised individual semi-structured interviews with intern doctors. Data will be transcribed and analysed via inductive thematic analysis.

Results
After interviews are complete and data is transcribed, the researchers will amalgamate the data and translate into codes. The common codes will then be organized into themes.

Conclusions
This study will provide insight on tangible factors that affect final year medical students' decisions in internship preferencing. The study aims to provide results that will aid future research of medical education and training. This study will promote alternative approaches for future medical and healthcare team leaders to improve efficacy and long-term results of clinical training.

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Academic leadership in contested times and its implications for surgical education reform in Australia and Aotearoa New Zealand based on the United States experience

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Introduction/Background
Senior surgical leaders play a central role in governing health professions education and shaping future surgical workforces. In the United States, political and cultural contestation has destabilised long-standing professional norms relating to merit, equity, and social accountability. Drawing on Weberian sociological theory, which highlights the role of authority in maintaining legitimacy when shared norms are uncertain, this study examines how academic leaders support organisational change in such contexts. The aim was to explore how leadership practices and academic structures shape recruitment, training, and workforce planning in surgical education, and to identify lessons for faculty development and workforce reform in Australia and Aotearoa New Zealand (AoNZ).

Methods

Thirty-six semi-structured interviews were conducted with senior academic leaders responsible for undergraduate and postgraduate surgical education in twelve U.S. institutions. An adapted elite interview approach was used to elicit strategic perspectives from individuals with organisational authority. Interviews were supplemented by document analysis, site visits, and conference observations. Data were analysed thematically, informed by Weberian sociology.

Results
Participants described being in a period of uncertainty in academic medicine, characterised by political contestation of equity initiatives and increased scrutiny of professional legitimacy. Leaders adapted to maintain organisational coherence through three interrelated practices: (1) *narrating change* by translating contested sociopolitical debates into professional and educational terms; (2) *shaping the profession* through decisions about admissions, recruitment, promotion, and workforce planning aligned with population health needs; and (3) *sustaining professional community* through communication, mentorship, and participatory leadership to maintain trust and engagement.

Discussion
These findings position adaptive leadership as a core capability during social change. For Australia and AoNZ, where surgical workforce reform, training expansion, and redistribution are ongoing, the U.S. experience highlights the importance of supporting surgical education leaders to rearticulate professional purpose in ways that connect to community, sustaining public trust and equitable health outcomes.

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Integrating study and life: Student support for flexible medical curriculum design in graduate-entry medical education

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Introduction/Background
Medical students report high stress, anxiety, and reduced wellbeing. Alongside academic demands, financial pressures, caring responsibilities, disability, and chronic illness are contributing factors. Flexible course design is increasingly promoted to support student wellbeing; however, the prevalence and impact of external commitments among graduate-entry medical students remain poorly characterised. This study aimed to identify students' external commitments, examine their perceived impact on student engagement with course requirements, and capture student recommendations for course reform to improve wellbeing and work-life integration.

Methods

Questions on external commitments and perceived impacts on learning were included in the 2025 online end-of-year survey distributed to MD students at the University of Sydney. Fixed-response items examined employment patterns, caring and parental responsibilities, and disability/illness. Free-text responses explored perceived impacts on students' ability to meet course requirements and suggestions for course design. Quantitative data were analysed descriptively, and qualitative comments were thematically reviewed to identify impacts on successful course engagement.

Results

Responses were received from 476 students (56% response rate). Half reported employment commitments, higher in the early years (55%) compared with final year (42%). Among employed students, 38% worked more than 10 hours/week, including 10% working >16 hours, with approximately half employed in health-related roles. Carer responsibilities were reported by 11% of students, with more than half indicating a negative impact on their studies. At least 20% of students in each year reported a disability or medical condition affecting learning, exceeding formal reports. No gender differences were observed. Commonly reported challenges included inflexible timetabling, fatigue, medical appointments, and limited institutional flexibility.

Discussion

Our findings highlight the structural mismatch between traditional medical curricula and lived realities of graduate-entry students. This challenges assumptions of full-time availability, especially for graduate students with fluctuating or intersecting needs. Flexible curricula design is a student-suggested method to support wellbeing and learning engagement.

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Interventions for preventing and treating mental health symptoms amongst medical students: a systematic review and meta-analysis of controlled intervention trials

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Background: Medical students experience elevated rates of depression, anxiety, stress, and burnout compared with age-matched peers. Numerous interventions have been developed to address this burden, yet the evidence base remains fragmented. This systematic review and meta-analysis synthesised controlled trials evaluating interventions to prevent or treat mental health symptoms in medical students.

Methods: A comprehensive literature search was conducted in MEDLINE, PsycINFO, and Embase from inception to February 2025. Eligible studies were randomised (RCT) or non-randomised controlled trials (nRCT) evaluating interventions targeting depression, anxiety, stress, burnout, or wellbeing in medical students. Two reviewers independently screened records, extracted data, and assessed risk of bias using RoB 2 and ROBINS-I. Random-effects meta-analyses were conducted for outcomes reported by at least two comparable studies.

Results: Fifty-six studies published between 1985 and 2024 met inclusion criteria (49 RCTs; 7 nRCTs). Meta-analyses showed a moderate, statistically significant reduction in anxiety symptoms favouring interventions (SMD = −0.54, 95% CI −0.72 to −0.36; I^2 = 82.7%; 30 studies) and a small-to-moderate reduction in depression (SMD = −0.32, 95% CI −0.40 to −0.23; I^2 = 48.8%; 20 studies). Interventions were associated with a moderate-to-large reduction in stress (SMD = −0.65, 95% CI −0.89 to −0.41; I^2 = 79.5%; 16 studies). For burnout, pooled effects were not statistically significant (SMD = −0.20, 95% CI −0.57 to 0.18; I^2 = 83.7%; 11 studies). Wellbeing improved moderately following interventions (SMD = 0.51, 95% CI 0.19 to 0.83; I^2 = 72.3%; 6 studies). Heterogeneity was moderate to substantial across outcomes, reflecting diversity in intervention types and delivery formats.

Conclusions: Interventions can modestly reduce common mental health symptoms in medical students, with the strongest evidence for anxiety, depression, and stress. These findings support wider implementation of evidence-based interventions in medical education and highlight the need for more rigorous trials with longer-term follow-up.

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Weaving learning into work – Interns' perspectives during their first year of work using longitudinal audio diaries

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Introduction/Background

The move from medical student to doctor is recognised as a major transition, particularly from primarily learning to primarily working to deliver healthcare in busy clinical environments. In 2025, Australia instituted a National Framework for Prevocational Medical Trainees (PGY1-2) to provide general experience via rotations through diverse special=es, and the introduction of 4 broad entrustable professional ac=vi=es (EPAs). As there is liYle published research, we wanted to understand more about how new doctors navigate learning-at-work in this new context and the role EPA assessments may play in this.

Methods

We conducted a longitudinal study to gather insights from a group of interns on their experiences of learning-at-work across their first year in a major metropolitan health service. We invited interns rostered to work in at least 3 clinical units undertaking EPAs (as EPAs were introduced via a staged rollout) between March-December 2025 (Term 2-5 inclusive).
Insights were gained via individual interviews at the start and end of the study, plus short self-recorded audio diaries recorded early and late in each term. Transcripts were analysed using thema=c analysis.

Results

Data were collected from 12 selected participants from 30 invited. We developed three themes: 1) Cra]ing individual learning journeys, 2) Weaving learning into
work, and 3) Unravelling the spectrum of emotions experienced in learning. Each theme described enablers and barriers, which ebbed and flowed over =me. This presentation will expand upon our preliminary analysis in relation to each of the three themes.

Discussion
This research offers valuable insights into learning experiences of interns during their first year as a doctor. It highlights how workplace learning is influenced by personal, environmental (structured and impromptu), and supervisory factors. Consequently, practical contemporary strategies can be developed based on these results and shared to promote learning amid clinical practice

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Managing a critically bleeding child: Using knowledge and skills in unfamiliar circumstances

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Introduction:
Current education activities on paediatric anaesthesia crises focus on teaching generic and role-specific knowledge and skills ("competencies") for managing critical situations, such as major haemorrhage. However, competency-based education may not be sufficient to prepare healthcare workers to manage crises, as it neglects "capability", the ability to apply learning in "unfamiliar, complex and changing circumstances" **[1].** The aim of this study was to explore competencies and capabilities identified by paediatric anaesthetic teams when managing major haemorrhage in the workplace.
Methods:
The study design is grounded in constructivist ontology and epistemology. Anaesthetists, fellows and nurses from our department were invited to participate in a workshop on paediatric major haemorrhage and a recorded post-workshop focus group on experiences in managing paediatric major haemorrhage in the workplace.
A framework for describing professional competencies and capabilities had previously been used in healthcare education **[2]** and data were analysed using this capability framework by the principal investigator and another experienced education researcher.
Results:
Twenty-three participants were recruited to three workshops and post-workshop focus groups.
Participants valued existing role-specific knowledge and teamwork skills. They repeatedly emphasized the rarity of paediatric major haemorrhage in real practice and felt that a lack of familiarity negatively affected competence.
Participants believed the unpredictability of these clinical situations increased stress and decision-making complexity. They also felt management strategies for streamlining processes and interpersonal interactions could optimize team performance. They identified interpersonal interactions as particularly important, recognising the skills and support provided by a well-functioning team, the negative effect of mistrust on teamwork, and the differing priorities between disciplines on the use of blood products.

Discussion:
Challenges affecting competencies and capabilities were identified in the management of paediatric major haemorrhage. These included unfamiliar clinical situations and personnel, and different epistemologies between disciplines. The findings are significant as future team-based education activities can be tailored to address these challenges.
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Defining the Role and Educational Preparation of Nurses in the “In Charge” Position: A Scoping Review

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Introduction/Background

Nurses performing the in-charge role provide frontline clinical leadership in acute hospital settings and are central to safe and efficient unit functioning. Despite the complexity and responsibility inherent in this role, nurses frequently assume in-charge responsibilities with minimal formal preparation or specialised leadership education. International variation in role titles, scope of practice, and educational pathways contributes to role ambiguity and inconsistent expectations. Inadequate preparation for the in-charge role has been associated with reduced confidence, lower job satisfaction, and potentially poorer patient outcomes. Understanding how nurses are prepared for this role is essential to inform the development of effective educational strategies. The aim of this review was to explore the educational preparation for acute hospital nurses performing the “in-charge” clinical leadership role.

Methods

A scoping review was conducted using Arksey and O’Malley’s framework[1] and reported in accordance with the PRISMA-ScR guidelines[2]. CINAHL, MEDLINE, Scopus, and Embase were searched from inception to December 2024. Studies examining nurses performing in-charge, charge nurse, shift coordinator, or equivalent frontline clinical leadership roles in acute hospital settings were included.

Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop)Results/Evaluation/Aims

Fifty-eight studies met the inclusion criteria. Significant variation was identified in role terminology, responsibilities, and expectations across clinical settings and countries. Educational preparation was often developed reactively and lacked an evidence-based set of core skills or capabilities specific for the in-charge role. Additionally, there was scant evidence on the in-charge role in the critical care context.

Discussion

There was a clear disconnect between the complexity of the in-charge role and the educational preparation typically provided. Greater role clarity and the development of context-specific, structured education may better support nurses undertaking in-charge responsibilities and contribute to workforce confidence, sustainability, and patient safety across acute care settings.

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Exploring the academic and communication needs of international health profession students

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Introduction/Background
International students in health profession disciplines face intersecting academic, cultural, social, and practical barriers that shape their transition and success at Australian universities. This research aimed to identify key academic, social, cultural, and practical challenges and to understand unmet needs and lived experiences.
Methods
Two complementary studies explored international student experiences in the College of Nursing and Health Sciences at Flinders University. A qualitative study involved focus groups with 18 international students examining transition experiences, learning and assessment, placement expectations, communication challenges, and access to support. A quantitative survey of international postgraduate health professions students investigated academic communication challenges, lecture comprehension, and academic literacy needs. Both datasets were analysed thematically and descriptively, with student perspectives guiding interpretation and development of recommendations.
Results
Students described difficulties navigating university systems, academic language demands, unfamiliar teaching norms, placement-related stress, social isolation, and housing and financial precarity. Support services were often perceived as reactive, culturally mismatched, or difficult to access. Enablers of success included peer connections, culturally responsive staff, targeted academic assistance, and proactive guidance. Survey findings (n=40) showed that most CNHS students experienced difficulty with lectures, with 68% (n=27) reporting challenges following spoken instruction, including fast speech, varied accents, and technical terminology. Students also reported high difficulty reading academic articles (77%, n=31) and writing essays (73%, n=29). More than half (58%, n=23) indicated a strong need to improve English skills for academic success. Many students reported anxiety contributing verbally, hesitation in group work, and challenges expressing complex ideas.
Discussion
Findings highlight the need for earlier, culturally responsive, relational models of support and the importance of co-design with students. Recommendations include enhanced pre-arrival orientation, clearer academic communication, expanded academic literacy and discipline-specific communication support, use of AI-supported learning tools, improved placement preparation, staff training, and structured peer engagement to strengthen social integration and belonging.

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Embedding mental health early in physiotherapy: a pre–post evaluation of a lived-experience-enhanced workshop for second-year students

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Introduction/Background
Physiotherapists routinely encounter clients experiencing psychological distress, trauma, or suicidality in their practice, many report limited preparedness and confidence supporting clients with these issues. Strengthening early-year training in recovery-oriented practice, trauma-informed care, and mental-health communication may better equip graduates for person-centred care. In response, a targeted mental health module was introduced for second-year physiotherapy students, integrating Mental Health First Aid (MHFA), therapeutic communication, and lived-experience into teaching of mental health.

Methods
A mixed-methods pre–post evaluation was conducted using anonymous online surveys before and after delivery of the module. Likert-scale items (1–5) assessed knowledge, confidence, and attitudes; open-ended questions explored perceived impact and areas for improvement. Quantitative descriptive statistics and paired effect sizes were calculated. Qualitative responses were coded inductively.

Results/Evaluation
Pre-survey responses were received from 24 students and post-survey responses from 4 students, with 2 matched pairs. Despite small, matched numbers, both paired and unpaired trends showed meaningful improvements across knowledge and confidence indicators. Average pre-module scores for understanding the physiotherapist's role in psychological distress (3.1) increased post-module (4.8). Confidence initiating mental-health conversations rose from 3.2 to 4.5, and comfort discussing mental health increased from 3.5 to 4.8. Paired composites showed increases in knowledge (+1.75), confidence (+1.17), and supportive attitudes (+1.10). Belief in physiotherapist's role in suicide prevention and clarity around scope demonstrated the largest gains. Qualitative feedback highlighted the value of the lived-experience session, noting it as the "most impactful" component. Students requested more interactive discussion and less slide-focused delivery in practical activities.

Discussion
Preliminary findings indicate a brief, integrated mental-health module can substantially enhance early-year physiotherapy students' knowledge, confidence, and attitudes. Lived-experience and co-design of teaching appear particularly influential in shaping students' understanding and reduce stigma. Future iterations will increase opportunities for peer discussion and experiential learning, alongside strategies to strengthen response rates and longitudinal follow-up.

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Fostering clinical reasoning through a digital escape room approach

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Introduction:
Clinical reasoning (CR) is a core physician competency, yet its acquisition is largely implicit. Supporting medical students to effectively formulate and interpret clinical information is particularly critical for developing sound CR skills. We designed a knowledge-integrated digital escape room to support CR development among medical students undertaking longitudinal rural placements and evaluated its acceptability and perceived learning impact.

Methods:
Escape room scenarios were based on Murtagh's framework of clinical reasoning. The design was informed by AMEE guidelines and incorporated logical progression, clear objectives, and curricular integration. The digital platform was pre-tested and refined. All facilitators received formal training. A mixed-methods evaluation was conducted to assess the intervention's acceptability and educational impact, aligned with Kirkpatrick's levels one (reaction) and two (learning). Post-intervention survey data were analyzed using descriptive statistics and thematic analysis in conjunction with student and facilitator focus group data. Interpretation was informed by recognised frameworks of learning, clinical reasoning, and practice-based learning in the health professions.

Results:
Sixty-four medical students participated in small groups, completing puzzles embedded within clinical cases, supported by structured briefing and debriefing sessions. More than 90% of survey respondents (n=58) reported positive engagement and perceived the activity as beneficial. Cognitive scaffolding, gamification, and peer interaction enhanced learning and engagement. Case-specific knowledge gaps and individual thinking styles occasionally constrained collaborative thinking, and some participants reported usability related distractions associated with the digital interface.

Discussion:
This escape room approach enables a flexible sociomaterial environment for learning, fostering an effective community of inquiry around clinical reasoning. Variations in students' knowledge and thinking styles signify content-specificity in clinical reasoning and idiosyncratic nature of experiences and trajectories of learning at health professions' workplaces. Purposeful and repetitive exposure to different scenarios and adaptive facilitation may be key to optimizing the escape rooms for clinical reasoning development in emergent learners.

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Escaping into medicine: A medical escape room for experiential health careers learning

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Introduction/Background
Engaging secondary school students in meaningful exploration of health careers remains a challenge for university outreach programs, particularly when activities rely on passive or observation-based learning. Experiential and game-based approaches may offer greater engagement and authenticity by enabling students to apply concepts and experience aspects of professional practice. The development, implementation, and evaluation of a medical escape room to introduce Year 10 students to medicine and health care within a university-based career immersion program will be presented.

Methods
A simulation-based medical escape room, The Case of the Collapsed Camper, was delivered within the health stream of a five-day residential outreach program for students from regional, rural, and remote Queensland. Working in small teams, participants assumed the role of junior first responders and progressed through five themed stations covering vital signs assessment, basic life support, infection control, clinical investigation, and diagnosis. Each station required collaboration, problem-solving, and clinical reasoning to uncover clues that led to a final treatment decision. The session was facilitated by health academics. Evaluation data were collected via post-program surveys using a five-point Likert scale and open-ended qualitative feedback.

Results/Evaluation
The escape room achieved the highest satisfaction ratings among all Health discipline sessions, with 90.91% strongly agreeing and 9.09% agreeing that the activity was interesting and informative. Qualitative feedback consistently highlighted the activity's interactive, hands-on nature, with students describing the session as engaging, enjoyable, and helpful in understanding what studying medicine entails. Facilitator observations indicated high levels of teamwork, sustained engagement, and active participation across all groups.

Discussion
This initiative demonstrates the value of gamified simulation as a teaching and facilitation strategy in pre-tertiary outreach contexts. Medical escape rooms can support active learning, foster collaboration, and provide an accessible introduction to health professions. Such approaches are evidenced enhance student engagement, demystify medical education, and inform more informed decision-making about future study pathways.

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How simulation is taught and assessed in Intensive Care: A review of current educational practice

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Introduction/Background
Simulation is widely used in Intensive Care (ICU) education to build clinical capability, support decision-making, and strengthen team-based practice. However, educators lack consolidated evidence describing how simulation is currently designed, facilitated, and assessed in ICU workplace learning environments. The aim of this review was to map current educational practice in adult ICU simulation to clarify how simulation is being used for learning and assessment, and to identify implications for educators, facilitators, and curriculum design. Understanding these patterns is essential for strengthening teaching quality, supporting multidisciplinary learning, and enhancing workforce readiness in high-acuity settings.

Methods
Using the JBI scoping review methodology, multiple databases were searched for studies describing simulation-based education (SBE) for learning or assessment in adult ICU contexts across all health professions. Eligible studies reported on simulation occurring within or relevant to ICU practice environments. Data extraction enabled descriptive analysis and synthesis focused on simulation contexts, facilitation and participation, scenario design, and learning and assessment outcomes.

Results/Evaluation/Aims
Seventy-two studies were included from 7,761 records. Most studies were single-profession and quantitative, with nurses and doctors predominating as participants and facilitators; multidisciplinary design, involvement and reporting were inconsistent. Facilitator preparation and qualifications were rarely reported, highlighting potential gaps in faculty development. Learning outcomes concentrated on technical skills, communication, teamwork, and preparedness for high-risk clinical care. Scenarios frequently addressed airway, haemodynamic instability, sepsis, and ECMO. Studies conducted during the COVID-19 period demonstrated simulation's adaptability for rapid onboarding, evolving protocols, and emergent decision-making, strengthening its role as a flexible, practice-integrated learning modality.

Discussion
Simulation in ICU education enhances clinical capability and team performance, but the review highlights critical gaps that limit its educational impact. Sparse reporting of facilitator preparation obscures how teaching quality is supported, while limited multidisciplinary involvement restricts opportunities for shared learning in complex care environments. Improving design intentionality, supporting facilitator development, and embedding structured assessment can better link simulation to real ICU practice, enhancing workforce readiness and patient safety.

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Clinical scenario influences cognitive load more than simulation type: comparing actor-led and peer-led simulation in physiotherapy education

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Introduction/Background
Simulation is increasingly used in physiotherapy education to supplement clinical placements. While traditionally using professional actors, peer-led simulation using senior students offers a cost-effective alternative with potential near-peer learning benefits. This study examined whether simulation type (actor versus near peer) or clinical setting (acute hospital versus community) had greater influence on first-year students' cognitive load and learning experience.

Methods
Using a 2×2 crossover design, 113 first-year physiotherapy students (84% of cohort) completed two simulation sessions across consecutive days, experiencing both actor-led and near-peer-led simulations in either acute or community settings. Third-year students served as simulated patients alongside paid professional actors. Cognitive load was measured using the Paas Mental Effort scale and NASA Task Load Index. Mixed-methods analysis combined quantitative surveys (n=109, 96% retention) and qualitative thematic analysis.

Results
Clinical setting had substantially larger impact on cognitive load than simulation type. Community simulations produced significantly higher mental effort (M=7.19 vs 6.61, d=0.45) and frustration (M=4.23 vs 3.22, d=0.66) than acute simulations, regardless of whether actors or peers portrayed patients. Simulation type (actor or peer) showed minimal effect (d=0.02). Despite higher stress, students rated community simulation highly effective and desired more such experiences. Acute near-peer simulation produced lowest frustration and highest perceived performance. Students valued peer feedback as constructive, specific, and relatable, citing peers' recent clinical experience as a key strength.

Discussion
Findings challenge assumptions that peer-led simulation reduces cognitive demand compared to actor-led approaches. Clinical setting or scenario complexity emerged as the primary driver of cognitive load. The pattern of high challenge yet high perceived value exemplifies 'desirable difficulty'. Both simulation types offer distinct advantages: actors provided more realistic portrayal while peers deliver more valued, relatable feedback. Findings support strategic implementation of both approaches in curricula, with attention to setting complexity when designing pre-placement preparation.

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Embedding simulation in a pre-registration speech and language therapy degree programme: sharing the learning

Dr. Rena Lyons[1], Ms. Margaret Rodden[1], Ms. Siobhan Ward-Lynch[1], Ms. Rachel O'Dea[1], Ms. Lucy McMahon[1]
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Introduction/Background
Clinical placement capacity remains challenging for pre-registration programmes for health and social care professions. Simulation is used both to address placement shortages and to provide high quality learning experiences that support the development of clinical competencies. Although simulation has a strong evidence-base and has been used widely in medical and nursing education, its use in speech and language therapy education is relatively new. In this paper, we will outline how the team embedded simulation in a pre-registration speech and language therapy programme drawing on implementation science.

Methods
In 2020, the team attended training on simulation from experts in simulation in speech and language therapy (Hill et al.,2021) and implemented the first iteration of simulation in 2021 with final year students. Since then, simulation experiences have been embedded in years one, two and three of the programme. The team has explored students' experiences and satisfaction with simulation using the Satisfaction with Simulation Experience Scale (Levett-Jones et al., 2011) (n=67) and through qualitative interviews (n=6) as well as through student and staff feedback.

Results
Quantitative findings indicated overall positive satisfaction with simulation-based learning, particularly with debriefing and reflection. In the qualitative analysis, students valued repeated, experiential practice and educator-led feedback, which supported the development of confidence and competence. However, reduced authenticity, limited exposure to complex and a range of client groups and large group format were perceived as barriers to preparedness for clinical placements. Implementation of simulation is also resource-intensive and challenging to sustain with a small team.

Discussion
Simulation has been embedded in a pre-registration speech and language therapy programme. While feedback from stakeholders is positive and simulation is valued, there are ongoing challenges with the implementation process.

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Preparing Medical Students for Complex real-world Problems in Healthcare: A Qualitative exploration of learner experience with Planetary Health

Dr Nara Jones[1,2,3], Associate Professor Kathryn Ogden[1], Dr Svetlana King[3], Associate Professor Julie Ash[3]

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Introduction

Complex real-world problems increasingly pose challenges for global and public health. Planetary health is an emerging field encompassing a number of these problems including biodiversity loss, climate change, pollution, and sustainable healthcare. The magnitude and complexity of these problems can be overwhelming and lead to inaction and avoidance. Learners need preparation to manage the impacts on patient health and promote sustainable healthcare. Despite efforts to embed planetary health into existing curricula, little is known about how medical students respond. This study sought to address this by answering the research question: *How do medical students navigate and make sense of complex topics such as planetary health, while managing potential overwhelm in their learning process?*

Methods

This qualitative study used constructivist grounded theory methodology. Data were collected via semi-structured interviews (n= 13) and focus groups (n= 1) with medical students following planetary health teaching. Data were coded through a process of constant comparison, allowing synthesis of categories and themes, forming provisional theory about students' responses and how to address identified challenges.

Results

Students' responses to planetary health education were defined using three overarching themes: Barriers, including emotionally-laden topics and politicalisation of planetary health; Motivators, including a sense of responsibility, relevance and solutions; and Enablers, including role models, discussion fora, and curriculum integration.

Discussion

Understanding the relevance of planetary health to healthcare is fundamental to cultivating learner motivation. A sense of responsibility to act is influenced by learners' and educators' professional and personal identity. Emotional distress is possible and may lead to topic avoidance, thus fostering psychological safety and solution-oriented approaches may help maintain a sense of hope.

Our research offers insights into how medical students experience planetary health education. A conceptual framework will assist educators to support students and prepare them to manage complex, real-world problems as practitioners.

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Embedding simulation into medical education: a spiralled approach to developing critical skills for recognising and responding to the deteriorating patient.

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Abstract
Recognizing and responding to the deteriorating patient is a critical competency for junior doctors, as outlined in the Australian Medical Council (AMC) graduate outcomes. This skill set, encompassing patient safety, emergency response, escalation of care, and teamwork, is often developed through experiential learning. Simulation-based education provides a unique opportunity for immersive and reflective learning in a safe environment[1]. This presentation outlines the development and evaluation of a spiralled simulation program designed to build these essential competencies over four years of medical education.

Methods
Part 1: The program was designed to align learning objectives with AMC graduate outcomes. New simulation content was developed for Year 4 students, while existing Year 1 - 3 simulation activities were mapped and integrated into a cohesive curriculum.
Part 2: Evaluation - Questions were included in the end of year (EoY) survey distributed to MD students for Year 3 and Year 4 students (2023–2025 cohorts). Quantitative data were analysed using descriptive statistics, and qualitative feedback was reviewed for recurring themes.

Results
Student feedback consistently highlighted the value of simulations in building confidence and competence in managing deteriorating patients. Repeated themes included appreciation for the safe learning environment, opportunities for skill consolidation, and requests for increased simulation exposure. Results have demonstrated a positive correlation between simulation-based education and student confidence, with Year 4 (2024) students reporting increased confidence compared to their Year 3 evaluations (87%, 140/161 students surveyed)

Discussion
The program emphasized a shift in the use of simulation from topic-based (e.g., “approach to chest pain”) to skill-focused (e.g., “approach to the hypotensive patient”) to target the development of clinical skills, communication, and teamwork. The program’s progressive structure allows for skill development from basic frameworks in early years to advanced ward-based scenarios in Year 4. From students feedback, complementary learning sessions have been added to each year. Future evaluations will focus on the program’s impact on junior doctors’ perceived competency in clinical practice.

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Weaving Programmatic Assessment for Learning into an Outcomes-based Curriculum.

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Introduction/Background
Programmatic Assessment for Learning (PA), described by Van Vleuten and Schuwirth, offers a whole of curriculum approach to assessment which is well suited to clinical education. The development of a new clinical training program provided an opportunity to embed PA as the foundation of an outcomes-based curriculum. However, implementing PA required overcoming conceptual, structural, and practical challenges. Through a collaborative, reflective five-year process, two specialty programs have been defined, piloted, refined, and approved for implementation.

The challenges encountered, the solutions implemented, the key curriculum decisions and lessons that emerged are presented as an illustrative case study of educational change.

Methods
A working group comprising an education consultant, a project coordinator, and two clinician leaders reporting to a central governance committee, guided the curriculum development. Reflective practice informed iterative decision making, while stakeholder consultation shaped the evolving curriculum. Regular meetings supported shared understanding of PA, facilitated alignment of outcomes, content and assessment, and enabled the group to respond adaptively to emerging challenges across the development timeline.

Results/Evaluation
An outcomes-based curriculum underpinned by PA was adopted following extensive familiarisation with the training context. Early work included benchmarking against international programs, defining scope of practice and identifying priority content areas. A matrix aligning outcomes, content, learning approaches, and assessment processes was established to ensure PA was integrated from the outset. Ongoing consultation refined the curriculum structure, supported the development of educator resource strategies, and guided the design of an accompanying ePortfolio. The range of challenges, decisions, and adaptive strategies arising during development will be presented.

Discussion
Embedding PA into an outcomes-based curriculum was achieved through sustained reflection, collaboration, and responsiveness to context. This five-year development process delivered approved curricula, educator resource strategies, ePortfolio design, and associated accreditation and selection processes. Ongoing work will focus on embedding the PA model and evaluating its impact on trainee learning.

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Weaving together people, systems and curricula: insights from the first year of a new Competency Based Medical Education (CBME) curriculum implementation

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Introduction
In 2025, the Royal Australasian College of Physicians implemented new CBME curricula and supporting technology across eight vocational training programs. This system-wide change involved more than 5,000 trainees and educators in over 800 settings across Australia and Aotearoa New Zealand. Before implementation, broad stakeholder consultation shaped curriculum and technology design. In this early stage, evaluation focussed on readiness for, and fidelity of implementation, to inform ongoing improvement. This presentation will articulate key insights on navigating challenges, and activating opportunities to engage diverse stakeholders in curricula change, in the context of increasing workforce pressures.

Methods
Insights were derived from interviews and focus groups with 70 internal and external stakeholders, survey data, observation of curricula training sessions, regular project meetings, and member feedback.

Results
Implementing curricula change at scale showcases the critical connections needed between people, systems and the curricula. We found differences in preparation and engagement between and within internal and external stakeholder groups, impacting fidelity of the program design. Despite extensive change management activities, external stakeholders felt under-prepared and disconnected from the rationale and tools underpinning the new curricula, increasing the likelihood that learning and assessment activities would be approached as compliance rather than developmental activities. However, when trainees and educators formed strong connections – with each other, curricula teams, *and* the new curricula tools – this catalysed reflective practice, quality feedback, and early identification and support for remediation needs.

Discussion
This evaluation highlights clear opportunities to tailor communication and strengthen engagement, and deepen understanding of the new curricula. Building strong connections between people, systems and curricula is central to high-fidelity CBME implementation. Localised outreach, empowered champions and technology enhancements that support rather than distract from educational intent are promising strategies. We conclude by showcasing key learnings informing future plans.

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A Conceptual Framework for Programmatic Assessment in undergraduate Diagnostic Radiography education in Australia

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Introduction
Collaboration is essential for radiography research yet frequently falters due to misalignment rather than a lack of expertise or goodwill. Existing collaboration frameworks in health professions education often prioritise productivity, roles, or outputs. These models frequently overlook the specific contextual realities of radiography practice, such as hybrid practitioner-academic roles and high clinical workloads. This presentation introduces the Wavelength Framework. The aim is to reframe collaboration in radiography research as a question of alignment and fit rather than simple partner selection.

Methods
This work employed a narrative review methodology. We synthesized diverse literature from radiography, health professions education, and organisational scholarship. The analysis focused on identifying recurring patterns related to research engagement, workforce capacity, and professional identity. Through thematic analysis, we examined how structural and cultural factors influence the sustainability of research partnerships. These insights were integrated to conceptualize a discipline-specific framework for collaborative fit.

Results
The review process identified four interrelated domains that were seen to consistently shape collaboration experiences: pace, purpose, capacity, and positioning. The resulting Wavelength Framework articulates how alignment across these domains determines sustainability. Pace refers to the speed and rhythm of work. Purpose encompasses the diverse motivations driving engagement. Capacity addresses the fluctuating availability of time and resources. Positioning involves power dynamics and professional identity within the team. The findings suggest that collaboration strain often arises when expectations in these domains remain implicit or fail to adapt to changing clinical and academic pressures.

Discussion
The Wavelength Framework shifts the focus from "who-to-work-with" to "where-and-how do I fit". It provides a shared language for educators and researchers to negotiate expectations transparently. By explicitly addressing the dynamic nature of capacity and positioning, the framework supports reflective decision-making. This approach promotes ethical and sustainable research cultures that can withstand the complexities of the modern health workforce.

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Curriculum mapping for defensible assessment in the AI era: An action research study of educator sensemaking in a medical program

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Introduction: Generative artificial intelligence (AI) challenges the credibility of evidence of learning generated through unsupervised assessment tasks (1). In medicine, assessment must demonstrate that graduates have achieved outcomes required for safe practice. Curriculum mapping supports alignment between learning outcomes and assessment in complex programs (2); however, educator and facilitator needs for curriculum mapping during AI-responsive reform remain underexplored. This study aimed to develop and evaluate a faculty development approach for outcomes–assessment mapping and examine how action research supported facilitator capability-building.
Methods: A staff development workshop was implemented within a large Doctor of Medicine program undergoing university-mandated assessment reform. Educators and professional staff mapped course learning outcomes to assessment tasks, including consideration of secure and open assessment categorisation (3). An action research design supported iterative planning, delivery, observation, and reflection. Data sources included facilitator focus groups, participant surveys, workshop transcripts, mapping artefacts, and facilitator reflections. Survey data were analysed descriptively. Qualitative data were analysed using reflexive thematic analysis informed by Cultural-Historical Activity Theory and sensemaking theory, with triangulation across sources.
Results: Participant post-workshop survey responses (n = 19/25) indicated high acceptability and learning value. Most participants agreed that the workshop clarified the purpose of outcomes–assessment alignment (77.8%), that the mapping process was clear (83.3%), and that they felt confident applying mapping principles (88.9%). Qualitative findings showed that mapping functioned as a structured sensemaking activity, surfacing uncertainties about secure assessment evidence and constraints related to assessment ownership and feasibility. Across action research cycles, facilitators refined scaffolding, delivery strategies, and prompts supporting educator judgement.
Discussion: This study provides evidence that action research can strengthen faculty developer capability during AI-responsive assessment reform. Outcomes–assessment mapping workshops can function as professional learning interventions that surface system-level tensions and support informed, program-level assessment redesign in the AI era.

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Integrating Communication into Entry to Practice Curricula: Evaluating a Radiography Program

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Introduction/Background:
Contemporary healthcare education increasingly emphasises the development of person-centred practitioners who integrate technical expertise with effective communication in complex clinical environments. As healthcare delivery shifts away from a purely biomedical model, radiographers are positioned not only as imaging experts but also as compassionate professionals. Radiographic practice presents unique communication challenges, including brief patient encounters, limited clinical history, pre-diagnosis interactions when patient anxiety is high, and high-pressure, technology-rich environments. In response, experts in communication and radiographic practice implemented an innovative curriculum within the Radiography program at Monash University. The curriculum integrates tacit skills alongside technical competence. Co-designed by radiography academics and a linguist, it adopts a scaffolded approach combining theory and authentic simulations. Students progress from foundational skills (e.g., patient identification, positioning) to advanced trauma-informed and integrated workplace scenarios, supported by structured feedback to ensure alignment with clinical expectations and inclusiveness for diverse students.
Methods:
The program was evaluated using a mixed-methods approach. Independent clinical educator data comprised formative and summative assessments completed during students' clinical placement, alongside student-reported data including surveys, engagement ratings, and qualitative feedback. Descriptive statistics, content analysis, and thematic analysis were used.
Results/Evaluation:
Preliminary findings indicate positive trends in independent clinical educator assessments and student perceptions of the program. Educator data show improved student communicative performance compared with pre-implementation cohorts, while student feedback highlights increased confidence, preparedness for emotionally complex scenarios, and adaptive communication across diverse patient needs. Students reported high levels of satisfaction, psychological safety and engagement with the program.
Discussion:
This program is an evidence-informed model for integrating communication training in entry-to-practice health professions education. It demonstrates potential to enhance student learning, foster inclusive practice, and prepare students for complex clinical environments. By integrating communication and person-centred care with technical skills, the program is a benchmark for equipping health professions students for a holistic approach to clinical practice, promoting equitable, patient-centred care within healthcare curricula.

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Medical student education of health literacy: Where is it and what works?

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Background
Adapting information to the health literacy level of patients is a necessary skill for medical students. Developing capacity to communicate for different levels of health literacy enables practice of person-centred care and shared decision making. Providing information and education effectively for patients may also improve a patients personal health literacy level. Currently there is a significant gap in the understanding of how these skills are included in medical education. To address this, we aim to describe how health literacy has been taught to medical students to create professional responsiveness to health literacy in the literature, and where it is included within medical school curricula in Australia and New Zealand.

Methods
A systematic review of the literature was conducted to identify medical education interventions addressing health professional responsiveness to health literacy. Results from this review informed an anonymous survey sent to the 23 medical schools in Australia and New Zealand. This included questions regarding the inclusion of health literacy in the curriculum and assessment.

Results
A total of 3214 studies were identified. In all, 62 full texts were screened and 26 studies were included. Ten survey responses were analysed from the 23 medical schools in Australia and New Zealand. Overall, the findings show that there is heterogeneity in the approach to educational intervention and assessment for medical students to develop professional responsiveness to health literacy skills.

Discussion
This work has highlighted there is limited understanding of the type and efficacy of medical education required to develop medical students' skills to respond to different health literacy levels, and there is an inconsistent approach to education and assessment in Australia and New Zealand medical programs. Prioritising the health literacy content to include in medical education and objectively assessing skill development is important to ensure that education is effective at producing competent medical professionals.

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The experiences of midwifery lecturers and students who have used virtual reality as a teaching and learning tool

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Technology-enhanced learning has expanded rapidly in midwifery education, with virtual reality emerging as a promising innovation. Despite its increasing adoption, limited research has examined how virtual reality is experienced by both students and educators within undergraduate midwifery education. This research combined two complementary hermeneutic phenomenological studies, informed by Heidegger and Gadamer, to surface meaning from the lived experiences of participants who engaged with a virtual reality birthing scenario.

Data was generated by conducting one-to-one interviews with eight students from a Bachelor of Midwifery programme and a focus-group with seven lecturers. Transcripts were crafted into individual and collective stories to capture shared and unique meaning-making from participants experiences. Interpretive analysis employed Heideggerian concepts—Thrownness, the They, Fallenness, Authenticity, and Technology—and Gadamerian notions of Spiel/Play and perception to facilitate aletheia, or unconcealment.

Two interrelated phenomena emerged. Students articulated “Unseen and Seen Pressure”, describing how virtual reality supported skill development while simultaneously revealing visible and hidden pressures that shape their educational experiences. Their stories highlighted how immersive simulation can both illuminate and obscure aspects of clinical practice, influencing confidence, attention, and emotional response. Educators described “Expert Lens versus Novice Wonder” revealing that professional identity and level of expertise shaped perceptions of virtual reality’s fidelity and pedagogical value; non-midwife educators approached virtual reality with curiosity, while experienced midwives evaluated it against embodied clinical realities.

Across both groups, virtual reality was experienced as sufficiently “real” to elicit genuine responses, yet its educational potential depended on intentional scaffolding and integration into curriculum. Findings suggest virtual reality’s value lies not in perfect replication of clinical reality but in creating a transformative space of interpretive play where learners can safely explore, question, and develop emerging midwifery ways-of-being. Recognising how expertise and perception shape engagement can guide more effective integration and support for virtual reality in midwifery curricula.

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Exploring Immersive Virtual Reality as a Supplementary Training Tool in Entry-to-Practice Health Professions Education

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Introduction
Simulation-based education is central to preparing health professions students for clinical practice, yet traditional simulation practicals are resource-intensive, with staffing, infrastructure, and scheduling constraints. These limitations restrict equitable access to practice opportunities, particularly in entry-to-practice programs, highlighting the need for cost-effective, scalable approaches to support skill development and clinical preparedness. Immersive virtual reality (VR) offers a flexible supplement to traditional simulation by enabling repeated, low-stakes practice in a realistic, safe environment. VR is particularly suited to radiography education, allowing students to practise positioning, exposure, and image acquisition without radiation risk. Emerging evidence suggests VR can enhance learner confidence and preparedness. However, its educational value, feasibility, and integration into radiography curricula remain underexplored.
Methods:
This exploratory mixed-methods study involved first-year students enrolled in the Bachelor of Radiography and Medical Imaging (Honours). An intervention group (n = 10) participated in additional VR training sessions using a 3D immersive simulation platform (Virtual Medical Coaching Ltd), delivered for one hour every two weeks alongside standard simulation practicals. A comparison group (n = 10) completed traditional simulation only. Quantitative data were collected through pre- and post-intervention surveys measuring self-reported confidence across a range of technical skills. Qualitative data were obtained through a post-intervention focus group exploring students' learning experiences and perceived barriers and enablers to VR implementation.
Results:
Preliminary findings will report changes in self-reported confidence, engagement, and perceived preparedness for clinical practice across both groups. It is anticipated that while confidence will increase for all students, those with access to VR will report greater overall confidence in performing radiographic techniques. Qualitative analysis will provide insight into the perceived educational value of VR and practical considerations for curriculum integration.
Discussion:
This study contributes to understanding the role of immersive VR as a supplementary educational strategy in entry-to-practice health professions education, using radiography as a case example. Findings will inform evidence-based decisions about integrating VR to enhance learner confidence, support flexible and scalable practice opportunities, and strengthen pre-clinical preparation across a range of health professions curricula.

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What shall I wear today? Designing wearable systems for observing, supporting, and verifying student performance

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Introduction/Background
Ensuring assessment integrity in procedural and skills-based education is increasingly difficult in blended and distributed learning environments. Traditional approaches such as fixed cameras, self-recorded videos, or in-person assessments, are often intrusive, unreliable, or inaccessible, and may fail to authentically capture student performance in psychomotor or professional tasks. We describe an educational innovation in the form of a wearable first-person assessment capture system, developed to support equitable, transparent, and pedagogically meaningful observation of student learning.

Methods
This design-led innovative project builds on principles of authentic assessment, constructive alignment, and non-surveillant verification. ***Smart glasses*** *worn by students record real-time audio-video streams during practical, oral, or simulated clinical tasks, enabling assessors to observe via a secure dashboard. Integrated analytics provide transcription, fluency scoring, and attention estimation aligned to performance rubrics. In 2026, we aim to pilot this technology in health science and laboratory-based courses, using mixed-method evaluation to examine feasibility, user experience, and impact on assessment processes.*

Results/Evaluation/Aims
Indicators of success will include: (1) assessor confidence in evidence quality, (2) learner perceptions of fairness and usefulness, and (3) technical feasibility across educational contexts (e.g., clinical simulation, science labs, teacher practicum). Data will include survey and interview responses, system logs, and user feedback on a pilot deployment in a Year 1 health science cohort.

Discussion
This innovation has the potential to improve assessment integrity without increasing student anxiety or staff workload. We raise key questions regarding equity (e.g., glasses adaptation), data governance, and institutional scalability. We invite feedback on pedagogical, technical, and ethical dimensions as we move toward pilot implementation and collaborative development.

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Seeing Beneath the Surface: Using the Learning Glass to Integrate Clinical Examination, Anatomy, and Pathology in Second-Year Medical Education

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Introduction/Background
Second year medical students acquire large volumes of theoretical and clinical knowledge; however, integrating this learning across contexts can be challenging when content is delivered in different formats. Learning Glass is an innovative educational technology that enables visual explanations while maintaining educator presence. The project aimed to develop a series of Learning Glass videos to support history taking by integrating anatomical drawings to explain symptoms across body systems.

Methods
Five Learning Glass videos were produced, ranging from 19 to 32 minutes, covering cardiovascular, respiratory, gastrointestinal, neurological and general history taking. Each video focused on key history questions relevant to the system discussed using anatomical drawings to connect symptoms with relevant history taking questions. The videos were made available on the online learning environment for self-directed learning. Student engagement was evaluated using learning management analytics.

Evaluation
Analytics showed that, on average, 70% of students engaged with the videos with some accessing individual videos up to five times. Peak viewing occurred prior to aligned clinical skills sessions with additional viewing before assessments and exams. Informal student comments included, 'You explained things so well'. Engagement remained high for each new video in the series.

Discussion
These findings suggest that Learning Glass may be an engaging strategy for supporting integrated learning in medical history taking by making connections between anatomy, symptoms, and clinical questioning. While engagement analytics provide insight into usage patterns, further qualitative evaluation is required to explore learners' experiences and perceived impact on clinical reasoning and history taking confidence. If accepted, the presentation will share practical strategies for designing and recording Learning Glass videos to enhance effective delivery.

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Gamified and Virtual Collaborative Learning to Enhance First-Year Student Engagement and Belonging

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Introduction/Background
First-year students in science and health programs often experience challenges related to engagement, motivation, and sense of belonging during their transition to university study. Active, collaborative, and digitally-mediated learning approaches have been shown to support student engagement and peer connection (Gilani & Thomas, 2025). This project aimed to evaluate the impact of gamified and virtual collaborative learning on student engagement and belonging through the implementation of the following initiatives: ESCAPE LAB, a series of team-based games embedded in laboratory classes, and a Virtual Gallery that showcased peer-created assessment work.

Methods
A descriptive, cross-sectional evaluation design was employed across first-year Science and Health Sciences courses at the University of New South Wales (UNSW). Student perceptions were collected through standard end-of-course student experience surveys administered in Terms 1 and 2, 2025. Quantitative data were analysed using descriptive statistics, and qualitative responses were thematically analysed to capture students' experiences of engagement, learning, and peer interaction. Ethical approval was granted by UNSW HREAP (iRECS9159; iRECS9162).

Results
Across both initiatives, students reported high levels of engagement and perceived learning value. Among ESCAPE LAB respondents (n = 150), 86.7% agreed that the activities enhanced engagement, with qualitative feedback highlighting improved content reinforcement and peer connection. Evaluation of the Virtual Gallery demonstrated similarly positive outcomes, with 89.6% of students in a large cohort and 85.7% in a smaller cohort reporting the activity as engaging and valuable. Students described increased motivation, enjoyment, and a stronger sense of learning community.

Discussion
The findings provide evidence that low-tech, scalable gamified and virtual collaborative learning strategies can meaningfully enhance engagement, peer learning, and belonging in large first-year cohorts. The Virtual Gallery simulated a conference-style experience in a digital environment that was authentic and relevant to students' future professional practice. These approaches offer transferable, high-impact models for curriculum innovation across health education.

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The freedom to fail: Weaving ‘choose your own clinical adventure’ interactive narratives into paediatric medical education

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Introduction
In an artificial intelligence (AI) enabled world where knowledge recall is easily automated, assessment must shift towards capturing evidence of reasoning rather than just answers. Healthcare students often lack safe opportunities to practise high-stakes decision-making. To address this, we developed a "Choose Your Own Clinical Adventure" system using Meandrix (https://www.meandrix.com), an AI-assisted assessment platform designed to capture applied judgement through non-linear narrative scenarios.

Methods
Paediatricians mapped out acute clinical scenarios e.g. neonatal resuscitation, onto branching narrative structures. Unlike standard linear case studies, this platform emphasises "decision-weighted movement," where learner choices determine the trajectory of the clinical encounter. Currently piloted with Year 4 medical students, the evaluation prioritises the platform’s capacity to generate "defensible artefacts" of learning. Measures of success include traceable performance records (decision pathways), engagement metrics (voluntary replay behaviour), and student perceptions regarding psychological safety and the value of "safe failure."

Results
Preliminary pilot testing suggests the platform effectively captures applied judgement in a low-risk environment. Early feedback indicates that the "freedom to fail" reduces anxiety regarding real-world practice. We anticipate that the decision-weighted architecture will provide more robust evidence of clinical reasoning than standard knowledge checks. Comprehensive data regarding student engagement, decision-making patterns, and learning outcomes from the wider cohort will be collected in the interim and presented at the conference.

Discussion
With AI tools now capable of passing standard medical exams, educators can no longer rely on simple knowledge recall to verify competence. This project demonstrates that "choose your own adventure" scenarios provide a reliable alternative by testing how students apply knowledge, not just if they possess it. By capturing the specific decisions students make, we gain clear visibility into their clinical reasoning. This offers a scalable, low-cost way to provide high-stakes practice without the logistical burden of physical simulation centres.

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Building RESTORE: An Integrative Multi-Level Framework for Workforce Resilience, Psychological Safety, and Sustainable Thriving in Health Professions Education

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Background
Workforce wellbeing and sustainable performance are critical challenges in health professions education, driven by faculty shortages, intensifying workloads, emotional labour, and inequitable service demands. Traditional conceptions of resilience deployed in academic contexts have centred on individual coping and recovery, providing limited insight into the relational, regulatory, and structural conditions that shape sustained thriving. Psychological safety, the shared belief that team members can speak up and engage without fear of negative consequences, is linked to learning, adaptability, and performance, yet is unevenly cultivated in academic settings. There is a pressing need for integrative theory that articulates how leadership, organisational environments, and relational processes generate resilience as an emergent, system-level capability rather than as an individual attribute. This project developed the RESTORE framework to address these gaps, generating a comprehensive, multi-level model that elucidates the mechanisms that produce resilience and sustainable thriving in health professions education.
Methods
RESTORE was developed through a rigorous, international, interdisciplinary synthesis that combined integrative theoretical review, abductive reasoning, and iterative expert-informed refinement.
Relevant theoretical domains, including organisational resilience, systems theory, strength-based leadership, psychological safety, empowerment, trauma-informed practice, and the Job Demands–Resources model, were systematically mapped and analysed to identify recurring mechanisms and explanatory relationships. Cross-disciplinary literatures from organisational psychology, higher education, management science, and health professions education were synthesised using concept mapping, matrix crosswalks, and domain modelling. An abductive analytic approach facilitated iterative movement between theory and empirical patterns documented in prior research, supporting the development of explanatory propositions and mechanism clusters. Construct definitions and relational pathways were evaluated against criteria for high-quality theoretical frameworks, conceptual clarity, parsimony, coherence, explanatory adequacy, and applied relevance. Critically, the framework was refined through iterative consultation with an international network of scholars and practitioners in nursing and health professions education, organisational science, and workforce wellbeing. These expert dialogues provided cross cultural and cross-contextual insights, strengthening the generalisability, clarity, and practical utility of RESTORE while ensuring it resonates across diverse educational systems.
Results
The RESTORE framework conceptualises resilience as an emergent, thriving-oriented multi-level capability produced through the interaction of six interdependent components:

1. **Resilience** as an overarching capability encompassing anticipation, coping, and adaptive transformation.
2. **Empathy** as a relational mechanism enabling psychological safety and trust.
3. **Strength-based leadership** initiating engagement, empowerment, and recognition of contribution.
4. **Thinking/Timing** as regulatory processes aligning cognitive load, pacing, and institutional rhythms.
5. **Optimising capacity and capability**, addressing workload distribution, role alignment, and resource access.
6. **Empowerment**, both structural and psychological, supporting autonomy, shared decision-making, and voice.

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These mechanisms dynamically generate psychological safety, adaptive performance, engagement, and sustainable workforce functioning within academic organisations. RESTORE integrates relational, regulatory, and structural perspectives into a unified explanatory architecture that reframes resilience from an individual attribute to a system-level capability that supports thriving in complex environments.

Discussion

RESTORE advances health professions education scholarship by providing a coherent theoretical architecture that explains how resilience and sustainable thriving emerge from everyday organisational conditions and leadership practices. By elevating empathy and strength-based leadership as central relational mechanisms embedded within regulatory and structural contexts, the framework offers explanatory power for understanding how climates of psychological safety, learning, and adaptive performance are cultivated or inhibited. In doing so, RESTORE responds to longstanding critiques of individualised resilience models and aligns with global calls for relational, equity-centred workforce frameworks that can guide both research and practice

The framework's development through international expert collaboration significantly enhances its generalisability and applicability across contexts, while its integrative structure provides a foundation for empirically testable propositions. This work creates synergy between conceptual clarity and real-world relevance, enabling scholars and leaders to diagnose mechanisms and design targeted interventions.

Importantly, RESTORE has already informed subsequent empirical work, including the design of low-burden, co-designed leadership micro-interventions that operationalise key mechanisms such as psychological safety and strength-based leadership in academic teams. These follow-on projects translate RESTORE's theoretical mechanisms into actionable practices, illustrating the framework's practical utility and potential for generating sustained impact.

Conclusions

The RESTORE framework represents a major theoretical contribution to nursing and health professions education, articulating an integrative, multi-level model of workforce resilience, psychological safety, and sustainable thriving. Its development reflects a significant scholarly synthesis effort, international collaboration, and theory development that can meaningfully shape future research, organisational design, and leadership practices in education. This foundational work not only advances conceptual understanding, but also provides a robust platform for empirical testing, intervention development, and multi-site evaluation, with the ultimate goal of strengthening educational cultures and sustaining the health professions workforce

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Financial and psychosocial wellbeing impacts of compulsory fieldwork placements for occupational therapy students in Aotearoa New Zealand

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Introduction/Background
Fieldwork placements are a core component of health professional education and influence student wellbeing. In occupational therapy education in Aotearoa New Zealand, block placements are unpaid and often require students to relocate from usual study, employment, and support networks. Financial and logistical demands related to travel, accommodation, and disrupted paid work may affect financial security and psychosocial wellbeing. While international literature has explored placement-related wellbeing impacts, occupational therapy–specific evidence is limited, and no published New Zealand data exist. This study examined associations between the direct and indirect costs of fieldwork placements and occupational therapy students' financial and psychosocial wellbeing.

Methods
An online cross-sectional quantitative survey was completed by Year 2–3 occupational therapy students at a New Zealand tertiary institution following a four- or eight-week block placement in 2025. Data were collected on placement characteristics, costs, employment disruption, and psychosocial wellbeing indicators. Descriptive and inferential analyses were undertaken. Ethical approval was obtained.

Results
Ninety-nine students participated (response rate 55%). Most were required to relocate, with considerable variation in travel and/or accommodation costs across the cohort. Placement location and access to affordable accommodation and local supports were more influential than relocation distance. Longer placements were associated with greater difficulty securing affordable accommodation, higher financial strain, more negative impacts on health and wellbeing, and lower satisfaction compared with shorter placements. Increased loneliness and reduced access to support networks were common. Some used coping strategies such as borrowing money or foregoing essentials. Despite these challenges, most students reported overall satisfaction with their placement experience.

Discussion
Compulsory fieldwork placements impact occupational therapy students' financial and psychosocial wellbeing. Impacts varied by placement characteristics and available resources, highlighting how structural placement arrangements may shift financial burden onto students and affect equitable participation in health professional education.

Keywords: Occupational therapy education, Fieldwork placement costs, Financial stress, Student wellbeing

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Cross-sectional study on the Long-term Outcomes of a Peer Mentoring Program in Medical School

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Introduction/Background

There is strong evidence supporting the short-term academic, professional, communication and psychosocial benefits of peer mentoring in medical school for mentees and mentors. The long-term outcomes of peer mentoring in medical school remain unclear and have not been well described in the literature. The aim of this study is to explore the long-term outcomes of participating in a peer mentoring program during medical school, as well as exploring the barriers and facilitators. This will allow program optimisation and the development of future research.

Methods

A mixed methods cross-sectional study design will be utilised. Participants with a minimum of 24 months experience in the Royal Melbourne Hospital Clinical School Peer Mentoring Program as a mentee, mentor or both, will be invited to complete a questionnaire and participate in online semi-structured one-on-one interviews. The inclusion criteria of 24 months was chosen to explore sustained and longer-term outcomes of participation. The questionnaire will capture baseline demographic data and information regarding mentee/mentor relationships, perceived benefits of the program, the impacts on clinical skills and psychosocial wellbeing and the overall impact of the Royal Melbourne Hospital Clinical School Peer Mentoring Program. The interviews will explore participants' experiences, the nature of their mentee/mentor relationships and perceived long-term benefits of the program, as well as facilitators, barriers and suggestions for program improvement. Recruitment will be achieved through snowball sampling and identifying data will not be available in reports, with each participant being allocated a numerical ID.

Results

This study is ongoing, with preliminary findings to be presented.

Conclusion

To the best of our knowledge, this will be the first study to explore the long-term outcomes of peer mentoring in medical school. The findings will guide and optimise future peer mentoring programs, providing medical students and doctors with the tools for success.

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Safe to Learn: Stakeholder Insights from the HOTSPOTS Kete

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Introduction

Bullying, discrimination and harassment (BDH) are workplace risk factors with consequences (wellbeing, error and attrition), which can occur in clinical training environments. BDH is likely under-reported, and most tools focus on identification and not action. Auckland Medical Programme developed and implemented a system, HOTSPOTS, to tackle BDH in 2019. We adopted a preventative approach, facilitating support, enabling action and engaging organisational leadership.

A retrospective formal evaluation of the first four years aimed to; (a) review the system through document analysis and stakeholder interviews, (b) identify enablers and barriers to implementation, (c) produce an implementation manual, & (d) prepare for transfer.

Methods

A multi-method implementation evaluation was undertaken. One data collection method used was stakeholder interviews (focus groups or individual interviews). Data were analysed qualitatively using Gale's Framework method (1), with Carroll's implementation framework (2) used deductively for initial coding (Adherence, Stakeholder Responsiveness, Dosage, Quality of Delivery and Differentiation).

Five student focus groups (including one for Māori and Pasifika) and 12 individual interviews with staff were conducted. Coded data were organised into framework matrices and themes developed.

Results

Six overarching themes are proposed: Communication, Signal, Design, Close the loop, Ecosystem & Community of practice. Communication was a universal theme and issues raised have fed into the HOTSPOTS communication strategy. Staff were focused on response rates and students were concerned about clarity and fatigue. There were tensions between confidentiality and transparency.

Discussion

HOTSPOTS was acceptable to stakeholders, but relies on a comprehensive set-up, appropriate collection and reporting tools, a focus on action and follow up, building and maintaining relationships, and ongoing smart communication. Findings have already fed into changes in HOTSPOTS delivery, e.g. incentives and widening the scope of witnessed BDH.

The presentation will draw implementation lessons from HOTSPOTS in the form of a set of recommendations and cautions for other institutions to consider.

(299 Words)

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Can Acceptance and Commitment Therapy build on mindfulness to offer improvements in clinical skills and wellbeing outcomes for medical students and doctors? A scoping review [Work underway]

Mrs Sian Ellett[1], Professor Nathan Consedine[1], Associate Professor Andy Wearn[1], Associate Professor Anna Serlachius[1]
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Introduction: Doctors and medical students report significant occupational and emotional distress in relation to clinical practice, yet are offered a relatively limited range of wellbeing and psychological skills in training and practice. Preliminary evidence suggests Acceptance and Commitment Therapy (ACT), building on gains offered by mindfulness training, may be an efficient and acceptable way to support and enhance skills in this group.[1] While a small number of studies have explored the use of ACT in these populations, no reviews have synthesised relevant evidence. This scoping review will synthesise the existing literature with a focus on assessing the feasibility and effectiveness of ACT as a tool for doctors and medical students in improving workplace health and wellbeing.

Methods: This review will adhere to the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.[2] The electronic databases MEDLINE (OVID), EMBASE, APA PsycInfo and CINAHL will be searched for literature relating to the topic. Two independent reviewers will screen articles and select relevant studies. Data will be compiled into a narrative summary and charted according to concepts of interest, including: ACT fidelity, intervention outcomes, recruitment and retention strategies, and mode of delivery.

Results: An early review of the evidence suggests ACT may reduce psychological distress, burnout, and obsessive-compulsive symptoms, and improve psychological flexibility and overall wellbeing. Evidence is limited for outcomes associated with clinical skills, which may represent a promising area for future research to better understand the benefits that ACT might offer.

Discussion: While ACT shows early promise as a training and support tool for medical students and doctors, further research is needed to provide broader evidence with larger cohorts, particularly doctors, who are underrepresented in the literature. Improved strategies are also needed to ensure adequate recruitment and retention of participants.

Keywords

Medical training; Acceptance and Commitment Therapy; wellbeing

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From Idealism to Reality: Enhancing Well-Being Preparation in Undergraduate Nursing Education

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Introduction/Background
Nursing students often commence Bachelor of Nursing programs with idealistic and unrealistic perceptions of the nursing role (Canzan et al., 2022). While these views can enhance early motivation, they may also contribute to challenges during clinical education and transition to professional practice (Wakefield, 2018). Growing concerns related to psychological safety, burnout, and the physical, emotional, and social demands of nursing have been associated with high attrition rates among graduate nurses (Tyndall et al., 2019). Understanding how students' perceptions of nursing and its impact on personal well-being evolve throughout their education is critical to preparing a resilient and sustainable nursing workforce.
Methods
This qualitative study explored nursing students' perceptions of how a nursing career may affect their well-being. Semi-structured, in-depth interviews were conducted with 23 Bachelor of Nursing students from three Australian universities, representing early, mid, and late stages of program progression. Interviews examined students' understandings of the nursing role, clinical experiences, and perceived impacts on physical, emotional, and social well-being. Data were analysed using thematic analysis to identify key patterns and changes in perceptions across the educational journey.
Results
Findings demonstrated a clear shift in students' perceptions over time. Early-stage students described idealised views of nursing, emphasising caring, helping others, and professional fulfilment. As students progressed and undertook clinical placements, their understanding became more complex and realistic. Clinical experiences highlighted the physical demands of nursing, emotional labour, psychological stress, and challenges to work–life balance. Students increasingly recognised risks related to burnout and emotional fatigue, as well as the importance of self-care, peer support, and organisational culture in maintaining well-being. Despite this increased awareness, many students reported feeling insufficiently prepared to manage these challenges.
Discussion
These findings emphasise the need for nursing curricula to address well-being, psychological safety, and realistic role expectations from the outset. Explicitly embedding the physical, emotional, and social realities of nursing within undergraduate education may reduce transition shock, enhance graduate resilience, and improve workforce retention.

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Allied health student voices of underperformance and failure on placement: an Interpretative Phenomenological Analysis

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Introduction/Background:
For students undertaking allied health programs, placement underperformance and failure can be influenced by contextual factors beyond poor academic performance. While underperformance and failure on placement have been explored in medicine and nursing, there is limited research exploring students' perspectives or their experiences in allied health programs.

Aim/objectives:
This study aimed to investigate allied health students' lived experiences of placement failure and underperformance.

Methods:
In 2024 -2025, 16 Australian and New Zealand universities offering allied health entry-level degrees were invited to participate. 'Allied health' was defined with the Allied Health Professions Australia criteria, and 12 professions were eligible for inclusion. Thirteen final-year allied health students who self-identified as having experienced underperformance and/or failure on placement participated in semi-structured interviews. A double hermeneutic, Interpretative Phenomenological Analysis was completed. Each data set was analysed in depth separately before the data were arranged into clusters. Patterns, similarities and differences were then established to create the final group experiential themes [1].

Results:
Thirteen students were interviewed, and an iterative analysis process identified six superordinate themes describing student experiences of underperformance and failure: Navigating supervision; When power shapes possibility; Making sense of underperformance and failure; Learning environments: enablers and barriers; Supervision relationships are a barometer of success; and Student identity and context

Discussion:
This study yielded rich personal accounts of students' placement experiences, amplifying the student voice by illuminating the complex and sometimes traumatic events that shaped their learning and outcomes. Participants identified psychological safety within their placement environment and effective relationships with educators as critical for fostering placement success and reframing failure. They highlighted significant barriers including, unsupervised practice, power imbalances, miscommunication and external pressures. Managing the aftermath of poor placement experiences highlighted the importance of structured support to aid recovery and promote future success.

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Making the intangible practical: Delivering a spirituality workshop for occupational therapists

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Introduction/Background
Despite its potential to support clients' wellbeing, spirituality continues to receive limited attention in Australian healthcare settings. Occupational therapists report wanting practical, workplace-relevant strategies for supporting clients' spiritual needs. This study explored how a brief workshop delivered in workplace settings supported therapists' learning and practice confidence.

Methods
A convergent parallel mixed methods study was conducted across four workshops attended by thirty-three occupational therapists in two states. Workshops were delivered within diverse workplace contexts, including hospitals, outpatient services, mental health, and community care. This abstract focuses on the qualitative findings generated from participants' written feedback.

Results/Evaluation
Analysis revealed four key themes. First, participants noted that the workshop built upon their existing, often implicit, incorporation of spirituality within practice. Second, the most frequently cited benefit was gaining practical, conversation-based approaches for exploring spirituality with clients, supported by case examples. Third, participants highlighted systemic barriers to holistic practice within contemporary healthcare environments. Finally, although the one-hour introductory format was well received, participants recommended expanding content and offering alternative formats for future iterations.

Discussion
Workplace-based delivery of brief training proved effective in enhancing knowledge, attitudes, and skills for addressing spirituality in practice. Participants valued both the practical strategies and the opportunity to reflect on spirituality's relevance to healthcare. However, ongoing development is warranted to expand content and accommodate diverse learning needs. These findings suggest that even short, workplace-embedded education can strengthen therapists' readiness to address spirituality, while also pointing to pathways for refining future training.

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When students sign-off: Reflections and lessons from inadvertent real-world student electronic prescribing

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Introduction/Background
Authentic workplace learning experiences contribute to effective prescribing education. Medical students at Christchurch Hospital are required to create pre-prescriptions in the live inpatient electronic prescribing system (25234 for 3215 patients from 2021 to 2024), for doctors to authorise. However, some have inadvertently created student-authorised prescriptions, which triggered emails from the supervising clinical academic to students.
Aims. To describe student-authorised prescriptions at Christchurch Hospital in terms of clinical impact and educational value. To identify themes from medical students' email responses to the academic's email.

Methods
Prescribing data (2021 to 2024) were extracted, and clinical records were reviewed to inform descriptive statistics (including median and interquartile ranges). Prescriptions in patients ≥ 65 y were examined against START criteria. Deidentified email responses from medical students were subjected to inductive reflexive thematic analysis.

Results
There were 296 student-authorised prescriptions (333 medicines) by 53 students for 69 patients aged 70 y (54-79), and Charlson Comorbidity Index of 3 (1-5). Prescriptions were live for 11.2 h (0.3-46.7) before being ceased by a doctor/medical student (155/296, 52%) or patient discharge (141/296, 48%). The number of doses administered per prescription was 0 (0-2). Of these, 237/333 (71%) medicines were from the Otago Medical School Core Medicines List, 48/333 (14%) medicines met the APINCHS high-risk criteria, and 35 were both. Only 8/333 medicines occurred in ≥ 65-year-old patients with a START criterion clarity score of ≥ 75%; none were considered inappropriate prescriptions. Key themes from 29 medical student emails included: uncertainty and ambiguity in prescribing authority; the role of supervision and responsibility; emotional responses of guilt, caution and professional identity; systemic processes and flaws; and learning from error and seeking clarification.

Discussion
Student-authorised prescriptions reflect system design vulnerabilities rather than individual failures. They had minimal clinical impact but potentially significant learning value, both about medicines and professionalism.

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Creating psychologically safe learning spaces: How health educators foster learner engagement in experiential learning

Mrs Kylie Atkinson[1,2], Dr Katie McGill[1,2], Dr Kathryn Reilly, Dr Samantha Ashby[2], Dr Kirsti Haracz[2]
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Introduction
Participation in experiential activities is enhanced when psychological safety is fostered within the learning environment as it allows learners to ask questions, make mistakes and receive feedback without fear of judgement. While psychological safety is a commonly identified aim in education, less is known about specific strategies that educators use to establish and maintain psychologically safe learning environments.

Method
This presentation draws upon results of two studies within a PhD program. The first, a qualitative focus group study exploring fourteen healthcare professionals' experiences of suicide risk assessment education where safety is imperative. Data was analysed using thematic analysis to develop themes. The second study is a scoping review exploring how psychological safety is addressed in health professions education. The findings were analysed using Edmondson's toolkit as a framework to unpack the components of developing psychological safety, including setting the scene, inviting participation and responding productively.

Results
The overarching theme of the qualitative study was learners feeling safe to be vulnerable in the learning environment, to be able to actively participate in experiential activities within peer learning environments. This identified a need to understand how health educators create psychologically safe learning environments. The scoping review identified that although psychological safety was frequently cited as important to the learning environment, there were limited specific examples on the approach to establishing and maintaining psychologically safe learning environments.

Discussion
Both studies demonstrated the importance of psychological safety within learning environments, from the perspectives of the learner experience and the health educator role in establishing and maintaining these environments. The review highlighted the need for further research to understand how educators are facilitating psychologically safe learning environments, including the strategies that they use, where they develop their skills and knowledge in this area and how this applies to the healthcare setting.

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No Need to Reinvent the Wheel: Generic Gatekeeper Training Increases Physiotherapists' Confidence to Engage in Suicide Prevention

Dr Ryan McGrath[1,2], Dr Rachael McAleer[1], Dr Stephen Barrett[1,3], Associate Professor Lisa Hanson[1], Dr Kylie McIntyre[1], Associate Professor Erin Smith[1], Associate Professor Kate Lawler[1], Associate Professor Corina Modderman[1]
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Introduction/Background

Gatekeeper training is an established, evidence-based strategy for strengthening community capacity to recognise and respond to suicidal distress. However, many suicide prevention "gatekeeper" programs are designed for the general public, and their suitability for health professions education remains unclear. This study evaluates whether an existing evidence-based gatekeeper program (TouchPoints) is appropriate and effective for physiotherapists and physiotherapy students, and whether discipline-specific adaptations are required.

Methods
A convergent parallel mixed-methods design was used. Twenty-seven physiotherapists and final-year physiotherapy students completed a four-hour TouchPoints workshop. Pre- and post-training surveys assessed changes in confidence and attitudes towards suicide prevention. Post-workshop focus groups explored participants' experiences of the training and perceptions of its relevance to physiotherapy practice. Qualitative data were analysed using Template Analysis.

Results
Improvements were observed in self-reported confidence to support individuals experiencing suicidal thoughts and behaviours (possible range 11–55), increasing from pre-training (M=26.5, SD=8.2) to post-training (M=44.0, SD=4.3), $t(23) = 12.7$, $p < .001$). Attitudes toward suicide prevention (possible range 14–70) also improved, with a significant medium effect from pre-training (M=51.6, SD=4.6) to post-training (M=54.4, SD=4.6), $t(22) = 3.6$, $p = .001$. Qualitative findings indicated that participants perceived the content to be pitched at an appropriate level and valued the facilitation that incorporated lived experience. Participants identified the need for clearer guidance regarding duty of care, medicolegal obligations, professional scope of practice, and referral pathways.

Discussion
Preliminary findings indicate that existing gatekeeper training programs developed for the general public can positively influence physiotherapists' confidence and attitudes towards suicide prevention. Rather than developing discipline-specific programs de novo, health professions education may benefit from adapting established evidence-based gatekeeper training to address profession-specific contextual and regulatory consideration. Six-month follow-up data collection is planned to examine impact on clinical practice.

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Workplace learning in palliative care: Educator perspectives on preparing clinicians for emotionally complex practice

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Background
Palliative care is a core competency for health professionals, yet training often receives limited emphasis in crowded pre-registration curricula.[1] Consequently, new graduates frequently report feeling underprepared for end-of-life care, particularly for recognising dying, communicating prognosis, and supporting distressed families.[2] Restricted clinical placements and limited exposure to dying patients compound this gap, leaving new clinicians reliant on workplace learning. The evidence base for palliative care is limited, occasionally requiring adaptation from other specialties. This study explored how clinical educators perceive and enact learning in palliative care, including challenges, cultural influences, and evidence use.
Methods
We conducted qualitative, semi-structured interviews with multidisciplinary palliative care clinical and postgraduate educators. Inductive analysis identified patterns in workplace teaching and triggers for evidence use, interpreted through situated and experiential learning and knowledge translation lenses.
Results
Educators (n=15) reported graduates enter practice underprepared for the realities of palliative care, amplifying the need for workplace learning, evidence access and structured support. Teaching emerges from real patients and the flow of clinical work. Case-based encounters, teaching on the run, and simulation provide exposure, while significant events such as mortality reviews and poor outcomes catalyse reflection when psychological safety is present. Mentorship and visible role modelling are pivotal for guiding learners through emotionally charged conversations and shaping professional identity. A fragmented evidence base necessitates pragmatic decisions or evidence extrapolation. Educators emphasised the need to teach students to contextualise evidence, as well as to link it to local policy and authentic assessment tasks for impact.
Discussion
Pre-registration curricula need to strengthen palliative care content early and explicitly, offering exposure to end-of-life care, communication skills training, and preparation for emotional and ethical challenges. Without this, clinicians will continue to depend on informal workplace learning, risking variability in competence and confidence in a field defined by emotional labour and ethically complex decisions.
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Actionable strategies for integrating Hauora Māori (Indigenous health) across the medical curriculum

Dr Emma Osborne[1], Olivia Stevens[1], Rhiannon Jones[1]
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Introduction
Presenting Hauora Māori (Māori health) as integral to medical practice in Aotearoa New Zealand requires weaving Hauora Māori across all areas of the curriculum rather than relying on specialist teaching alone.[1] The need for a 'whole curriculum' approach to Hauora Māori is increasingly reflected in high-level curricular expectations. However, implementing these aims is likely to require practical guidance which recognises the diversity of teaching contexts across medical education.

Methods
This project used a pragmatist appreciative inquiry which prioritises tauira Māori (Māori student) perspectives on the 'experienced' curriculum. Māori medical students were invited to participate in focus groups exploring how Hauora Māori is currently woven across the curriculum, and opportunities to strengthen this integration in culturally safe ways. Participants also recommended teachers and modules (curriculum areas) that modelled effective/emerging integration of Hauora Māori. Based on these recommendations, lecturers, clinical supervisors and module convenors were invited to participate in individual interviews exploring their approaches to weaving Hauora Māori into their teaching. Data were analysed collaboratively using rapid qualitative analysis.

Results
Nineteen students participated in four focus groups, and 15 staff were interviewed. Teaching practices which support the integration of Hauora Māori included critically re-framing 'deficits', integrating Hauora Māori into hands-on teaching, and developing facilitation skills to uphold cultural safety. Structural support for integration included using assessment to signal the importance of Hauora Māori, and adequate resourcing of teaching. Connection and communication within teams and with Hauora Māori specialist educators also supported integration. Both staff and students identified the importance of teachers' personal commitment and ongoing learning.

Discussion
Based on these findings, we present actionable strategies for integrating Indigenous health teaching across the curriculum. We ground these strategies in both students' views of effective, culturally safe teaching, and principles of integrated and spiral curricula.

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Decolonising occupational therapy education: Comprehensive curriculum transformation at AUT

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This paper presents the process and outcomes of a major curriculum restructure of the Bachelor of Health Science (Occupational Therapy) at AUT, representing one of the most substantive decolonisation efforts in occupational therapy education in Aotearoa New Zealand.

Driven by three intersecting academic imperatives the department undertook a programmatic redesign commencing in 2024. Te Tiriti o Waitangi served as a foundational design principle, ensuring its values were woven into the work. The work was guided by whanaungatanga, intentionally building relationships and shared accountability with tangata whenua, students, kaimahi, practice partners and regulators. Tika, pono and aroha acted as practical checks on decision making, helping us stay aligned with commitments when negotiating competing demands, including the risk of drifting back to familiar institutional habits or default Western framings.

Moving beyond surface-level cultural competency toward a curriculum that actively redresses the enduring harms of colonisation, privileges mātauranga (Māori knowledge), te ao Māori (Māori world views) and indigenous models of health and occupation ahead of western occupational therapy frameworks throughout teaching and learning was paramount.

AUT frameworks committed to Te Tiriti responsiveness, equity, and culturally safe practice were embedded from the graduate profile through to individual learning outcomes and assessment design, ensuring these commitments are protected structural elements rather than aspirational statements. Te Reo Māori course titles and conceptual design, gifted through sustained partnership with tangata whenua, reflect a developmental arc from kakano (seed) through tipu (growth) to puawai (blossom). Fink's taxonomy replaced Bloom's to better reflect relational, and emotional aspects of learning.

We will share key outcomes, critically reflect on the challenges of institutional processes, sustaining authentic partnership under resource constraints, and balancing regulatory requirements with transformative intent. We offer this as both a contribution to the field and an honest account of what an indigenous-led curriculum transformation requires in practice.

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From curriculum to care: embedding the Cultural Determinants of Health through Aboriginal Community-informed, strengths-based content to enhance medical students' cultural responsiveness

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Introduction/Background

The Australian Medical Council (AMC) released revised Accreditation and Assessment Standards in 2023, emphasising the integration of Indigenous voices and the development of culturally safe medical practitioners (AMC, 2023). These standards centre the social, cultural, personal, physical and environmental determinants, requiring graduates to demonstrate a fundamental understanding of these concepts (AMC, 2023). While the Social Determinants of Health (SDH) underpin much medical education, they are commonly used to describe Indigenous health inequities. There is an opportunity to strengthen teaching by centring the Cultural Determinants of Health using a strengths-based approach. However, limited literature evaluates how the Cultural Determinants of Health are integrated into Australian medical programs. This study aimed to collaboratively design, implement and evaluate Community-informed content on the Cultural Determinants of Health.

Methods

Indigenous co-researchers collaboratively designed content on the Cultural Determinants of Health for a medical program. Using yarning as a qualitative method, medical students reflected on their experiences of engaging in Community-informed content and their influence their learning.

Results

The findings highlight the significance of embedding the Cultural Determinants of Health within medical education, yet this concept lacks adequate curriculum integration and role modelling from non-Indigenous teaching staff. Students assert that Community-informed content fosters their empathy and increases their confidence in working with Indigenous peoples and providing culturally responsive practice. The findings reinforce that strengths-based approaches that embed Aboriginal ways of knowing, being and doing are crucial in decolonising education.

Discussion

These findings highlight the importance of Community-informed, Indigenous-led approaches in health education and supports the integration of the Cultural Determinants of Health as a strengths-based addition to existing content on the SDH. These findings are expected to inform curriculum design and pedagogy across health professions education and support the integration of the Cultural Determinants of Health within medical and pre-registration programs.

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Embedding Global Engagement in Health Professions Education: A Scoping Review

Dr Alison Francis-Cracknell[1], Ms Charlotte Barber[1], Professor Debra Kiegaldie[1], Professor Claire Palermo[1]
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Intro/Background
Global engagement in health professions education is essential to prepare graduates for a globalised healthcare context. Global engagement is defined as partnerships across borders to address shared global challenges such as health inequities and shared health threats. Global engagement can take various forms however, for effective learning to occur, programs require constructive alignment with clear learning objectives, delivery methods and appropriate assessment. The literature suggests there is no consensus on how best to integrate global engagement in health professions education and reporting of constructive alignment remains inadequate. This scoping review aimed to explore what is known about constructive alignment in global engagement in entry-level health professions education.
Methods
A scoping review was conducted following the Joanna Briggs Institute methodology responding to the research question: *What is known about constructive alignment in global engagement programs for entry-level health professions students within higher education?*
A search was conducted (October 2024), across four databases: MEDLINE (PubMed), Scopus, ERIC and CINAHL. Inclusion criteria were: reporting on the implementation/evaluation of a global engagement activity; focused on entry-level health professions students in higher education; and published in English between January 2018 and October 2024.
Content and thematic analysis was undertaken. Due to the inconsistent reporting of constructive alignment in global engagement, data synthesis focussed on process elements of program design.
Results
Ninety-five studies were included. Seven program categories developed including: clinical placement/field work, university programs, virtual/online programs, service-learning programs, study tours, or other formats. Findings regarding process elements of program design indicate a frequent incomplete constructive alignment and an over-emphasis on student experience rather than learning.

Discussion
Process elements of program design indicate a frequent incomplete constructive alignment and an over-emphasis on student experience rather than learning.

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Weaving LGBTQIASB+ Equity through Medical Curriculum Co-Design

Mr. Adam (Duc Anh) Nguyen[1,2], Professor Katie Wynne[1,2], Associate Professor Jacqueline Epps[1,2], Associate Professor Maree Puxty[1,2], Associate Professor Graeme Horton[1,2]
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Introduction: For an equitable healthcare system, the medical workforce must be prepared to serve the representative population, including the LGBTQIASB+ demographic. Integrating authentic representation into training ensures graduates develop the professional, clinical, and ethical competencies required for safe, high-quality care. This project focuses on weaving longitudinal professional development into the curriculum to ensure graduates are prepared for the diverse clinical and social realities of Australian practice.
Methods: Within the Joint Medical Program (JMP), we established a 20-member Working Group in July 2025 utilizing partnership pedagogy involving staff, students and community[1]. Guided by staff and student leads, this partnership involves the Dean, discipline leads, and academic and professional staff alongside community stakeholders. To ensure patient-led outcomes, community focus groups will be utilized to define essential graduate attributes. This "curriculum queering" design weaves diversity into the curriculum program through identity-pivotal clinical scenarios and incidental mentions, to inform small-group learning, biomedical science teaching, communication skills, and professionalism across the curriculum[2].
Results: The project utilizes spiral learning, introducing foundational skills like best-practice pronoun usage and cultural safety early. By embedding best-practice terminology and clinical teaching throughout the curriculum fabric, we aim to bridge health equity gaps through a strengths-based, inclusive approach. Current outputs include a prioritized action list and draft recommendations for curriculum revision, currently undergoing implementation. Evaluation focuses on the successful integration of these cases and their alignment with the professional standards identified by community stakeholders through the co-design process.
Discussion: This staff-student-community approach demonstrates that systemic reform is most effective when driven by a shared commitment to equity. By embedding authentic representation throughout clinical training, we aim to transition toward a model of care that prioritizes trust, human rights, and clinical safety. This ensures graduates are fundamentally competent, professionally prepared, and equipped to foster the wellbeing of the diverse populations they serve.
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Health professional students' education, confidence and learning needs related to healthcare provision for LGBTQIA+ patients

Mr Jamie Salemink-waldren[1], Dr Emily Cavana[1], Associate Professor Lesley Gray[1], Dr Rona Carroll[1]
[1]Department of Primary Health Care & General Practice, Faculty of Medicine, University Of Otago, Wellington, Wellington, New Zealand

Introduction/Background:
LGBTQIA+ patients have poorer health outcomes than the general population in Aotearoa. Discrimination and lack of health professional knowledge increase these inequities. Studies in Aotearoa have demonstrated limited LGBTQIA+ teaching in New Zealand medical schools. Research with fifth year medical students at the University of Otago Wellington (UOW) led to LGBTQIA+ curriculum changes to address learning needs in this area. The UOW teaches seven cohorts of health professional students (three medical, three radiation therapy and one physiotherapy). This study aims to determine the education, confidence and learning needs of these students to strengthen their LGBTQIA+ curricula.

Methods:
Health professional students at the UOW were invited to participate in an anonymous survey about LGBTQIA+ education, confidence and learning needs. Quantitative data (Likert scales) was analysed using Microsoft Excel and SPSS. Descriptive summaries were generated from open-ended questions. Out of 416 eligible students, 110 participated. Physiotherapy students were excluded from analysis due to low participation (n=5), therefore, analysis relates to 105 medical and radiation therapy students (25.2% of the eligible cohort).

Results:
Our findings show most medical (91.1%) and radiation therapy (96.4%) students surveyed believe LGBTQIA+ teaching is important but less than 50% believe their teaching is sufficient. Significant differences in response distributions showed radiation therapy students are less comfortable with common LGBTQIA+ terms than medical students. Both groups of students are more confident working with patients in general, than with LGBTQIA+ patients. Sixth year medical students were more likely to agree they had sufficient LGBTQIA+ teaching overall, compared to fourth years. Despite this, intersex and transgender healthcare teaching were considered insufficient by both cohorts of students.

Discussion:
Health professional students surveyed at UOW report unmet learning needs relating to the LGBTQIA+ community. These students don't believe they are equipped to meet LGBTQIA+ healthcare needs, indicating further curricula development is necessary

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Sharing the Load: Exploring the Role of Non-Indigenous Educators in Cultural Safety Education

Ms Clarissa Torcasio[1], Ms Molly Kennedy[1]
[1]St. Vincents Hospital Melbourne, , Australia

Introduction/Background
Cultural safety is a cornerstone of equitable healthcare for First Nations Australian peoples and requires sustained attention to racism, power and systemic inequity. Education is a key mechanism for promoting cultural safety; however, responsibility for this work frequently falls to First Nations staff, often beyond their formal roles. This reliance places an unsustainable cultural load on First Nations staff and questions have emerged about the appropriate role of non-Indigenous educators in this space.

Aims
This study explores the perspectives of both First Nations Australians and non-Indigenous educators on their role in providing cultural safety education. It aims to create connection and enable educators to collaboratively embed cultural safety education and strengthen culturally safe care across the organisation.

Methods
This mixed-methods study undertaken at a tertiary health service in Melbourne, Australia, engaged both First Nations staff and non-Indigenous educators. Data was collected through 24 survey responses and 5 in-depth interviews.
Participants were asked about their views on non-Indigenous involvement in cultural safety education, what supports or safeguards are needed and practical recommendations to reduce cultural load on First Nations staff.

Results
Preliminary findings suggest that First Nations participants broadly supported non-Indigenous educators' involvement in cultural safety education provided certain conditions are met. These include appropriate training in cultural safety; deep personal commitment to truth-telling; and acknowledgment of the power and privilege embedded in their identities and institutions. Non-Indigenous educators are generally willing to contribute to cultural safety education; however, identified personal and professional areas that require development. Importantly, First Nations educators articulated that non-Indigenous involvement should not replace First Nations voices, but rather support and extend their efforts, helping to reduce the cultural load.

Discussion
This research contributes to a growing body of literature that considers how cultural safety education can be embedded in a collaborative and sustainable way. It suggests that non-Indigenous educators have a role to play, but that this must be negotiated with care and grounded in shared values that respect Indigenous ways of knowing, being and doing.

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Strengthening Indigenous Representation and Cultural Authority in Accreditation

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In reflecting on the development of the Indigenous Policy and Programs (IPP) team within the Australian Medical Council (AMC), this presentation is grounded in the lived experience of working as an Indigenous staff member situated within accreditation. From this position, accreditation is understood not as neutral or purely technical, but as a cultural space where decisions about quality and authority shape medical education.

As a non-indigenous organisation, the AMC has been required to learn how to work with Indigenous knowledge respectfully, while recognising the limits of institutional authority and the need to be guided by Indigenous voices. The formation of the IPP team represented an important assertion of Indigenous presence within governance structure that have historically excluded Indigenous ways of knowing, being and doing. Over time, this role has expanded across accreditation, policy, and assessment processes, strengthening the ability to influence how standards are interpreted and how cultural safety is understood in practice.

Working within accreditation has involved advocating for Indigenous perspectives in spaces where they have not always been centred, supporting assessment teams to engage more cultural authority and challenging assumptions about whose knowledge counts in accreditation judgements. Through experience, reflection and relationship building, our understanding has shifted from inclusion as tokenism to Indigenous authority as integral to decision making.

This work has been supported by increasing organisational commitment within the AMC, allowing Indigenous perspectives to be woven more consistently into core accreditation practice rather than positioned. Framed by the theme of *weaving connection*, this presentation positions the work as outgoing and relational, reflecting on learnings to date and looking ahead to strengthening Indigenous leadership, partnerships and culturally safe governance in medical education.

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Reciprocal Learning and Cultural awareness: Insights from an International Nursing Placement Program in Nepal

Associate Professor Karen Missen[1], Ms Rebbecca Peel[2], Ms Ellie Johnson[1]
[1]Federation University Australia, Gippsland, Australia, [2]RMIT University, Bundoora, Australia

Introduction/Background

International clinical placements are recognised as valuable opportunities for nursing students to develop cultural awareness, adaptability, and ethnocultural empathy capabilities essential for providing culturally safe and responsive care. This study explored the cultural learning experiences of Australian final-year nursing students undertaking a Study Abroad placement in Nepal (2022–2024), and the perspectives of Nepali health professionals who worked alongside these nursing students.

Methods

A two-phase convergent mixed-methods design was conducted over three years. Quantitative data were collected using the Abridged Ethnocultural Empathy Survey (Wang et al., 2003) pre- and post-placement. Qualitative data from student reflections, focus groups, and interviews with Nepali health professionals enabled comprehensive exploration of cultural learning, challenges, and collaborative experiences. Data were analysed using descriptive statistics and thematic analysis.

Results/Evaluation

Statistically significant improvements were found in Empathic Perspective Taking and Empathic Feeling and Expression ($p < 0.05$), with gains across other subscales of the survey. Thematic analysis identified three themes: (1) building confidence through preparation and immersion; (2) reciprocal learning and professional collaboration; and (3) contrasting models of care and healthcare delivery. Nepali colleagues described meaningful benefits through shared learning, clinical discussions, and sustained collegial relationships.

Discussion

Findings demonstrate that international placements can significantly enhance ethnocultural empathy and cultural awareness in undergraduate nursing students. The Nepal program promoted mutual learning, strengthened cross-cultural collaboration, and supported students to deliver culturally responsive care. Integrating global learning experiences within nursing curricula can better prepare graduates to provide safe, effective care in diverse healthcare environments.

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Perspectives of physiotherapy clinical educators and international students regarding clinical placement preparation needs

Mr Stephen West-newman[1], Associate Professor Martin Sale[1], Associate Professor Roma Forbes[1], Professor Stacie Attrill[2]
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Introduction/Background
International students represent a significant proportion of higher education enrolments in Western countries. Throughout their studies—particularly in work placements—they face greater challenges in communication and sociocultural competence, both critical for clinical placements in professions such as physiotherapy. Addressing these challenges requires long-term acculturative strategies, the effectiveness of which remains under-researched in physiotherapy. To address this gap, this study explored perspectives of clinical educators and international physiotherapy students on pre-placement preparation needs and practices that support successful engagement in clinical placements.

Methods
Perspectives of 13 international physiotherapy students and 13 clinical educators were constructed through semi-structured interviews (students) and focus groups (educators). These perspectives were synthesised through a thematic network analysis to give a broad, comprehensive picture of helpful preparation for clinical placements. Workplace Learning Theory (Billett, 2008) served as the interpretive lens for this study, while a constructivist approach informed the research methodology.

Results
Themes constructed from the data indicate the following are important to optimise preparation for placements: (a) clinically authentic training, (b) foundational knowledge, communication and learning skills, (c) learning to interact, (d) nurturing resilience and (e) attending to previous students' advice regarding placement expectations and preparation strategies.

Discussion
Based on findings from this and related research, we recommend involving international students in early, frequent, and authentic clinical learning opportunities. Furthermore, institutions should implement initiatives that foster connections between past and current international students to share experiences and strategies for placement preparation. These initiatives should also enhance interactions between international students and the domestic community to strengthen communication skills essential for successful placements.

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On the same wavelength: Reframing alignment in radiography research collaboration

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Introduction
Collaboration is essential for radiography research yet frequently falters due to misalignment rather than a lack of expertise or goodwill. Existing collaboration frameworks in health professions education often prioritise productivity, roles, or outputs. These models frequently overlook the specific contextual realities of radiography practice, such as hybrid practitioner-academic roles and high clinical workloads. This presentation introduces the Wavelength Framework. The aim is to reframe collaboration in radiography research as a question of alignment and fit rather than simple partner selection.

Methods
This work employed a narrative review methodology. We synthesized diverse literature from radiography, health professions education, and organisational scholarship. The analysis focused on identifying recurring patterns related to research engagement, workforce capacity, and professional identity. Through thematic analysis, we examined how structural and cultural factors influence the sustainability of research partnerships. These insights were integrated to conceptualize a discipline-specific framework for collaborative fit.

Results
The review process identified four interrelated domains that were seen to consistently shape collaboration experiences: pace, purpose, capacity, and positioning. The resulting Wavelength Framework articulates how alignment across these domains determines sustainability. Pace refers to the speed and rhythm of work. Purpose encompasses the diverse motivations driving engagement. Capacity addresses the fluctuating availability of time and resources. Positioning involves power dynamics and professional identity within the team. The findings suggest that collaboration strain often arises when expectations in these domains remain implicit or fail to adapt to changing clinical and academic pressures.

Discussion
The Wavelength Framework shifts the focus from "who-to-work-with" to "where-and-how do I fit". It provides a shared language for educators and researchers to negotiate expectations transparently. By explicitly addressing the dynamic nature of capacity and positioning, the framework supports reflective decision-making. This approach promotes ethical and sustainable research cultures that can withstand the complexities of the modern health workforce.

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Beyond Binary: A co-operative inquiry approach to develop a transgender inclusive (obstetrics and gynaecology) undergraduate medical curriculum framework

Associate Professor Sara Filoche[1], Dr George Parker[2], Mx Fleur Kelsey[3]
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Introduction/Background
We are using the term, trans and gender diverse (TGD) as an umbrella term to include transgender, non-binary, agender, genderqueer and gender diverse people. We also include takatāpui (Māori with diverse genders, sexualities and sex characteristics) acknowledging culturally diverse and pre-colonial understandings of gender and sexuality beyond Western binaries.

Experiences of healthcare as a TGD person are not often described as positive encounters, with multiple barriers, and unsafe experiences including being misgendered, humiliated and ridiculed, and for some people, denied services. Health services such as Obstetrics and Gynaecology that traditionally assume the gender of service users can be particularly challenging and unsafe for TGD.

Building a responsive healthcare workforce is integral to providing safe and inclusive care, as such, this needs to include undergraduate medical education.

At present, there is no international consensus regarding learner capabilities in TGD health in an undergraduate medical curriculum.

Methods
Our overall aim is to develop a trans and gender diverse inclusive undergraduate (obstetrics and gynaecology) medical curriculum framework. Our pedagogical approach is informed by three inter-related pillars: cultural safety and humility; intersectionality; and Indigenous justice.

Through a co-operative inquiry approach, prioritising inclusion of TGD health equity experts and educators, lived experiences, cultural safety and mātauranga Māori, we will develop a TGD inclusive (obstetrics and gynaecology) curriculum framework.

For the PeArLS session we will:

1) Introduce our project. **(5 minutes)**
   We will pose a question *"What would a TGD inclusive obstetric and gynaecology curriculum look like?"*.
2) Utilising a live word cloud poll (e.g., Slido) we will ask the audience to provide their responses **(5 minutes)**
3) We will then present another question *"What are they keys to success?"*
4) Utilising the live word cloud poll we will ask the audience to provide their responses **(5 minutes)**
5) We will then open the floor to discuss reflections and invite people to share experiences **(25 minutes)**
6) The session will finish with an invitation for people to connect with us. **(5 minutes)**

Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop)Results/Evaluation/Aims
Our overall aim is to generate collaborative action that is founded on critical reflection, shared understanding and deep commitment for educational transformation for TGD inclusion in curricula. We are at the beginning of the project and would consider this an incredible opportunity to connect and advance inclusive health professional education potentially identifying health education experts who may wish to participate in our co-operative inquiry project.

Discussion
Through the world cloud poll and discussion themes will be generated. These themes will be used to help inform a curriculum framework development and priorities e.g., values, teaching and learning objectives and teaching principles and evaluation and implementation activities. The discussion will also help illuminate potential implementation considerations e.g., experiences of barriers and facilitators for implementation such as system/institutional level and approaches for creating inclusive learning environment for TGD medical students.

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Issues/Questions for exploration OR Ideas for discussion

Please describe the issues or list questions for exploration (100 word maximum)

Educational transformation for TGD inclusion in curricula comes from collaborative action that is founded on critical reflection, shared understanding and deep commitment that is inherent in our pedagogical approach. The PeArLS questions are:

1) What would a TGD inclusive obstetric and gynaecology curriculum look like?
2) What are they keys to success?

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Weaving together a framework for effective speaking up in healthcare

Dr Philippa Friary[1], Prof Margo Brewer[2], Dr Melanie Farlie[3], Ms Abigail Lewis[4], Dr Kristie Mathews[3], Dr Samantha Sevenhuysen[3], Ms Claire Wallis[1]
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Background

Effective speaking up in healthcare ensures patient and staff safety and quality care. Despite this, students and educators in workplace settings report that speaking up is challenging (Farlie et al., 2025). This has the potential to lead to harm, reduced job satisfaction, and hindered quality improvement. While speaking up has been studied in nursing and medicine, it is less understood among allied healthcare students and new graduate allied health workers. A scoping review between 2009 and 2019 found no studies on this group (Friary et al., 2021).

Method and Findings

A recent longitudinal study in New Zealand explored the experiences of allied health new graduates and the supervisors of allied health new graduates. Findings indicated that while some graduates were speaking up on transition into the healthcare setting, this reduced over time. No new graduates reported an improvement in their speaking up skills over time. Neither the new graduates nor the supervisors had received training in speaking up (Friary et al., 2024).

While these studies and others provide education and practice sectors with an understanding of what supports and inhibits students and new graduates from speaking up in healthcare, how these findings may be applied to enhance speaking up behaviours remains elusive. There is an immediate need to develop an evidence-informed Speaking Up Framework (SUF) targeting stakeholder groups across education and practice settings. We now need healthcare educators, students, researchers and clinicians to offer their insights on what they believe is required in a SUF.

The knowledge shared during this event will inform a future Delphi study to reach consensus on a framework that promotes healthy speaking-up cultures in our healthcare settings.

Ideas for Discussion

Imagine you are tasked with creating a new curriculum that bridges the education and practice sectors. This is a curriculum that will create effective speaking up in healthcare.

What are the fundamental elements of this framework? E.g. student training in effective speaking up skills.
Where should this element of the SUF be placed? E.g. the education setting, the practice setting or both?

PeArLS Session Format

(1) Participants will learn about the key findings from recent New Zealand and Australian studies on speaking up.
(2) In small groups, they will share their experiences and ideas on the fundamental elements of a Speaking Up Education and Practice Framework, in healthcare. These key ideas will be written on strips of coloured paper. Different colours will be provided for ideas in the tertiary and practice sectors.
(3) Group representatives will share a summary from their group kōrero (discussion). While this happens, group members will join in weaving their pieces of paper together to begin creating a mat. This woven mat will be passed around each group and further developed.
(4) The PeArLS wrap-up will involve a brief summary and display of the woven mat.

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Can the invisible become more visible? Sharing experiences of assessing professionalism

Assoc Prof Helen Wozniak[1], Dr Asela Olupeliyawa[2], Dr Melissa Oxley[3], Assoc Prof Mike Tweed[4], Dr Suzanne Bain-Donohue[1]

[1]Australian National University, Canberra, Australia, [2]The University of Melbourne, Melbourne, Australia, [3]Deakin University, Geelong, Australia, [4]The University of Queensland, Brisbane, Australia

Background

A core requirement of health professions programs is to develop students' professional attributes including lifelong learning, self-awareness, cultural competence, ethical conduct and interprofessional teamwork. For medicine this is foregrounded by the AMC as one of four domains in the graduate outcome statements: "Professional and leader". Despite the core presence of this domain in curriculum documents, the assessment of professionalism requires greater attention in medical schools (Jaramillo-Villegas et al., 2025). A collaboration between four Australian medical schools explores how assessment of professionalism is currently managed across programs from selection to graduation.

Method

Drawing on established frameworks such as the Ottawa consensus group publications (Hodges et al., 2019), we have mapped how professionalism is assessed and identified how this multifaceted construct weaves through our systems of assessment. We have also conducted semi-structured interviews with academic staff, clinical staff and students from our four MD programs exploring their perceptions of professionalism and its assessment.

Evaluation

Our analysis has revealed an interesting patchwork with areas of good practice including alignment to graduate outcomes and longitudinal approaches, and also some challenges. These challenges closely match the literature and include: defining professionalism, data collection and collation, understanding impact on learning and behaviour, progression decision making, identifying academic consequences, and staff and student assessment literacy.

Discussion

While our contexts and fabrics may differ, we all share the same threads that create the tapestry for the assessment of professionalism. This interactive PeArLS provides a space to share such experiences. Following introductions, the presenters will briefly outline the mapping that has emerged during the project. Our time together will be spent exploring emerging trends and potential solutions to the identified challenges. This collaborative discussion creates opportunity to further the weaving of professionalism into programs of assessment.

Questions for exploration

This PeArLS forms a starting point for participants to disentangle approaches to assessing professionalism in health professions education. Questions to be tackled include: What are the features of your assessment system that both reward professional behaviours and identify lapses? What are the common threads? How do you weave these threads longitudinally through your programs? What challenges do you have when assessing professionalism? What mechanisms/strategies work well in your context? Following group discussion, the presenters will collate a list of mechanisms/strategies that different programs across health professions education use to assess professionalism from selection to graduation.

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Support for individual Continuing Professional Development – how can we measure impact and return on investment?

Mrs Kiara Horwood[1], Mrs Elisha Matthews[1]
[1]The Royal Children's Hospital, Melbourne , Australia

Introduction
Supporting clinician continuing professional development (CPD) improves healthcare quality, career progression, work satisfaction and ensures safe and responsive services.[1]
At the Royal Children's Hospital (RCH), Melbourne, clinicians receive CPD grants. With rising financial pressure, it is increasingly important to evidence the value of CPD so as to maximise investment value and align CPD with service needs.[2] But how do, and should, we accurately measure the impact of CPD and return on investment?

Methods
Within our PeArLS, we will share RCH CPD Grant data showing how CPD activities have positively impacted individuals, teams and departments. We will then invite participants to share their current practices and insights in CPD evaluation. We will also explore the barriers and enablers to CPD data collection and interpretation, which sit at the intersection of digital health, education, and workforce development. Learnings will be recorded and shared via Padlet.

Results/Evaluation
A survey of RCH clinicians who received funding to attend conferences (62% of all funded opportunities), courses (20%), workshops (16%) and site visits (2%) reported a positive impact on clinical practice, education, quality improvement, and innovation. Funded CPD also led to upskilling colleagues (87% of respondents), increased external collaboration (65%), and resource development (55%).

Discussion
Our CPD evaluation currently relies on self-reported data capturing clinicians' perceptions of the benefits gained. However, without more objective indicators, such as patient-centred or service performance outcomes, we risk overlooking the full benefits conveyed from funded CPD.
Aligned with *Weaving Connection*, this PeArLS will examine how various healthcare services assess CPD impact and will build collaboration towards advancing more rigorous, meaningful evaluation.

Issues or questions for exploration
- How does your organisation currently determine whether CPD activities lead to measurable patient-based and/or service improvements?
- What indicators (qualitative / quantitative) do you find most meaningful when evaluating the impact of CPD?

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- Are there CPD outcomes that you believe are important but difficult to measure? Why?
- How do you ensure data collected post-CPD is reliable, valid, and reflective of actual changes?
- What opportunities do you see for leveraging digital health tools to streamline or enhance CPD data collection?
- What opportunities exist for standardising CPD impact measurement across our organisations /networks?

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ANZAHPE 2026

ABSTRACTS

DAY THREE

THURSDAY 2 JULY

ANZAHPE
Australian & New Zealand Association for Health Professional Educators

PLENARY 3

Weaving Connection for Team-Based Care through Critically Reflective Practice

Associate Professor Stella Ng[1]

[1]University of Toronto, Canada

Health and social care can feel fragmented and impersonal, or compassionate and connected. What makes this difference?

The conference theme of weaving connection is exemplified by a pediatrician we will call "Dr Lucy." In a multi-site ethnography, Dr Lucy was identified as exemplary by many families and professionals. She "connects you with everywhere." The key to Dr. Lucy's exceptional care was critically reflective practice: a specific ability to see oneself within systems, question underlying assumptions, and actively bridge diverse perspectives in the pursuit of better care. Those who demonstrate this capability most often attribute its development to personal experience.

While essential to value diverse ways of knowing in healthcare, including experiential knowledge, reliance on happenstance alone is insufficient as pedagogy. This way of practicing can and should be deliberately cultivated. In this session, I will share recent experiments demonstrating the positive impacts of teaching for critically reflective practice, along with practical tools we can use to foster more compassionate, collaborative, and connected care.

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A 'How-to-Guide' for Interdisciplinary Research Collaborations in post-graduate entry to practice health professional education: Acceptable or Aspirational?

Dr Rachel Toovey[1], Dr Kelly Bower[1], Ms Rachael Noble[1], Professor Dani Tomlin[1], Dr Free Coulston[1], Professor Lucio Naccarella[1]
[1]The University Of Melbourne, Parkville, Australia

Introduction
Implementing interdisciplinary research collaborations in health professional education contexts are known to face disciplinary, practical, structural and institutional barriers. While implementation strategies (e.g., *How-to-Guides*) can potentially overcome known challenges, they also face barriers, especially, user resistance due to low acceptability.

Methods
In 2024, through literature synthesis and co-design with a project advisory group, current and alumni graduate health science students, academic staff and community experts, we developed a Framework for Interdisciplinary Learning in Research and Evaluation. In 2025, we then piloted and evaluated five interdisciplinary research capstone projects involving staff and students across health sciences entry to practice graduate courses including Audiology, Nursing, Optometry, Physiotherapy, Public Health Social Work and Speech Pathology disciplines. Data collection and analysis included a mix of surveys, interviews and focus groups with project advisory group, current and alumni graduate health science students, academic staff and community experts.

Results
The pilot interdisciplinary research projects were valuable and met the key purposes as an opportunity to develop interdisciplinary communication and teamwork skills as well as apply research theory into practice. A key recommendation for future implementation included: creating a 'How-to guide'. We have developed now a '*How to Guide'* to support students and staff involved in interdisciplinary research capstone projects, and to strengthen their capacity for practice-based interdisciplinary collaboration.

Discussion
Future work will need to evaluate the implementability, especially, the acceptability of interdisciplinary learning initiatives, and of specific implementation strategies including the *How-to-Guide*. While acceptability (the extent to which users consider interventions to be appropriate) can be assessed before (prospectively), during, or after (retrospectively) intervention delivery, assessing prospective acceptability is increasingly recognised as critical step in pre-implementation planning of evidence-informed intervention in practice.

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Building connected leaders for Learning Health Systems: insights from a longitudinal Asia-Pacific leadership program

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Introduction
The Learning Health System (LHS) offers a framework for continuous improvement of health systems through iterative learning cycles across individual, team, organisational and cross-organisational levels.[1] While interest in LHS development is increasing in low- and middle-income countries (LMICs), few initiatives offer practical, context-specific strategies.[2] The year-long Leading a Learning Health System (LLHS) Program was developed to build leadership and LHS capacities for health professionals across five Asia-Pacific LMICs. This study explored participants' learning experiences and applications of learning in their context.
Methods
A mixed-method longitudinal study was conducted over 13 months, informed by social constructivism and Kirkpatrick's evaluation framework. Surveys and semi-structured interviews were conducted at two timepoints: after the initial intensive course (Survey A and Interview A) and one year later (Survey B and Interview B). Quantitative data were analysed descriptively, and qualitative data through inductive content analysis.
Results
Thirteen participants of 20 participants completed Survey A, all (100%) rating the program and cross-country network as 'high value'. At 12 months, 11 participants (55%) completed Survey B, all reported applying program learning regularly and expressed confidence in using skills learnt. Nine participants (82%) reported influencing team culture and five (45%) reported influencing organisational change. Qualitative analysis of 20 Interview A and 10 Interview B identified four themes: (1) developing a systems leadership identity, (2) translating leadership intent into practice, (3) contextual challenges to applying learnings, (4) resilience via adaptive leadership capacity and programmatic support.
Conclusion
This study demonstrates how a longitudinal leadership program, grounded in LHS principles of continuous learning and partnership, supported health professionals to develop a systems-leadership identity and foster a culture of learning and improvement. By strengthening relationships and enabling adaptive, distributed leadership, the program supported participants to collaborate and build collective resilience in the face of ongoing health system change.
Keywords Learning Health System, Leadership, Continuous learning culture, Capacity building

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Interprofessional educational interventions to improve pharmacological knowledge and prescribing competency in medical students and trainees: a scoping review

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Introduction/Background
Prescribing errors are a leading cause of preventable patient harm. In recent years, interprofessional education (IPE) has been increasingly utilised to improve knowledge and skills through promoting interprofessional collaboration. This scoping review aimed to evaluate the effectiveness of IPE interventions on pharmacological knowledge and prescribing skills in medical students and doctors-in-training.

Methods
MEDLINE, EMBASE, CENTRAL, CINAHL, PsycINFO, ERIC and Scopus were searched on 18/2/2025 for studies published since 2020. Keywords included interprofessional education, medical student, medical trainee, pharmacology and prescribing.

Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop) Results/Evaluation/Aims
Of the 3144 citations identified, 41 studies were included. There were four main types of IPE interventions: case-based learning, work-integrated-learning, didactic, and simulation and role-plays. Outcomes were spread across pharmacological knowledge, prescribing skills and interprofessional attitudes and all studies reported one or more positive findings at Kirkpatrick IPE level 1, 2a, 2b, 3 or 4b. No study reported outcomes at Kirkpatrick IPE 4a.

Discussion
IPE interventions targeting pharmacology and prescribing are positively viewed by medical learners. IPE is effective in improving interprofessional attitudes and collaboration, as well as pharmacological knowledge and prescribing competency. Logistical challenges can be barriers to larger-group IPE implementation; however, IPE work-integrated learning in authentic clinical settings may overcome these challenges.

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Enhancing communication skills in health sciences students through online intergenerational interviews

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Background
Effective communication with older adults is a critical competency for all health professionals [1], yet limited exposure contributes to reduced confidence [2]. We implemented an online *Intergenerational Interview Activity* to provide physiotherapy and speech pathology students with early, structured exposure to older adults and to support development in communication and interviewing skills, reflective practice, and interprofessional collaboration. This study evaluated the feasibility, acceptability and perceived educational value of the activity.

Methods
130 first-year physiotherapy and 8 speech pathology students participated in online interviews with 24 community-dwelling older adults. Students completed pre-interview preparation, and post-interview reflection and discussion. Working in groups of 4-5, students conducted 20-minute interviews via Zoom, supported by academic facilitators.

Feedback was collected from interviewees following the interviews, and from students through pre- and post-activity surveys, including Likert-scale and open-text questions. Data were analysed using descriptive statistics and summaries.

Results
Pre-activity (n=12 responses), students reported high confidence in communication skills (75-92% responding 'Agree' or 'Strongly agree'), but lower confidence in managing emotional reactions (17%) and interdisciplinary role clarity (50%).

Post-activity (n=23) confidence increased across all domains, with 91-96% reporting high confidence in most communication skills. Students reported strong educational value, with 95% indicating positive learning outcomes. Among students in interdisciplinary groups (n=15), 87% viewed collaboration positively. Students highlighted the value of real-world engagement and suggested longer interview times and clearer conversational frameworks.

Interviewees reported high enjoyment (92%), comfort (88%), and accessibility (92%). They positively evaluated students' preparation and engagement (92%). Minor challenges with group size, uneven participation, and repetitive questions were identified.

Discussion
This activity represents a feasible and acceptable approach to embedding authentic communication experiences into health sciences curricula. It provides early exposure to older adults and interprofessional learning and could be adapted across disciplines and educational contexts.

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Preparing students for an interprofessional workforce: how does peer shadowing support student learning about interprofessional collaborative practice?

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Background

Preparing students to work in a collaborative interprofessional workforce is an imperative of interprofessional education (IPE). Shadowing is an IPE learning activity where a student of one discipline most commonly shadows a registered health professional (not a student) of another discipline. As part of the *Allin4IPE* international study we investigated *if* and *what* students learn through peer shadowing a student of another discipline and how this experience may help them to work in collaborative teams as graduates.

Methods

Ethnographic, Case-study observational research was used to investigate learning gained through interprofessional peer shadowing involving final-year students in a New Zealand 5-week IPE programme. Researchers recorded fieldnotes of observations of peer shadowing involving combinations of seven different health profession disciplines, and these data were supplemented by student self-report data.

Findings

Students who were shadowing and students who were being shadowed were observed to learn from each other and their learning was wide-ranging. As well as learning about the immediate clinical context, students learned about another discipline's roles, skills, philosophies, training programs, personal and professional concerns, and broader health care issues. Students also appeared to learn the broader skills required to create and reinforce collaborative learning in clinical practice environments. These skills included being appreciatively curious and providing each other encouragement, feedback, affirmation, clarification, correction, empathy and reassurance.

Conclusion

Peer shadowing by students of different disciplines supports comprehensive learning about interprofessional collaboration as well as other aspects of professional and social practice with immediate application throughout health professional student undergraduate years. Moreover, graduates can be equipped with skills they can use to operate competently in increasingly diverse interprofessional teams in any health care setting.

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Interprofessional education and radiationtherapy - establishing opportunities for student learningin the workplace.

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Introduction/Background
Clinical workplaces such as hospitals are often keen to arrange interprofessional learning activities for students on clinical placements, but radiation therapy (RT) students are often overlooked because of a lack of awareness and understanding of their role in patient care. Furthermore, there are challenges in setting up hospital-based interprofessional education (IPE) because of the logistics of liaising with a large number of staff, as students are from different disciplines. Hospitals that offer RT are ideal sites to offer IPE, as invariably staff in these settings work interprofessionally to support patients with cancer and can immediately see its value.

Methods
Introducing an IPE programme can be broken down into six steps: establishing a team of partners and setting up the activity, setting achievable learning outcomes for the activity, developing the learning activity and identifying students, preparing the learning environment, establishing an annual cycle, and evaluating the data from the learning activity.

Findings
Establishing a hospital based IPE programme has many challenges. The MidCentral cancer care IPE programme has been evolving since 2017, and feedback data collected through e-survey's has shown that this experience is highly valued by students.

Conclusion
Offering hospital workplace-based IPE about Cancer Care to a range of students (including RT students) is advantageous to all participants, particularly when it includes patients receiving RT. It results in students learning about the role of RT and meeting RT students, gaining an understanding about interprofessional collaboration and having the privilege of hearing patients' stories of having cancer and receiving treatment.

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Asynchronous peer-to-peer learning in medical education: a one-year analysis of student engagement in an anonymous Discord forum

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Introduction
Peer-to-peer learning has long been central to medical education, traditionally through informal student interactions. Online forums extend this by enabling asynchronous discussions and creating searchable archives that benefit a wider audience. However, the dynamics of peer learning in online forum settings remain underexplored.

Methods
In May 2023, an anonymous Discord forum was created for pre-clinical medical students at the University of Hong Kong (HKU). The moderated forum encouraged discussion of curriculum content and past exam questions. A retrospective analysis of posts from May 2023 to May 2024 was conducted using data from 76 consented users. After excluding non-educational and inactive posts, metadata from 327 posts were examined (e.g., post length, response time). Content analysis identified expressions of the "Eureka effect"—moments of excitement due to new understanding. Thematic analysis was performed on the five longest discussion threads to further characterise peer-learning dynamics.

Results
Median time to first response was 3.6 minutes, with a mean reply interval of 4.5 minutes. Threads averaged 10 messages over 1.73 hours, involving about 4 unique contributors (max 13), indicating rapid and sustained exchanges. Most posts involved asking for answers (227, 69%) or explanations (83, 25%). Eureka effect appeared in 129 posts (39.4%), with 43.4% of participants expressing it at least once. Corrective feedback occurred in 93 posts (28.4%), and adequate citations in 107 posts (32.7%). Only 4 posts (1.2%) were undiscussed. Inquiry-based learning was evident, with students seeking clarification of past exam questions; Eureka effect often followed corrective feedback or citations. Discussions commonly ended once adequate explanations were provided.

Discussion
Although 51.7% of members were active, many silent users remained. Citation use (32.7%) was low, likely due to the informal nature of the forum. The moderate rate of Eureka effect (39.4%) suggests room for improved facilitation, possibly through enhanced moderation strategies.

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Interactivity versus engagement: Designing meaningful digital learning experiences

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Introduction/Background

Digital learning is well established in health professions education, yet eLearning experiences could still be content-heavy and learner-passive. This could be challenging in interprofessional education (IPE), where meaningful learning depends on interaction, perspective taking and connection across disciplines. Designing for genuine interaction and engagement requires a pedagogically driven approach that moves beyond platform functionality to prioritise learner experience, relevance, and collaboration.

This presentation explores key principles and practical strategies for designing interactive and engaging eLearning in health professions education, with a focus on supporting interprofessional learning.

Methods

Drawing on the Collaborative Practice Centre's (CPC) programmatic interprofessional curriculum framework and contemporary literature on digital engagement, a distinction is made between *interactivity* (what learners do) and *engagement* (how learners think, feel and connect with others). Design principles adapted from the Digital Learning Institute[1] are illustrated through a range of digital tools mapped to three functional purposes: content authoring, gamification, and collaboration. Practical examples implemented within learning management systems demonstrate how simplicity, pattern recognition, and learner-centred design can foster interaction, shared understanding and enhance engagement across disciplines. Strategies for measuring engagement are discussed, supported by learning-analytics indicators, dashboards, and learner feedback.

Results/Evaluation

The presentation aims to provide clarity in distinguishing engagement from interactivity and to increase educator confidence in selecting digital tools based on intent and purpose rather than novelty or platform constraints. Common barriers to engaging eLearning design are identified and matched with actionable strategies that can be implemented within real-world educational contexts. The approach supports scalable, curriculum-aligned digital learning that reinforces IPE.

Discussion

Effective eLearning design in health professions education requires intentional alignment of pedagogy, purpose, and technology. Designed with meaningful interaction, relevance and connection across disciplines in mind, digital learning can powerfully prepare learners for collaborative, person-centred practice when engagement is measured appropriately.

References

Optional. A maximum of two references can be included in the abstract. These references are not part of the word count

1: Digital Learning Institute: The big 5 e-learning design principles

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Introducing Project Malleus – a novel peer-reviewed clinical medicine Anki resource for AU/NZ medical students and junior medical officers

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Introduction/Background
Spaced repetition with active recall is an effective tool for knowledge retention.[i] Accordingly, the spaced repetition flashcard software *Anki* has been widely adopted in medical education. In the United States, large collaborative decks such as *AnKing*, developed for USMLE preparation, have been associated with improved academic performance.[ii] This growth has accelerated with the introduction of *AnkiHub* which enables live, Wikipedia-style collaboration on cards. However, there has been no equivalent large-scale, peer-reviewed resource in Australian and New Zealand, and there remains a scarcity of high quality and locally relevant educational materials for students and junior doctors.

Methods
In late 2022, the 'Malleus' deck was published on *AnkiHub* to mirror the success of the *AnKing* decks. Alongside a collaboration guide, quality control mechanisms were established whereby all submitted cards require a citation, with an emphasis made on local clinical guidelines such as *Therapeutic Guidelines*. A strict peer review process requires all cards to be assessed by a team of 'maintainers', who either approve them sharing them out to the deck's 'subscribers', or reject them pending further amendments.

Results/Evaluation
Now a registered not-for-profit organisation, the project has since expanded into hundreds of different clinical medicine topics, from the management of Atrial Fibrillation to the diagnosis of Schizophrenia and have over 5000 cards and 1800 active subscribers to the deck.

Discussion
Project Malleus offers a unique opportunity to adapt the peer-review model of academia into medical education. By widening the scope of collaboration to clinicians from across Australia and New Zealand, it has enormous potential.

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Virtual reality as a platform to provide safe clinical learning opportunities

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Virtual reality as a platform to provide safe clinical learning opportunities

The undergraduate medical curriculum is built around conditions categorised by systems, rated in terms of importance and need to know. Some rating one [R1] conditions, even common presentations, can be difficult to access e.g., if there are concerns about patient vulnerability, or patient, student and staff safety. Other R1 conditions are low prevalence, and it cannot be guaranteed that students will encounter these on placement. Book learning provides a theoretical overview of key conditions, but without an opportunity to apply information in an authentic context, through observation, sense-making, and practising skills, learning can be superficial and prone to decay. Virtual reality [VR] serves as an effective, immersive and safe tool, that promotes learning, linking the trajectory from theory through to safe and appropriate practice.

Postpartum psychosis is listed as an R1 condition on the undergraduate psychiatry curriculum, but anecdotal evidence, and checking hospital admissions indicated that this is rarely encountered on placement. A scenario was story-boarded and filmed in 3-D with clinicians and a simulated patient and partner. The student's perspective was portrayed, where a clinician explained the situation, and invited the student to stay and observe the management of the patient. Students viewed the scenario, individually, using headsets, Students were then debriefed in a group setting.

Students reported insights into the patient presentation, and empathy for the patient and partner. The fidelity of the immersive world was noted, however, perhaps given the intensity of the scenario, students not primed to note safety features, did not locate exits, call bells, or duress alarms. Students appreciated the chance to revisit the scenario, and to be able to identify such physical aspects of the environment, and the process of management.

Post-immersion reflection is an important part of learning in VR and a useful tool for directing attention in simulation, building understanding.

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Teaching Communication and Subjective Assessment Skills Using AI-Powered Conversational Agents in Physiotherapy Education

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Background

Effective communication and clinical reasoning are foundational skills for physiotherapists. Traditionally, these skills are developed through peer-to-peer simulations and educator feedback. However, increasing student-teacher ratios and rising social anxiety among first-year students are challenging the effectiveness of this approach. This project aimed to address these issues by developing and evaluating Artificial Intelligence (AI)-powered chatbots to simulate subjective assessment encounters and provide supervisor feedback, bridging a critical pedagogical gap in physiotherapy curricula [1].

Methods

We co-designed two generative AI-based chatbots on a bespoke platform (StreamLit): a virtual patient presenting with a musculoskeletal complaint, and second, a virtual supervisor to provide feedback on the interaction. The patient chatbot enabled students to practice a clinical interview, empathy, and clinical reasoning through free-text conversation. The supervisor chatbot provided immediate (post-interview) summative feedback. The project was implemented in a facilitated workshop for first-year physiotherapy students at the University of Melbourne. We employed a mixed-methods approach, using pre- and post-intervention surveys based on the modified Unified Theory of Acceptance and Use of Technology (UTAUT) framework [2], alongside system-level engagement metrics.

Results/Evaluation

128 first-year students engaged with the chatbots, with 86 responding to the survey. Results showed high engagement and perceived educational value: 94% agreed the chatbot improved their clinical reasoning and interview skills, while 95% found it helpful for communication practice. Qualitative feedback highlighted the tool's effectiveness in providing a low-stakes, enjoyable environment for skill practice and emphasising key aspects of patient interaction, such as empathy.

Discussion

This project demonstrates the successful integration of generative AI into physiotherapy education for foundational clinical skills development. AI-driven chatbots may offer a scalable, flexible tool to complement traditional teaching methods, providing additional practice and feedback opportunities. While initial results are promising, further research is needed to develop frameworks for aligning AI-powered teaching tools within health professions education curricula.

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The digital native paradox: A framework for critical appraisal of generative AI in clinical education

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Introduction/Background
The integration of generative artificial intelligence (AI) into healthcare is accelerating, with trainees often acting as enthusiastic early adopters. However, a 'digital native paradox' exists whereby digital fluency does not equate to safe clinical application.[1] Trainees with nascent clinical experience are uniquely vulnerable to plausible but erroneous AI outputs, creating risks of 'mis-skilling' and 'de-skilling'.[2] Current educational efforts prioritise prompt engineering over validation, necessitating a shift towards appraising AI output as a form of opaque evidence.

Methods
To address this educational gap, this work proposes the implementation of a novel educational tool, the VALIDATE framework. Designed to scaffold the critical appraisal of AI-generated clinical advice, the framework operationalises the evaluation of AI output for the learner. It guides trainees through a structured cognitive process to verify sources, assess accuracy against gold standards, and determine specific relevance before any clinical application.

Results/Evaluation
The VALIDATE framework provides a mnemonic strategy comprising: Verify sources, Assess accuracy, Look for bias, Identify consistency, Determine relevance, Analyse gaps, Test sensitivity, and Escalate for supervision. Unlike generic guidelines, this tool targets specific healthcare risks, such as contextualisation failures regarding age-based differentials or weight-based dosing. Success is indicated by the trainee's ability to transition from a passive consumer of information to an active validator, using the framework to identify omissions prior to senior consultation.

Discussion
Implementing this framework establishes the critical appraisal of AI as a core professional competency, akin to evidence-based medicine. It provides clinical supervisors with a mechanism to govern AI use, ensuring trainees do not internalise incorrect logic. By mandating escalation when AI suggests novel management, the framework mitigates the risk of automation bias and ensures that foundational clinical reasoning remains central to healthcare training.

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Threads of practice: Weaving connected professional identities amongst dental clinicians, educators and academics

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Background
Professional identity formation (PIF) is increasingly recognised as essential to developing and sustaining the health professions workforce. Whilst there is work exploring PIF amongst dental students, few studies have examined dental educator perspectives. Dental educator PIF influences staff development, recruitment and retention (Shapiro 2025). In the context of workforce challenges in dental education, including casualisation and recruitment pressures, it is timely to investigate how workers across the dental industry with varied work arrangements construct and negotiate their professional identities, perceive teaching roles relative to clinical practice, and experience identity tensions that influence engagement, sense of belonging and teaching capability. These insights have implications for workforce recruitment and retention in the broader health profession education sector.

Methods
Cross-sectional anonymous surveys will be conducted with participants across four work patterns; academic, academic -clinician, clinical educator-clinician, and clinician. Semi-structured interviews and focus groups will explore identity trajectories, perceived value and perceived legitimacy of the educator role, experiences of support or marginalisation, and the interplay between clinical, academic, and teaching identities. A second-phase of semi-structured interviews will explore perceptions of other workforce patterns and the perceived value and legitimacy of those roles. Data will be analysed thematically using Braun and Clarke's (2006) approach, informed by professional identity formation theory and communities of practice.

Results
Data collection is in progress and preliminary themes will be presented at the conference. Early analysis is expected to highlight identity tensions, differing senses of belonging, and structural and cultural factors that shape educators' confidence and orientation toward teaching.

Discussion
Understanding how dentist-educators form and negotiate professional identity has important implications for workforce stability, faculty development, and the quality of clinical education. Findings may inform strategies to better support educators, strengthen educator professional identity, and build more connected, resilient teaching communities within dental education.

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Does having a rural practitioner teach small groups by distance facilitate students' ongoing interest in rural medicine? Practitioner-educator reflections on a novel intervention in a New Zealand medical school

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Introduction
Acquiring tutors for small group teaching that have an appropriate background in rural medicine can be problematic given those interested may be located away from campus. Furthermore, distance teaching can adversely influence student engagement and learning outcomes. This paper reflects on the rural educator's experience of implementing a distance approach and how it appeared to influence the teaching environment, the nature of discussion, and the educational value of rural context.

Methods
A rurally-based general practitioner facilitated a Year 3 MB ChB small-group tutorial in the Integrated Cases stream at the University of Otago (n=12 students; self-selected, 2025). Teaching was delivered predominantly by videoconference (16/20 two-hour sessions) and emphasised application of rural context to case-based discussion. Educator reflections were informed by course evaluations collected before and after the teaching block, including scaled responses and open-ended comments, alongside observations of student behaviour.

Results
Engagement appeared sustained across the teaching period. Routine feedback suggested that attitudes toward rural medicine exposure, interest in rural training experiences, and perceived relevance of rural perspectives were maintained or strengthened. Reflective analysis highlighted recurring themes including applying a "rural lens" to case assessment, contextual influences on patient care, and a shared interest in rural practice. Sustained interaction with a rurally-based clinician appeared to normalise rural medicine as both valued and legitimate.

Discussion
Distance delivery by a rurally-based clinician did not appear to diminish engagement and may have supported the integration of rural perspectives into case-based learning. The use of contextually authentic rural teaching at distance offered a feasible way to enhance rural visibility within the curriculum and to foster a sense of community around rural practice. These reflections may inform institutional thinking about how rurally-based clinicians can contribute meaningfully to undergraduate education and how distance delivery can support educational authenticity rather than detract from it.

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Threads of innovation: weaving explicit clinical reasoning instruction across disciplines and borders

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Introduction/Background

Clinical reasoning (CR)—the integration of knowledge and skills for diagnostic and management decision-making—is indispensable for safe patient care, yet its teaching remains fragmented, inconsistent, and often implicit within health professions education. Diagnostic errors linked to deficits in clinical reasoning cause substantial preventable harm; in Australia alone, misdiagnosis contributes to approximately 21,000 cases of serious harm and 2,000–4,000 deaths annually. This project addresses a longstanding gap in CR education by developing an explicit, structured, and evidence-based CR curriculum, initially within psychiatry and general medicine, through a global collaboration across four universities (UNSW Sydney, UNDA, UCSF, and UAB). The initiative aligns with the ANZAHPE 2026 theme of weaving connections by integrating cross-institutional expertise around clinical reasoning as a core clinical competency.

Methods

Guided by Kern's six-step approach to curriculum development, a clinical reasoning–embedded curriculum is being co-designed and piloted within psychiatry clinical placements. The curriculum incorporates weekly interactive masterclass sessions, structured case-based reasoning activities, and faculty development resources to support explicit teaching of CR. Evaluation is embedded within implementation and includes pre- and post-session surveys, knowledge-based assessments (e.g., script concordance testing), observation of clinical reasoning in OSCEs, and qualitative student and faculty feedback. A seed grant application is under review, with plans to pursue NHMRC, ARC, and international funding to support multi-site scale-up.

Results/Evaluation

As an in-progress educational initiative, formal outcome data are pending. Planned evaluation focuses on learner engagement, performance on clinical reasoning tasks, feasibility of curriculum integration, and faculty capability to teach CR explicitly. Early informal faculty feedback suggests strong demand for a structured, scalable approach to CR education.

Discussion

This PeArLS will explore key challenges arising from early implementation, including how to embed explicit CR teaching within busy clinical curricula, how to build faculty capability and shared reasoning language, how best to assess CR development, and how to sustain cross-institutional collaboration. Participants are invited to contribute insights that will inform ongoing curriculum refinement and broader CR education scholarship.

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Issues or questions for exploration

How can explicit clinical reasoning be systematically embedded within psychiatry training and extended across medical curricula, while remaining relevant to other health disciplines? What training and support do educators require to teach clinical reasoning explicitly and confidently? Which assessment approaches most effectively capture development of clinical reasoning skills in authentic clinical settings? How is clinical reasoning currently taught and evaluated across ANZ institutions, and where do gaps exist? This PeArLS invites participants to co-explore curriculum integration, faculty development, institutional enablers and barriers, and opportunities for collaborative scholarship to advance sustainable, evidence-based clinical reasoning education.

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Using large language models to support qualitative analysis in health professions education research

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Introduction/Background
Large language models (LLMs) are increasingly used by researchers to analyse qualitative data. While these tools offer potential efficiencies, their use raises methodological, ethical, and epistemic concerns, particularly within interpretivist and reflexive qualitative traditions common in health professions education (HPE). There is limited practical guidance on how LLMs can be used transparently and defensibly without displacing the researcher's analytic judgement. This presentation aims to demonstrate how LLMs can be positioned as *analytic supports* rather than *analytic authorities* within reflexive qualitative analysis.

Methods
Drawing on an applied example from an HPE research project, this presentation outlines a structured workflow for using LLMs to support stages of reflexive thematic analysis. The approach emphasises careful prompt design, reflexive engagement with model outputs, and explicit separation between descriptive assistance (e.g. summarisation, pattern noticing) and interpretive decision-making by the researcher. Ethical considerations, including data anonymisation, avoidance of data upload to external servers where required, and transparent reporting of AI involvement, are explicitly addressed.

Results/Evaluation
The workflow demonstrates how LLMs can assist with familiarisation, exploratory pattern identification, and analytic memo-writing, while preserving reflexive accountability. Key outcomes include increased analytic transparency, improved auditability of analytic decisions, and enhanced researcher reflexivity through deliberate interrogation of model outputs rather than uncritical acceptance.

Discussion
LLMs can be productively incorporated into qualitative research in HPE when their role is clearly bounded and theoretically aligned. Rather than accelerating analysis through automation, their value lies in supporting reflexive sense-making, challenging assumptions, and documenting analytic reasoning. This presentation invites discussion about appropriate use, risks of epistemic drift, and the responsibilities of qualitative researchers when integrating AI-assisted tools into scholarly practice.

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Start as you mean to continue; Implementing a Continuing Professional Development Portfolio from year 1 of a medical program

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Introduction/background
Medical programs in Australia and New Zealand are tasked with teaching and assessing knowledge and skills across four domains. Unlike the science, clinical practice, and to some extent, health advocate domains, 'Professionalism and Leadership' is less suited to traditional teaching and assessment. Behaviours such as professionalism, time management, feedback-seeking, and reflective practice are mandated by the Australian Medical Council's Standards for Assessment of Primary Medical Programs but remain difficult to measure using conventional formats.
To address these standards and to prepare students for their medical career, we introduced a Continuing Professional Development (CPD) Portfolio in the first year of our undergraduate entry medical program. The Portfolio aligns with a global shift toward outcomes-based, capability-focused assessment. Capability models have gained traction in medical education, through programmatic assessment approaches and curriculum designs that emphasise reflection, integration, and developmental growth over time. The portfolio operationalises these principles within a structured yet personalised framework, enabling students to use feedback, explore professional identity, and plan development using evidence-informed strategies. The goal is to help students build sustainable habits and mindsets supporting academic and professional success.
Methods
Students work on a broad range of capabilities across the program, accumulating a minimum number of points in each of four quadrants; engagement with and reflection on learning activities (Learning Experiences), seeking feedback on classroom engagement and performance (Student Engagement), goal-setting and development planning (My CPD), and engaging in extra-curricula, student-led experiences (Capability development experiences; CDEs). Multiple submissions across each semester are compiled to generate an overall point score and ultimately determine whether each student has met the portfolio requirement.
Results/Evaluation
The CPD Portfolio is in its third semester, with two cohorts beginning their CPD journey. Evaluation shows that the portfolio supports early identification of students who need extra support to manage their time, expectations, and approach to study.
Issues/Questions for exploration
The assessment and decision-making processes associated with a longitudinal, capability-based portfolio, within the constraints of university policies, structures, and assessment classifications presents a challenge. We will explore the challenge of implementing what is a more programmatic type assessment within the structure of competency-style decision-making and fixed points of progression.
We will use case studies and guided discussion to explore the following questions:

- How can a capability development model fit within more traditional assessment and subject structures?
- Should students be allowed to progress when aspects of professionalism clearly need improvement?

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Be Whole or Be Well? Self-Care in Social Work Field Education

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Introduction
Field education is the primary form of workplace learning in social work. Field educators supervise students during extended 60-day placements within health and other practice settings. While student learning and wellbeing in field education have been widely examined, far less attention has been given to field educators themselves. This omission is significant given the dual role field educators occupy as both practitioners and educators, and their responsibility to supervise, support learning, and role model professional behaviours within workplace learning environments.
Methods
This presentation draws on data from an exploratory qualitative PhD study examining self-care among social work field educators in Aotearoa New Zealand. The study utilised auto-photography and semi-structured interviews with twenty field educators working across a range of organisational practice settings. Data were analysed thematically, informed by ecological systems theory, organisational culture and climate, and experiential learning perspectives. This approach enabled exploration of how self-care is perceived, enacted, and shaped within workplace education environments.
Results
While the literature commonly differentiates between personal and professional self-care, participants' accounts revealed these distinctions to be contested in lived experience. However, when self-care was constrained by barriers across organisational, professional, regulatory, and broader structural systems, participants described an intentional separation of their personal and professional identities as a strategy to protect wellbeing.
Discussion
These findings position field education as a critical workplace learning context where messages about self-care, professional identity, and wellbeing are conveyed through supervision and role modelling. The findings highlight the importance of a systems-wide response to self-care in workplace education, including organisations, education providers, and professional bodies. Supporting field educator wellbeing is therefore integral not only to educator sustainability, but also to the quality of workplace learning.

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Effectiveness of the WOWIE Bedside teaching Model for Early-career Social Workers: A Qualitative and Quantitative Study

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Introduction/Background: Early-career Social Workers face unique challenges transitioning into complex hospital environments, particularly following disruptions to traditional learning pathways during COVID-19. In response, Monash Health introduced the Workforce Clinical Educator (WCE) role in January 2024 to provide structured, evidence-based education and bedside teaching. A key initiative under this role is the Watching Others Work in Environments (WOWIE) program, designed to deliver individualized, real-time learning to clinicians within their practice context.

Social Work is a practice-based profession requiring advanced micro-skills and strong communication competencies. Workforce shortages and accelerated transitions into frontline roles have highlighted gaps in confidence, knowledge, and skills among Grade 1 clinicians. WOWIE addresses these gaps through a four-hour, one-on-one bedside teaching model focused on self-identified learning needs, goal setting, and immediate feedback. This initiative complements monthly professional development sessions and aims to improve clinician capability and patient care outcomes.

Methods: The study uses a mixed-methods approach: focus groups informed program design, WOWIE and PD workshops were implemented, and evaluation includes pre/post surveys and qualitative feedback. Data is then analyzed for changes in clinicians' confidence, knowledge, and skills.

Results/Evaluation: Preliminary evaluation of the WOWIE program demonstrates clear improvements in clinician capability. Participants reported increased competence following bedside teaching sessions. Qualitative feedback highlighted WOWIE's effectiveness in providing real-time feedback, practical strategies, and fostering professional identity. Clinicians described feeling more prepared for complex tasks such as psychosocial assessments, family meetings, and managing challenging interventions. These findings indicate that WOWIE is a valuable educational model and support its potential expansion to higher-grade cohorts.

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Building sustainable solutions to allied health placement capacity

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Introduction/background:
Australia and New Zealand face health workforce shortages, compounded by limited placement availability, particularly for allied health professions. This workshop will share learnings from research focussed on building sustainable solutions to allied health placement capacity (Attrill et al., 2025). The project adopted a systems-focussed approach to reflect diverse and complex cross sector, cross jurisdiction nature of placements within allied health. We asked the question, what facilitators of placement capacity are effective, for whom, and under what circumstances to increase allied health placement capacity in the Australian system?

Methods
Realist methods were used to bring four different forms of evidence together: a review of the literature; an analysis of allied health professions curriculum accreditation documentation; a policy and funding documentary review and analysis; and a survey of key participant groups' perceptions of our program theories and early recommendations. The program theories were refined through iterative analysis, with project recommendations and actions derived.

Results/ evaluation:
Synthesis resulted in five program theories: partnership; learning culture; investment; quality supports; and mutual understanding. The inter-connectedness between program theories highlighted the complexity of placement capacity building and the need to consider this as part of a complex adaptive system. From the synthesis, six key recommendations were developed to reframe how placement capacity is understood and actioned to build placement capacity, and hence workforce capacity, across allied health professions.

Discussion
Our evidenced informed six recommendations provide a clear systems-focused direction for supporting high quality, sustainable allied health placement capacity. Importantly, our recommendations transverse multiple sectors, jurisdictions and partners. Whilst allied health focused, the recommendations may be relevant to other professions facing similar placement and workforce challenges.

References
Attrill, S; et al. (2025). Building Sustainable Solutions to Placement Capacity in Allied Health Education. A project of the Australian Council of Deans of Health Sciences. Final Report. https://acdhs.edu.au/building-sustainable-solutions-to-placement-capacity-in-allied-health-education/

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Codesigning a refreshed general practice and primary care curriculum for medical students

Prof Penelope Abbott[1], Ms Jessica Jaja[1], Dr Coralie Wales[2], Prof Wendy Hu[1], Dr Yasin Shahab[1], Associate Professor Brahm Marjadi[1]
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Introduction/Background
A major challenge for universities is establishing effective and sustained networks with industry, stakeholders, and community. Broad perspectives are needed to create medical curricula which meet societal needs and expectations. Primary care is important within an integrated medical curriculum but may lack visibility to students given most clinical teaching is in hospital. We needed a refreshed curriculum to enhance the student experience and understanding of primary care. This project aimed to bring stakeholders together to co-design recommendations for a refreshed curriculum to enhance the student experience, deepen their understanding of primary care, and strengthen partnerships with stakeholders.

Methods
Using a codesign methodology, the Double Diamond Model, we held five 1.5 hour hybrid sessions between October 2025 to February 2026. Participants included community members, medical students, general practitioners, medical educators and representatives from two Primary health networks and a Local health district. Attendance ranged from 15-18 per session with most attending all sessions. Session transcripts and team member memos were collated, themed and iteratively presented back at each session for further discussion, culminating in a final presentation of codesigned recommendations and ideas.

Results
A consensus agreement on the recommendations for a refreshed curriculum was grouped into the following categories: foundational understandings, principles underpinning the curriculum refresh, what we need to teach, how we need to teach and what will help us, challenges to look out for, and innovations. Participants expressed interest in forming a Primary Care Medical Education Coalition to provide ongoing oversight and advice.

Discussion
The project strengthened the university's partnerships with stakeholders and has created curriculum recommendations to guide ongoing curriculum design. Our next focus is on implementation, with identification of priorities and 'low hanging fruit' as an early step. A qualitative evaluation of the codesign process is underway.

Reference
Design Council. (2005). A Study of the Design Process—The Double Diamond. London: Design Council.

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Formalising Clinical Perfusion Education - Designing a Master of Cardiovascular Perfusion as Subject Matter Experts

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Introduction:
Clinical perfusion training has traditionally been delivered through workplace-integrated learning models supported by a College run educational program. As the profession evolves, alongside increasing expectations for consistency, alignment with international standards and parity with other healthcare professions, there is growing pressure to formalise postgraduate education pathways. This presentation offers an experiential account of transitioning a College course into a Master's degree, while preserving the strengths of work-integrated learning. It reflects the perspective of subject matter experts navigating the intersection of clinical expertise and educational design, with the added challenge of designing a program for trainees balancing study demands with clinical service delivery.

Approach
Our central challenge was translating clinical expertise into a formal curriculum without diluting the authenticity of clinical learning. Program development was undertaken in partnership with university stakeholders and educational designers, alongside clinical leaders and training sites. Key elements included mapping competencies to course learning outcomes, establishing constructive alignment between curriculum, assessment, and clinical entrustment expectations, and building the supporting work-integrated learning infrastructure. Particular attention was paid to workload design, scaffolding, and assessment choices for authenticity and integration with clinical practice, rather than academic tasks competing with rostered work and on-call commitments.

Discussion
Formalising perfusion education requires more than repackaging content. It depends on shared governance between university and professional body, supervisor support, and assessment approaches that keep learning anchored in real clinical decision-making rather than drifting into tasks that feel disconnected from the operating theatre. This presentation highlights insights for clinical experts transitioning into educational leadership roles, including the challenges of integrating work-integrated learning within postgraduate structures and navigating governance complexity across institutions and training sites. Our experience suggests that subject matter expertise, combined with intentional engagement with education theory, can support the development of programs that remain clinically authentic. We share practical solutions, unexpected challenges, and lessons that are applicable across clinical disciplines undertaking similar transitions.

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Connecting the dots for curriculum literacy: Exploration of staff and student perspectives

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ANZAHPE Conference abstract

Introduction:
A student's curriculum literacy impacts their ability to successfully navigate higher education; however, there is limited consolidated understanding of the factors that shape curriculum comprehension. This study explored university student and staff perspectives on what constitutes curriculum and the elements that influence student understanding.
Methods:
This mixed-methods study used co-designed surveys developed collaboratively by educators, researchers, and students-as-researchers. Parallel surveys for staff and students included Likert-scale and open-ended questions examining engagement with curriculum-related activities, understandings of curriculum elements, and contextual influences on curriculum comprehension. Surveys were pilot-tested and refined prior to distribution. Quantitative data were analysed using SPSS, while qualitative responses underwent inductive and deductive thematic analysis following Braun and Clarke, with staff and student data analysed separately.
Results:
A total of 152 participants completed the survey (n=78 students; n=74 staff). All student participants were enrolled at Griffith University, while staff respondents were primarily based in Australia with some international representation. Staff demonstrated higher curriculum literacy than students across all curriculum types, particularly for hidden and experienced curricula. Approximately half of staff reported a thorough or good understanding of intended, hidden, enacted, and experienced curricula, whereas student understanding was notably lower, especially for hidden and experienced curriculum. Key factors identified as influencing curriculum understanding included learning delivery mode, the ability to make connections between skills and content, and the contextualisation of learning beyond disciplinary content. Qualitative analysis identified three overarching themes: 1) delivery (provided content, sharing the why through setting expectations, learning environment, assessment); 2) Connections (curriculum-career alignment, relation between people); and 3) student learning practices (self-study, facilitated activities).
Discussion
Findings highlight a substantial gap between staff and student curriculum literacy, underscoring the need for greater curriculum transparency and intentional pedagogical practices that support students' engagement with curriculum as a coherent and developmental learning framework.

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Preparing future healthcare professionals to respond to the health impacts of climate change: an multi-professional review of current accreditation and registration standards

Dr Lillian Smyth[1], Dr Connor Graham[1], Dr Nicole Vargas[1], Dr Samantha Stanley[2], Dr Riemke Aggio-Bruce[1], Dr Kathleen Miles[1], Prof Jane Dahlstrom[1,3]
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Introduction/Background
Future health professionals need to be trained to respond to the health impacts of climate change (HICC), and this is well-acknowledged by health professions educators. However, in the context of already-packed curricula, there has been limited translation through to educational practice as yet. Evidence shows that one of the better mechanisms through which curricular change can be driven is the regulatory frameworks of accreditation and registration standards. The current study reviews existing educational accreditation standards and professional registration documents to provide a picture of the current impetus to include this content in health professional education.
Methods
We conducted a systematic narrative review of current professional registration competencies and educational provider accreditation standards across three health professions (medicine, nursing and clinical psychology) and five countries (Australia, New Zealand, Canada, US and UK). We reviewed all publicly available standard documents and conducted comparative content analysis.
Results/Evaluation
In the five countries, we identified 47 professional registration and educational accreditation standards documents for the three health professions. All documents were reviewed, yielding nine statements or competencies within these documents which were coded as directly or strategically addressing HICC (7 nursing, 1 medicine, 1 clinical psychology); a further 89 items created the opportunity to include this content, if so motivated. The overwhelming majority of the identified HICC-relevant standards were in classified in the theme "knowledge of the link between environment and health". Relatively fewer items were extracted relating to changes in presentations or epidemiology, changes to health system functioning, or changes in clinical practice.
Discussion
The review found limited direct or strategic focus on the HICC in current required competencies, standards and learning outcomes in any country we reviewed. There is a clear opportunity for registration and accreditation bodies to take leadership in ensuring future health professionals are prepared for the HICC.

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The nexus of HPE health and wellbeing in the context of disasters across the Asia Pacific: Is it business as usual (BAU)?

Associate Porfessor Julie Willems[1], Associate Professor Lesley Gray[2]
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Introduction
Disasters of increasing severity and intensity are evident around us. In January 2026, bushfires in Australia, and flooding and landslides in New Zealand resulting in loss of lives, fauna and flora, property and livelihoods. Medical and healthcare students (MHS) and healthcare professional educators (HPE) may find themselves amidst these unfolding events. Questions arise regarding how we safeguard students and educators in such events, and what education and training do educators and MHS need to support their situational awareness, disaster mindset, and enhance resilience and wellbeing?

Methods
This presentation discusses the data collected from two studies. The first is the findings of a focus group of HPE colleagues conducted at the Asia Pacific Medical Education Conference (APMEC) in Singapore in January 2025. Information from this focus group resulted in the creation of a Pilot Survey which was subsequently run at a Disaster Medicine and Emergency Management conference in Bangkok, August 2025. Both studies were conducted in line with research ethics approvals.

Results
Themes arising from the analysis of the 4-hour Focus Group transcript included the variety and severity of disasters across the Asia Pacific, the impacts on MHS and HPE, and the need for robust preparation and solutions.

Data from the Pilot Survey shows that even those with particular interests in disaster and emergency management do not teach or facilitate situational awareness and disaster mindset in their day-to-day HPE with non-disaster specialising MHS.

Discussion
The combined data evidenced ways to help support students and HPE in these times. We will present our dual study findings and explore the relevance of business as usual (BAU). We will conclude our presentation with a summary of our subsequent and current research and scholarship in this area.

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Geographical narcissism during medical education and its influence on rural medical careers

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Background
Inequality in healthcare provision between metropolitan and rural communities persists globally, largely due to ongoing rural medical workforce shortages despite decades of evidence-based strategies. Geographical narcissism (GN), the belief that the best healthcare provision occurs in big cities, pervades medical education, where growing recognition suggests GN contributes to access gaps and medical workforce shortfalls.
Methods
Using a constructivist a qualitative approach informed by realist evaluation, we conducted 29 semi-structured interviews, with rural and metropolitan based medical students and junior doctors. Reflective thematic analysis of the data was undertaken.
Results
GN emerged as a pervasive influence throughout the continuum of early medical training. Participants described GN being overtly and subtly reinforced by peers, educators, clinical supervisors, and institutional structures across both formal curricula and informal learning environments. GN also surfaced in career counselling and specialty pathway discussions. Often grounded in limited firsthand exposure to rural practice, GN was propagated through assumptions and hearsay rather than experience.
Four themes, comprising fifteen subthemes, captured the varied impacts of GN. First, GN discouraged long-term rural practice intentions. Second, GN prompted some learners to question their decisions to pursue rural placements. Third, for others, GN had little effect on their rural commitment. Fourth, GN functioned as one of multiple interacting factors influencing career location choices. Four explanatory theories highlighted differential susceptibility to GN, including: reinforcement through educational culture; the protective effects of rural self-efficacy and experience; metropolitan-centric career and training structures; and broader systemic biases favouring urban healthcare environments.
Discussion
GN operates as a subtle yet consequential component of the hidden curriculum in medical education. Its influence intersects with personal background, training experiences, and structural factors. Addressing GN is essential to disrupting metrocentric assumptions, strengthening rural training pathways, and improving rural workforce sustainability.

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The impact of research experience during medical training on subsequent research activities: a bibliometric analysis of a Western Australian medical program

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Introduction
There is a shortage of clinician-researchers in Australia, resulting in inadequate capacity within research groups to plan clinically relevant work, and translate clinical findings into robust, timely evidence. Practical exposure and hands-on training in research during medical school education has potential to enhance longer-term interest in clinical research, though this has not been formally evaluated in an Australian context. Thus, the aim of this study is to describe publication outputs of medical graduates who previously participated in 'Scholarly Activity' research stream of the MD medical program in The University of Western Australia (WA).

Methods
Published research outputs from graduates of UWA's MD program were analysed from 2016 – 2025. Peer-reviewed research outputs have been chosen as an outcome measure, as a proxy for participation in higher level research. Citation scores and research themes will be descriptively analysed, and titles/abstracts thematically analysed. The project has received ethics approval. We reviewed preliminary data from the students' publications.

Results ~~(Based on incomplete data collection)~~
Of the 114 students currently assessed, n=58 (50%) have published a total of 178 works of research. Most common fields were cardiovascular medicine and haematology (n=31), medical microbiology (n=19) and neurosciences (n=16). A student wass first author in AA%. XX% were published in tier 1 journals and YY% have a field-weighted citation index >1.0. Thematic analysis of included titles suggests research mostly of Australian humans, and of varying relevance to their projects undertaken in MD years. Additional information regarding the relationship to this project and subsequent research is also being analysed. Median citation count is 11 (sd 32).

Discussion
Preliminary analysis finds an association between participation in this hands-on research program in graduating medical students and subsequent involvement in research. This approach not only develops their research skills but also promotes a better understanding of clinical practice. This hands-on experience prepares students to contribute effectively to research and knowledge in various fields and enhances their impact as future research-clinicians

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When Systems Fray: An appraisal of the role of Active Accreditation Management in restoring conditions for high-quality workplace-based training

Ms Alyssa Anderson[1], Ms Sarah Hyde[1], Ms Hannah Denney[1], Ms Jerusha O'Brien[1]
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Introduction/Background
Postgraduate medical training relies on workplace environments that support supervision, education delivery, safe patient care, and trainee wellbeing - all core accreditation standards. Maintaining these standards requires collaboration across health jurisdictions, training settings, supervisors and medical colleges. The RACP's Active Management (AM) process addresses breaches in standards and supports settings to return to compliance. Using ecological theories of systems (ETS)[1], we examined AM effectiveness, including enablers and barriers to its success.

Methods
A qualitative study was conducted using document analysis, case narratives, and interviews from 13 AM cases across Australia. Four settings were examined in depth, including interviews with 16 stakeholders. Data were coded in NVivo and case studies were developed, using ETS as a framework, to illustrate factors that hindered or supported effectiveness across settings.

Results
AM effectiveness was mediated by interdependencies within nested ecosystems comprising training environments (microsystem), jurisdictional workforce and infrastructure pressures (meso-system), and binational regulatory standards applied acontextually (exosystem). When implemented as a partnership, where all stakeholders felt their perspectives were heard and considered, AM acted as a positive source of disruption and catalyst for cultural shifts which led to improved training quality. However, the severity, scale, and number of concerns influenced setting adaptability, mediating overall effectiveness. Where the process was perceived as less inclusive or insensitive to context, AM was experienced as more punitive, causing hysteresis in some settings and flow on effects for trust and engagement.

Discussion
AM relies on weaving strands of evidence to make informed decisions that privilege context by balancing risk of inaction with system adaptability. The analysis raises questions about how far settings should be held to account when meso-systemic constraints limit improvement and make some standards unattainable.
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Evaluating a new graduate program focused on supporting transition to rural practice: Does supporting community engagement increase intention to stay in rural areas?

Dr. Abigail Lewis[1], Ms. Ariane Aldus[1], Professor Elizabeth Armstrong[1], Dr. Adam Johnson[1], Ms. Emily Jackson[1], Dr. Margaret Potter[2]
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Introduction/Background
Over a quarter of Australians (7 million) live in regional, rural and remote areas, yet rural health outcomes continue to lag behind metropolitan outcomes[1]. Research has focused on recruitment strategies; however, recent evidence highlights health professionals often leave rural settings within 12 to 18 months[2] increasing the economic burden for rural health services. Emerging research emphasises professional identity, community belonging, and social integration with local people are pivotal for sustaining a rural workforce[2]. This project evaluates a new graduate (NG) program specifically designed to increase intention to stay working rurally.

Methods
ECU's UDRH SW in rural Western Australia has designed an innovative rural NG program by adapting and extending the TELL Centre's Learning on the Run (LOTR) modules. The program provides structured learning to enhance clinical competence and confidence and weaves community and social integration; reflective practice; and network building together using innovative activities. Participants examine their experiences of rural living and cultivate a rural identity, sharing the outcomes in a photo journal.

The six modules are delivered fortnightly in a face-to-face group setting and ten health professionals will be recruited to the study within their first six months of work within the south west region.

A mixed methods approach will collect pre and post quantitative surveys and an in-depth qualitative focus group discussion following the cessation of the program. Descriptive statistics of questionnaire responses and thematic analysis of the focus group will be triangulated with the number/variety of photos and thematic analysis of reflective commentary in participants' photo journals.

Results/Evaluation
The results of the first iteration of this ongoing program will be collated in May.

Discussion
The study will provide the first evaluation of an innovative modified LOTR to shed further light on ways to support new graduates to settle into and remain in a regional work environment.

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Supporting early career OTs in public health: Implementing a structured online learning framework

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[1]Bayside Health, Peninsula Care Group, Melbourne, Australia, [2]Monash University, Melbourne, Australia, [3]National Centre of Healthy Ageing, Melbourne, Australia

Introduction/Background
Early career occupational therapists entering complex public health settings often lack consistent access to structured learning supports. This variability can negatively impact confidence, capability development, and professional identity. In response, our organisation developed and implemented a structured online learning framework tailored to support rotating Grade 1 occupational therapists. Informed by implementation science, the framework aims to standardise expectations, streamline early career learning, and promote capability development within the first years of practice.

Methods
A co-design approach was used to develop a suite of implementation interventions that were feasible, acceptable, and aligned with existing service structures. Stakeholders included new graduates, supervisors, and service managers. Guided by adult learning theory and principles of implementation science, the interventions included: a structured digital resource supporting scope of practice identification, goal setting, and reflective practice; embedded processes for orientation, supervision engagement, and feedback mechanisms; and a standardised model for mandated learning requirements. To promote equity and consistency, managerial endorsement enables protected weekly learning time and formalised expectations across service sites.

Evaluation
Evaluation will explore the acceptability, feasibility, and integration of the framework into routine supervision and workflow systems. Data will be collected from embedded checkpoints that track supervision participation, completion of learning tasks, and engagement with reflection and goal setting. Periodic surveys administered to learners and supervisors will assess usability, perceived value, and alignment with role expectations. After two rotations, focus groups with Grade 1 therapists; and supervisors, will explore the framework's impact on learning, perceived workplace support, and compatibility with day-to-day service delivery. These data will inform iterative improvement and guide potential scale-up.

Discussion
By enhancing behavioural regulation, clarifying expectations, and restructuring the learning environment, this initiative addresses key implementation barriers. It fosters autonomy, reinforces professional identity, and contributes to a more cohesive, supportive learning culture across public health occupational therapy settings.

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What ‘motivates’ physiotherapists to be clinical educators for entry level student placements?

Jo Hargreaves[1,2], Professor Deanne Gannaway[3], Brittany MacLeod[2], Professor Shaun O'Leary[1]
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Introduction

‘Motivation’ considers the beliefs and values that drive behaviour. A cross-sectional survey of Queensland Health (QPHS) physiotherapists – who provide half of Queensland’s entry-level physiotherapy clinical placements - suggested that their ‘motivation’ is only slightly inclined toward engagement in clinical educator (CE) roles [1]. This presentation will explore what motivates physiotherapists to engage as CEs and provide aligned intervention strategies.

Methods

Semi-structured interviews were conducted across two groups: (i) QPHS physiotherapists (graduates to experienced CEs), and (ii) QPHS physiotherapy management and university partners. An interview guide was developed using a logic model with findings from the cross-sectional survey. Transcripts were analysed using a framework analysis, which was confirmed by two author’s independently coding six transcripts. The remaining transcripts were coded by one author using Nvivo software. Codes were exported to Excel and refined iteratively into themes by the research team.

Results

Twenty-three interviews were completed. Four themes were generated: i) engagement in clinical education is a stepping stone in career progression out of clinical education; ii) motivation is impacted by individual experiences, preferences, and/or personality, iii) appropriate recognition is required; and iv) benefit to the workplace of clinical education is (somewhat) acknowledged.

Discussion

These findings present an updated understanding of what is motivating physiotherapists’ engagement as CEs across the public sector in a representative Australian state. Informed by Self-Determination Theory and aligned to identified themes, potential intervention strategies include: (i) improving opportunity for career progression within clinical education; (ii) exploring perceptions of CE engagement with individuals to align alternative opportunities for engagement in clinical education; (iii) developing a multi-level range of incentives for CE’s while continuing to provide financial renumeration; and (iv) fostering a culture that recognises the benefits of the CE role. Targeted implementation of strategies should be guided by collaborative discussion tailoring and detailing interventions to local contexts.

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Beyond Geography: Weaving Collaborative Networks in Rural Healthcare Education

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Introduction/Background
Small healthcare education sites across health professions face unique sustainability challenges including isolated faculty, limited educational resources, and difficulties maintaining curriculum consistency. The Rural Clinical School of Western Australia (RCSWA) connects 15 towns across 2.5 million square kilometres - an area extending 2,400km north to south with individual sites separated by distances up to 3,200km. Traditional support models often overlook the specific needs of smaller sites, risking educational quality and long-term viability. RCSWA is developing an innovative collaborative approach leveraging larger sites to support smaller ones through structured mentoring, shared resources, and distributed expertise.

Methods
RCSWA implemented a hub-and-spoke support model connecting small rural sites with larger sites that facilitate rural longitudinal clerkships. Key components include peer mentoring between experienced and novice clinical faculty, virtual curriculum delivery systems bridging vast distances, shared educational resources across disciplines, distributing assessment load, and regular collaborative problem-solving sessions. Implementation involves identifying support needs through faculty consultation, establishing formal mentoring relationships, and developing responsive support mechanisms for emerging and changing challenges across this geographically dispersed network, avoiding an all virtual environment that loosens woven connections.

Results/Evaluation
This initiative is in early implementation phases across our distributed network. Faculty consultations have revealed common challenges around professional isolation, resource limitations, and maintaining educational standards across vast distances. Early mentoring partnerships show promise, though we're still developing optimal approaches for different disciplines and site contexts.

Discussion
This collaborative approach demonstrates that small rural healthcare education sites can thrive with appropriate professional support networks across vast distances. Key success factors include recognising faculty expertise across disciplines, creating reciprocal learning relationships that transcend geography, maintaining flexibility in implementation and awareness of the strength of existing interwoven connections that require nurturing and maintenance. The model addresses rural healthcare education equity by ensuring site size and remoteness don't compromise educational quality.

Issues/Questions for Exploration (100 words)
How do we balance curriculum standardisation with local flexibility across different health services and vast distances?

What virtual mentoring approaches work best for supporting isolated clinical faculty?

How can larger sites contribute meaningfully while avoiding paternalistic dynamics that undervalue smaller sites' expertise and local knowledge?

How does inter-site connections affect assessment and examination of medical students?

What interprofessional learning opportunities emerge from collaborative support models?

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Collaboration and innovation: the key to delivering anatomy education without wet labs

Professor Eliza Whiteside[1,2], Associate Professor Edward 'Teddie' Bliss[1,2], Associate Professor Andrew Fenning[1,3], Dr Anna Balzar[1,3], Dr Alannah Van Waveren[1,3], Dr Nikita Walz[1,2], Associate Professor Frederik Steyn[4], Professor Mark Midwinter[4], Associate Professor Doogie Whitcombe[1,2]
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Background
Place-based medical education is central to strengthening the rural medical workforce, as regionally trained doctors are more likely to remain in underserved regions long term. Embedding medical training within regional and rural communities fosters deep connections to local people, health services, and cultural contexts - connections that influence professional identity development and produce doctors whose training is grounded in the realities of rural practice. Australia now has twelve end-to-end regional medical pathways yet many continue to deliver curriculum originally designed for metropolitan infrastructure. This misalignment is particularly evident in anatomy education. In 2021, The University of Queensland (UQ) and CQUniversity partnered to deliver pre-medical and medical education and training in Rockhampton and Bundaberg, followed in 2022 by a similar partnership between UQ and the University of Southern Queensland in Toowoomba. While all sites deliver the same Doctor of Medicine curriculum, regional campuses lack the cadaver-based wet labs used in Brisbane has posed a challenge. Recognising this challenge, academics from the three universities have recently formed a collaborative working group to strengthen anatomy education across non-wet-lab settings.

Methods for PeArLS
The ‘world café’ methodology will be employed to stimulate collaborative discussions across three identified areas of ‘deficit’ in non-wet-lab anatomy learning, including: (1) reduced tactile and spatial understanding relevant to procedural and surgical skill development; (2) limited exposure to anatomical variation; and (3) reduced opportunities for professional identity development including respect and appreciation of human body, dignity and mortality, as well as ethical reflection.

Aims
- To gather and evaluate successful and unsuccessful teaching innovations used to address these deficits.
- To enhance student learning and perception of non-wet-lab anatomy practicals through use of technology and regionally available infrastructure.

Discussion
Data from this session will be collated, synthesised and shared amongst the contributors who will have the opportunity to co-author a manuscript.

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Ambiguity tolerance as a professional practice skill: Teaching Clinical Uncertainty in Health Education

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Introduction
Health professional education is frequently organised around clarity with clear diagnoses, linear pathways, measurable outcomes. Yet clinical practice, particularly in acute and emergency contexts, is characterised by uncertainty, incomplete information, competing priorities, and unknown patient outcomes. Despite this, uncertainty is rarely taught explicitly as a professional practice skill. This PeArLS examines whether current approaches to health education adequately prepare students to tolerate clinical uncertainty and the professional and personal impacts of not knowing outcomes.
Background & Methods
In 2026, a clinical unit was designed to explicitly embed uncertainty of patient outcomes as a deliberate pedagogical feature rather than an unintended consequence of placement. Learning activities, simulation and feedback were structured to mirror the reality of practice where not all answers are known, trajectories are ambiguous, and resolution is not always available. This PeArLS adopts the same design philosophy, using short provocations, guided tasks, and facilitated dialogue to engage participants in examining how uncertainty is currently framed, avoided, or managed within their own teaching contexts.
Evaluation
Early evaluative insights suggest that explicitly naming and designing for uncertainty shifts learner focus to sensemaking, clinical reasoning, and professional judgement. Students reported increased awareness of ambiguity as a normal feature of practice and greater confidence in articulating decision-making processes, even when outcomes remained unresolved. Educators noted richer reflective discussions and a reframing of “not knowing” as a legitimate professional state rather than a deficit.
Discussion
This session argues that failing to teach uncertainty risks leaving graduates technically competent but professionally underprepared. Participants will critically explore how uncertainty is currently positioned within health curricula and consider practical strategies for integrating uncertainty into learning design without increasing cognitive overload or assessment burden. The session invites educators to rethink preparedness as being the ability of the learner to act, reflect, and care within ambiguity.
Questions/Ideas for discussion (100 words)
This session invites exploration of several key questions: How is clinical uncertainty currently addressed, if at all, within health professional education? How can learning activities, simulation and feedback be designed to engage uncertainty safely and intentionally? Participants will examine current practices within curricula and collaboratively examine practical strategies for embedding uncertainty into teaching. In addition, attendees will consider how educators can better support students to develop professional confidence when outcomes are unknown and answers remain incomplete.

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Leaving the lectern: How do we engage students in large-group learning?

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Introduction
Medical programs across Australia are increasingly adopting team-based learning (TBL) and similar collaborative large-group teaching formats into redesigned curricula, replacing traditional small-group tutorials such as problem-, scenario- and case-based learning. Academic staff involved in designing and delivering small-group teaching must adapt to a new, often unfamiliar teaching format. This session aims to discuss these challenges and how large-group facilitation can be supported to optimise student collaboration and engagement.

Methods
An overview of common collaborative large-group teaching formats such as TBL, including how it has been adapted at the presenters' institutions, will be presented, followed by small-group discussion of questions for exploration. Groups will present their findings and post on a shared Padlet, simulating a TBL Application Exercise. Presenters will facilitate the discussion while simultaneously demonstrating large-group facilitation techniques and sharing their professional experiences.

Results
The session aims to explore and collate presenters' and attendees' ideas and strategies for supporting large-group facilitation for collaborative learning formats such as TBL. We aim to discuss how it differs from small-group teaching, transferable facilitation skills and faculty development needs. As a secondary aim we will explore how technology, particularly emerging innovations such as generative AI can be used to promote engagement and collaboration.

Discussion
The findings will be collated into a shared Padlet accessible by conference attendees as a reference and repository of ideas to support implementation of large-group collaborative learning and faculty development at their respective institutions. Outstanding learning needs identified by attendees will inform future workshop design for presenters.

Questions for exploration
What are the challenges of large-group facilitation?
How does small-group facilitation differ from large-group facilitation?
What strategies can be used to engage large groups?
How do you engage quieter students in a large-group setting?
How do you ensure an equitable learning experience within large groups?
What faculty development is needed to prepare facilitators?
How can technology be leveraged to support engagement and collaboration?
Is there a role for generative AI in collaborative large-group teaching?

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Embedding interprofessional education in clinical placements: Lessons from a pilot clinical placement model

Dr Kalpana Raghunathan[1], Professor Lisa McKenna[1], Ms Gabrielle Hurran[2], Ms Natalie Blinman[1], Ms Annabel Milonas[2], Ms Penny Ramsden[2], Ms Sarah Hart[1], Ass/Prof Matthew Oates[1], Professor Regina Belski[1], Dr Sharon Bourke[1], Mr Peter Brack[2], Ass/Prof Jenny Davis[1]
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Introduction/Background
Opportunities for health profession students to learn together in clinical environments remain limited, often occurring in discipline-specific silos or through simulated activities rather than authentic workplace settings. This presentation describes a pilot interprofessional placement model developed through a university-health service partnership. The initiative aimed to bridge the gap between academic preparation and clinical practice by embedding structured interprofessional learning into clinical placement, creating a scalable approach to strengthen collaborative capabilities.

Methods
Case study design of a six-week pilot at a metropolitan health service. Fifty final-year nursing and allied health students were co-located through ward-based and discipline-specific rotations. Structured interprofessional learning was embedded into the placement. Data from facilitator observations, pre-post surveys, and working group insights assessed feasibility, engagement, and learning value.

Results
The pilot revealed gaps in students' role clarity, confidence, and interprofessional communication. Students valued authentic learning and reported improved understanding of interprofessional practice, yet most defaulted to parallel practice without facilitation. Educator collaboration strengthened cross-school partnerships and shared understanding of learning needs. Implementation challenges included conflicting schedules, discipline-specific structures, timing constraints, and competing academic priorities for students.

Discussion
Students' preference for authentic workplace learning underscores the need to move beyond theoretical or simulated approaches. Gains in role clarity and communication highlight the value of structured interprofessional activities, while educator collaboration proved critical. Barriers such as scheduling and discipline-specific formats indicate early planning and shared orientation are essential. Embedding interprofessional learning into routine team activities and assessments can normalise collaboration. This pilot demonstrates feasibility and offers a practical model for scaling interprofessional learning in clinical settings.

Key words: Interprofessional education, Clinical placements, Collaborative practice, Health professions students, Workplace learning

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Building workforce capability for mental health and addiction: Evidence informed resources to support workplace education.

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Introduction/Background
People experiencing mental health and addiction challenges access care across a wide range of health and social service settings. Educators in workplace environments play a critical role in preparing the health workforce to respond in ways that are confident, culturally responsive, and equitable. Te Pou, a national centre for mental health and addiction workforce development, provides a suite of freely available resources to support educators to build workforce capability and confidence in practice. Te Pou's work is grounded in Te Tiriti o Waitangi, equity-focused practice, and the knowledge and perspectives of people with lived experience of mental health and addiction, recognising their essential role in shaping workforce education that is relevant, respectful, and effective.

Methods
This presentation draws on workforce development evidence, adult and relational learning approaches, and Te Pou's applied experience designing and delivering national education resources in partnership with people with lived experience. Examples of e-learning, workshops, and practice-based tools are mapped against evidence-informed principles for effective workplace learning, including relevance to real-world practice, reflective and experiential learning, cultural safety, and sustained capability development. Particular attention is given to how resources support educators to embed equity, Te Tiriti o Waitangi obligations, and lived-experience perspectives within everyday teaching, supervision, and learning conversations.

Results/Evaluation
Te Pou's resources demonstrate key characteristics of effective workforce development, alignment with practice realities, and adaptability across diverse health and social service contexts. Integrating lived experience alongside equity and Te Tiriti strengthens cultural responsiveness and supports more equitable outcomes for Māori and other priority populations.

Discussion
This presentation illustrates how educators can leverage freely available, evidence and lived-experience-led national resources to enhance mental health and addiction capability in workplace settings. It invites discussion on what "good" workforce development looks like when equity, Te Tiriti o Waitangi, and lived experience are central, and how educators can translate these principles into relational, practice-based learning that supports meaningful and sustainable change.

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Professional learning through community development projects: perceptions of graduates in Aotearoa New Zealand

Dr Yvonne Thomas[1], Dr Elizabeth Martin[1], Heidi Cathcart[1], Carolyn Lotawa[1], Claire Squires[1], Laura Hogue[1], Louise Botha[1], Dr Cait Harvey[1], James Sunderland[1]
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Introduction/Background
In New Zealand, final year Occupational Therapy students complete an occupation focussed community development placement on collaboration with local community organisations. Using models of community development, and occupational justice principles, students work in teams to develop occupational resources and support occupational opportunities for the populations that the collaborating community organisations serve. The aim of the study was to investigate the perceived benefits of the community development placements to the graduates of the programme.

Methods
Survey methodology was used to investigate the benefits of graduates at two time intervals. New graduates who had completed the community development placement in the previous year, and occupational therapists who had been working for more than 12 months, were surveyed. Semi structured Interviews were conducted and analysed to identity the key themes. Ethical approval for the study was obtained before the survey was distributed.

Results
The results of the study include both quantitative survey findings and qualitative themes. The perceptions of new graduates and occupational therapists of the value of these placements include professional skills and the importance of community networking. While graduates struggled to see the relevance of the placement to their initial career choices, those who had been working for more than 12 months perceived the value more highly. Both graduates and occupational therapist were unsure of the value to the community partner and whether their work had had lasting impact. Comparing these two groups will provide an indication of both short-term and longer-term benefits

Discussion
The study provides insights into the value of community development placements for occupational therapy students, beyond the student education and preparation for practice. The importance of long lasting relationships with community partners, and more feedback to graduates is recommended.

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Student perspectives on the transfer of knowledge and skills in placements

Dr Elizabeth Bourne[1], Danielle Aldridge[1,2], Dr Simone Arnott[3], Dr Rachel Davenport[5], Dr Simone Howells[6], Dr Lillian Krikheli[5], Dr Adriana Penman[2], Dr Kate Cook[4]
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Introduction:

Health professions curricula rely on students transferring previous knowledge and skills to new situations in classrooms and workplace placements. However, transfer does not often occur spontaneously (Cecilio-Fernandes et al., 2025). Further, there is limited research on the nature of transfer from the perspective of students and how it can be facilitated during placements. This ANZAHPE supported study aimed to (1) identify indicators of successful transfer from the perspective of speech pathology students and (2) explore strategies that students perceive can facilitate transfer during placements.

Methods:

Students from five countries were invited to participate in a modified Delphi study. In an online survey, participants provided demographics and responded to two open-ended questions aligning with the study aims. Focus groups and interviews were then used to explore survey findings in greater depth. Data in each phase were analysed using content analysis (Graneheim & Lundman, 2004) . The final consensus round is underway.

Results:

Student responses (n=26) highlighted educator roles and activities including designing the learning environment, providing feedback, supporting reflection and leading discussions about transfer. Students recognised transfer had occurred when they saw growth in their client care capabilities and overall performance. Students also described shifts in attitudes and feelings, and identified the importance of feedback and reflection in confirming growth.

Two focus groups and three interviews were conducted. Students identified educator strategies (e.g. creating a safe and supportive learning environment) and student strategies (e.g. having agency during placements). Internal (e.g. feelings) and external (e.g. clinical performance) indicators of transfer as well as areas of knowledge and skills that can be transferred were shared.

Discussion:

Transfer is complex but integral in competency development. Student insights can guide evidence- based curricula development for health professions students and workplace educators to promote greater transfer opportunities; thus equipping work ready graduates to work flexibly.

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A Scoping Review: Resources to Assess Digital Environments as a Determinant of Health in Young People

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Background
The World Health Organization (WHO) has identified technology-related harms as a global public health concern[2]. It has prioritised action to bolster the capability of the health workforce to support young people's health and wellbeing in digital environments including online platforms and social interactions shaped by technology. However, contemporary adolescent psychosocial assessment frameworks used by health professionals do not guide enquiry into the specific impacts of digital environments on health outcomes. This scoping review examined existing educational interventions, frameworks and tools to support health professionals in assessing the impacts of digital environments in practice.

Methods
Following Joanna Briggs Institute methodology and PRISMA-ScR guidance, we searched MEDLINE, EMBASE, PsychInfo, ERIC, Scopus and Web of Science, supplemented by grey literature and citation chaining. Eligible materials included health professions education initiatives, continuous professional development programs, curricula, assessment frameworks and tools relevant to technology-related patient presentations.

Results
The initial search generated 669 articles. After exclusion, 25 full-text records were screened. Several relevant conceptual frameworks were identified including HEADS^4, HEADSSS+Checklist, 5Cs, CALM and SABRE. These function as structured prompts for clinical assessment and may serve as proto-educational resources. However, none have been evaluated as educational interventions or integrated into formal education pathways. Excluded texts were predominantly narrative reviews, opinion pieces and expert recommendations, indicating increasing global recognition of the impact of the digital environment on health outcomes.

Discussion
The landscape for assessing digital determinants of health can be characterised as conceptually active but educationally underdeveloped**.** While limited structured assessment frameworks exist, they have not yet been formally tested or validated nor translated into health professions education, faculty development or CPD. Assessing digital harms in young people represents an emergent interdisciplinary competency without an established educational pathway.

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Scaling up of Centers for Health Development Capacity in Operations and Implementation Research8a

Professor Erlyn Sana[1], Professor Doctor Melflor Atienza[1], Professor Doctor Arlene Samaniego[2], Professor Doctor Emerito Jose Faraon[3], Ms. Claire Pastor[1], Ms. Nina Yanilla[1], Professor Doctor Nemuel Fajutagana[1], Professor Doctor Maria Elizabeth Grageda[1], Professor Doctor Maria Lourdes Dorothy Salvacion[1], Mr. Pio Justin Asuncion[4], Ms. Renee Lyn Gasgonia[4], Dr. Ric Mateo[4], Ms. Frances Rose Mamaril[4]

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Introduction: The Philippines Department of Health (DOH) is mandated to simultaneously implement Republic Act 11223: The Universal Health Care (UHC) Act and address the COVID-19 pandemic in 2021. Capacitating the DOH Centers for Health Development (CHDs) human resource for health (HRH) in using health policy and systems research (HPSR), operations research (OR), and implementation research (IR) as bases for their decisions was imperative.

Methods: From September 2022 until June 2023, the DOH commissioned the National Teacher Training Center for the Health Professions (NTTCHP), University of the Philippines Manila to capacitate selected DOH training and extension personnel in HPSR, OR, and IR. A team of 10 faculty members and researchers and 10 selected DOH supervisors from different regions were trained online to mentor DOH HRH. Participants were required to satisfactorily complete 4 online modules on HPSR, Basic Research Methods, OR and IR. As application of their learning, the teams were also mentored to develop viable and relevant research papers aligned with the DOH's Medium Term Research Agenda.

Results: The combination of 10 mentors from UP Manila and10 from DOH were able to mentor 31 DOH personnel from 9 groups across the archipelago. Out of the 9, 3 teams accomplished OR and 6 completed IR. The regions from the northernmost to the north, central, and south islands were represented. There were 3 papers on COVID-19, 1 on health financing, 1 on disaster risk reduction and health management, and the rest were on HRH.

Discussion: The 20 mentors and 31 mentees planned, implemented, and completed 9 research papers aligned with the DOH medium-term research agenda. The studies showed the DOH HRH personnel's resilience, effective use of the online platform for their continuing professional development, and enabled them to make use of best evidence research in performing their official functions at the DOH.

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Advanced Clinical Leadership Program for Emergency Nurses - A pilot

Mr Christopher Kastelein[1]
[1]SA Health - NALHN, Elizabeth Vale, Australia
Enticing title: Advanced Clinical Leadership Program for Emergency Nurses: A pilot

Background:
It is often subconsciously assumed within healthcare that an experienced and expert clinician will automatically be proficient in a leadership role like managing a department, leading a project or educating junior staff. Despite published evidence to the contrary, this assumption continues to permeate in workplace culture especially for roles of lower levels of leadership. The senior nurse team of our emergency department noticed that experienced, expert emergency nurses were progressing into the roles of Nursing Shift Coordinator and Resus area Team Leader without adequate training and support. Unsurprisingly, while some naturally rose and adapted to the challenge, many struggled, making errors and losing confidence, sometimes having a negative impact on their emergency nursing career.
Method:
After carefully defining the roles, a collaborative team of senior emergency nurse leaders developed the Advanced Clinical Leadership Program. The purpose of this education program was to equip experienced and expert emergency nurses with skills for leading high-performance teams of multi-disciplinary clinicians, in a fast paced, high stakes, and emotionally charged clinical environments. The program was delivered as a pilot 5 times over a 12 month period in 2025. The program consisted of three phases; 1) a series of seven 1-hour face-to-face workshops; 2) two shifts of structured on-the-job learning with a senior nurse mentor; 3) structured reflective learning. The topics covered in the workshops were 1) Leadership styles, 2) Giving feedback, 3) Debriefing, 4) Crucial conversations, 5) Leading disaster response, 6) Crew resource management, 7) IT support systems and managing EMR downtime.
Results:
The program evaluation incorporated; 1) participant survey on program completion, 2) shared observations by the senior nursing team, 3) exploration into incidents and errors reported from the clinical setting. Several themes emerged from the evaluation, including several areas for improvement which are reflected in the proposed redevelopment plan which is currently underway.
Discussion:
A redevelopment of the program in response to the evaluation findings is, at time of writing, currently underway, with several improvements planned including; consolidating into a full-day workshop, strengthening the supported on-the-job mentoring, developing on-call leadership support, establishing a pool of senior clinicians to offer spontaneous mentoring support for novice debrief facilitators, and developing simulation-based learning for disaster response.
Furthermore, the multidisciplinary faculty have identified elements of this program that would not only be additionally beneficial to medical staff but would be enhanced by an interprofessional education approach. A collaboration of the multidisciplinary team is exploring ways to adapt and deliver four of the topics as interprofessional education.

The team is committed to continuous improvement and development of this program. Once the revised program is fully redeveloped and delivered, further evaluation will be conducted and reported on.

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Connections in transition: Utilising translational simulation and gamification to strengthen workforce readiness

Mr Stuart Wall[1,2], Ms Anita Deutsch[2], Ms Joy Davis[1], Dr Samantha Sevenhuysen[1,2]
[1]Peninsula Health, Frankston, Australia, [2]Monash University, Melbourne, Australia

Introduction/Background
Supporting staff to transition to a new clinical environment is inherently complex, particularly when unfamiliar systems and equipment are required to be adopted as part of the move. Translational simulation provides a valuable approach to facilitate change, enabling staff to engage with new environments, equipment and systems in an experiential and low risk way. In early 2026, one metropolitan hospital relocated more than 20 Inpatient units and services into a new purpose-built hospital within a single day. To support this transition, the Interprofessional Teaching and Learning team developed a suite of educational initiatives incorporating translational simulation and engaging pedagogies such as gamification to improve staff preparedness, familiarity and confidence.

Methods
Routine learning program evaluation data will be used to determine whether sessions improved participants' (n=318) familiarity with their new work environments and supported them to develop confidence prior to the move. Braun and Clarke's thematic analysis will be applied to qualitative data to identify key elements that contributed to participant's sense of preparedness for the move.

Results/Evaluation/Aims
Preliminary findings indicated that educational initiatives increased participants' familiarity and confidence. In particular participants identified scenario-based learning and simulation activities as the most valuable components of the program.

Discussion
This presentation will provide an insight into the pedagogical approaches used by the Interprofessional Teaching and Learning team to support workforce readiness during significant clinical service relocation. It will also explore the role of interactive education in fostering staff familiarity and confidence during a period of significant organisational change.

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Implementing a New Radiation Therapist Graduate Program: Our Experience at a Large Oncology Centre

Mrs Therese Chesson[1]
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Introduction
Transitioning from student to clinician in a health setting can be challenging and stressful for some graduates [1]. The need for graduate programs in the nursing workforce is well documented [2]. However, there is a paucity of literature concerning graduate radiation therapists (RTs). The need for such a program was recognised at our large teaching hospital, with a focus on addressing key learning areas for newly employed RT graduates. Also identified was the importance of consolidating graduates' theoretical knowledge and practical application of skills in these key learning areas, with a technical emphasis.

Method
Previous RT graduates were initially surveyed to identify challenges in clinical practice, in a growing junior workforce alongside significant departmental technological advancement. Design of a 12-month program was sought, aimed at building the knowledge and problem-solving skills of new graduates, through a range of theoretical and practical sessions . The curriculum consists of a range of technically focused sessions with opportunity for peers to engage. Sessions focus on a range of technical areas, providing opportunities for both independent and peer group practice, promoting peer and person-centred learning for RT graduates. There is also interprofessional collaboration aimed at enhancing wellbeing to enable clinicians to be equipped to provide holistic care to patients.

Evaluation
To evaluate outcomes of the program's first cycle, an anonymous survey was conducted post-program, using a Likert 5-point scale. 100% of graduate participants reported that the program resulted in high or very high levels of knowledge and confidence across a comprehensive range of clinical practice areas.

Discussion
Preliminary results show graduates reported favourable levels of knowledge and confidence in clinical practice areas. This paper will outline the need to better support RTs in their transition to clinical practice and share experience developing a program to better meet the learning needs of new RT graduates.

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From Framework to Formal Recognition: Implementing Australia's PGY2 Certificate of Completion

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Introduction/Background
In 2024, the Australian Medical Council (AMC) published the revised National Framework for Prevocational (PGY1 and PGY2) Medical Training in Australia. The National Framework sets standards and expectations for training and assessment of prevocational doctors. Revisions include expansion of training to a second year of broad generalist experience. In 2024, Health Chief Executives Forum (HCEF) appointed the AMC to issue the Certificate of Completion for the second postgraduate year (the PGY2 certificate). The ACT and NSW commenced implementation of the new Framework for PGY2 in 2024, remaining states and territories commenced in 2025.

Methods
The PGY2 certificate indicates that a health service Assessment Review Panel has confirmed that an individual has completed all training requirements associated with the National Framework.
The process for AMC PGY2 certification includes health services sending PGY2 completion data to the AMC who then generates and distributes the certificates back to sites.
The AMC has developed an application to upload and store the data from the health services, as well as to generate and send certificates. The application has been used since February 2025.

Results/Evaluation
The AMC issued over 900 PGY2 certificates to doctors in NSW and ACT in 2024. From 2025, all PGY2 doctors across Australia certified by their Assessment Review Panel as having completed the requirements are eligible for a certificate. It is estimated the AMC will distribute approximately 4000 PGY2 certificates Australia-wide in 2026.

Discussion
While implementation of the PGY2 certification has been successful, there is scope for improvement. The current process may be enhanced by utilising data from the national ePortfolio, Clinical Learning Australia (CLA). Currently, working towards the certificate of completion of PGY2 makes an individual exempt from Medical Board of Australia CPD requirements for that year. In future, PGY2 certificates may become an entry requirement into specialist medical training.

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The creative toolbox - flipped learning for clinical teaching

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Introduction/Background
Clinical educators in hospital settings deliver mandatory training and compliance activities to mitigate clinical risk and meet the needs of staff and stakeholders. How might these activities be redesigned to integrate adult learning principles and experiential learning pedagogy, to engage staff in meaning workplace learning? What does a 'flipped classroom' look like in the clinical context? How do we practically declutter and redesign the teaching space, to foster deep learning? (Ozbay & Çinar, 2020). This presentation describes several innovations that one private hospital in Aotearoa New Zealand has employed to foster experiential learning and critical thinking.

Methods
Examples of innovation will be described including the use of simulation and roleplay, patient voice and narrative, mobile delivery, online learning, speed dating, bespoke games and poetry. Targeted activities responded to a specific need such as planned guided debrief for new graduates, a series to develop the capability of the Nurse Educator group and interactive case studies that respond to actual clinical incidents.

Results/Evaluation
The activities described are an investment in a teaching and learning suite that responds to compliance requirements and national priorities, while pivoting to address real-time learning needs. Formal learner evaluation and anecdotal evidence reflect that staff engage with content when learning is flipped in the clinical setting. The result is the creation of a positive and collaborative learning culture that is grounded in teaching best practice.

Discussion
It is hoped that this presentation will inspire delegates to expand their own creative toolbox, to include one of more of these activities. Discussion will include some of the challenges that were encountered as well as insights from the journey. This work is important as it provides tangible examples of excellent teaching pedagogy, that are transferable to other clinical settings, for the facilitation of effective teaching and learning.

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Exploring nontechnical skills for emergency nurses

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Background

Nontechnical skills are cognitive, social, and personal resource skills which consumers, clinicians, and health organisations acknowledge are fundamental to the provision of health care (Caffery et al., 2022; Meguerdichian et al., 2022). These nontechnical skills are specifically vital in the fast-paced, high-stress, multidisciplinary environment of the emergency department. Often, however, a greater emphasis and attention is placed on technical skills over nontechnical skills (Krage et al., 2017; Evans et al., 2021). Nontechnical skills, therefore, need to be operationally embedded into emergency departments through the defining of models of care, defining and delineating clinical roles, informing capability development and guiding performance management. This poses the question “what assessment tools exist for evaluating non-technical skills in the emergency department? And how could these assessment tools inform how nontechnical skills are defined, described, categorised, measured and developed in the emergency department”.

Methods

A literature search was conducted of four databases for recently published articles relating to nontechnical skills of emergency clinicians. A review of the literature ensued.

Results

A total of 136 articles were screened and five were identified as reporting on the evaluation of a nontechnical skills measurement tool in the emergency department setting. Three articles related to emergency medical staff only, while the other two related to multidisciplinary emergency teams. Three articles reported validation of their measurement tools.

Discussion

Across these five articles there was significant variability and ambiguity in how nontechnical skills are defined, described, categorised and measured. This variability was influenced by several contextual factors; who’s nontechnical skills were being assessed; who was assessing them; in what clinical setting were the nontechnical skills being observed and measured; and what was the intended purpose of measuring the nontechnical skills. These observations highlight the challenges of establishing a standardised, generic collection of defined described and categorised nontechnical skills for emergency nurses.

One of the most insightful observations was from Caffery et al. (2022) who proposed that a third party observing the execution of nontechnical skills is not necessarily best placed to assess the quality and effectiveness of the nontechnical skills in practice. perhaps, it is the recipients of nontechnical skills who are best placed to judge. This proposition could be extrapolated further to ask whether the recipients of nontechnical skills should also contribute to defining, describing and categorising nontechnical skills.

Further research on this topic is required to establish some standardisation of definitions, descriptions, categories and performance measures of nontechnical skills for the broad scope of emergency nurse roles. The potential role of the consumer in such research is currently missing but poses some exciting opportunities for co-design moving forward.

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When Learners Teach: Unlocking the Educational Power of Peer Tutoring

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Introduction/Background
Peer tutoring is an evidence-based, learner centred strategy that has gained increasing attention in health professional education for its capacity to engage both tutors and learners and enhance confidence. Structured peer tutoring initiatives enrich understanding and application of knowledge, clinical reasoning, and development of professional skills including teaching and feedback, teamwork and leadership, and reflective practice. However, questions remain about the nature of effectiveness including which models of peer tutoring work best, at which learning stages or transitions and for which types of learning outcomes. Further clarity is needed on how best to support peer tutors.

Methods
Based on our Scoping review, currently in progress, this PEARLS workshop aims to provide health professional educators with a conceptual and practical framework for integrating peer tutoring into their educational contexts. Through interactive discussion, illustrative exemplars drawn from health professional curricula, and engagement in the design of peer tutoring activities aligned with learner needs and curriculum and accreditation goals, participants will examine peer tutoring models, explore strategies for tutor preparation and supervision, and consider mechanisms for ensuring educational quality and sustainability.

Evaluation
Aims for PeArLS
Critically appraise the concepts and educational benefits of peer tutoring in health professions education. Specifically, participants will:
1. Differentiate between peer tutoring models and evaluate their applicability to clinical and classroom-based learning environments.
2. Discuss evidence-based strategies for the recruitment, training, and ongoing support of peer tutors.
3. Identify potential challenges in implementation and propose solutions to improve quality assurance and sustainability.

Discussion
Peer tutoring offers a powerful pedagogical approach aligned with the goals of contemporary health professional education, including active learning, professional identity formation, and the development of professional capabilities. Drawing on social constructivist and cognitive theories, we will explore how peer tutoring supports deep engagement with content while fostering shared responsibility for learning.

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Kalim Warambalam (‘One Medicine’ in Butchulla language): : Aligning medical education to Australian Medical Council standards through generalist and First Nations ways of knowing

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Introduction The Australian Medical Council (AMC) 2023 Standards mandate that medical curricula integrate Aboriginal and Torres Strait Islander health as a core priority, emphasizing cultural safety, holism, social determinants of health, and ways of knowing. Translating these high-level standards into practical clinical reasoning within traditional medical education systems is a priority and challenge.

The Federation University NewMed School of Medicine (FUNSOM) addresses these requirements by moving beyond additive indigenous content toward a fundamental epistemological shift. We developed the Kalim Warambalam Knowledge Tree (KWKT) to weave high-level AMC standards and philosophies of knowing and being into practical clinical reasoning and curriculum design.

Methods Transdisciplinary collaboration between First Nations and generalist educators led to development of the KWKT as a structural and visual anchor for the MD curriculum. Through exploring alignment between generalist Whole Person Domains with Aboriginal and Torres Strait Islander Social and Emotional Well-being (SEWB) frameworks, the AMC Standards have been embedded into a framework that has become a metaphor for shared understanding woven across the course.

Results The KWKT translates complex epistemologies into a visual tree metaphor threaded throughout the MD program. The KWKT makes three distinct ways of knowing explicit and practical. It integrates determinants of health, relationships, meaning and biology into a shared language and ‘One Medicine’ approach to clinical decision-making that honours generalism and the sovereignty of First Nations perspectives.

Discussion The KWKT offers a framework for consideration as a biologically grounded and culturally respectful methodology for knowing people within their communities. By weaving the KWKT into teaching, assessment, and student wellbeing, FUNSOM seeks to ensure AMC standards are lived rather than merely taught. This prepares future doctors to manage complexity and reduce health inequities through a robust, integrated clinical framework.

Issues or questions for exploration:

Most medical schools add a few First Nations lectures to an existing course. What facilitated a "fundamental epistemological shift" towards generalist and First Nations philosophies of knowing and being? How is this framework going to work in practice? How does the "One Medicine" approach challenge traditional Western bio-reductionist medical education? The abstract mentions three distinct ways of knowing - how does making these explicit change the way a student experiences and documents a patient encounter? How does a "tree metaphor" help a student hold the tension between social determinants and acute biological symptoms without losing sight of either?

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‘A whole new experience’: from clinical educator to academic classroom

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Introduction/Background

Faculty practice in clinical settings increases confidence, encourages leadership skills and improves teaching capabilities amongst nursing academics (1). Clinical nurses with education roles are well embedded within Australian healthcare. One large healthcare service has employed Clinical Development Nurses (CDNs) for two decades to support the on-going professional development of their clinical nursing workforce. However, CDNs had expressed feeling under-valued, with many stepping into this role with limited or no formal preparation to provide educational support to colleagues. This innovative pilot project sought to explore whether a faculty exchange program could present a viable alternative for enhancing professional development and education/practice capabilities for CDNs and academic nursing staff.

Methods

A mixed methods approach underpinned by realist evaluation (2) was used. An on-line pre-questionnaire/post-questionnaire was administered, along with one-on-one interviews at completion of the exchange period which occurred over a teaching semester. Interviews were transcribed verbatim. During the exchange period, participants were encouraged to submit weekly reflective anecdotes. Descriptive and content analysis of the questionnaires was undertaken, and thematic analysis of the interviews and reflective anecdotes.

Results

Five CDNs and one nursing academic participated. The pre-questionnaire indicated the majority saw participation as an opportunity to develop collegian relationships/connections. Emergent themes focused on the exchange experiences and impacts with participants sharing it was ‘*A whole new experience’*, providing recommendations for future iterations. Post-questionnaire, all CDNs indicated an increase in confidence in their teaching, and the academic in their clinical care.

Discussion

The exchange program was an invaluable learning experience, professionally and personally for participants. The CDNs broadened their understanding of curriculum and pedagogy, learning how to engage with diverse range of students. All participants experienced a unique opportunity, expanding their professional networks. To enhance teaching, clinical practice opportunities and expertise such an exchange model could be utilised across health professional disciplines.

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What makes near-peer teaching fun? Engagement, growth and reciprocity in bedside coaching

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Introduction
Near-peer teaching is widely used in medical education, yet less is known about what sustains student engagement. Since 2021 our senior students (ALM5 and Trainee Interns) have coached junior students (ALM4) in weekly clinical examination sessions. We explored what participants found enjoyable and how enjoyment contributed to programme sustainability.
Methods
In 2025, qualitative feedback was collected via free-text survey responses and facilitated discussions. Ninety mentors and 125 mentees participated; the response rate was 40%. Ethics approval was obtained. Data were coded thematically.
Results
Enjoyment clustered around three domains.

- **Relational engagement.** Mentors valued becoming "a friendly face" in clinical environments. Consistency reduced awkwardness and strengthened trust.
- **Visible growth**. Coaches reported satisfaction in seeing increased learner confidence and skills. Observing progress reinforced motivation to teach.
- **Reciprocity**. Teaching consolidated mentors' own knowledge and highlighted areas for improvement. Several described learning how to be better students themselves by observing differences in preparation and engagement.

Practical factors influenced experience. Preparation, flexibility in scheduling, and a clear session structure enhanced enjoyment. Lack of responsiveness reduced motivation.
Discussion
Enjoyment of near-peer teaching was closely linked to psychological safety, visible progress, and reciprocal learning, rather than novelty. These findings suggest that engagement in peer teaching depends on relational continuity, structured preparation, and shared commitment. Designing programmes with these elements may enhance sustainability and educational value.

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High Impact Learning and Teaching: Developing a Tailored, Evidence-based Professional Development Program for Rural Medical Educators

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Introduction/Background
Over the past eighteen months our Staff Education & Development team has been designing and conceptualising a targeted professional development program aimed primarily at our clinician academics, especially those based in our many rural clinical schools. The aim is to create an educationally relevant, evidence-based suite of modules and mini-modules to support the specific learning needs of our students and provide opportunities for academic staff to connect, learn and discuss high impact learning and teaching methodology.

Methods
This is an in-progress initiative currently in its initial implementation stage. Over the past eighteen months our Staff Education & Development team has been designing and conceptualising a bespoke professional development program aimed primarily at our clinician academics. The project involved gathering initial insights from a staff survey and executive staff, evaluating suitable delivery models for rural clinical school staff, and reviewing both current literature and examples from other medical schools' professional development programs. Using this information, we designed an academic staff development program, trialled its first module and mini-module in a face-to-face session, and incorporated participant feedback to refine the content and delivery. We then delivered the module online and continue to collect feedback to support ongoing evaluation and improvement of the training.

Results/Evaluation
The program is being continuously evaluated through feedback gathered from each training session and annual staff survey data. Its success is measured by consistently positive participant evaluations, survey comments that highlight favourable perceptions of the professional development program, and ongoing academic engagement and participation in the training offered.

Discussion
Key issues emerging from the program so far include the need to increase engagement and buy-in from clinical academics, uncertainty about whether interactive workshops should be recorded for broader access, and questions around how staff are applying what they learn and how best to measure the impact of this implementation.

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Translating Ward Round Pedagogy into Lecture Format to Enhance Student Engagement

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Introduction:

Student engagement increases when learning activities are more active. A number of active learning strategies have been implemented to increase student engagement in tertiary education. Ward rounds are a staple of medical education; however, their application as a lecture format for undergraduate education remains unexplored. This study translated the ward round pedagogy into a lecture format.

Materials and Methods:

A mixed-methods approach was used to investigate whether ward round-style lectures can enhance student engagement compared to didactic lecture in undergraduate physiology and whether engagement differed based on student academic background. Quantitative engagement data collected via post-lecture surveys (n=59) was analysed using two-way ANOVA to assess the effects of lecture format and academic background. Inductive thematic analysis was applied to student survey responses about their perceptions of both lecture formats while a subset of students (n=6) participated in a semi-structured follow-up interview to provide deeper insights into their experiences.

Results:

Students from both science-based and non-science-based backgrounds demonstrated a significant increase in reported engagement to ward round-style lecture compared to didactic lecture ($p<0.001$). The study identified students reported favourably of the interactivity of the ward round-style lecture and presentation slides of the didactic lecture. Conversely, students identified the lack of visual support as a limitation of ward round-style lecture and the reduced interactivity as a drawback of didactic lecture. Semi-structured interviews revealed that students of a non-science background favoured the ward round-style lecture whereas students of a science background expressed preference for didactic lecture.

Conclusions:

These findings suggest that ward round pedagogy can be translated into an interactive lecture format which enhances student engagement. They also highlight potential applications of ward round pedagogy outside of medical education.

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Reflection on experimentation with play as a teaching pedagogy in nursing education.

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Introduction/Background

This in-progress scholarly activity reflects upon personal experiences with using play as a teaching pedagogy in undergraduate nursing education. There is a paucity in research on play as a pedagogy in adult education and to an even lesser extent, in nursing education. Amidst what research does exist, there appears to be a promising correlation between play in adult education and increased engagement, improved learning outcomes, and, reduced learner stress, hence its emerging popularity. These outcomes are particularly pertinent to nursing education, where particularly challenging and potentially distressing themes in learning content are inevitable.

Methods

A sequence of partly evidence-based, partly experimental and intuitive playful learning sessions were presented to ākonga in a Bachelor of Nursing programme in the 2025 academic year, at the conclusion of which, structured reflection ensued using the *What, So What, Now What* framework (Rolfe et al., 2001 as cited in Mather & Almond, 2024)

Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop)Results/Evaluation/Aims

Key findings not only corroborated claims in existing literature regarding increased engagement and sense of psychological safety, but also revealed that the playful approaches also often involved repurposing of old resources, or open-ended and reusable resources, and even a sense of reduced workload for the facilitator during learning sessions. Though it does not come without risk.

Discussion

The significance of these findings is that they could be advantageous to resource sustainability and psychological wellbeing of ākonga, and even show promise in reducing demand upon facilitators, all of which are persistent issues in adult education. Though, further formal study on these hypotheses is needed. The reflection will be presented in a playful culmination of Social Constructivism (Vygotsky, 1978, as cited in Tai et al., 2018) and schoolyard nostalgia.

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More time, better research skill development? Comparing extended versus standard research projects in medical education8d

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Introduction: Research training is a core component of contemporary medical education; however, intensive block-based research experiences may limit authentic engagement with the full research process. To support students seeking deeper research experience, a longitudinal extended research project option was introduced alongside the standard 14-week project. This study evaluated outcomes and experiences of the extended project compared with the standard project.
Methods: A mixed methods evaluation was conducted across multiple cohorts (2022–25) of medical students completing a mandatory research project. Students completed pre- and post-program self-assessments of research capability using a 10-item instrument (5-point Likert scale) (1). Extended (n=407) and Standard project (n=684) participants were compared. Change over time and between-group differences were analysed using linear mixed modelling with fixed effects for group, time, and group×time interaction. Publication outcomes were compared between groups (excluding the 2025 cohort due to publication lag) using chi-square analysis. Semi-structured interviews were conducted with Extended project students (n=12) and supervisors (n=9); transcripts were analysed thematically, informed by experiential learning theory.
Results: Both streams demonstrated significant improvement in mean research capability scores from pre- to post-program (time effect $p<.001$). Extended project students reported higher baseline capability (group effect $p<.001$). However, the difference in improvement between groups was not statistically significant (group×time $p=.240$). Publication outcomes differed: Extended project students had a higher publication rate than Standard project students (30.2% vs 17.1%, $\chi^2(1)=10.36$, $p=.001$; excluding the 2025 cohort). Qualitative findings indicated that the Extended project supported authentic longitudinal engagement and research readiness, but benefits were constrained by governance/ethics delays, data access barriers, supervision variability, and assessment opacity.
Discussion: The longitudinal stream increased publications but not self-reported research capability gains compared with the standard block. Institutional processes, project feasibility, and supervision remain critical to maximising impact.
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Real world video recorded consultations bringing Case-based-learning to life

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Background
Case-based learning (CBL) bridges the gap between non-clinical learning and clinical practice. By graduation, medical students must be prepared to engage with real-world patients. However, written CBL cases are often developed through a medicalised lens that does not always reflect authentic clinical encounters, particularly when working with people from diverse cultural backgrounds. This can encourage a narrow focus on biomedical aspects of care, with limited attention to patients' lived experiences. This project aimed to enhance existing CBL cases for early clinical medical students by incorporating real-world video-recorded consultations and to explore the impact on students' understanding of the patient experience.

Methods
Medical undergraduates at Otago University, undertaking CBL in their Primary Health Care (PHC) module. Three new real-world video recorded cases were added to the preexisting written CBL cases. The CBL classes were observed by members of the research team. Four cohorts undertook the classes and after each cohort a focus group was held to explore student perspectives. The findings were analysed qualitatively.

Results/Evaluation
Students reported that CBL supported their learning and valued the written cases for developing foundational knowledge and skills. Video-enhanced cases generated three key themes: "Improved learning", "Preparation for the real world", and "Future CBL suggestions". Improved learning arose from greater connection with patients, exposure to authentic patient language, and a more holistic understanding of patients' lives. These elements also enhanced students' preparation for real-world practice by introducing greater complexity and uncertainty. Finally, they had several future CBL suggestions for the CBL content of the PHC module.

Discussion
Real-world video-recorded consultations enhanced students' understanding of patients' perspectives and supported more diverse, non-biased representations of patients. The material maintained learning opportunities related to common PHC presentations in Aotearoa. Students expressed enthusiasm for further curriculum development and identified opportunities for co-production in future CBL design.

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Weaving Connections between Self-Efficacy, Executive Functions and the Competence of Allied Health Students on Placement: A scoping review

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Introduction/Background:
Placements are critical for allied health students to develop the competencies required for safe and effective professional practice. However, placement underperformance and failure remain persistent challenges, with consequences for students, educators, and the healthcare system. Executive functions (EFs) and self-efficacy (SE) are recognised predictors of clinical performance. However, gaps in knowledge remain surrounding how these skills contribute to competence development during placements, and how their development can be effectively supported. This scoping review aimed to map current evidence on the role of EFs and SE in student placements, and to identify educational strategies used to support these skills.

Methods:
The scoping review followed the Joanna Briggs Institute framework. Five databases (Medline, ERIC, PsycINFO, CINAHL, Scopus) were searched, identifying 4,064 records, which were screened in duplicate by three reviewers. Data from included papers (n = 67) were extracted and analysed using descriptive statistics and qualitative content analysis to categorise the roles of these skills, and map strategies used in student education.

Results:
Eight studies identified five EF subskills (Decision-making, problem-solving, metacognition, emotional-regulation and self-regulation) influencing clinical reasoning, planning, adaptability, and communication. Nine studies explored how SE contributes to student motivation, engagement, and resilience, and its mixed relationship with competence. Across fifty-four studies, fifty-three strategies were found: 29 targeted EFs, 16 targeted SE, and eight targeted both. Strategies were predominantly in physiotherapy, implemented before placements and grounded in experiential learning.

Discussion:
This review provides educators with a structured synthesis of how EFs and SE contribute to students' placement competence and how these skills are supported in their education. Key gaps were identified in the conceptual clarity of EF, limited examination of specific EF subskills, narrow representation of allied health disciplines, and an incomplete understanding of SE's relationship with competence. These findings highlight opportunities for more targeted, theory-informed educational strategies and may guide future research evaluating the quality and effectiveness of EF and SE focused interventions in practice education.

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Assessment of a Pre-Service eLearning Course on Medical Certification of Cause of Death for Medical Students

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Background
In the Philippines, a considerable proportion of cause-of-death certifications is incomplete or contains errors. To address this gap, a pre-service eLearning course on medical certification of cause-of-death (MCCOD) for medical students was implemented in 27 Philippine medical schools between 2021 to 2025. We assessed the course using the Kirkpatrick Four-Dimension Program Evaluation Model and limited our assessment to Level 1 (Reaction Evaluation) and Level 2 (Evaluation of Learning).

Methods
We conducted a cross-sectional study among a convenience sample of 8 of the 27 medical schools that implemented the online MCCOD course. We summarized responses to the course feedback and evaluation forms using counts, frequencies and percentages. We performed open coding and content analysis of the free-text responses to the open-ended questions and compared median pre- and post-test scores in the formative and summative quizzes using the Wilcoxon signed rank test.

Results
A total of 5696 students participated in the online MCCOD course. Majority were satisfied with the course design, content, format, and delivery, and agreed that they gained knowledge and confidence in MCCOD. Cited areas for improvement include technical issues of the platform, more cases and exercises, and better feedback. All students passed the MCQ component of the formative assessments, but majority failed the simulation case component. Summative post-test scores increased by a median of 6 points.

Discussion
The MCCOD pre-service eLearning course increased theoretical mastery on accurate MCCOD but did not promote applied mastery. The course did not provide feedback on the students' formative assessments. Without immediate feedback, students were not given an opportunity for iterative practice that is necessary to bridge the gap between theoretical understanding and application skill. The course can be improved by adding mechanisms for feedback and should be supplemented by further in-service training.

Keywords: death certification, cause of death, eLearning, medical students, online learning

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Escaping tradition: how physiotherapy students perceive an acute care escape room for learning

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Introduction
Educational escape rooms (EERs) are immersive, team-based learning activities that integrate collaboration and clinical reasoning within a time-pressured, gamified environment. Their use in health professions education is increasing, with some evidence that EERs enhance engagement, teamwork and learning through sound pedagogical design (Veldkamp et al., 2020). Limited research has examined their application within physiotherapy curricula. This study investigates physiotherapy students' perceptions of an acute care EER to evaluate its perceived learning effectiveness.

Methods
A mixed-methods design will be used to capture an understanding of learner perceptions. Students enrolled in a 120-minute acute care class will participate in an EER comprising a structured briefing, escape room activities requiring application of acute care clinical skills, and a facilitated debrief using the Promoting Excellence and Reflective Learning in Simulation (PEARLS) framework (Eppich & Cheng, 2015). Participants will complete the validated Simulation Effectiveness Tool–Modified (SET-M) immediately following the activity to assess perceived learning, confidence and the value of the EER components. A purposive sample of students will be invited to join semi-structured focus groups to further explore experiences. Facilitator observation logs will provide contextual performance data. Quantitative data will be analysed using descriptive statistics.
Open-ended survey responses and focus group transcripts will be analysed using reflexive thematic analysis. Triangulation of data sources will enable robust evaluation of perceived effectiveness for learning.

Results
Preliminary results will be presented, drawing on SET-M questionnaire data across pre-briefing, activity engagement and debriefing; thematic insights from focus groups and open-ended responses; and performance indicators derived from facilitator observations. Triangulated results will identify students perceived learning experiences, engagement patterns and areas for refinement.

Discussion
Findings will highlight factors shaping learners' experiences of an acute care EER, offering insights into strengths, limitations and design considerations. This evidence will inform effective future integration of EERs within health professions curricula.

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Changes in motivation for learning across the degree: medical students' reflections on environmental influences

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Introduction/Background
The goal of medical education is to graduate doctors who are safe and competent practitioners, and who take responsibility for their learning in order to prepare them for life-long learning [1], as self regulated learners. Motivation is a key factor in this development, and this study looks at the environmental factors that enable or inhibit motivation for learning amongst students in a regional 6-year undergraduate medical degree.

Methods
Final year students were recruited for semi structured interviews to reflect on their learning throughout the course. Interviews were audiotaped, transcribed and deidentified. After coding, deductive thematic analysis was employed and data was analysed using Ryan and Deci's Self Determination Theory (SDT) [2], which allows identification of levels of motivation and environmental factors.

Results/Evaluation/
In the pre-clinical years, students described the motivation to study was the fear of failing exams (externally controlled motivation). The influencing environmental factors included not seeing the relevance of what they were learning and not having autonomy in what, how or when they learnt. This was different in the clinical years where students commented that all the content was now relevant to being a doctor (which assisted with their identification in this role) and they had more control over their study, both of which encouraged their motivation to become more autonomous. While they still described their fear of failure (eg appearing ignorant on a ward round), this was in relation to their role as a doctor, highlighting their growing identification.

Discussion
The use of SDT allowed us to witness the development of their motivation as they experience clinically relevant content, become more autonomous in their study and identify more with their role as future doctors. To optimise the development of students as self-regulated learners, educators should constantly review content and delivery to improve autonomy and identification.

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Collecting meaningful feedback and closing the feedback loop: a quality improvement innovation

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Introduction/Background

Student staff liaison committees (SSLC) support quality improvement through dialogue between students and course convenors. However, ensuring feedback discussions in these committees are valued by students and staff remains a challenge. We describe the implementation of an approach to strengthen student voices in our SSLC and make staff responses visible.

Methods

We adapted the Small Group Instructional Diagnosis model[1] and included four linked components. (1) Students led a small group process to gather feedback. (2) Module convenors received collated feedback and provided written responses, including planned actions, before the next SSLC meeting. (3) Education Advisors offered optional support to assist convenors to interpret feedback, consider actions, or prepare responses. (4) Feedback and responses were embedded into existing SSLC agendas, with an agreed follow-up process to track actions and an escalation pathway to address system-level issues.

We evaluated this approach by comparing SSLC meeting minutes before and after the change and by collecting informal feedback from SSLC members after two years of implementation.

Results/Evaluation

Content analysis indicated a shift toward more specific, representative, and actionable feedback with clearer attribution of student priorities. Students valued protected peer discussion time and felt more able to contribute to solution development. Convenors appreciated clearer feedback and valued targeted support from Education Advisors. Written responses before meetings increased accountability and closed feedback loops. Students reported greater awareness of resulting changes and better understanding of system barriers faced by convenors. Committee discussions increasingly focused on more complex issues requiring collaborative problem-solving, with system-level concerns escalated appropriately through established governance routes.

Discussion

A student-led feedback process, structured written responses, support from Education Advisors, explicit follow-up, and clear escalation pathways strengthen SSLC function and improve the visibility of change.

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Advanced Nursing Practice in New Zealand through the Lens of Postgraduate Nursing Students

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Background: Advanced nursing practice involves an expanded nursing scope, characterised by autonomy, expert knowledge, and complex decision-making to address diverse healthcare needs. Although roles such as nurse practitioner and clinical nurse specialist are established in New Zealand, there remains ambiguity in role definitions and a lack of exploration into the perspectives of registered nurses, particularly those pursuing postgraduate education.
Aim: This study seeks to explore focused perspectives of postgraduate nursing students on advanced nursing practice in New Zealand.
Design: A focused ethnography study.
Setting: Interviews were conducted online via videoconferencing.
Participants: The study involved fifteen registered nurses enrolled in postgraduate nursing programmes in New Zealand, who met the inclusion criteria, including providing direct patient care.
Methods: Semi-structured interviews were guided by a literature review. Data were transcribed verbatim and analysed thematically using an inductive, data-driven approach. Reflective notes and independent coding by two researchers ensured rigour.
Results: Two main themes emerged: (1) Defining advanced nursing practice, where participants associated advanced nursing practice with postgraduate education, autonomy, specialised care, advanced technology, and assessment skills. They emphasised the role of coaching and policy implementation. (2) Perspectives on advanced nursing practice roles in New Zealand, where participants voiced concerns about role ambiguity, limited career opportunities, and lack of clarity beyond nurse practitioner and clinical nurse specialist roles. They also noted insufficient emphasis on research within advanced nursing practice roles, despite the importance of evidence-based practice.
Conclusions: Postgraduate nursing students in New Zealand perceive advanced nursing practice as a vital field that requires advanced education and specialized skills. However, role ambiguity and limited research engagement hinder its development. Addressing structural challenges, enhancing role clarity, and incorporating research-oriented pathways, such as the doctor of nursing practice, could strengthen the impact of advanced nursing practice on healthcare delivery and policy.

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Impact of International Research Placement Program Partnerships on Graduate Outcomes and Research Quality and Culture in Low- and Middle-Income Countries

Dr Louise Allen[1,2], Dr Justin Bilszta[1], Dr Nilakshi Waidyatillake[1], Prof Ardi Findyartini[3], Prof Diantha Soemantri[3], A/Prof Anita Horvath[1]
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Introduction/Background
There is a clear need to build research capacity in low- and middle-income countries (LMIC) to address disparities in research training opportunities, the number of health researchers, and disease burden.[1] International research placement programs between LMIC and high-income country universities are one strategy to address these disparities. Literature on international health student exchange or placements focus on cultural awareness and personal development, not the impact of research experiences.[2] This study explored an international research placement programs' impact on alumni and their influence on research culture and quality.

Methods
This cross-sectional survey study, situated within a pragmatic orientation, explored the perceived impact of the Bachelor of Medical Science (Honours) degree (a 1-year international placement for medical students from Universitas Indonesia) on graduates' career path and professional development, plus graduate impact on Indonesian research quality and culture. Graduates of the degree were recruited through multiple methods to complete the survey which consisted of Likert and open-ended questions. A combination of frequencies, comparative statistical analyses, and descriptive content analysis were used to analyse the data.

Results/Evaluation
A total of 91 survey responses from cohorts spanning 2003 to 2023 were received. Results showed substantial graduate benefits: 95% of graduates reporting professional development benefits, 92% citing career pathway influence, and 86.7% reporting medium to high global program impact, alongside high research engagement rates (60.8% currently active, 70.5% published peer-reviewed papers). Alumni reported substantial systemic impact: 81.1% citing influence on Indonesian healthcare research culture and 74.0% reporting influence on research quality, primarily through ongoing research contributions and improved research skillsets.

Discussion
Graduate responses were predominantly positive, reflecting substantial graduate impacts. While the program's influence on Indonesian research culture and quality shows promise, systemic challenges constrain broader impact, though the accumulating cohort of research-skilled graduates in leadership roles offers potential for sustained systemic improvement over time.

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Beyond Awareness – Operationalising equity diversity and inclusion in undergraduate nursing education

Donna Burkett[1], Marama Bannister[1]
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Introduction/Background
Growing a culture of inclusion within diverse learner cohorts in the Bachelor of Nursing programme at Otago Polytechnic, involves a multifaceted approach that recognises the unique cultural backgrounds, values, and needs of all in the promotion of an inclusive learning environment.

Methods
Actioning and being responsive to the Pastoral Care Code (PCC), Māori Strategic Framework (MSF) & Pasifika Strategic Framework (PSF) developed at Otago Polytechnic, was important to School of Nursing faculty, as the numbers of enrolled learners that identified as having diverse needs is shifting, yet retention rates were not. Ensuring the retention and success of our diverse learners was paramount to preparing work ready graduates that were ready to give back to their communities. Working with support services and the learners themselves, it was important to identify barriers to their success within the roll out of a revised curriculum

Results/
Key strategies explored in response to the PCC, MSF & PSF were:
Developing a supportive & inclusive learning environment through the development of peer mentor groups and the promotion of culturally safe spaces.
Incorporation into the curriculum of a diverse range of health models, health practices and values with a focus on self-care.
Targeted recruitment and priority places to Māori, Pasifika and diverse learners and the promotion of scholarship programmes.
Promotion and enhancement of holistic, culturally responsive student support services triangulated with the School of Nursing and the learner at the centre.

Discussion
By working to implement many of these strategies, the Otago Polytechnic Bachelor of Nursing programme has worked to create a more inclusive and supportive environment that enhances the success of its diverse learners, ultimately with the aim of contributing positively to improving health outcomes in our communities.

Burkett D①
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Donna Burkett is a Registered Nurse and Principal Lecturer at Otago Polytechnic | Te Kura Matatini ki Otago. Donna has practiced predominantly in child and youth health care contexts both in New Zealand and internationally over her career and she joined the School of Nursing | Te Kura Tapuhi academic team in 2017. As a proud Otago Polytechnic nursing graduate herself, her teaching role allows her to give back to the nursing community by helping promote learner inclusion, learner experience with resulting learner outcomes that help prepare work ready nursing graduates that truly make a difference in their respective communities.

Bannister M②
Otago Polytechnic School Of Nursing, Dunedin, Otago, New Zealand
Marama Bannister is a Registered Nurse and Principal Lecturer at Otago Polytechnic | Te Kura Matatini ki Otago. She joined the team in mid-2022 having previously held clinical management roles in Paediatrics and Public Health in Whanganui. Marama is a proud Ngā Manukura o Āpōpō Māori nurse leadership graduate and is a strong advocate for Māori and Pasifika nursing learners.

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Mentoring-based learning: aligning portfolio practice and cultural awareness in real-world medical education

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Background:
Medical education faces ongoing challenges in embedding cultural safety, reflective practice, and professional identity formation in ways that are authentic, assessable, and aligned with accreditation standards. These challenges are particularly salient in programs serving diverse and remote communities, such as the Northern Territory, Australia.

Innovation:
This presentation describes a mentoring-based learning model implemented within the CDU Menzies Medical Program (CMMP), a new medical program in Northern Australia. The model aligns a longitudinal Portfolio and Mentoring Program with the embedding of First Nations Culture and Knowledge, using real-world clinical and community experiences as the foundation for reflective learning.

Approach:
Students are longitudinally paired with trained mentors and engage in structured portfolio activities, supported by guided mentoring conversations. Portfolio artefacts capture clinical encounters, cultural and ethical challenges, and community engagement experiences. The portfolio is co-designed with First Nations leaders and organised around five curriculum themes: Patient Care, Personal and Professional Development, Health in the Community, First Nations Culture and Health, and the Scientific Basis of Medicine, explicitly mapped to the Australian Medical Council (AMC) domains.

Reflections and outcomes:

Early implementation has focused on mentor preparation, cultural awareness workshops, and yarning circles facilitated by First Nations leadership. Mentors report increased confidence in engaging with culturally complex discussions, while the integrated portfolio-mentoring approach enhances curriculum coherence and makes cultural learning visible and assessable.

Implications:
This model offers a transferable framework for health professional programs seeking to integrate mentoring, portfolio learning, and cultural safety in authentic, accreditation-aligned ways.

Keywords:

1. Mentoring-based learning
2. Portfolio assessment
3. Cultural safety
4. First Nations health
5. Medical education

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INTERNATIONALIZATION OF MEDICAL EDUCATION IN LOW- AND MIDDLE-INCOME COUNTRIES: A SCOPING REVIEW

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Background
The internationalization of medical education (IoME) is increasingly recognized as a strategic priority for health workforce development, aiming to prepare graduates to work effectively across cultural, linguistic, and health system contexts. IoME involves the purposeful integration of international, intercultural, and global dimensions into medical education to enhance quality and global competence. In low- and middle-income countries (LMICs), IoME initiatives face persistent challenges, including limited resources, workforce shortages, governance constraints, and concerns around equity and reciprocity. Although benefits such as capacity building and expanded educational opportunities are reported, unintended consequences also described. This scoping review aims to synthesize the existing literature on IoME in LMICs, identifying key strategies, challenges, reported outcomes to inform future research, policy, and practice.
Methods
Following JBI scoping review methodology, seven bibliographic databases and grey literature were searched for English-language records published between January 2000 and October 2025. Eligible studies addressed IoME across the medical education continuum in World Bank-classified LMICs. Data were synthesized using descriptive mapping and thematic analysis.
Results
Of 2,303 records identified, 54 studies met the inclusion criteria. Publications increased notably after 2015, with most studies conducted in Sub-Saharan Africa and Southeast Asia. The literature was dominated by program evaluations and cross-sectional designs, with limited longitudinal or theory-informed work. IoME was most commonly implemented through partnership-based and cross-border education (37.0%) and virtual or technology-enhanced learning (22.2%), with a gradual shift toward more reciprocal partnership models. Persistent challenges included financial and infrastructural constraints, regulatory barriers, and unresolved power and equity issues. Reported outcomes were largely positive but focused mainly on learner-level, self-reported gains, with limited assessment of program, institutional, or policy-level impacts.
Discussion
IoME in LMIC medical education is evolving and likely to expand further. Despite increasing reciprocity in partnerships, enduring challenges related to resources, governance, equity, and ethics persist, while workforce migration risks remain underexplored. Future research should prioritize LMIC-led, theory-informed, longitudinal studies that examine governance, equity, and longer-term workforce and health system outcomes aligned with local needs.

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What does it take to be agents of change for diversity, equity and inclusion in health professional education?

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Introduction/Background
Diversity, equity, and inclusion (DEI), as a framework to support belongingness in health professional education (HPE), is central to producing a workforce proficient in person-centred care (Rennie & Remedios, 2022). Despite growing recognition, DEI initiatives are often sporadic, small-scale, and fragmented. While DEI leadership is needed, educators may lack interest, confidence, or knowledge to assume this leadership (Monrouxe & Bloomfield, 2021). This study explored common threads among DEI agents of change in HPE, to inform the development, recognition and institutional support of DEI leadership.

Methods
Our collaborative autoethnography involved ten HPE DEI agents of change in Australia and New Zealand. We used co-developed questions responded to asynchronously, coding, memoing, and a focus group discussion to iteratively generate data and analyse it using reflective thematic analysis. Our aim was to develop themes across our professional and personal journeys as DEI agents of change.

Results
Identification as a DEI agent of change developed at varying paces, career stages, and was sometimes prompted by recognition from others. Motivation was largely shaped by personal and professional experiences of social injustice, including discrimination and exclusion, and a strong desire to address these for consumers, students, colleagues, and communities. Key strategies for successful DEI work included embedding DEI into education, research, and service; advocating for practical and structural change; and strategically leveraging opportunities. Strengths arose from collaboration with like-minded colleagues. Challenges included personal costs, slow progress, and pervasive systemic barriers within and beyond HPE.

Discussion
HPE institutions are called to actively identify, encourage, and support DEI agents of change to move DEI commitments beyond policy and foster collective, relational DEI leadership. The close link between DEI work and lived experience is a source of strength but comes at personal cost. Formal and informal professional networks, including peer mentoring, are vital to sustain DEI efforts.

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Untangling community engagement: Wicked problems, shared pathways, and practical starting points in health professional education

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Introduction/Background

Community engagement (CE) in health professional education (HPE) is widely recognised as important, and increasingly required by accrediting bodies, yet many educators describe it as a 'wicked problem'. Despite case studies and proposed models, accreditation guidelines are often perceived as intangible, vague and overwhelming for frontline academics and staff working in diverse CE contexts. Common challenges include how to: define and initiate CE, build relationships, engage meaningfully, and avoid tokenism. This PeArLS invites participants to collectively examine these challenges and share approaches to CE in HPE.

Methods

The presenting team comprises core members of a newly established community of practice for CE in HPE. The team will briefly introduce the underpinning philosophy of CE and present two guiding questions for group discussion. The session will allow exploration as to what CE looks like in practice, which frameworks and partnerships enable it, and how learning and assessment can better reflect reciprocity, agency, and community voice. Participants will share practical points on Padlet for educators to embed CE more genuinely and sustainably at their institutions. The session aims to foster dialogue, build shared understanding, facilitate collaborations, and build momentum toward an ANZAHPE CE Special Interest Group (SIG).

Results/Evaluation

Rank-ordered CE ideas and practical examples will be available to participants. Participants will be invited to participate in a 3-month post-event review on how they have applied these ideas in their setting and join the ANZAHPE CE SIG once it is established.

Discussion

HPE community engagement extends beyond meeting accreditation requirements and reflects the principles of mutual respect, shared benefit, and social accountability. It is paramount to apply community-engaged learning design to avoid extractive, colonising, and utilitarian approaches to community partners. Common threads across settings and context-specific examples will be discussed, with participants encouraged to identify locally relevant implementation strategies.

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Issues or questions for exploration

1. Where should educators begin when introducing CE?
    a. What frameworks or models best support co-designed learning?
    b. How can CE be embedded across curricula in ways that are authentic rather than tokenistic?
    c. How can community voice and decision-making power be strengthened?
    d. What kinds of partnerships and supports enable CE to flourish, and how can educators build and sustain them over time?
2. What skills do students need to work meaningfully with communities, and how should these be assessed?
    a. Are these skills specific to CE?
    b. Are these skills the same or different for each health profession?

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Educators as leaders: Leveraging clinical educator capability to influence continuous learning across health systems

Ms Lichin Lim[1,2], Associate Professor Mark Lavercombe[1,3], Associate Professor Megan Kalucy[4]
[1]The University Of Melbourne, Parkville, Australia, [2]The Royal Children's Hospital Melbourne, Parkville, Australia, [3]Western Health, Footscray, Australia, [4]University of New South Wales, Kensington, Australia

Introduction/Background
Continuous learning is essential for safe, high-quality and continuously improving healthcare.[1] Clinical educators play a critical role in shaping learning cultures within real-world clinical environments, yet much of the focus in health professional education centered on academic teaching. This contributes to variation in recognition, career pathways and influence for clinical educators across professions and workplaces.[2] As an interprofessional Clinical Education Lead supporting medical, nursing and allied health educators, I am grappling with how to strengthen the identity, leadership and influence of clinical educators, so they can shape inclusive, interprofessional learning environments beyond student supervision. Strengthening this workforce aligns with ANZAHPE's interest in broader, more diverse membership and engagement with health services.

Methods
Following a brief introduction outlining the context (5 mins), this PeArLS will use a modified Nominal Group Technique (NGT) to identify and prioritise key enablers that support continuous learning and clinical educator development across health systems. The guiding question will be: "What are the most powerful enablers to embed continuous learning and clinical educator development across health systems?" Participants will share their ideas which will be recorded and shared live on screen (30 mins), followed by a ranking activity (5-min) to identify the most impactful enablers. The collective ranking will be shared at the conclusion of the session.

Results/Evaluation
Participants will co-create a ranked list of priority enablers that clinical educators value to build and sustain continuous learning cultures within health services. Engagement will be evaluated based on contribution volume, diversity of perspectives and participation in the ranking activity.

Discussion
The prioritised enablers can guide planning by health services, universities and professional organisations such as ANZAHPE. These insights can inform future initiatives to support development and elevate the visibility of clinical educators as leaders within learning health systems.

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Tips for Successful Integration of Foundational Science in the Clinical Years of Health Professions Curricula

Dr. Kimberly Dahlman[1], Dr. Neil Osheroff[2]
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Introduction/Background
The concept of cognitive integration emphasizes the value of explicitly connecting foundational science with patient care and is an accepted pedagogy in health professions education. Evidence suggests that establishing relationships between foundational and patient care improves students' diagnostic and clinical reasoning skills by enhancing their ability to learn and retain new information, relating new learning to past information, and demonstrating flexible problem-solving abilities. These abilities are key skills of adaptive expertise and are thought to represent excellence in clinical performance. As a result, many schools have sought to better integrate foundational and clinical science through their educational programs.

Methods
This interactive PeArLS will explore participant approaches, challenges, opportunities, and solutions to foundational science integration in clinical teaching.

Results/Evaluation
Results of the discussion will provide frameworks for foundational science integration in the clinical years of health professions curricula that participants may take to their own institutions.

Discussion
Explicit integration of foundational science with patient care illustrates the clinical relevance of foundational science and improves diagnostic and reasoning skills. With the evolution of precision healthcare and molecular medicine, deep foundational science knowledge is essential for future healthcare providers. Although integration can be challenging and resource intensive, many schools have accomplished this goal successfully.

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Issues or questions for exploration
This session will explore opportunities to best support basic science and clinical educators by asking the following questions:
1. What are the major obstacles (institutional, programmatic, personal) to successful integration of foundational science and patient care?
2. What structures are effective for integration of foundational science and patient care?
3. What key institutional supports are necessary for integration?
4. How can educators work together to support the integration of foundational science and patient care?

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How should and can health professional educators meet and respond to society's expectations of the use of generative AI in healthcare?

A/prof Danielle Ní Chróinín[1,2], Prof Ann Dadich[3], Dr Shu Wang[4]
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Introduction/Background

Individual and societal expectations shape how patients and carers experience the healthcare they receive. These expectations are evolving with the increasing use of generative artificial intelligence (GenAI) across society. As health professional educators, we need to help students and trainees meet these new opportunities and challenges. The public media showcases a range of views on GenAI, from excitement about its ability to promote effective and efficient medical care to concerns about ethics, privacy, and health equity. While the literature regarding the use of GenAI both in healthcare education and patient management is growing, the extent to which societal expectations about GenAI may influence how we deliver care - and how we should educate healthcare professionals - has been less well explored.

Methods

We will present work in which we investigated how GenAI in medicine is represented in the public media, and use this as a basis for exploring how healthcare professional educators perceive and seek to meet - or not - society's expectations of and attitudes to the use of GenAI in delivering care. In break-out groups, we will focus on specific questions which address our objectives, as outlined in "Questions for exploration", below.

Evaluation and discussion

The session aims to provoke shared discussion and debate, helping to focus our thoughts as a group regarding how we respond as educators to evolving societal exposures and expectations about GenAI in healthcare. Participants will be encouraged to share experiences, opportunities and challenges, and any models which they have embraced or are developing in their educational practice. Subject to ethics approval and participant consent, we seek to assimilate findings and share these with the wider community.

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Plenary 4

Sense making – reconnecting to that which cannot be substituted

Dr Martin Chadwick[1]

[1]Ministry of Health, New Zealand

Healthcare is in a state of almost constant flux. Health education and educators are caught in the tension of what is, what has been, and an uncertain what will be. Perhaps now more than any other time in living memory there is the need to pause and reflect on that which is foundational, while also preparing to embrace potentially the most exciting and unknown period with the integration of AI. This presentation aims to weave together these many threads and present why there is a uniqueness and hope to what healthcare can continue to evolve to.

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ANZAHPE 2026

ABSTRACTS

POSTER PRESENTATIONS

ANZAHPE
Australian & New Zealand Association for Health Professional Educators

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P1.1 A COMMUNITY – BASED VOLUNTEER PROGRAM BY CLINICAL MEDICAL STUDENTS: HEALTH SCREENING AND LIFESTYLE MEDICINE- BASED HEALTH LITERACY PROMOTION AMONG HIGH SCHOOL STUDENTS

MS KOBKUEA LAOHAPOJANART[1], Use of Artificial Intelligence–Generated Simulated Cases for Case Conference in Ophthalmology Education Thitamon Phitchachot[1], Orathai Phiwkao[1]
[1]Medical Education Center Pranangklao Hospital, Siam University, Nonthaburi, Thailand

Background:
Community-based mobile medical services play a crucial role in promoting health literacy, early disease detection, and preventive healthcare among adolescents. This project aimed to enhance health awareness among senior high school students while providing medical professional experiential learning opportunities for medical students through volunteer-based service learning.
Methods:
The program was designed as a participatory, where medical students and high school students jointly implemented health stations and educational activities. The activities included general health screening, physical fitness assessment, body mass index (BMI) measurement, visual acuity testing, blood glucose testing, blood group determination, and health education on sexual health, substance abuse prevention, and mental well-being. Basic life support (BLS) and cardiopulmonary resuscitation (CPR) training were also provided. Structured evaluation questionnaires were administered to both participating students and medical students and Medical staff to assess satisfaction, learning outcomes, and perceived benefits.
Results:
83 students was rated at a very high level (mean score >4.7/5) in Satisfaction and benefits with this activities, also 4.9 evaluated medical students in term of being medical profession The most appreciated activities included health counseling, CPR training, and blood testing stations. 91 Medical students reported significant improvement in clinical skills, communication abilities, teamwork, leadership, professional attitudes and social responsibility(mean score 4.66-4.73) . The program also enhanced medical students' confidence in delivering health education and performing basic medical procedures in real-world settings. Medical staff evaluated medical students in term of knowledge skill 4.2, 4.6 communication skill,4.5 teamwork &collaboration ,4.2 problem solving,4.4 medical professionalism.
Discussion:
The mobile medical outreach program effectively promoted health literacy, preventive healthcare awareness, and life-saving skills among high school students while fostering essential clinical competencies, social responsibility, and professional development among medical students. This service-learning model demonstrates strong potential for sustainable community engagement and medical education enhancement.
Referrence :
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2. Five skills Medical Students Should Have.JNMA; 58(224):269-271Mandeep Guragai,Deependra Mandal

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P1.2 Reflective analysis in radiography research: Methodological foundations and reporting guidance

Mr Shayne Chau[1,2], Mr Jacob Leonard Ago[2,3], Mr Haydn Kerr[1,2], Mr Bismark Ofori-Manteaw[1,2], Clare Singh[1,2], A/Prof. Kelly Spuur[1,2], A/Prof. Theophilus Akudjedu[4]
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Introduction
Radiography research has traditionally prioritised quantitative and performance-focused designs that support evaluation of image quality, diagnostic accuracy, radiation dose optimisation, and service efficiency. While essential, these approaches are less able to address practice-based phenomena such as professional judgement under uncertainty, ethical tension, emotional labour, and relational aspects of patient care and clinical education. Reflective analysis has been used within radiography scholarship to explore such issues[1,2]; however, it remains poorly defined as a research method. This lack of methodological clarity has contributed to inconsistency in conduct, reporting, and peer review. This presentation establishes reflective analysis as a recognised qualitative research method in radiography by defining its epistemic foundations, analytic procedures, and reporting requirements, and distinguishing it from reflective writing for learning.
Methods
A methodological synthesis drawing on qualitative research methodology literature, reflective practice theory, and radiography scholarship was undertaken. Reflective analysis was examined in relation to reflexive thematic analysis, critical incident technique, analytic autoethnography, narrative inquiry, and interpretive description to clarify methodological boundaries.
Results
A literature search across four major radiography and medical radiation science-related journals identified 73 articles that used reflective-type analysis methods, of which 24 met the inclusion criteria. From the synthesis, a seven-stage analytic workflow, Reflective Analysis for Radiography (RAD-RA), and discipline-specific reporting guidance aligned with established qualitative standards were developed.
Discussion: Reflective analysis is defined as a qualitative method that uses systematically documented first-person professional experience as data and applies explicit analytic procedures to generate practice-facing insights. Reflective analysis provides a structured qualitative approach for examining complex aspects of radiography practice, education, and professional decision-making not readily captured through quantitative or multi-participant qualitative designs. The RAD-RA framework supports rigorous, transparent, and ethically accountable reflective research, enabling radiographers to examine professional judgement and practice-based challenges while supporting consistent peer review and qualitative scholarship within the discipline.
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P1.3 Developing and piloting a preparedness instrument for person-centred care in early dental practicep

Dr Mina Dizdarevic[1], Dr Emma Bartle[1], Dr Delyse Leadbeatter[2], Professor Sandra Carr[1]
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Introduction/Background:
Person-centred care (PCC) emphasises partnership, shared understanding, and relational connection between clinicians and patients, and is a core expectation of contemporary dental practice. However, limited evidence exists regarding how prepared new dental graduates feel to enact PCC as they transition to independent clinical practice. This gap reflects the limited availability of theory-informed, behaviourally specific instruments designed to assess preparedness for PCC in early-career contexts. The primary aim of this study was to develop and pilot a preparedness-for-PCC survey instrument for dental graduates, with secondary qualitative exploration contextualising survey findings within clinical practice.
Methods:
An explanatory sequential mixed-methods design was employed. In the quantitative phase, a 28-item preparedness-for-PCC survey aligned with established PCC frameworks, Australian Dental Council competencies, and expert review, was developed and administered to Australian dental graduates (n=36). Descriptive statistics and internal consistency analyses were conducted. In the qualitative phase, semi-structured interviews were undertaken with a subset of respondents (n=3) to contextualise patterns.
Results:
The preparedness survey demonstrated excellent internal consistency (Cronbach's α=0.966), with acceptable to strong reliability across PCC domains. Descriptive response patterns showed meaningful variability, with higher endorsement of relational PCC skills, (listening, empathy, rapport building), and more variable preparedness for competencies requiring shared decision-making, patient autonomy, and contextual adaptation. Qualitative findings illustrated how these patterns were shaped by real-world practice constraints, including time pressure, financial discussions, patient expectations, and the transition to autonomy.
Discussion:
This study presents a novel, theory-informed instrument for assessing preparedness for PCC in early dental practice and provides preliminary evidence of its internal coherence and descriptive utility. The results highlight variation in perceived preparedness across PCC domains and indicate the need for further testing in larger and more diverse graduate cohorts. The instrument provides a foundation for future validation and for examining how dental education supports graduates in developing person-centred care.

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P1.4 Connecting the dots of our humanity - a programmatic approach to assessment in the Professionalism and Leadership (PaL) Domain

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Introduction:

Programmatic assessment extends beyond the aggregation of performance data, positioning assessment as both an evidence-informed and relational process that supports individual learner development.

Methods:

Curtin Medical School adopts a programmatic assessment approach to assess and provide feedback on students' development in the PaL domain during the foundational years 1-3 of the MBBS program. Students' professional behaviours are monitored longitudinally through tutor and peer observations, and end-of-semester structured feedback across all formal learning sessions. These data are systematically collated and mapped to four dimensions of professionalism (Interaction, Involvement, Integrity and Introspection).[1] A PaL Panel reviews and provides feedback to students. Students receiving a "Needs Improvement" rating are offered a face-to-face session with the PaL Domain Lead and the Unit (Year) Coordinator.

Results:

A Year 2 student who was flagged for disruptive behaviour, accepted that meeting offer. He arrived full of bravado, exuberant while courteous. In chatting about his performance, he mentioned external factors influencing his behaviour. When asked if he would like to share a little more, he broke into sobs, crying for over half an hour.

Discussion

A programmatic approach is valuable for assessing and providing feedback on students' development in the PaL domain, as cumulative and longitudinal data can identify behavioural patterns to enable timely, supportive remediation. However, this specific interaction highlights the need to understand it is only part of the story; data points are a starting point to build understanding. This feedback session represents an observed pattern across the medical student cohort – providing a safe, non-judgemental face-to-face opportunity to parse the data-points - is pivotal to cultivating personal and professional growth for our students as learners and future doctors.

Reference.

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P1.5 Not just skin deep: Insights into dermatology interest among medical students and prevocational doctorsp

Dr Samuel Morriss[1], Dr Christopher Chew[2], A/Prof Aaron Robinson[3]
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Introduction/Background
Dermatology is a competitive specialty in Australia, yet little is known about how prevocational trainees conceptualise dermatology interest within the broader landscape of medical specialties.1 Understanding the evolving career interests of medical trainees is essential for informing education, workforce planning and design of training pathways.

Methods
This cross-sectional study analysed responses from 1,599 respondents who completed the standardised Medical Specialty Interest Survey (MSIS),[1] rating interest across 47 medical specialties on a 5-point Likert scale. Respondents indicating dermatology as their primary specialty interest were compared with all others using descriptive statistics, independent t-tests, and Pearson correlation analyses to examine differences in specialty interests and inter-specialty relationships.

Results
Fifty respondents (3.1%) nominated dermatology as their primary specialty interest. Compared with non-dermatology interested respondents, the dermatology-interested group demonstrated significantly higher desirability for rheumatology (3.06 vs 2.59) and lower interest in multiple acute and procedural specialties including emergency medicine (2.73 vs 3.19), intensive care medicine (2.53 vs 3.01), obstetrics and gynaecology (2.18 vs 2.57), general surgery (2.16 vs 2.52), orthopaedic surgery (1.88 vs 2.27), and neurosurgery (1.84 vs 2.16). Correlation analysis showed that dermatology had only modest positive correlations with other specialties among dermatology-interested respondents, strongest with rheumatology (r=0.26), anaesthesia (r=0.26), gastroenterology (r=0.22), and general practice (r=0.21). The comparison cohort saw dermatology as more closely aligned with ophthalmology (r=0.49), rheumatology (r=0.40), rehabilitation medicine (r=0.40). Dermatology-interested respondents viewed dermatology as distinct from other medical fields, with negative correlations observed for specialties including palliative care, intensive care, and emergency medicine.

Discussion
Medical students and prevocational doctors interested in dermatology exhibit a distinct preference profile favouring less acute and non-surgical specialties. These findings provide quantitative insight into dermatology's position within the broader specialty interest landscape and highlight opportunities to strengthen dermatology education, mentorship, and workforce strategies to address disparities in dermatological care delivery across Australia.

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P1.6 Emotion Phenotypes in Australian Physiciansp

Dr Bruce Lister[1], Honorary Associate Professor Calvin Smith[1], Professor Emerita Diann Eley[1]
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Introduction/Background

Emotional restraint is deeply embedded within medical culture, where professionalism is often equated with composure and emotional control. Over time, these norms may shape emotional expression and regulation, producing alexithymia-like behaviours even among physicians with intact emotional awareness. Termed *professional* or *socially acquired* alexithymia, this phenomenon reflects learned emotional detachment shaped through clinical acculturation.[1] Although widely discussed conceptually, empirical evidence for such an emotional profile has been lacking. This study examined whether socially acquired alexithymia can be identified empirically by exploring naturally occurring configurations of alexithymia, emotion beliefs, and regulation strategies in physicians.

Methods

A national cross-sectional survey of 462 Australian physicians across specialties assessed alexithymia (Perth Alexithymia Questionnaire subscales), emotion beliefs (beliefs discouraging emotional control and emotion self-efficacy), and emotion regulation strategies (cognitive reappraisal and suppression, Emotion Regulation Questionnaire). Latent Profile Analysis (LPA) identified profiles of emotional functioning. Model selection combined statistical fit (BIC, entropy, likelihood-ratio tests) with theoretical interpretability to derive meaningful emotional phenotypes.

Results/Evaluation

Five distinct profiles were identified, reflecting unique configurations of emotional awareness, emotion beliefs, and regulation strategies. As expected, higher alexithymia predicted greater suppression and lower reappraisal. However, two profiles displayed alexithymia-like regulation despite normative emotional awareness. These groups showed strong beliefs that emotions should be controlled, low emotional self-efficacy, and high expressive suppression—consistent with *socially acquired alexithymia*. This pattern suggests that emotional suppression in medicine can arise from professional norms rather than intrinsic deficits in emotional capacity.

Discussion

Results support the existence of belief- and culture-driven emotional phenotypes among physicians. Distinguishing socially acquired from trait-based alexithymia clarifies why some clinicians appear emotionally detached despite preserved awareness. Educational and organisational interventions that normalise emotion, strengthen emotional self-efficacy, and challenge hidden curricula linking composure with competence may promote healthier emotional regulation and professional sustainability.

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P1.6 Evidence-based professional standards in medicine – a review

Associate Professor Michael Gabbett[1,2], Professor Jennifer Williams[1], Professor Theresa Bourke[2]
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Introduction/Background
Professional standards in medicine define the ethical, clinical, and behavioural expectations of physicians. Such standards are qualitative in nature, so unlike other domains of medical practice, are more difficult to justify using an evidenced-based model. This paper reviews the foundations, domains, and challenges of evidence-based professional standards in modern medical practice. In doing so, this study ultimately aims to provide an ethical and morally defensible justification for professional standards in medicine.

Methods
Existing professional standards in medicine are currently being collated, examining professional qualities in the profession as mandated by national medical accreditation bodies, professional colleges and medical schools. Similarities and differences between standards will be highlighted. The literature supporting or justifying professional standards in medicine will be reviewed and gaps identified.

Aims
A philosophical model to justify professional standards in medicine will be proposed.

Discussion
This paper examines current professional standards in medical practice and questions the evidence on which such professional qualities are based. In doing so, it provides a platform for discussion to enable development of a robust model to justify professional standards for medical practitioners.

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P1.8 Beyond the multiple-choice question: investigating student engagement with diverse professionalism assessment formats

Professor Richard McGee[1,2,3], Dr Esther Robinson[1], Dr Miriam Grotowski[4], Professor Joerg Mattes[1,2,3], Dr Felista Mwangi[1], Professor Bunmi Malau-Aduli[1], on behalf of the ACHIEVE Network
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Introduction
Assessing professionalism in medical education remains a complex and evolving challenge due to its subjective and context-dependent nature (1). While Situational Judgment Tests (SJT) are established tools, the comparative utility and acceptability of Script Concordance Tests (SCT) and Multiple-Choice Questions (MCQ) for this domain remain unclear (2). This study evaluated student performance and perceptions of these formats to inform assessment design.

Methods
Year 2 undergraduate medical students completed an online formative professionalism assessment with SCTs, SJTs and MCQs. Students evaluated their experience of each of these exam formats via surveys and focus groups. The data was analysed both quantitatively and qualitatively.

Results
Quantitative analysis (N=164) revealed a significant hierarchy of student preference: SJTs were the most preferred, followed by MCQs and then SCTs. While MCQs scored highest for familiarity, MCQs and SJTs shared the highest ratings for clarity (Mean=2.49). SCTs were perceived as less accurate (Mean=1.93) than MCQs (Mean=2.16), contributing to low overall satisfaction (Mean=1.87/4). Qualitative themes highlighted a tension between the desire for objective clarity and the nuance required for professionalism. Students valued the linear certainty of MCQs but struggled with inherent ambiguity of SCTs. SJTs were praised for balancing realism with structure. Students recommended future assessments adopt a longitudinal multimodal approach integrating peer feedback.

Discussion
Our study shows students conflate assessment quality with clarity and objective certainty, manifesting as an "intolerance of uncertainty" regarding the probabilistic reasoning required by SCTs. While students prefer the perceived safety of MCQs and SJTs, the resistance to SCTs underscores a developmental need to scaffold uncertainty tolerance. Effective professionalism assessment must balance learner preferences for clarity with the educational necessity of navigating the grey zones of clinical practice.

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P2.1 Exploring the use of AI simulations in teaching leadership skills in health professions education: A scoping review

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Background
Artificial intelligence (AI) is increasingly being integrated into Health Professions Education (HPE), with recent advances enabling interactive simulation modalities such as virtual patients and conversational agents. Simulation-based learning has traditionally supported clinical training and is now widely used to develop non-technical, learnable leadership skills, including communication, teamwork, and situational awareness. Despite growing interest and experimentation with AI-enabled simulations in health professions curricula, the existing evidence remains fragmented. This scoping review aims to map how AI simulations are being used to teach leadership skills in HPE.

Methods
This scoping review maps existing evidence on the use of AI-enabled simulation for teaching leadership-related competencies in HPE. The review follows established scoping review methodology and is reported in accordance with PRISMA-ScR guidelines. A systematic search was conducted across MEDLINE, Embase, PsycINFO, and CINAHL databases. Eligible studies include empirical research involving tertiary health professions students and AI-driven simulation interventions targeting leadership or non-technical skills. Screening and data extraction were undertaken using Covidence and a structured data extraction framework.

Results
Preliminary screening has identified ten eligible studies published between 2020 and 2025. Most interventions utilised AI-integrated virtual reality simulations, while others employed conversational AI feedback and machine learning-supported simulation platforms. Communication and teamwork were the most frequently targeted leadership-related competencies, alongside empathy and learners' confidence. Early findings indicate that AI-simulations show promise in supporting the practice and development of these learnable leadership skills and may enhance learners' confidence in managing structured clinical interactions. Screening is ongoing following the inclusion of additional records, and final thematic synthesis is currently in progress.

Discussion
This timely review identifies current design and evaluation gaps in the use of AI-enabled simulation for leadership development and offers early insights to support health professions educators in thoughtfully adopting and integrating these emerging technologies into curricula

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P2.2 From co-creation to co-skilling: principles for a new approach to authentic learning

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Introduction
Co-creation is increasingly applied in health professional education, but its potential goes beyond co-developing curricula or learning resources with faculty. Co-creating solutions with stakeholders such as patients, carers, community members, and interprofessional colleagues may offer learners opportunity to develop knowledge, skills, and professional behaviours that prepare them for clinical practice. We propose “co-skilling”, a pedagogical concept that positions co-creation as a purposeful learning process. This study aimed to develop and refine principles for co-skilling empirically to inform subsequent field experiments.

Methods
Initial principles were derived from a review of literature on co-creation in business, where the concept originated, as well as health professional education. The principles were refined through interviews with six educators and five students who had participated in co-creation or related forms of authentic learning such as workplace or interprofessional learning. Interviews explored potential strategies for implementing co-skilling, anticipated challenges, relevant learning outcomes, and success factors. Data were analysed inductively to integrate lived experiences into the principles.

Results
Four principles were identified: (1) co-skilling should involve problem stakeholders who are often neglected and empower them to shape decisions rather than having solutions imposed on them; (2) The shared purpose should be learning that solves real-world problems, with learners envisioning learning outcomes and reflecting regularly rather than just doing tasks, while others gain practical solutions; (3) Educators should function as intermediaries who translate different needs, manage power dynamics, and mediate tensions between learners and stakeholders; (4) Realistic expectations are essential, recognizing that effective solutions emerge through iterative development that may involve multiple cohorts.

Discussion
Co-skilling differs from other authentic learning: unlike workplace/service learning, co-skilling targets specific problems; problem-based learning centres on students, whereas co-skilling values all stakeholders equally; co-skilling goes beyond teamwork emphasized in collaborative learning to produce practical solutions. The field experiment design will be discussed.

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P2.3 Transforming Challenges into Opportunities: Exploring Student Experiences of Equitable and Inclusive Collaborative Assessment

Dr YAZAN AL-HAYEK[1], Mr Shayne Chau[1], Mr Bismark Ofori-Manteaw[1], Dr Dana Al Mousa[1]
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Introduction/Background
Group assessment is widely used in health professions education to develop collaboration, communication, and professional accountability that support readiness for clinical teamwork. Despite its benefits, students frequently report concerns about inclusivity, fairness, unequal workload distribution, and recognition of individual contributions. From an educator perspective, designing assessments that address these issues while remaining meaningful and engaging is challenging. This project transforms a traditional group assessment into a structured, student-centred task by integrating clear group contract, peer assessment, and weekly drop-in support sessions. It also explores student experiences to inform future practices in medical radiation science and broader health professions education.

Methods
The redesigned assessment will be implemented in a third-year Bachelor of Medical Radiation Science program. Following completion and grading, students will provide feedback via an anonymous online survey capturing perceptions of equity, inclusivity, engagement, and learning effectiveness. The survey will also explore the impact of group contract, peer assessment and weekly drop-in support sessions, and include open-ended questions allowing students to reflect on their experiences and suggest improvements. Quantitative responses will be summarised descriptively, and qualitative reflections analysed thematically to explore students' experiences and insights into their professional skill development.

Results/Evaluation
The project anticipates that students will report improved clarity of group roles, fair recognition of contributions through and greater inclusivity. The findings are expected to highlight areas where educator intentions and student experiences align or diverge, providing actionable insights into how individual contributions are facilitated and acknowledged, and identifying practical strategies to enhance equity, engagement, and professional skill development in collaborative learning.

Discussion
The findings will inform equitable group assessment design by demonstrating how group contracts, peer assessment, and accessible support structures can enhance recognition of individual participation, support professional skill development, and strengthen collaborative learning aligned with graduate learning outcomes and professional standards across health professions education.

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P2.4 Clinical reasoning as identity work: using technology-enhanced learning to support learner confidence and professional growth

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Introduction/Background

Clinical reasoning is central to clinical practice and to how learners perceive themselves as physicians. Yet many learners early in training struggle to articulate their reasoning and to participate confidently in clinical discussion, especially in situations characterised by uncertainty. This hesitation is often interpreted as a knowledge gap, but may instead reflect limited support for developing self-confidence and metacognition as a developing professional. Educational approaches that help learners make their thinking visible and reflect on how they reason may play an important role in professional identity formation.

Methods

This session describes an educational approach in which technology-enhanced clinical reasoning tools are used to scaffold learners' reasoning processes. These tools prompt learners to slow down, externalise their thinking, compare alternatives, and reflect on how they arrive at clinical decisions. Rather than providing answers, the focus is on supporting learners to think about their thinking and to practise reasoning as an explicit activity. The approach has been used across all teaching contexts as part of routine educational practice.

Results/Evaluation

Evaluation has focused on qualitative and practice-based indicators, including learner reflections, patterns of engagement with reasoning activities, and educator observations during teaching sessions. Learners describe greater clarity and confidence in how they approach clinical cases. Educators report more active participation in discussion and greater willingness among learners to explore uncertainty aloud. These observations suggest that structured support for reasoning may help learners act and speak more confidently as developing clinicians.

Discussion

Helping learners learn how to reason is inseparable from them learning how to be physicians. We propose that technology-enhanced reasoning tools, when used deliberately, can support metacognition, confidence, and professional identity development without displacing clinical judgement. It invites discussion on how educators can use structured reasoning support to create learning environments in which thinking is visible, uncertainty is acceptable, and professional growth is actively supported.

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P2.5 Simulation In Paediatric Nursing Education: Scoping Review

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Background: Simulation is increasingly used in nursing education; however, its use in paediatric nursing education has not been comprehensively mapped. This scoping review explores simulation use in paediatric nursing education: scenarios used, level of fidelity and modality, theoretical/framework guidance, outcome measures and perspectives/experiences of simulation. Fidelity refers to the degree to which the simulation resembles clinical practice (high, medium, or low).

Methods: The review followed Joanna Briggs Institute guidance. Four databases were searched. Two reviewers independently screened titles/abstracts and full-texts. Data extraction was piloted by two reviewers; the lead reviewer completed extraction, with 30% checked by a second reviewer. Studies involving paediatric/neonatal patients, using any simulation modality/fidelity level in nursing education, were included.

Preliminary Results: The review will be completed in March 2026. From 4405 records, 2022 duplicates were removed. We screened 2383 titles/abstracts and 1081 full-texts, and included 268 studies. The earliest study was published in 1983, with a peak in publication in 2020. Most studies focused on nursing students (145, 54%), followed by nursing staff (81, 30%) and multidisciplinary teams including nursing staff (26, 10%). Fidelity was not reported in 119 studies (44%). High-fidelity simulation was most common (104, 39%). Manikin-based simulation was reported in 148 studies (55%); 35 (13%) studies did not specify modality.
Most studies did not report a guiding theory/framework (106; 40%), however the most cited was the NLN Jeffries Simulation Framework/Theory (26, 10%). The frequently measured outcomes were knowledge (86, 32%), confidence (74, 28%), and perspectives/experiences (56, 21%).

Discussion: Fidelity was frequently unreported or poorly defined, with limited use of standardised definitions and consistent terminology. Theory or frameworks were infrequently used to guide simulation design and implementation, which may reduce reproducibility and limit the educational potential of simulation. Improved reporting of fidelity, modality, and theoretical guidance may strengthen future evidence in paediatric nursing education

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P2.6 Computed tomography education for radiography students: Exploring the current evidence

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Introduction/Background
Computed tomography (CT) education for radiography students is delivered via a combination of coursework units and clinical placements. An understanding of students' acquisition of CT knowledge and clinical skills remains underexplored. The aim of this narrative literature review was to explore the current published literature on CT education and assessment of students enrolled in a radiography university program.

Methods
A literature search was conducted using Medline, CINAHL, and Web of Science for English-language articles published between 2015 and 2025. Reference lists of included studies were also searched, using keywords related to the study aims. Thirteen studies were included and analysed under three themes: (1) CT education methods and characteristics, (2) evaluation of CT education activities, and (3) student assessment in CT education.

Results
Most studies reported that CT education primarily involved on-campus training, with fewer studies incorporating clinical placements. Tutorials were the most common method, often supported by access to CT scanners or virtual reality training tools. Studies focusing on evaluations reported on student satisfaction and usability of learning tools, with post-lesson knowledge gains reported. Assessment of CT knowledge typically involved pre/post quizzes and reflective blogs.

Discussion
The current evidence suggests that on-campus CT education enhances student knowledge, while clinical placements present extended learning opportunities. In general, guided learning and structured assessment support student confidence and competence. Further research is needed to better understand the scope and potential diversity of clinical CT learning experiences for students, and how it contributes to skill development and competency, prior to graduation.

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P2.7 Construct validation of the situational motivation scale (SIMS) in the context of undergraduate medical and health sciences students in a Hong Kong university: preliminary results

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Introduction

In undergraduate medical and health sciences education, practical classes have an essential role to link concepts taught in lectures to clinical or real-life scenarios. Students' perceived relevance of practical classes can influence their motivation to engage in the learning activities thus understanding of important concepts. Situational motivation scale (SIMS) is a validated instrument to measure students' motivation towards different teaching activities.

Methods

From 2023 – 2026, we have been implementing newly designed physiology practicals for medicine and biomedical sciences students in a university in Hong Kong. A survey incorporating SIMS was electronically administered at the end of these practicals. SIMS consists of 16 items, with 4 items per subscale (intrinsic motivation, identified regulations, external regulation and amotivation), rated on a 7-point Likert scale. Using within-network approaches to construct validity, we investigated the psychometric properties thus the applicability of SIMS in the context of undergraduate students of medical and health sciences in Hong Kong.

Results

A total of 247 responses has been collected. Confirmatory factor analysis was conducted to examine the construct validity. For the four-factor model, χ^2 (82) = 219.014, $p < .001$, ratio of χ^2/df is 2.67, showing an acceptable fit between model and data. Moreover, the Comparative Fit Index (CFI) was .921, the Tucker-Lewis Index (TLI) was .899, the root mean square error of approximation (RMSEA) was .082, and the standardized root mean-square residual (SRMR) was .0522.

Discussion

Compared to the currently acceptable standard (CFI > .90, TLI > .90, RMSEA < 0.08, SRMR < 0.08), our preliminary data met the threshold values of CFI and SRMR but did not meet those for TLI and RMSEA. By continued data collection and possible model refinement, we aim to validate this instrument for the purpose of evaluating Hong Kong medical and health sciences students' situational motivation in biomedical sciences practicals.

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P3.1 Bringing competency-by-Design to workplace-based assessment in an MBBS course

Associate Professor Elina Ng[1], Professor Rashmi Watson[1]
[1]Curtin University, Perth, Australia

Introduction/Background
Competency-by-design (CBD), a structured, outcome-driven framework, is increasingly influencing health professional education, yet operationalising these principles within workplace-based assessment (WBA) remains challenging, particularly in programs with extensive clinical placements. To address these challenges, Curtin Medical School has implemented a CBD-aligned WBA system embedded within a purposefully structured e-WBA learning portfolio and supported by a programmatic approach to assessment.
Methods
This presentation outlines the design and early implementation of this CBD-aligned WBA model. Key features include aligning learning outcomes with entrustable professional activities (EPAs) and other feedback-rich assessment modalities, building assessment processes that link smoothly from one placement to the next, and establishing a competency panel that reviews aggregated evidence using a holistic rubric to inform progression decisions. These design elements aim to address common barriers to effective WBA, such as assessor variability and fragmented assessment data.
Results/Evaluation
Early evaluation indicates that this approach supports clearer expectations for learners, more consistent feedback, and more equitable judgments through triangulation of multiple data points. The use of a competency panel has enhanced transparency and encouraged shared responsibility among academics for monitoring learner progress. Students report greater clarity about performance standards and improved opportunities for guided reflection.
Discussion
Lessons learned from the implementation process highlight the importance of professional development for clinical academics, well-structured assessment pathways, and digital systems capable of supporting data aggregation. Anticipated challenges, such as variable clinical learning environments and maintaining assessor engagement, have informed ongoing refinement.
This presentation will offer practical insights for educators seeking to embed CBD principles within programmatic assessment systems, demonstrating how structured design, longitudinal data, and collaborative review processes can strengthen WBA and support learner development and readiness for clinical practice.

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P3.2 Beyond deadlines: understanding the role of milestones in medical student research

Dr Rajneesh Kaur[1], Professor Richmond Jeremy, Professor Karen Scott, Ms Naomi Staples, A/Prof Joanne Hart
[1]University Of Sydney, Sydney , Australia

Introduction/Background
Medical student research projects progress through sequential stages including proposal development, ethics approval, data collection, analysis, and dissemination. These stages are commonly operationalised as assessment milestones intended to scaffold learning, monitor progress, and generate assessment evidence[1]. However, milestone frameworks are often applied uniformly across cohorts with different project structures and timelines. This study explores how milestones function as assessment evidence across student streams within a large medical program.

Methods
Within the University of Sydney Doctor of Medicine program, approximately 300 research projects are assessed annually by a large and variable examiner pool. Students complete projects via two pathways: a Standard Stream undertaken within a concentrated 14-week block, and an Extended Stream commenced earlier and undertaken alongside coursework. A mixed-methods evaluation was conducted using online questionnaires completed by 119 students and 86 examiners from the 2024–2025 cohorts. Two student focus groups and semi-structured interviews with 13 examiners were also undertaken. Quantitative data were analysed descriptively and qualitative data thematically.

Results/Evaluation
Most students reported that milestones supported progression, with 81% agreeing they helped them stay on track and 74% reporting clearer expectations across the project timeline. However, only 52% perceived milestones as supporting deeper learning, with many describing them as compliance-driven tasks. Examiners strongly endorsed milestones for monitoring progress, with 92% agreeing they were essential for identifying students requiring early support. A majority (79%) reported that milestone evidence informed judgements about research capability. Qualitative findings highlighted milestones as effective scaffolding for Extended Stream students but as excessive when applied unchanged to Standard Stream projects.

Discussion
Milestones generate valuable assessment evidence for progression monitoring and early intervention. However, alignment between milestone number, timing, and project duration is critical if milestones are to function as meaningful assessment rather than procedural compliance.

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P3.3 Understanding the role of oral presentations in medical student research: student and examiner perspectives

Dr Rajneesh Kaur[1], Professor Richmond Jeremy, Professor Karen Scott, Ms Naomi Staples, A/Prof Joanne Hart
[1]University Of Sydney, Sydney , Australia

Introduction/Background
Oral presentations are commonly used to assess medical student research projects, yet there is limited clarity regarding their contribution to fair, consistent, and defensible assessment when implemented at scale. This study examines how oral presentations function as assessment evidence within a large medical program.

Methods
Oral presentations are conducted face-to-face, delivered as 15-minute assessments including question time, each assessed by two independent examiners using shared criteria. Approximately 300 Doctor of Medicine research projects are assessed annually within the University of Sydney Medical program by a large (n≈150) and variable examiner pool. In 2024–2025, a mixed-methods evaluation was undertaken. Online questionnaires were completed by 119 medical students and 86 examiners; semi-structured interviews were undertaken with 13 examiners and two focus groups were held with students. Quantitative data were analysed descriptively, while qualitative data were analysed thematically.

Results/Evaluation
Among students, 72% (86/119) agreed that oral presentations enabled them to demonstrate understanding of their research, and 68% (81/119) reported improved ability to explain research concepts. Only 49% (58/119) perceived oral presentations as fair, and many reported anxiety affecting performance. Examiners endorsed oral presentations as assessment tools, with 89% (77/86) agreeing they supported assessment of conceptual understanding and 84% (72/86) reporting value in clarifying reasoning beyond written submissions. Only 58% (50/86) agreed that oral presentations were sufficiently standardised to ensure consistent grading. Qualitative findings highlighted the value of oral presentations for assessing reasoning, authenticity, and student ownership. Examiners perceived live questioning reduced reliance on generative AI and encouraged authentic student responses. Examiners supported assigning explicit weighting to oral presentations (~20-30%) within the final mark to strengthen assessment rigour.

Discussion
Oral presentations provide rich assessment evidence but are limited by variability, performance anxiety, and inconsistent weighting. Greater structure, clearer criteria, and explicit integration within summative assessment frameworks are required to strengthen defensible judgement.

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P3.4 Does Formative Assessment Work?: Exploring Student Perception and Educational Impact of the Clinical Mini-Quiz

Dr Hasnah Sholichah[1,2]
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Introduction/Background
Formative assessment (FA) is one of the most powerful factors in promoting learning, FA can also assist students in identifying knowledge gaps on subject matters and help improve learning efforts. However, to understand the nature of the relationship between an FA method and learning efforts, students' involvement and experience in its design and implementation are crucial. At Universitas Gadjah Mada, clinical year students routinely go through an FA in the form of MCQs at the beginning of every rotation. This assessment, called "Mini Quiz" has been implemented since 2025. This study's purpose is to appraise students' perception on the "Mini Quiz" as an FA tool.

Methods
An 11-item questionnaire was administered anonymously via Google Forms to students in their clinical placement at Universitas Gadjah Mada's School of Medicine. The feedback form consists of 1 yes/no question, 9 Likert-scale questions, and 1 qualitative commentary feedback. Percentage agreement and disagreement were calculated for Likert-scale questions, and a thematic analysis was done for the commentary feedback. Data entry and processing were done using Microsoft Excel.

Results
The feedback questionnaire was administered with a response rate of 62.4% (n=156 out of 250). The average of the mini quiz done by research participants is 4.9±1.88. Over 88% of participants agreed that the mini quizzes were valid in terms of being realistic, level-appropriate, and enabling them to demonstrate complex clinical judgement. 85.26% also agree that the quiz help in identifying weaknesses and plan study efforts. Thematic analysis showed perceived benefits, future study plans, and improvements for future implementations.

Discussion
The formative "Mini Quiz" was perceived as highly relevant, realistic, and appropriate for learners' level, with students affirming its realism and alignment with expected competence. Learners trusted the MCQ vignette format as a credible proxy for real-world decision-making. The quiz served as a strong motivator, as the majority indicated that post-quiz feedback helped identify knowledge gaps and deepen their understanding of core concepts. Catalytic effects were evident as the quiz was deemed aligned with self-assessment and helped participants generate concrete, individualised study plans. Qualitative themes highlighted a feedback-to-action pipeline, high satisfaction, and enhanced self-efficacy, supporting the strong acceptability of the formative approach. Students suggested tighter integration with rotation schedules and more detailed rationales for answers to further improve acceptability and catalytic impact. Consistent with Norcini et al.'s (2018) criteria, the "Mini Quiz" worked well as an FA because it is embedded, provides specific, actionable feedback, and is timely, though ongoing delivery needs reinforcement. Limitations include a low response rate and assessment of only short-term outcomes. Future work should involve larger samples and higher-level outcomes to confirm long-term educational and clinical benefits.

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P3.5 A Stepwise Approach to Programmatic Assessment: Staggered Implementation of Workplace-Based Assessments

Mrs Madison Sparvell[1], Ms Gagan Cheema[1], Professor Ian Martin Symonds[1], Associate Professor Robert Bryce[1]
[1]The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), Melbourne, Australia

Introduction/Background
Programmatic assessment has been increasingly recognised as a robust approach to evaluating competency in clinical training, integrating multiple assessment points to guide learning and progression. Implementing such an approach can be challenging due to assessor workload requirements, learner readiness, and tool familiarity. To facilitate adoption, staggered implementation of workplace-based assessments (WBAs) has been introduced, gradually integrating the tools to support both learning and assessor comfort, while building the foundation for programmatic assessment implementation.

Methods
The staggered implementation involved sequential introduction of WBAs across the training program including, Assessment of Procedural and Surgical Skills (APSS), Mini-Clinical Evaluation Exercise (mini-CEX) introduced in 2024 for trainees in years 1 and 2, Mini-Multisource Feedback (mini-MSF) introduced in 2025 for trainees in years 1 and 3 and Case-Based Discussion (CBD) piloted in 2026 as the final tool. Pilot data was collected across four core predefined criteria of timeliness, constructiveness, actionability, and accessibility in a Likert scale. This phased approach allowed trainers and learners to gain experience with each tool, providing structured feedback to refine tools strategies before programmatic assessment rollout.

Results
Benefits of this approach to implementation supports progressive learning, enhances assessor confidence, and improves clarity of expectations for both trainees and assessors. Feedback suggests that sequential introduction facilitates actionable, timely feedback that is directly applicable to clinical practice. Challenges identified during the pilot include variability in assessor engagement, informing ongoing adjustments to training and guidance materials. The phased rollout has allowed iterative improvements, ensuring WBAs are integrated effectively and sustainably.

Discussion
A stepwise approach to implementing WBAs provides a practical framework for transitioning to programmatic assessment. By phasing in tools, programs can support learner development, increase assessor confidence, and identify challenges before full-scale adoption. This approach demonstrates that careful, iterative integration of workplace-based assessment enhances readiness for programmatic assessment and strengthens the alignment between assessment and learning.

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P3.6 Is “doing” the best feedback?: Reflections on a 2 day OSCE.

Professor Ben Canny[1], Dr Helen Wimalarathna[1]
[1]Adelaide University, Adelaide, Australia

Introduction
It is well established that student performance improves over repeated assessments. Some improvement may be attributable to feedback, though other explanations are possible. In this study, we describe the outcomes of an OSCE examination for medical students where the examination was held over two consecutive days with, no feedback provided after Day 1.

Methods
A two-day OSCE assessment, comprising six stations each day according to a similar blueprint were administered to students in 2021 (n=170); 2022 (n=177) and 2023 (n=156). These students were not naive to the format, having had a summative OSCE assessment the year before. Scores for each day were scaled to their borderline score and an estimated true score (to account for regression to the mean) for a student’s performance on Day 1 was determined[1]. In addition, raw scores in each Domain (Professionalism, Clinical Practice, Knowledge and Clinical Reasoning) were compared. All results were compared using repeated measures ANOVA.

Results
Scores obtained on Day 2 were significantly greater than those on Day 1 for all three years (2021 & 2022: 5.2%, $P<0.001$; 2023: 2.1%, $P<0.05$). Over the 3 years, 153 students had scores greater ($P<0.05$) than their estimated true scores, while only 53 students had scores that were lower ($P<0.05$). Increases were observed over all station formats (e.g. History, Examination or Counselling). When Domain-specific scores were examined, significant increases ($P<0.001$) were observed in all Domains, except Professionalism.

Conclusions
These results demonstrate a surprising improvement in student performance in the absence of feedback. Student performance occurred across Domains of performance where acquisition of enhanced competence would not be expected within 24 hours. The explanation is not obvious but includes the possibility that self-reflection might be a powerful tool in driving performance. There may be additional implications for the repeated assessment of students.

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P3.7 Comparing the use of expert panel scores and Cohen methods in standard setting Script Concordance Test question of high-stakes examination: a 5-year study

Prof Michael (Siu Hong) Wan[1], Dr Curtis Lee
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Background
Script Concordance Test (SCT) questions have been shown to be valid and reliable in assessing clinical reasoning in medical education. Traditionally, the expert panel's mean score minus 3-4 standard deviations (SD) is recommended for the standard set pass mark (SSPM). The modified Cohen method is commonly used for calculating the SSPM of Multiple-Choice Questions (MCQ). The expert panel scoring (EPS) method is much more labour intensive with many academics involved and the Cohen method is simple to apply. The use of Cohen in standard setting SCT is not well studied. We compared these SSPMs in clinical years high-stakes examinations in our graduate-entry MD program.

Methods
From 2021 to 2025, cohorts of third and final year medical students (120-125/year), sat the 40-item SCT in their summative examinations. A multi-disciplinary panel of clinicians were gathered to set the mean scores for the papers. The SSPM of each SCT paper using EPS was set at the panel's mean score – 3.5 SD. The modified Cohen mark was calculated at 60% of the 95th percentile.

Results
SSPM using EPS for the 2021-2025 cohorts were 54.4%, 54.4%, 50.0%, 50.0% & 50.0% respectively for Year 3 and were 50.4%, 50.4%, 54.0%, 50.4% & 50.0% respectively for Year 4. The Cohen SSPMs were 47.9%, 47.9%, 49.1%, 47.0% & 48.9% respectively for Year 3 and were 45.7%, 49.8%, 50.7%, 46.3% & 50.3% respectively for Year 4.

There were no significant differences in the number of students who failed the exams using either method. A paired t-test revealed no significant differences between the pass marks (t_9 =5.1 sig < 0.001). The average Standard Error of Measurement across all SCTs was 2.17%.

Discussion
Modified Cohen methods gave very similar SSPM compared to the EPS method in high-stakes SCT summative examinations; minimising human resources and faculty time in standard setting.

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P3.8 Clinical Educator Perspectives on Digital Workplace-Based Assessment: Using ORAS to Support Feedback and Performance Appraisal in Oral Health Education

Dr Kelly Hennessy[1], Mrs Karen Smart[1], Mr Damien Clark[1], Mr Rolley Tickner[1], Dr Candice Pullen[1], Dr Holly Hosking[1]
[1]CQUniversity, Rockhampton, Australia

Introduction/Background
Clinical educators are central to workplace-based assessment and feedback in health professions education; however, time pressures and variability in marking practices can limit feedback effectiveness. The Online Real-Time Assessment System (ORAS) was implemented in the Bachelor of Oral Health program at CQUniversity to support real-time, criterion-referenced assessment and feedback. This study aims to examine how ORAS enables and constrains clinical educators' assessment practices.

Methods
A mixed-methods study was undertaken using an anonymous online survey distributed to clinical educators assessing oral health therapy students using ORAS (n = 20). The survey included Likert-scale items examining perceptions of usability, fairness, and impact on assessment practices, alongside open-ended questions. Quantitative data were analysed descriptively and using Spearman's rank-order correlations. Qualitative data were analysed using inductive thematic analysis.

Results
Quantitative findings indicated strong positive perceptions of ORAS, with significant correlations between perceived fairness, meeting expectations, continued use, and recommendation to others ($r = 0.619–0.948$, $p < 0.01$). Qualitative findings identified key enablers, including ease of use, standardised rubrics, and support for consistent assessment. Reported constraints included perceived rigidity of grading criteria, challenges applying rubrics to complex clinical scenarios, and technical or site-specific issues.

Discussion
The findings indicate that ORAS supports consistency, transparency, and documentation in workplace-based assessment. Targeted training and rubric refinement may further strengthen its implementation. This study contributes to assessment scholarship by highlighting both the benefits and practical considerations of digital assessment systems in clinical education.

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P3.9 Assessing first year Optometry practical learning through oral assessments, lessons learnt.

Dr Amanda Douglass[1], A/Prof Anthea Cochrane[1], A/Prof Michael Pianta[1]
[1]The University Of Melbourne, Parkville, Australia

Introduction/Background
The emergence of AI has necessitated a shift in teaching to ensure security of assessment. First year optometry students are required to learn key vision science concepts and begin developing their writing and presentation skills. This occurs through practicals on key topics assessed by short abstracts.

Methods
Significant discussion occurred amongst the teaching team on how to make practical assessments secure whilst retaining development of writing and presentation skills. The assessment was altered from tutors marking written abstracts, to students providing peer feedback to abstracts and attending a short 5-minute oral assessment with a tutor on one of the practicals selected at random. Each oral assessment required the students to summarise the key learning outcomes and how they occurred followed by answering specific conceptual questions. Assessments occurred at the end of each semester. Informal evaluation was collated from both students and staff.

Results/Evaluation
At the end of semester 1 students provided feedback that whilst the format was good for prompting revision, waiting for their assessment on the day was both boring and stressful. In semester 2 board games were brought to the waiting room and students found this helpful. Students were only allocated to review one peer's abstract, so some students did not receive peer feedback for all practicals. Staff reported that the oral assessments worked well for determining students understanding of the topic, but time remaining to discuss concepts was sometimes insufficient depending on how the student handled presenting the practical and how the concept questions were structured. Some variation occurred between assessors, so a more comprehensive marking guide was integrated in semester 2.

Discussion
Integrated oral assessments are a method that can be used to alleviate AI use, but careful consideration needs to be given to structure of both the assessment itself, and how it is delivered.

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P4.1 Clinician-Educator Development: a workplace-based pilot programme in Occupational Therapy

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Clinical education is a core responsibility for allied health professionals, yet many lack formal training in pedagogy and curriculum design. In response, the Occupational Therapy (OT) department at Alfred Health self-selected to pilot an OT Clinician-Educator Development Programme (Aug–Dec 2024) to strengthen education capability among senior clinicians. The program aimed to equip participants with contemporary educational theory and practical strategies to enhance teaching effectiveness.

A collaborative-designed micro-curriculum was delivered across ten interactive sessions, focusing on principles such as learner-centredness, adult learning, constructive alignment, cognitive load, assessment for learning, and evaluation frameworks including Kirkpatrick's model. Five senior occupational therapists participated as a core group, later applying their learning to design and deliver four peer-led sessions to the broader senior clinician workforce.

Evaluation employed Kirkpatrick's four levels: Reaction, Learning, Behaviour, and Results. Findings demonstrated high engagement and satisfaction, with participants rating sessions highly for relevance and interactivity. Knowledge checks indicated improved understanding of education principles, while behavioural change was evident through the development of structured, constructively aligned lesson plans and peer-led teaching. Broader workforce evaluation showed gains in recognising aims, objectives, and learning outcomes, though understanding of evaluation levels varied, highlighting areas for refinement.
This pilot demonstrates that targeted investment in educator development can lead to measurable improvements in teaching practice and internal education capacity. Recommendations include scaling structured educator development across allied health disciplines, integrating education capability into career pathways, and embedding evaluation literacy to sustain quality improvement.

Keywords: Allied Health Education, Occupational Therapy, Educator Development, Kirkpatrick Model, Constructive Alignment, Workforce Capability

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P4.2 Evaluating the impact of a community of practice on allied health clinical educators at Monash Health

Mrs Sandra Glagovski[1], Mrs Sharon Glass[1], Janet Golder[1]
[1]Monash Health, Heatherton, Australia

Introduction/Background

Clinical educator roles are relatively new in allied health, but critical for building workforce capability and fostering continuous learning. However, these roles differ from traditional senior clinician positions and often lack structured support. To address this gap, Monash Health launched an Allied Health Clinical Educators Community of Practice (CoP) to strengthen educator capability and deliver targeted professional development that meets clinical educators' unique learning needs. CoPs are recognised for promoting collaboration and knowledge sharing, but evidence of their impact in allied health education remains limited (Ranmuthugala et al., 2011). This study explores the value and impact of a CoP for our allied health clinical educator workforce, providing insights into how collaborative models enhance professional development and education practices.

Methods

This ongoing mixed-methods quality improvement study uses structured pre- and post-program surveys across three phases. Surveys capture demographics, CoP participation, perceived value, collaboration indicators, and self-reported outcomes. Quantitative data will be analysed descriptively and with non-parametric tests; qualitative responses will undergo thematic analysis mapped to Wenger's value-creation framework (Wenger-Trayner, Trayner & de Laat, 2011).

Results/Evaluation/Aims

The project is ongoing. Analysis of phases 1 and 2 (baseline and first-year data) is due for completion by April 2026. Early observations suggest improved networking, resource sharing, and confidence in applying innovative education practices. Participants report enhanced collaboration and peer support, though time constraints remain a barrier. Phase 3 results will not be available until November 2026.

Discussion

This work addresses a gap in allied health education by demonstrating how CoPs can build educator capability and foster organisational learning. Findings will inform strategies for sustaining and scaling similar initiatives, driving advancements for workforce development and interprofessional collaboration.

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P4.3 Psychological safety in the student-educator clinical supervisory relationship: an interview study

Dr Jonathan Foo[1], Ms Adele Pinto[1], Mr Ran Li[2], Dr Udari Colombage[1], Dr Melanie Farlie[1]
[1]Monash University, Melbourne, Australia, [2]Cabrini Health, Melbourne, Australia

Introduction/Background
Psychological safety is a critical component of effective clinical placement experiences. Greater psychological safety has been linked to learners being more willing to ask questions, disclose gaps in knowledge, and engage with feedback; as well as reducing learner stress [1]. The aim of this study was to explore how relationships between physiotherapy students and their supervisors shape students' experiences of psychological safety during clinical education in the acute healthcare setting. The findings of this study are important to inform how both students and supervisors are prepared for clinical education.

Methods
An interpretive phenomenological perspective was used to explore student lived experiences as they interpret them through their background understanding. Participants were recruited from a single physiotherapy program in Melbourne, Australia. Data were collected through semi-structured interviews and analysed using reflexive thematic analysis.

Results
Interviews with 12 physiotherapy students were conducted and analysed. Three themes were established from the data, which suggested that students felt psychologically safe when supervisors: minimised the consequences of taking learning risks, nurtured growth opportunities, and made students feel comfortable to approach them.

Discussion
Students' accounts emphasised that supervisory behaviours, interpersonal cues, and the broader pressures of the acute care setting collectively influenced their willingness to take learning-oriented risks. Key behaviours recognised as enhancing psychological safety included taking an interest in the learner as an individual (i.e. building an educational alliance), engaging in the education process (e.g. taking time to explain answers), and explicitly setting realistic expectations (e.g. that it is okay to not know or make mistakes). Student also appeared to rely on interpretation of interpersonal cues such as body language or signs of being 'busy' to identify if it was safe to engage with a supervisor. These perspectives of students may be considered by supervisors in how they create a psychologically safe learning environment.

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P4.4 Clinical supervision of mental health nurses: How is it perceived and manifested?

Mr Lei Liu[1]
[1]Institute Of Mental Health, , Singapore

Introduction/Background
The mental health nursing environment is often unpredictable and demanding, potentially resulting in staff burnout and high turnover. Clinical supervision (CS) is a formal process of professional support and learning to develop competence and enhance patient safety. CS can also serve to address workplace difficulties in mental health nursing. This study aims to examine how CS is perceived by mental health nurses.
Method
A cross-sectional descriptive study was conducted at a local tertiary public mental health organization. The validated and reliable (Cronbach's alpha 0.78 in a prior study on 115 psychiatric nurses) Manchester Clinical Supervision Scale (MCSS-26) was administered to 120 nurses with at least two years of clinical experience.
Results/Evaluation
Mean MCSS-26 score was 67.72 (*SD=9.02*) with possible scores from 0 to 104, below the indicative threshold of 73 for effective supervision. Participants rated five subscales—importance/value, finding time, improved care, reflection, and trust/rapport—below their respective indicative scores. Notably, supervisor advice/support was the sole subscale exceeding its threshold, suggesting the pivotal role they played in enhancing CS. Despite challenges establishing trust/rapport with supervisors, supervisees felt being supported, potentially attributable to the level of advice and guidance received from supervisors.
Discussion
Findings had highlighted the critical need for CS enhancement. Given the emotionally intensive nature of mental health nursing, fostering reflective practice and establishing supportive supervisory relationships are essential for managing occupational stress and maintaining therapeutic competence. Organizations could strengthen CS by embedding it within the professional nursing development framework and allocating adequate time amidst demanding clinical workloads. Since findings highlighted the importance of supervisors for effective CS, their training could emphasize relationship-building skills alongside clinical guidance capabilities, recognizing that trust/rapport are fundamental to effective supervision. Study findings have informed CS framework development to potentially address workforce sustainability challenges in mental health contexts.

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P4.5 Dietetic clinician and management perceptions of a workforce clinical educator role within a tertiary healthcare service.

Mrs Denise Spanos[1,2], Ms. Stacey Sayers[1,2], Ms. Sharon Glass[2], Ms. Mary Anne Silvers[1]
[1]Nutrition and Dietetics, Monash Health, , Australia, [2]WISER, Monash Health , , Australia

Background
Discipline-specific Workforce Clinical Educator (WCE) roles are emerging within Allied Health (AH) to support workforce capability, professional development, and sustainable workplace learning. Clinical educator roles are most effective when supported by psychologically safe, structured, feedback-rich learning environments and organisational support[1, 2]. In 2023, a dietetics WCE role was established at Monash Health, following staff consultation. In this context, a formal evaluation was initiated to assess alignment with evolving workforce priorities and needs. The evaluation examined departmental perceptions of the role's value, engagement, and satisfaction.

Methods
A mixed-methods evaluation was conducted. A literature review informed best practice principles for AH educator roles[1, 2]. An online survey was distributed to dietetics staff. Descriptive statistics were used to summarise quantitative data related to engagement, role awareness, and perceived impact.

Results
Thirty-five dietetics staff across nine sites and programs completed the survey. Sixty-six per cent engaged with the WCE, mostly through WCE-led workshops (45%), one-to-one non-clinical support (39%), and education development support (33%). Among those who engaged one-to-one, 65% strongly agreed the WCE supported non-clinical skill development, while 77% agreed it enhanced clinical skills, knowledge, confidence, or capability. All respondents recognised how to engage the WCE, while 75% reported awareness of role responsibilities. Psychological safety was reported by 88%, with 91% reporting low perceived stigma from colleagues and managers. Future priority areas included workshops, on-boarding support, professional development guidance, and bedside teaching. Full results will be presented at the conference.

Discussion
Preliminary findings demonstrate the WCE role is valued, accessible, and impactful. Refinement of role scope and strengthened organisational enablers may enhance engagement and impact. Focus groups are planned with the management team and alongside staff feedback will inform recommendations to optimise role scope and service delivery to support effective uptake. This evaluation may support a framework for upscaling educator roles within AH.

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P4.6 Developing capability in allied health workforce: evaluation of an interprofessional education programme in a tertiary hospital.

Mrs Georgina Morrow[1], Ms Hannah Thorn[1], Mr Rodney Sturt[1], Ms Sara Smilevska[1]
[1]Bayside Health, Melbourne, Australia

Background:
Recent Enterprise Bargaining Agreement changes have enabled Allied Health clinicians in Victoria, Australia to progress automatically into Grade 2 (mid-career) roles earlier, often before developing the non-clinical capabilities traditionally expected at this level. Additionally, post-pandemic demographics have resulted in a more junior (recently qualified) workforce. Managers, Clinical Educators and Grade 2 workforce focus groups at Alfred Health identified gaps in non-clinical skills and a strong demand for targeted professional development.

Aim:
To upskill junior Allied Health Grade 2 clinicians in the non-clinical requirements of their role.

Methods:
A modular professional development programme was delivered from February–December 2025 for Allied Health clinicians with less than two years' experience as a Grade 2. The programme included six face-to-face workshops (2–3 hours) and optional online drop-in sessions covering leadership, feedback and crucial conversations, student and staff supervision, quality improvement, and education design. Evaluation methods utilised Kirkpatrick Model.

Results:
Thirty-eight clinicians across multiple disciplines completed the programme, with 65% attending ≥5 sessions. Participant satisfaction was high (87% survey response), with 97% reporting session relevance and new skills gained; overall satisfaction was 8.8/10. Self-rated confidence increased from 4.6/10 pre-session to 7.2/10 post-session (63% increase). Knowledge test scores improved from 32.6% to 95.6%. Managers reported improved confidence, communication, supervision skills, and engagement in quality improvement activities.

Discussion:
This workforce enabling programme led to improvements in confidence, knowledge, and workplace behaviours in junior Grade 2 clinicians. Strong face-to-face engagement demonstrated value of protected in-person learning with >90% of participants highlighting interprofessional relationship building as a key benefit. The programme addressed known workforce gaps, strengthened staff capability and contributed to workforce sustainability.

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P4.7 Strengthening clinical supervision and teaching practice across professions: Evaluating impacts of the Teaching on the Run program in a tertiary specialist cancer centre

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Introduction/Background
Effective clinical supervision and teaching support improved patient outcomes and staff wellbeing. Competency in these skills does not develop through clinical expertise alone, thus training is integral.

Peter MacCallum Cancer Centre (Peter Mac) partners with the TELL Centre to deliver Teaching on the Run (TOTR), a suite of evidence-based workshops that that train in effective clinical supervision and teaching skills.

This study evaluates the TOTR program in a tertiary cancer specialist hospital, measuring participant satisfaction and self-reported changes in effectiveness, motivation and confidence.

Methods
A retrospective audit was conducted using data from TOTR Program delivered at Peter Mac (2022-2025). Data included enrolments, attendance, and participants' professional background. Program evaluation included a 9-item survey measuring, on a 5-point Likert scale, participant satisfaction and self-rated changes in clinical supervision and teaching effectiveness, motivation and confidence. Participants will be invited to complete a follow-up survey to determine if changes have been sustained, and what frameworks are being applied in practice. Descriptive statistics and Wilcoxon signed rank tests were used to report findings.

Results/Evaluation
Between 2022 and 2025, 28 programs were delivered to 174 clinicians across a range of professions (nursing, medical, allied health, pharmacy, radiation therapy, nuclear medicine, pathology and research). 152 survey responses (87%) were received.

Interim data analysis shows participants of each program reporting high levels of satisfaction (mean [SD] = 4.3 [0.3]). Median [inter-quartile range] self-reported program ratings increased, pre- to post-program, across all three domains including effectiveness (3.3 [3.1-3.5] to 4.0 [4.0-4.3], $p<0.001$), motivation (3.7 [3.3-3.9] to 4.3 [4.1-4.5], $p<0.001$) and confidence (3.4 [3.2-3.6] to 4.0 [4.0-4.3], $p<0.001$). Interim qualitative findings indicate preference for face-to-face delivery, with role plays and interactivity identified as key strengths.

Full results will be presented at the conference.

Discussion
Preliminary findings demonstrate positive impacts and enjoyment of the TOTR workshops. Further analysis will inform quality improvement of the TOTR Program, ensuring training continues to meet the needs of clinicians, and ultimately contributes to valuable staff development that supports wellbeing and positive patient outcomes.

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P4.8 Building Clinical Supervision Capability in an Australian Radiation Therapy Department through education

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Introduction/background

Clinical Supervision (CS) is a recognised strategy to support reflective practice, professional development, and workforce wellbeing in allied health (1,2). Despite growing interest within radiation therapy, many clinicians are new to CS and lack the knowledge and confidence to engage in CS. Education was identified as a critical enabler for sustainable implementation. This project describes an education innovation designed to build workforce capacity for effective participation in reflective group clinical supervision within an Australian radiation therapy department.

Methods

A voluntary CS program was implemented for 24 Radiation Therapists across four reflective supervision groups. To build capability, a structured education model was embedded alongside program rollout. This included completion of online learning modules introducing CS purpose, principles, roles, and reflective practice skills. Participants undertook face-to-face training focused on reflective group supervision and group psychological safety. To support ongoing implementation and facilitator development, a monthly Community of Practice (CoP) was established for managing group processes, enabling peer learning, shared reflection, and problem-solving. Staff consultation and leadership engagement informed iterative refinement of education and supervision processes.

Results/evaluation

Baseline consultation identified limited understanding of CS, uncertainty regarding expectations, and low confidence as barriers for staff new to supervision. The blended education approach improved participant understanding of reflective supervision and clarified its relevance to clinical practice. Facilitators reported increased confidence and consistency following training and CoP participation. The CoP was particularly valued in supporting facilitators to translate theory into practice and sustain group engagement. Overall, education-focused implementation supported participation, acceptability, and integration of CS alongside clinical workload.

Discussion

This education innovation demonstrates that workforce capacity building is essential to embedding clinical supervision in radiation therapy. Integrating online learning, experiential training, and communities of practice supported skill development, confidence, and sustainable implementation. An education-led approach positions CS not merely as a program, but as a capability embedded within the clinical workforce(2).

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P4.9 Better together: Developing a speech pathology clinical education community of practice across an Australian health service

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Introduction/Background

Communities of Practice (COP) are groups of peers who share a concern or a passion for something they do and learn how to do it better as they interact regularly[1]. In 2025, the Directors of Speech Pathology (SP) across the Metro South Hospital and Health Service (MSH), Queensland, Australia, sponsored the development of a SP clinical education support officer (CESO) COP with the purpose of providing an opportunity for new and more experienced CESOs to share clinical education related information and resources and support service wide planning and activity delegation to optimise clinical educator (CE), student and new graduate (NG) experiences.

Methods

The progress of the COP will be reported through reflection on three key elements[1]: the domain (shared area of interest), community (members interact and learn together), and practice (resources shared). Goals achieved to improve clinical education practice for CEs, students and NG clinicians will be mapped onto these elements. The COP fitness test adapted by Goodhue and colleagues[2] will also be implemented.

Results/Evaluation

The COP has provided SP CESO peer support so that new CESOs have been able to fulfil the obligations of their role through delegation of shared tasks, problem-solving issues and sharing of resources. Student placements have been mapped across MSH enabling students in smaller sites to access tutorials online (e.g., topics of resilience and professionalism). Shared professional development for CEs has increased access to learning opportunities. A SP NG group has connected peers across MSH in case-based discussions with positive outcomes. The COP fitness test will be reported and reflected upon to further develop the COP.

Discussion

The development of the SP CESO COP has worked effectively to improve the SP clinical education program. Through reflection and ongoing evaluation, the COP will continue to flourish acknowledging the MSH slogan that we are “Better Together”.

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P5.1 Interprofessional learning with patients in recovery: Student experiences in a substance use disorder patient immersion program

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Introduction/Background
Substance use disorders (SUD) are a major public health challenge, contributing to high morbidity, mortality, and system strain. Many health professionals report feeling underprepared to provide compassionate, stigma-free care for people who use substances. The University of Alberta has partnered with the Hazelden Betty Ford Foundation (HBFF) Substance Use Disorder Patient Immersion Program since 2024.[1] In this optional one-week program, students enter a recovery environment as participants with no assigned clinical duties. Students from the Doctor of Pharmacy and Doctor of Medicine programs participated in the program, creating a novel interprofessional learning context that has not been studied. In 2025, physicians actively enrolled in an addiction medicine fellowship also joined the program. This study aims to gain an in-depth understanding of how the program shapes students' experiences and perceptions and to use these insights to inform interprofessional education.

Methods
Individual semi-structured interviews will be conducted with a purposive sample of students who attended HBFF in 2024 or 2025. Recruitment will employ email invitations and modest honoraria. Interviews will be conducted in person or virtually, audio-recorded, and transcribed verbatim. Prompts will explore interprofessional interactions including perceptions of other professions' roles in SUD care, teamwork, and communication, and learning from lived experience. Data will be analysed using reflexive thematic analysis.[2] Ethics approval will be sought from the University of Alberta Research Ethics Board.

Results
The study will examine students' experiences and perceived impacts on empathy, stigma, understanding of SUD, interprofessional collaboration, role clarity, and application to future practice.

Discussion
Immersion in a recovery setting may foster authentic, patient-centred engagement while reducing hierarchies and performance pressures. Findings will help educators understand how experiential learning grounded in lived experience influences learner development and may guide curriculum design, interprofessional initiatives, and teaching models that foster empathy, reduce stigma, and strengthen teamwork in SUD care.

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P5.2 Healthcare students' interprofessional education motivation: Analysing gender and discipline differences through Self-Determination Theory

Mr John Ian Wilzon Dizon[1], Dr Enoch Chan[1], Prof Fraide Ganotice[1]
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Introduction

Previous research demonstrates gender and discipline differences in IPE attitudes. However, the motivational dimensions of these differences remain theoretically unexamined. Self-determination theory (SDT) offers a framework for understanding these motivational differences, yet no studies have examined how basic psychological needs vary by gender and disciplines within IPE contexts, especially in Asian educational settings. This study examines gender and discipline differences in healthcare students' motivation within interprofessional education (IPE) through the lens of SDT.

Methods

Cross-sectional self-report data from 636 undergraduate healthcare students from eight disciplines (Chinese Medicine, Medicine, Nursing, Social Work, Speech and Hearing Sciences, Pharmacy, Physiotherapy, and Clinical Psychology) who participated in a three-part IPE simulation course in Hong Kong were collected. Students completed adapted measures of autonomy, competence, and relatedness needs satisfaction following IPE participation. Independent t-tests (one-sided) examined gender differences, while one-way ANOVA with Games-Howell post-hoc tests examined discipline differences.

Results

Female students demonstrated directionally higher autonomy ($p = .042$, one-sided) and competence satisfaction ($p = .042$, one-sided) than males, with no gender differences in relatedness ($p = .336$). Significant discipline differences emerged across all three needs (all $p < .001$). Pharmacy students consistently scored highest across all needs, while clinical psychology and social work students scored lowest. Medicine, nursing, and speech and hearing sciences students showed moderate satisfaction levels.

Discussion

Findings reveal nuanced gender and discipline differences in psychological needs satisfaction within IPE. Results suggest educators should consider targeted interventions for male students and specific disciplines showing lower needs satisfaction when designing IPE curricula to optimize motivation and collaborative outcomes. By applying SDT to IPE, this study highlights the complex interplay of gender, discipline, and motivation in shaping collaborative learning outcomes. Findings advocate differentiated IPE approaches, acknowledging the diverse psychological needs of learners from different backgrounds.

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P5.3 Beyond the silos: Feasibility of an Interprofessional education program for allied health clinicians in a tertiary hospital.

Greta Arundell[1], Aruska D'Souza[1], Alice Hucker[1], Ruth Tesselaar[1], Catherine Ludbrook[1], Amber Garfield
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Introduction/Background:
In 2024, an Allied Health education team with 2.8 Full Time Equivalent funding was established to address practice barriers and build workforce capability across allied health. This study aimed to determine the feasibility (demand, implementation, practicality, acceptability) of this Allied Health Interprofessional Education Program.

Methods:

Education topics were identified through needs analysis, manager consultations, and service priority review (practicality). Data were collected regarding the demand (clinician attendance and demographic data), implementation (number of sessions and mode of delivery) and acceptability (satisfaction).

Results/Evaluation

A total of 250 staff responded to a learning needs analysis, and 13 manager consultations were conducted (practicality). Between August 2024 and December 2025, the program delivered 29 topics (implementation) to 872 attendees, averaging 11 participants per session (demand). Engagement was strongest from Occupational Therapy (n=213, 24%), Social Work (n=180, 21%), Physiotherapy (n = 133, 15%), and Psychology (n=127, 15%). Popular sessions included Difficult Conversations (n=67, 8%), Clinical Note Writing (n=52, 6%), Managing Family Conflict (n=53, 6%), Interview Panels (n=46, 53%), and Effective Supervision (n=102, 12%). All but 5 sessions were delivered face-to-face (implementation).

Feedback from 485 respondents indicated 95% would recommend sessions to colleagues (acceptability). Key facilitators for learning were practical rehearsal, quick-reference resources, and supervision support. Improvements needed included more interactive activities, discipline-specific tailoring, and protected learning time. Challenges include high cancellation rates (average 4 per session) and limited data on attendance barriers.

Conclusion:

In its first year, it was feasible to create and deliver interprofessional allied health education aligned with staff needs. Future priorities include refining evaluation beyond attendance (including translation into practice) and addressing discipline-specific barriers to improve engagement and reduce cancellations. Lessons learned can guide other services in creating sustainable, data-driven interprofessional education initiatives.

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P5.4 Using trust and authenticity to redesign an interprofessional patient safety workshop to better meet the needs of GenZ learners

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Background
Healthcare is an inherently interprofessional endeavour that relies on effective interaction, communication and collaboration among healthcare professionals and patients. Universities are expected to produce graduates who can work collaboratively within interprofessional teams to optimise patient care and outcomes. Here, I describe the redesign of a compulsory interprofessional patient safety workshop for final year medicine, nursing, pharmacy, dentistry, and oral health students to better meet the needs of GenZ learners.

Methods
Initially, the workshop followed a highly structured format, with teams completing six clinical problem-solving activities based around a standard fictitious patient case scenario. However, facilitators noticed a lack of engagement from students, and many students reported that the patient case lacked relevance to their future scope of practice and workplace setting. We therefore made two key changes. Firstly, workshop content was simplified and reduced to three activities. We also introduced a personal case study assignment, whereby students were required to submit a 200-word written account based on a real-life patient safety incident that they had either witnessed or been involved in during their student experiences as part of their prework; teams then chose one case to use in the workshop problem-solving activities. The specific needs of GenZ learners and increasing trust and authenticity in teaching underpinned these changes.

Evaluation/Reflection
The revised version of the workshop was implemented in April 2025 and completed by 855 final-year students. In a custom-designed survey, students provided positive feedback on the workshop design and its impact on their learning and facilitators reported increased student engagement and satisfaction in their teaching.

Discussion
With a significant proportion of adverse events deemed avoidable, the imperative to embed patient safety principles into health profession education is essential. The revisions we made to this workshop to meet the learning needs of GenZ will better help to prepare them as future safe healthcare professionals and optimise patient outcomes. More broadly, this approach provides educators with a tool to boost understanding, engagement, and critical thinking in a range of subjects from an interprofessional perspective. It allows students to form deeper connections with facilitators and to integrate their experiences from a range of contexts, including classroom and practice experiences and their own personal experiences as healthcare consumers

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P5.6 Co-designing an educational resource to strengthen interprofessional supervision capacity for student placements

Kelly Huxley[1], Professor Maayken van den Berg[1], Associate Professor Claire Baldwin[1], Clare Coulter[1], Kathryn Ayles[2], Nikki Cooke[1]
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Introduction/Background
Interprofessional student placements provide valuable opportunities to develop collaborative practice capabilities while contributing to client care. Effective interprofessional supervision is essential to achieving these outcomes; however, many clinical educators report limited confidence, preparation, and support for this role. Aligned with the conference theme *Weaving Connection*, this project partnered university and industry stakeholders to co-design an educational resource that strengthens interprofessional supervision capability while fostering connection across professions, education, and practice settings.

Methods
Guided by the Knowledge to Action Framework, this completed project used a mixed-methods, co-design approach in partnership with Brain Injury SA. Allied health students (n=7) and clinical educators (n=5) participating in interprofessional, student-led services completed the Interprofessional Socialisation and Valuing Scale (ISVS-21). Three qualitative focus groups explored their experiences of interprofessional supervision, values, and educator support needs. Academic and industry stakeholders collaboratively interpreted findings to co-design an educational resource through a series of working groups.

Results/Evaluation
Survey findings showed strong valuing of interprofessional teamwork but lower confidence in leadership, self-awareness in team discussions, and managing interprofessional group dynamics. Focus groups identified a need for practical, time-efficient educator development that accommodates diverse supervision contexts and reduces cognitive load. These insights informed a structured, flexible educational package targeting foundational to intermediate interprofessional supervision capabilities. Key outputs included a shared educational model, clearly defined learning outcomes, and an eight-module structure designed for scalability across placement contexts. A single prototype module was developed to demonstrate functionality.

Discussion
Co-design enabled meaningful connection between education and practice, ensuring the resource is contextually relevant and responsive to educator needs. This project contributes an implementation-ready approach to strengthening interprofessional supervision capacity, supporting workforce sustainability and high-quality student placements.

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P5.6 The Pathway from Perception to Professional Self-Efficacy: The Mediating Role of Professional Identity in Interprofessional Education

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Introduction
Interprofessional education (IPE) aims to foster collaborative practice, yet its impact on professional self-efficacy (PSE) is complex and underexplored. IPE inherently exposes students to diverse perspectives, which can either challenge initial confidence or, through successful collaboration, significantly enhance it. Understanding how IPE influences PSE, and for whom, is critical for optimizing program design. Based on self-efficacy and expectancy-value theories, this study investigates how students' initial perceptions of interdisciplinary education (IEP) influence PSE. We propose professional identity (PI), as a core process of internalizing professional values, mediates this relationship. We also explore moderating factors to identify student characteristics influencing this pathway, informing tailored IPE interventions for enhanced students' professional development.

Methods
This longitudinal study was conducted over 2023-2025 academic years and used convenience sampling to recruit 301 students from seven health-related disciplines who participated in a three-week IPE program at a university in Hong Kong. Data were collected at two time points: pre-intervention, when IEP were measured using validated scales, and post-intervention, when PI and PSE were assessed. Structural equation modelling with 5,000 bootstrap samples tested mediation, and multigroup analyses examined moderation.

Results
PI mediated the relationship between IEP and PSE (β=0.198, 95%CI[0.130, 0.278]), explaining 63.4% of the total effect. Gender moderated mediation model ($\Delta\chi^2$=15.76, df=3, p<.001): the mediation was significant in males (β=0.16, p<.001) but not among females. Disciplinary background showed no significant moderating effect.

Discussion
Higher prior IEP significantly strengthens PSE. Students with positive perceptions of IPE are more engaged, better able to internalize professional roles, and integrate external feedback during interactions, which strengthens their PI and, in turn, increases their PSE. This crucial process is consistent across health-related disciplines but is notably stronger for male students. This gender difference may be related to socialization patterns and confidence attribution, warranting further examination in larger and diverse samples.

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P5.7 Weaving a new tapestry of integrated interprofessional education activities – outcomes of a faculty wide curriculum review

Dr Sarah Meiklejohn[1], Professor Debra Kiegaldie[1]
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Introduction/Background

In 2014, Monash University initiated the development and implementation of a Collaborative Care Curriculum (CCC) Framework. This framework focuses on four themes of person-centred care, role understanding, interprofessional communication and collaboration within and across teams. Over the past decade, significant efforts have been made to embed and evaluate Interprofessional Learning across all thirteen pre-registration programs within the faculty. Ensuring the CCC framework's growth and sustainability remains a priority. To achieve this, a comprehensive curriculum review process was undertaken to ensure full representation at all levels and in all programs.

Methods

To create a map of the CCC curriculum and assessment pathway that each of our student cohorts take in their respective courses we conducted a mapping and gap analysis exercise. Representatives on the CCC Sub-Committee worked alongside course coordinators, and members of their discipline specific teams to identify all current and emerging learning activities and assessments. Mapping included exploration of how these aligned with the current CCC framework and discipline specific accreditation and professional standards.

Results

Mapping identified learning activities across all four domains of the CCC framework in most courses across the novice, intermediate and entry to practice levels. All mapped programs included a mix of formative and summative assessments. Most IPL case studies/simulation-based activities included cases of people aged 20-79, identifying gaps in student opportunities to engage in IPL directed at children and adolescents, as well as adults over 80 years. Most activities centred on acute settings, with few focussing on home, community and rehabilitation settings.

Discussion

By mapping the current landscape, we have identified key gaps in curriculum delivery which are now informing plans for refinements and changes to offerings across all entry to practice courses. A critical priority is the effective assessment of learning outcomes and the measurement of the long-term impact of this work on collaborative practice

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P5.8 Designing and implementing interprofessional education (IPE) experiences within in new allied health programs: Curriculum level insights from a regional Australian university

Mrs Emma Kay[1], Dr Courtney Clark[1], Dr Priya Martin[1]
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Introduction/Background
The value of integrating IPE into health professions curricula is well documented. Whilst there is a growing body of evidence on IPE integration in established programs, less is known about how IPE is conceptualised, implemented and sustained within new allied health curricula. This presentation reports curriculum-level learnings from the design and implementation of IPE experiences within new allied health programs at a regional Australian university.

Methods
This in-progress project uses a reflective, practice-informed approach to examine enablers and challenges in embedding IPE across multiple courses in new allied health programs at a regional Australian university. Data sources include student feedback, course evaluations, academic reflections, and documentation from iterative curriculum design and refinement processes. Data will be synthesised to identify recurring themes related to design, implementation processes, and sustainability of IPE learning experiences.

Results/Evaluation
At the time of submission, data collation and synthesis of student feedback, course evaluation reports, academic reflective notes, and curriculum design artefacts are in progress. The presentation will report descriptive summaries of implementation to date and outline emerging areas of focus for subsequent offerings. Evaluation will concentrate on (i) how IPE activities are positioned within curricula, (ii) practicalities of coordinating learning across disciplines, and (iii) the resources and processes required to support authentic interprofessional learning experiences.

Discussion
Evaluating and reflecting on the learning opportunities and challenges associated with the design and implementation of IPE experiences is essential to generate recommendations for curriculum development within allied health education. In the context of newly established programs, such reflection provides an opportunity to consider how IPE is positioned, resourced and supported from program inception. These learnings are intended to inform the development of authentic and sustainable IPE approaches in new allied health programs and may be of relevance to educators involved in the design of emerging curricula.

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P5.9 Uncovering what students are learning about collaborative decision making from an interprofessional discharge planning simulation.

Dr Sue Pereira[1], Dr Vanessa Stedman[1], Dr Dale Sheehan[1], Dr Laura Joyce[1,2], Heather Patterson[1], Tika Ormond[3], Ellen Nijhof[3], Belinda Ross[2]
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Introduction/Background
Final year health professional education students from eight health disciplines take part in a half day interprofessional discharge planning case based simulation. This is part of a scaffolded interprofessional education curriculum and has been running since 2017. This runs four times a year with a cohort of 80 students. Analysis of the past seven years' worth of student feedback shows two recurring themes.

1. *Not all professions felt equally heard in the unsupervised planning phase*
2. *There is a lack of clarity about what collaborative decision making looks like.*

The goal of the project is to enhance the design of this activity by observing the process of collaborative decision making and feeding back to the teaching team from this.

Methods
To inform the development of this activity, we will undertake an observational study using observers and zoom recordings of the student groups. The target of the observations is to determine

1. *What behaviours students' show while preparing their discharge summary.*
2. *What is the pattern of engagement, are there barriers and/or profession difference in communication.*

The observation data tool is based on the VALUE TEAM template (Michalsen et al, 2023).

Results/Evaluation
Having collected the observational data, the interprofessional teaching team, with an educational advisor as support, will use the data to identify what gaps in collaborative decision making are occurring. With this, we can then plan how to better prepare the students for collaborative decision making, support them during this activity and provide appropriate feedback.

Discussion
This project is still underway and the results have yet to be analysed. We are hoping that the results of our observational data will provide a basis for sharing ideas to re-design this educational activity to better support the development of collaborative decision making in the workplace.

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P6.1 The educational outcomes of medical student engagement in research projects: A scoping review

Mr Macken Stirling[1], Dr Joanne Hart[1]
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Introduction: Since the late 19th century, research training has been a core component of medical education. Research experiences aim to cultivate critical thinking, information literacy, and readiness for evidence-based practice, while also supporting the development of future clinician-scientists. Although student involvement in research is widespread, the specific competencies acquired remain poorly characterised. This scoping review examined the educational outcomes associated with medical student engagement in research projects.

Methods: This review followed the Joanna Briggs Institute scoping review methodology. A systematic search of MEDLINE, ERIC and Scopus was undertaken, supplemented by citation chaining. Eligible articles were English-language studies published between 2015 and 2025. Two reviewers independently screened records, extracted data, and conducted analysis using descriptive statistics and narrative synthesis. A modified Critical Appraisal Skills Programme (CASP) checklist was used for quality appraisal.

Results: The search retrieved 1,089 records, of which 62 met inclusion criteria. Studies varied widely in design (quantitative, qualitative and mixed methods), program structure (mandatory, elective, summer and extracurricular formats), and student cohort level. Most articles were rated as high quality. Research skills were the most frequently reported outcomes, including improvements in study design, data analysis and scientific writing. Professional skills such as critical thinking, collaboration and independence were also commonly described. Attitudinal outcomes were mixed, with some studies reporting increased interest in research and others noting neutral or negative shifts. Publication outputs were frequently documented but varied substantially across programs and settings. Only a minority of studies examined contextual or pedagogical factors (e.g., mentorship, program duration, learner autonomy) that may influence learning outcomes.

Discussion: Medical student research experiences support development of research, professional and attitudinal outcomes, but these gains are inconsistently realised across different program designs and learning environments. Heterogeneity in study contexts and reporting practices limits comparability across the literature. Future research should investigate determinants of learning within research projects and develop competency-based frameworks to enable more rigorous and standardised evaluation of educational impact.

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P6.2 From practice to patient: Evaluation of a scaffolded peripheral intravenous cannulation training program for medical students.

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Background
Peripheral intravenous cannulation (PIVC) is a core clinical skill expected of all medical graduates, and training in PIVC is a core component of all graduate medical programs. However, PIVC training programs across different medical schools are not standardised, with many students lacking confidence in PIVC due to inadequate supervision and feedback. Our project aimed to evaluate the student experience of a scaffolded PIVC training program.

Methods
Our project evaluated data collected by a nurse-led vascular access surveillance team from third- and fourth-year medical students from The University of Queensland on placement at the Princess Alexandra Hospital between January 2021 and January 2024. 274 students completed the mandatory training program, of which 194 completed the evaluation survey. Student experience of the program was measured by four-point Likert scales and open-ended responses. Frequency was used to describe the Likert ratings, and inductive content analysis was performed on the open-ended responses.

Evaluation
Nearly all participants had a positive learning experience (n = 193 or 99.5%) and increased confidence in PIVC (n = 190 or 97.9%) after cannulating under supervision in a clinical setting. Most participants felt supported while performing the procedure (n = 193 or 99.5%) and received relevant feedback (n = 193 or 99.5%). Over half of participants would have preferred more clinical training in the program (n = 112 or 58.3%). Cannulating patients and receiving feedback were cited as the most useful aspects of the training program.

Discussion
Our project demonstrates the positive learning experience of medical students in a scaffolded PIVC training program and provides a model for educators to adopt to their local context. It highlights the importance of cannulating patients under supervision with real-time feedback as a core component of standardised training in PIVC.

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P6.3 Little Learners, Big Lessons: A Pre-Post Evaluation of a Paramedic Community Engagement Program for Paramedic Students

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Introduction/Background

Paediatric encounters are infrequent yet highly stressful for paramedic students, with limited exposure to paediatric presentations during training[1]. Traditional simulation and classroom teaching may not fully address these challenges. Little Learners, Big Lessons is an experiential, community-based instructional approach that embeds first-year paramedic students within early childhood education settings. The initiative uses small-group, facilitated learning in authentic environments to support skill development while fostering inclusive, low-pressure interactions with children, families, and educators. This study evaluates the teaching and learning outcomes of this instructional model to inform inclusive curriculum design and preparedness for paediatric practice.

Methods

A quantitative study using an embedded design was conducted with a pre–post survey administered before and after a teaching intervention. Quantitative data formed the primary methodological strand. A secondary qualitative component, consisting of open-ended free-text survey responses, was embedded to provide contextual insight and analysed using reflexive thematic analysis. Integration occurred at the interpretation stage. Paramedic students participated in structured, educator-supported activities within early childhood education settings, emphasising age-appropriate communication and relational skills. Pre- and post-intervention surveys assessed students' perceived preparedness and confidence, and learning alignment with unit outcomes. Likert-scale data and open-ended responses were collected. Data collection is complete, with analysis underway.

Results/Evaluation/Aims

Sixty-three students completed the pre-experience survey and 56 completed the post-experience survey. Most participants were under 25 years of age, had no children, and just over half reported prior experience working or volunteering with children under six. Preliminary findings indicate improvements in self-reported paediatric confidence, competence, adaptability, and capability, with median scores increasing from 4 (Agree) pre-intervention to 5 (Strongly Agree) post-intervention across most items. Alignment with unit, graduate, and professional outcomes was rated highly at both time points. Early qualitative analysis suggests a shift from initial uncertainty to increased confidence and practical communication strategies.

Discussion

These findings demonstrate the value of community-based experiential learning in complementing simulation-based education. Embedding paramedic students in authentic paediatric environments may enhance preparedness for practice while supporting inclusive and developmentally appropriate learning experiences.

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Word count excluding headings and references: 325

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P6.4 Differentiated instruction in psychomotor nursing skills education: Educator and student perspectives from Singapore

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Introduction/Background
Psychomotor skills modules are central to preregistration nursing education, where learning depends not only on technical practice but also on the interactions between learners, educators, and the learning environment. Nursing cohorts are increasingly diverse culturally and in academic preparation, confidence, and learning preferences. Although simulation and technology-enhanced approaches offer the possibility of more contextualised learning, in practice, teaching is often delivered uniformly. Differentiated Instruction (DI) provides a framework for adapting learning processes and support according to learner readiness and learning profiles. Evidence on the benefits and outcomes of DI in psychomotor nursing education, however, is limited, particularly in Asian contexts.

Methods
This small-scale study used exploratory qualitative design. Participants were four nurse educators and sixteen second-year preregistration nursing students who experienced DI in a psychomotor skills module. Data were collected through semi-structured interviews and focus groups conducted online. Transcripts were analysed using Braun and Clarke's thematic analysis.

Results/Evaluation
Applying principles of DI, educators tailored instruction to learner diversity through ongoing assessment and flexible grouping, shaping how support was distributed. DI strategies such as peer learning, tiered tasks, scaffolding, and targeted feedback enhanced engagement and skill mastery. Inclusive learning environments were fostered through psychological safety and neutral grouping language, supporting student confidence and participation. Implementation constraints included time pressure, workload, equipment limitations, and late institutional guidance, which affected the consistency of support. Educators relied on informal peer collaboration and self-directed learning to develop DI practices.

Discussion
The study supported the proposition that DI enabled responsive teaching, peer-assisted learning, and inclusive classroom climates in psychomotor education, however, emotional perceptions of fairness and structural constraints significantly impacted implementation. Sustainable DI requires faculty development, preparation time, and organisational support. Findings contribute context-specific evidence from Singapore and extend understanding of DI within hands-on nursing skills education.

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P6.5 “Don’t touch my feet!”: Informing peer physical examination teaching and practice through medical students’ perspectives

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Introduction
Teaching and learning clinical skills through peer physical examination (PPE) has become an important part of health professional programme curricula. In 2002 a formal PPE policy was introduced at our institution and evaluated in 2004 (1). Over 20 years, student numbers have significantly increased, a COVID pandemic arose, cohort diversity increased, and inclusivity has been deliberately addressed. All could have an impact on PPE. The current study sought to reflect on these historical findings through contemporary data about engagement and acceptability of PPE.

Methods
Design - cross-sectional, anonymous self-completed online survey. Year 2 and Year 3 medical students were invited to complete the survey at the end of the 2024 academic year (n=625). The survey comprised quantitative and qualitative components, with two embedded validated tools. Quantitative data was summarised and compared with historical data from our setting. Qualitative data was analysed using reflexive thematic analysis (2) and will be presented.

Results
183 (29.3%) students responded. Through inductive thematic analysis of all free text responses (2), 22 codes were identified, including: consent, choice, pressure, valuable experience and authenticity. These were reviewed and reduced to six themes; choice, exposure, stakes, value, process and missed experience. Themes will be explored with examples.

Discussion
Many students value PPE as a low-stakes social learning approach that allows experience of a patient’s perspective. They preferred to choose groups based on familiarity and gender, although this gender-isolation contributed to inequitable experience in some cases. The scope of sensitive areas has expanded and may relate to contemporary social media norms. Changes have been made to activities to strengthen processes and ensure learning experiences are more equitable.

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P6.6 How does the media shape public discourse about society's expectations of generative AI in medicine? A lexical analysis of media accounts

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Introduction/Background
With the increasing ubiquity of generative artificial intelligence (GenAI), there have been a mix of reactions to its role in medicine. It behoves us as educators to be aware of society's expectations of and attitudes to its use. Different stakeholders may have myriad expectations about the role of GenAI in medicine, from excitement about its ability to promote effective and efficient medical care to concerns about the associated negative effects to patient care and ethics, and public perceptions may be shaped by media portrayal.

Methods
Guided by agenda-setting theory, a lexical analysis was conducted of media articles referring to GenAI, medicine, and expectations, published in Australian and New Zealand media, 1/12/2022 (following the public release of ChatGPT) to 23/1/26. This analysis was aided by Leximancer – data-mining software that identifies frequently occurring and co-occurring words and amalgamates these to form and visually map concepts that reflect themes within the text, illustrating how words within media accounts travelled together.

Results
Amongst 139 included articles, the concept map suggests two key findings. First, the most prominent theme, 'AI', intersected themes 'people' and 'digital'. Second, the concept, 'AI', was coupled with concepts, such as, 'risk' (63%) and 'potential' (61%), relative to other concepts, such as doctor (30%) and 'conditions' (29%) – this was indicated by the likelihood percentages – that is, the probabilities that a particular concept appeared in the context of another concept.

Discussion
This study suggests that general media discourse presents GenAI in medicine as both a transformative opportunity and an emerging source of uncertainty. Foregrounding notions of 'risk' and 'potential', media accounts emphasise future-oriented expectations rather than current clinical realities. Understanding these patterns is critical to those of us shaping healthcare professionals of the future, as media portrayals can influence how societies imagine, debate, and ultimately integrate GenAI into healthcare practice.

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P6.7 Choosing their own adventure - Co-curricular experiences and capability development for medical students

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Introduction/Background
Developing the ability to identify one's own learning needs is fundamental to lifelong learning and a core expectation of future medical practitioners. At Bond University, the Capabilities Framework provides a structured foundation supporting this developmental process across all undergraduate programs. Within the Medical Program, it has been adapted to guide students' Continuous Professional Development. The framework comprises seven 'literacies for life', under which sit eighteen capabilities, representing essential academic, professional, and personal growth areas. Alongside in-class learning experiences and student engagement opportunities, Capability Development Experiences (CDE) empower students to extend their learning beyond formal coursework, fostering autonomy, reflective practice, and self-directed growth.

Methods
The initiative uses structured reflective models to promote capability development. First-year students use the _Rolfe's reflection model, while second-year students apply Gibbs' reflective cycle. Students select an activity such as micro-credentials, external courses, employment, tutoring, mentoring, wellbeing initiatives, or volunteering and align it with one literacy and capability. Completing a guided reflection enables them to articulate, evidence, and critically evaluate their development and ongoing action/CPD plans

Evaluation
Ongoing evaluation will investigate the impact of the initiative on students, metacognitive awareness, professional identity formation, and readiness for clinical learning. Many students already participate in co-curricular activities, yet until now there has been limited opportunity to formally recognise these experiences. The initiative also encourages less engaged students to explore skill-building opportunities beyond scheduled sessions. Emerging submissions demonstrate thoughtful reflection and students proactively mapping capability development across their medical program journey.

Discussion
Early implementation suggests that CDE, combined with structured reflection, promotes autonomy, self-assessment, and responsibility for learning; key capabilities (competencies) for medical professionals. The initiative highlights the value of integrating co-curricular experiences with capability frameworks to support holistic student development. Future work will refine reflective guidance, assessment design, and integration across later years of the curriculum.

References
1. Bond University. Capabilities Framework (Internal Document).

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P6.8 Evaluating a new clinical reasoning tutorial program in third year medical students and benchmarking against best practice

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Introduction/Background

Clinical reasoning is fundamental to medical practice; however, teaching methods and their effectiveness vary considerably across institutions. In 2025 as part of the new third year medical program at the University of Queensland (UQ), clinical reasoning tutorials were created and standardised across multiple sites. The tutorials employ small-group, case-based learning delivered across multiple clinical sites with online preparation modules, for completion before class. We evaluated these clinical reasoning tutorials and utilised a systematic literature review to benchmark outcomes against international evidence and best practice.

Methods

A 28-item survey was administered to 439 Year 3 medical students following tutorial completion, and 32 students completed the survey (response rate 7.3%). Questions included satisfaction ratings, skill development measures (e.g. generation of differential diagnoses, application to patient management and development of systematic approaches to clinical problems) as well as tutor effectiveness correlations, and site-level comparisons. Literature review synthesised evidence from recent meta-analyses and systematic reviews on clinical reasoning education in medical students.

Results/Evaluation

Overall satisfaction showed bimodal distribution (56.3% Good/Excellent, 40.7% Fair/Poor). Small-group format effectiveness (78.1% positive) aligned with international benchmarks (80-96%). Tutor-outcome correlations (r=0.58-0.76) exceeded literature benchmarks (76.6%). Site variability was substantial (mean satisfaction 1.80-5.00/5). The majority of students agreed that the tutorials were beneficial in skill development, with practice formulating differential diagnoses ranked most beneficial (59.4%). Students achieving optimal skill development outcomes spent 30-60 minutes on preparation, consistent with evidence-based recommendations.

Discussion

The program's pedagogical foundations align with international best practice, particularly small-group case-based format and clinical-year timing. Strong tutor-outcome correlations suggest tutor quality assurance represents the highest-yield intervention target. Students most satisfied with their tutors had better learning outcomes. Site variability, particularly in rural settings, indicates delivery consistency rather than curriculum design requires attention. These findings support quality assurance approaches prioritising tutor development and delivery monitoring over structural redesign.

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P6.9 From curiosity to caution: How speech-language pathology students engage with AI

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Introduction/Background
Artificial intelligence (AI) is increasingly influencing health professions, including speech-language pathology (SLP). International research suggests cautious but growing use of generative AI for tasks such as writing and resource development. However, little is known about how SLP students in Australasian contexts are engaging with AI during clinical education. This study investigated SLP students' knowledge, confidence, and use of AI on clinical placement, and identified perceived benefits, risks, and needs for responsible use.

Methods
An anonymous online survey was distributed via university programs and professional networks. Participants were SLP students who had completed at least one clinical placement. The mixed methods survey examined AI knowledge, applications, confidence, perceived benefits, and challenges related to AI use on placement. Likert-scale items and open-text responses were included.
Quantitative data were analysed descriptively, and open-ended responses underwent qualitative content analysis.

Results/Evaluation
Thirty-one SLP students from Australasia completed the survey. Students reported using AI for grammatical editing, session planning, resource development, and information searching. Overall, AI knowledge was rated as moderate (mean = 3/5), with mixed views regarding its value during placement. Perceived benefits included time savings and support for resource creation, while perceived risks included unclear boundaries, fear of judgement, over-reliance on AI, and concerns that AI may eventually replace SLP roles.

Discussion
Findings highlight the need for explicit conversations between educators and students about appropriate AI use during placements. Results can inform policy development, curriculum design, and supervision practices that support ethical, transparent AI integration while maintaining professional judgement.

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P7.1 Reframing honorary clinical appointments through a personal expression–based model aligned with Te Tiriti o Waitangi and social accountability

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Introduction/Background
Honorary clinical appointments have often been used to recognise clinicians' contributions to undergraduate medical education, typically through position-based endorsement that assumes professional role or seniority as proxies for educational capability. Contemporary health professions education, however, increasingly emphasises social accountability, cultural safety, Indigenous health equity, and distributed clinical learning. In Aotearoa New Zealand, these priorities are reflected in frameworks such as Te Tiriti o Waitangi, Hauora Māori, and, for Medicine, the Australian Medical Council (AMC) accreditation standards. Within this evolving context, there is an opportunity to explore alternative approaches to how health professional educators might assure the quality, accountability, and alignment of their honorary clinical workforce.

Methods
This paper explores an educational innovation trialled at the Waikato New Graduate Medical School (NZGMS): a personal expression–based approach to honorary clinical appointments. Drawing on medical education and social accountability literature, the approach replaced traditional position-based criteria with a structured expression of interest, in which clinicians were invited to articulate their commitment to specifics aspects of medical education, for example digital learning, simulation, and alignment with programme values. These values include engagement with Te Tiriti o Waitangi and Hauora Māori, and contribution to rural or distributed clinical education. The approach was intended to potentially enhance governance transparency, equity, and accreditation readiness.

Evaluation
This model reframes honorary clinical membership as explicit partners with shared values rather than a passive title. It may make visible reflective, relational, and contextual dimensions of clinical education that are often implicit in position-based systems. Early implementation highlights possible benefits, including improved recognition of rural and community-based clinicians, clearer alignment between individual capability and programme needs, and enhanced assurance of alignment with AMC standards relating to Indigenous health, educator oversight, and social accountability.

Discussion
A personal expression–based approach could shift responsibility for values alignment from institutional proxies to individual professional commitment. It may facilitate the start of conversations and support for clinicians to ensure culturally safe role modelling, strengthen accreditation readiness, and position honorary clinicians as active contributors to the academic mission. While further evaluation is needed, this model presents a potentially transferable framework for health professions programmes seeking to embed equity, accountability, and partnership within honorary appointment systems.

References
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P7.2 Wayfinding for Life: Integrating a Community Led Pacific Wellbeing Model into Medical Education

Dr Allamanda Faatoese[1], Ms Selau Ifopo[2], Mr Lopeti Sumner[2], Ms Diamond Silva[2], Faumuina Felolini Maria Tafuna'i[2]
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Background:
Pacific youth in Aotearoa New Zealand experience disproportionate rates of anxiety, depression, and suicidal ideation[1]. Medical education requires culturally anchored approaches that prepare future practitioners to engage meaningfully and safely with Pacific communities. Indigenous and community-led frameworks offer valuable pathways for strengthening cultural responsiveness and relational practice.
Innovation:
Wayfinding for Life is a suicide-prevention and wellbeing model inspired by ancestral oceanic navigation and developed by the community organisation Flying Geese Pro and Flying Geese Trust (led by Tafuna'i). Grounded in Polynesian origins, Wayfinding positions wellbeing as an ongoing, relational journey, assisting Pacific youth to recognise their 'emotional' environment, how to respond to signs of distress and identify their support people. This project represents an innovative adaptation of a community-based Indigenous model for use in undergraduate medical education.
Approach:
We partnered with the Flying Geese Trust, a community provider with extensive experience delivering Wayfinding programmes in secondary schools in Canterbury since 2023, to adapt the model into a learning experience for fifth-year medical students. The programme focused on relational engagement, strengths-based practice, and culturally grounded understandings of wellbeing, supporting students to translate these principles into future clinical contexts.
Outcomes and insights:
Student feedback highlighted enhanced understanding of Pacific worldviews, increased confidence engaging with Pacific youth, and recognition of the importance of cultural humility in practice. Learners valued exposure to a living community framework rather than a solely theoretical model.
Transferability:
This work demonstrates the potential of Indigenous, community-led models to inform health professional education. We invite dialogue on adapting similar frameworks across disciplines to advance culturally safe, equitable healthcare.

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P7.3 "Teams that Learn": Evaluating an Educational Program to Strengthen Team Culture in a Learning Health System.

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[1]The University Of Melbourne , Parkville, Australia, [2]The Royal Children's Hospital, Parkville , Australia , [3]The Murdoch Children's Research Institute , Parkville, Australia

Introduction: High-functioning teams are essential to safe, high-quality clinical care, yet multidisciplinary teams often struggle with communication, psychological safety, and adaptive teamwork in complex clinical environments. Learning Health Systems (LHS) emphasise continuous learning, data-driven improvement, and the integration of staff experience into organisational change. “Teams That Learn”, developed and delivered by the Education Hub at The Royal Children’s Hospital (RCH) in partnership with The University of Melbourne UoM), is an experiential, narrative-based educational program designed to strengthen team learning culture by weaving connection, reflection, and shared problem-solving into everyday practice. Grounded in adult learning theory and aligned with LHS principles, the program aims to enhance communication, cohesion, and professional fulfilment across multidisciplinary teams.

Methods: A parallel convergent mixed-methods design is being used to evaluate program outcomes within the RCH context. Quantitative data are collected at three time points (pre-program, post-program, six-month follow-up) using the Dimensions of the Learning Organization Questionnaire (DLOQ) and the Stanford Professional Fulfillment Index. Qualitative data are gathered through semi-structured interviews with participants and leaders, to explore perceived changes in team culture, communication, and learning behaviours. Quantitative and qualitative findings will be integrated to provide a comprehensive understanding of program impact. The study is informed by critical realism, enabling examination of how individual experiences interact with organisational structures.

Evaluation: Preliminary findings will describe changes in organisational learning dimensions, psychological safety, and professional fulfilment over time. Early qualitative themes are expected to highlight strengthened interpersonal connection, increased reflective capacity, and enhanced communication within and across teams. Quantitative trends will illustrate shifts in learning culture and well-being indicators, contributing to an emerging picture of how the program supports LHS-aligned behaviours.

Discussion: This evaluation will provide evidence on the effectiveness of our educational program “*Teams That Learn” in* fostering team connection, reflective practice, and learning culture within a tertiary paediatric hospital. By situating the program within a Learning Health System framework, the study demonstrates how structured team-based learning can drive continuous improvement, support staff well-being and retention, and contribute to organisational adaptability. Findings will inform program refinement and offer insights for scaling LHS-aligned team development initiatives across healthcare settings.

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P7.4 How can we map and benchmark the arts and humanities in health professions education?

Dr Cameron Marshman[1]
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Introduction/Background
The arts and humanities are increasingly being recognised for their potential to enrich health professions education (HPE), align curriculum with accreditation standards and strengthen graduate capabilities. However, health humanities activities within HPE are often fragmented, hidden across institutional contexts, and reliant on key champions. Against this background, mapping and benchmarking activities are emerging as strategies to support the strategic development of the health humanities within HPE. But, how can we best map and benchmark the arts and humanities in health professions education?
This project seeks to explore and discover key health humanities people, projects and innovation within one institutional setting and to benchmark these current practices globally against established leaders.

Methods
The project utilises a three-phase approach. Phase one involves mapping and benchmarking health humanities activity through the use of publicly available institutional documents related to teaching, research and engagement activities. Phase two mobilises people through a structured, visible and institutionally supported change process that moves from mapping to transformation and towards long term sustainability. Phase three involves cultivating communities of practice.

Data collection
Data collection methods include reviewing publicly available data and/or targeted surveys and/or interviews of key staff or previously identified champions of the arts and humanities.
Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop)Results/Evaluation/Aims
Preliminary findings suggest there is considerable variability in how the health humanities are named, located or framed across HPE. Leadership support is essential for meaningful change.
Discussion
This work contributes to ongoing conversations about the role and value of the arts and humanities in HPE. It uncovers how mapping and benchmarking activities can be used as a catalyst for collaboration, curriculum development and strategic investment in health humanities within HPE. Future opportunities exist to explore the role of artificial intelligence to help with mapping and reflexive monitoring and to measure cultural shifts.

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P7.5 Small Beginnings, Big Impact: A Decade of a Statewide Allied Health Educator Community of Practice

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Introduction/Background
Allied Health Educators (AHEs) in Victoria operate within a decentralised public health system characterised by variable role definitions, limited formal career pathways, and dispersed education capability. In the absence of a centralised education infrastructure, Communities of Practice (CoPs) play a critical role in supporting educators transitioning into education-focused roles. Established in 2013 as a voluntary CoP, the Allied Health Clinical Educators' Network (AHCEN) has evolved into a recognised statewide allied health education leadership network. This study examined AHCEN's development over time, exploring its function and value in building allied health educator capability at scale.

Methods
A longitudinal organisational case study using retrospective qualitative document analysis was undertaken, examining AHCEN artefacts produced between 2013 and 2024. Purposively sampled documents included governance materials, strategic submissions, impact reports, workforce presentations, and records of statewide education initiatives. Documents were analysed chronologically using a combined deductive–inductive thematic approach. Wenger's Community of Practice framework informed deductive coding, while inductive coding identified emergent themes related to capability development, advocacy, professional identity, and system influence. A documentation audit supported transparency and rigour.

Results/Evaluation
Analysis demonstrated the progressive evolution of AHCEN from an informal CoP focused on role transition and peer support to a mature allied health education leadership organisation with metropolitan, regional, and rural representation. Over time, AHCEN's collective activity expanded to strategic collaboration, resource development, professional development initiatives, and workforce advocacy. Key deliverables included statewide education resources, funded supervision frameworks, and strengthened engagement with senior education and workforce stakeholders, positioning AHCEN as an expert reference group. AHCEN has also contributed to defining the AHE role through influence on enterprise agreement negotiations and future workforce planning.

Discussion
This analysis demonstrates how a sustained CoP can evolve into an influential education leadership network, harnessing collective expertise and professional identity to build workforce capability and achieve system-level impact within a complex health system. AHCEN's evolution demonstrates a replicable model for other professions and jurisdictions seeking to strengthen educator capability through Communities of Practice.

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P7.6 Flipping the Script: The Challenges of Upward Feedback in Medical Training

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Introduction:

Providing feedback to supervisors is challenging for junior doctors in Australian training programs, where hierarchical structures and consultant authority over assessments and references create concerns about professional risk. Consequently, upward feedback is often softened, withheld, or avoided entirely. Research shows that trainees experience a conflict between improving education and protecting their own image, which strongly shapes their feedback behaviour (1). Existing literature in medical training also identifies unclear reporting pathways, fear of repercussions, and inconsistent supervisor receptiveness as barriers to candour (2). This project examines these barriers to determine how upward feedback can be normalised as a safe and constructive component of clinical supervision.

Methods:

Junior medical staff will be recruited through a formal email invitation, and they will subsequently participate in a 30 minute semi structured interview. These interviews will explore experiences with supervision, situations where feedback was withheld, and factors influencing comfort in speaking up. An inductive analytical approach will be used, allowing themes to emerge directly from participant narratives to ensure the findings reflect the genuine experiences of junior doctors.

Results:

Data collection will focus on anticipated themes including the halo effect, in which a supervisor's clinical competence shields them from educational critique, and specific anxiety related to reference letters. Divergence is expected between comfort in giving feedback on clinical decisions compared with interpersonal behaviours, with the latter being more difficult to voice. Findings are anticipated to show that reduced perceived risk and clearer institutional safety mechanisms are essential for increasing the specificity of upward feedback.

Discussion:

The anticipated findings suggest a persistent tension between hierarchical structures and efforts to improve educational quality. Normalising upward feedback will likely require cultural change supported by consultant supervisors and clearer institutional processes. Addressing these barriers may foster a more transparent and supportive learning environment for both trainees and supervisors.

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P8.1 Reflective Narratives of Collaborative Read-Aloud Engagement with Academic Papers among Postgraduate Health Professional Education Students

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Abstract

Introduction/Background: Academic reading for postgraduate learners is often a cognitively demanding process that involves engagement with complex texts while managing time constraints and role-related demands. Although collaborative reading strategies have proven effective in previous educational settings, their implementation in higher education remains underexplored. This study aims to investigate how a structured paired read-aloud activity involving Master's students in Health Professions Education (MHPE) influences their engagement with academic texts.

Methods: Eighteen MHPE students from three cohorts participated in a paired read-aloud activity based on a structured approach informed by Collaborative Strategic Reading (CSR). Their experiences were collected using a reflection grid, and the data were analyzed thematically through an iterative coding process, supported by ATLAS.ti.

Results: Three interrelated themes were identified: (i) Cooperative Reading Evolves Shared Understanding, (ii) Balancing Read-Aloud Struggles and Strengths, and (iii) Solitary Reading—A Deliberate Choice. The themes Solitary Reading—A Deliberate Choice. The themes suggest that collaborative reading promotes shared understanding along with clarification of complex concepts, while also navigating challenges related to cognitive effort and coordination. Additionally, participants identified solitary reading as a complementary approach that supports individual pacing and reflection.

Discussion: The structured read-aloud approach 23 serves as a noteworthy approach for engaging with complex academic texts by facilitating collaborative meaning-making while also acknowledging individual reading preferences. The combination of both collaborative and solitary approaches may improve learning experiences in health professions education.

Key Words: Collaborative Reading, Collaborative Strategic Reading, Shared understanding, Read-Aloud Technique

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P8.2 Strengthening connection through student interprofessional peer supervision (SIPS): Expanding a Scalable Model

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Contributors
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Background Interprofessional collaboration is essential to improving patient outcomes. At Bayside Health Service (BHS), allied health students work in multidisciplinary teams but often interact more with clinicians than peers, and experiences vary without formal structures for interprofessional learning. Similarly, although supervision is central to professional development in Queensland Health, students are rarely introduced to its framework during placements. To address this, BHS expanded the SIPS model from Logan Health Centre across disciplines and formats, aligning with workforce strategies to attract, develop, and retain clinicians through high-quality placements.

Methods
Beginning in October 2025, the program comprised four weekly, one-hour peer supervision sessions on fatigue and stress, time management, emotional intelligence, and feedback. Of 17 eligible students, 13 participated, representing occupational therapy, physiotherapy, social work, psychology, and speech pathology across four universities. Each session included a topic introduction, warm-up activity, key resource, and facilitated discussion, co-facilitated by the Allied Health Clinical Education Support Officer (CESO) and a rotating discipline-specific CESO.

Results
Ten students completed post-program surveys. All were satisfied, would recommend the program, and reported a deeper understanding of supervision. All students agreed that peer interaction fostered support, socialisation, and solidarity. 90% reported improved wellbeing, 70% percent noted changes in their placement approach, and 80% percent applied insights to practice. Qualitative feedback emphasised the importance of safe, open discussions and cross-disciplinary connection.

Discussion
The expanded SIPS program was feasible and enhanced supervision literacy, wellbeing, and peer connection. All students valued cross-disciplinary interaction for support and shared learning, with gains in wellbeing, placement approaches, and practice confirming its impact. Future directions include scaling across Queensland Health and embedding SIPS into placement schedules.

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P8.3 Collaboration toward inclusive education: Implications of relational interprofessional practice for allied health professions and initial teacher education

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Introduction
Interprofessional collaboration between allied health professionals (AHPs) and teachers is increasingly positioned central to inclusive education. However, interprofessional learning within allied health professions education (AHPE) and initial teacher education (ITE) often remains limited, skills-focused, or profession-siloed. There is limited empirical work examining how collaborative practices are understood and enacted in non-Western, resource-constrained contexts, and what these understandings imply for interprofessional learning in professional preparation programmes.

Methods
This qualitative multiple case study involved six pairs of occupational therapists and primary school teachers in the Philippines. Data were generated through individual and dyadic semi-structured interviews, complemented by document analysis. Reflexive thematic analysis and critical discourse analysis were used to examine participants' construction of collaboration and inclusive education, with particular attention to relational dynamics, perceived expertise, and contextual influences.

Results
Participants conceptualised collaboration primarily as a relational practice grounded in trust, moral obligation, and shared responsibility rather than formal interprofessional structures. However, collaborative relationships were continuously negotiated along a hierarchy-heterarchy spectrum shaped by perceived expertise and institutional positioning. While heterarchical arrangements, where expertise was distributed and negotiated, enabled open dialogue and joint problem-solving, hierarchical assumptions sometimes constrained participation and reinforced deference to particular professionals. Additionally, inclusive education was often framed narrowly as individualised service provision, rather than as systemic, curricular, or pedagogical transformation.

Discussion
Findings highlight the need for interprofessional learning in AHPE and ITE programmes to move beyond technical teamwork skills and individual remediation towards explicitly addressing power, relational ethics, and systemic reforms. Preparing future professionals for inclusive education requires pedagogies that cultivate heterarchical practice and critical systems-level thinking, supporting learners to engage in reciprocal, dialogic decision-making and collaboratively interrogate and reshape curricular, pedagogical and institutional conditions. Embedding reflexive, relational, and power-aware learning experiences may strengthen professionals' capacity to enact collaboration that is both relationally grounded and critically inclusive.

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P8.4 Facilitating Inter-professional Supervision in Gender affirming voice care.

Ms Tika Ormond[1], Ms Grace Allen[1]
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In today's political and social climate, transgender people continue to face increasing scrutiny and barriers to affirming healthcare. Voice is closely tied to identity, safety, and self-expression, making gender-affirming voice work both powerful and complex. Speech-language therapy (SLT) students engaging in this work need support that attends to both clinical learning and the emotional realities of working alongside transgender clients.
Two SLT clinical educators (CEs) at the University of Canterbury have developed and deliver a gender-affirming voice care training programme for SLT students. Students provide individual voice training to transgender clients over a seven-week period and participate in a gender-affirming voice group for clients who have completed individual training.
The programme was designed to include interprofessional supervision through the involvement of Clinical Psychology CEs alongside the SLT CEs. The clinical psychologist was required to have specialist experience in working with the transgender population. They contribute to initial student training and co-facilitate fortnightly supervision with the SLT CEs and students. This supervision model weaves ethical, respectful, and psychologically informed practice, while enhancing student learning and clinician wellbeing. The group holds space for learning how to support transgender clients' voices, whilst also acknowledging the ways students and supervisors are shaped by their own identities, values, and the wider world.
Psychologists support the group to navigate uncertainty, emotion, and the impact of socio-political contexts, while SLT CEs provide structure and discipline-specific expertise. Learning flows in multiple directions: students learn from CEs, CEs learn from students, and understanding is continually reshaped through dialogue.

Students report that the discussions are rich but real, allow space for discomfort, growth, and connection alongside practical skill development. By weaving together disciplines, relationships, and lived experience, this supervision approach supports sustainable, affirming voice care for transgender clients and fosters clinicians who can continue showing up with care and confidence.

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P8.5 Pharmacists assessing and entrusting medical intern prescribing: Exploring the educational value of interprofessional assessment

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Introduction/Background
In 2024, the Australian Medical Council (AMC) introduced workplace-based assessments in the form of Entrustable Professional Activities (EPA) for Post-graduate Year 1 and Year 2 medical graduates. The prescribing EPA, designed to develop junior doctors' prescribing skills, endorses pharmacists, nurses and medical staff as assessors. However, evidence is limited on the role of interprofessional assessors for technical clinical skills such as prescribing, though the literature suggests the approach is theoretically sound. This study aimed to explore the experiences of pharmacists as assessors for medical intern prescribing EPAs, including feasibility, acceptability and effectiveness, from both the learner (medical interns) and assessor (pharmacists) perspectives.

Methods
A qualitative research study was conducted with participants who engaged in a Prescribing EPA activity during its pilot implementation at a metropolitan quaternary teaching hospital between June and October 2024. Learners and assessors who participated in pharmacist-assessed EPAs were eligible, and a convenient sample of participants was recruited at the conclusion of the pilot. Semi-structured interviews were conducted with the medical intern learner and participants, and interview transcripts were analysed using reflective thematic analysis.

Results
A total of six medical interns and eight pharmacist evaluators participated in the qualitative interviews. Overall, four overarching themes were identified: (1) interprofessional assessment shaped by the multidisciplinary context, (2) relationships as foundational for feedback, (3) variable interpretations of the purpose of EPA assessment, and (4) logistical barriers to sustainability.

Discussion
Pharmacist assessors add value to prescribing EPAs by providing educational benefits that complement existing feedback. However, challenges within the clinical environment may limit its feasibility and uptake. Co-construction of assessment processes with both medical and pharmacist stakeholders, alongside embedding this model as the norm, may address some challenges. Further research should explore factors influencing engagement with pharmacist assessors and quantify the sustained impact on learner development and patient outcomes.

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P8.6 Bridging inquiry and multidisciplinary practice: educating health professionals through the Birth Trauma Education Project

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Introduction/Background
Birth trauma remains a persistent challenge despite ongoing efforts to prevent it. The NSW Parliament's Select Committee on Birth Trauma Inquiry highlighted systemic gaps in education, support, and prevention, providing clear recommendations for improving care. In response, the Birth Trauma Education Project was developed through collaboration between the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and Birth Trauma Australia (BTA). Delivered by a multidisciplinary faculty, the program aimed to equip health professionals with the knowledge and skills required to prevent, recognise, and manage birth trauma.

Methods
Funded by the Commonwealth Government, the project employed a multimodal educational approach, combining online learning modules, in-person multidisciplinary workshops, and webinars. Participant learning and program impact were evaluated using pre-program surveys, post-module surveys, and post-program surveys, allowing assessment of knowledge acquisition, confidence, and readiness to implement multidisciplinary care practices. Ongoing stakeholder engagement ensured content relevance and promoted reflective, patient-centred practice.

Results
Initial evaluation findings demonstrate substantial improvements across all measured domains. Post-program data indicate marked increases in participants' confidence to recognise and respond to birth trauma, improved understanding of systemic and cultural contributors to trauma, and strengthened commitment to trauma-informed, respectful care. Knowledge gains were particularly notable in areas directly linked to obstetric violence prevention, including informed consent, compassionate communication, and recognition of re-traumatisation risks. Participant satisfaction exceeded 90%, with lived-experience narratives consistently identified as the most impactful component of learning. Importantly, the majority of participants reported intention to implement concrete practice changes, including modified consent conversations, enhanced debriefing practices, and increased advocacy for trauma-informed care within their services.

Discussion
The Birth Trauma Education Project demonstrates how inquiry-driven recommendations can be translated into practical, multidisciplinary education initiatives. By combining didactic and collaborative learning and actively engaging diverse stakeholders, the project fostered a culture of prevention, reflection, and patient-centred care.

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P8.7 Ready, set, refer! Evaluating an innovative allied health amazing race for medical intern orientation

Ms Kiara Rodrigues[1], Dr Mita Parmar[1], Mrs Clare Webb[1], Ms Victoria Andrews[1], Ms Lara Bull[1], Ms Larrisa Gomes Cunha e Souza[1], Ms Gina Holland[1], Ms Amanda Hurley[1], Ms Elizabeth Judson[1], Ms Mia Leong[1], Ms Amanda Reid[1], Ms Teneale Rickards[1], Ms Madeline Tanzer[1], Ms Naomi Scolari[1]
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Background

Interprofessional collaboration is essential for safe patient care and effective discharge planning yet interns often begin practice with limited understanding of Allied Health (AH) roles and referral pathways. To address this,
Bayside Health Service replaced a single lecture with an immersive orientation where interns could practise referral decision-making, test their reasoning and engage directly with AH clinicians.

Methods

The Allied Health Amazing Race was developed as a gamified, case-based orientation to enhance engagement and practical learning. Fifteen interns, working in small teams, rotated through adult and paediatric stations based on common inpatient scenarios. At each station they identified appropriate AH referrals, justified their
reasoning and received real-time feedback from AH clinicians. A "discharge passport" reinforced the importance of early, coordinated AH input. Interns completed paired pre- and post-surveys assessing knowledge, confidence and understanding of AH roles, along with post-session measures of satisfaction and intent to change practice.

Results

Interns demonstrated consistent improvement across all survey items, with gains in knowledge of AH roles, referral reasoning, communication and overall MDT confidence. More than half improved on every item, with the largest gains in knowing what to include in an AH referral, prioritising referrals, approaching AH clinicians and articulating rationales. Satisfaction was very high, with almost all participants agreeing the activity was engaging, relevant and well structured, and most indicating they would recommend it. Intent-to-change responses showed strong commitment to applying learning, with the majority reporting they would more confidently involve AH and use the referral skills practised during the activity.

Conclusion

A gamified, case-based orientation enhanced interns' confidence, capability and readiness for interprofessional collaboration, while achieving high satisfaction and strong intention to change practice. The Allied Health Amazing Race offers a scalable, engaging alternative to lecture-based orientation and may support safer, more coordinated care from the outset of clinical practice

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P8.8 From Concept to Practice: The Evolution of an Interprofessional Stroke Care activity - weaving connections across the disciplines

Kelly Saber[1], Sarah Meiklejohn[1], Anna Joy[1], Dr Jessica Trevena-Peters[1], Narelle Dalwood[1], Kirsty Pope[1], Natalia Mendes[1], Prof Debra Kiegaldie[1]
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Introduction / Background

Rising stroke prevalence and increasing rehabilitation complexity highlight the need for graduates who can collaborate effectively across professional boundaries. Within the Faculty of Medicine, Nursing and Health Sciences at Monash University, the breadth of health profession programs provides a unique environment to intentionally design interprofessional learning experiences that mirror real-world collaborative practice.

An existing interprofessional activity was comprehensively re-designed to foreground stroke rehabilitation and authentically integrate occupational therapy, physiotherapy, and neuropsychology perspectives. We aimed to create a cohesive, scenario-based learning experience to scaffold students' understanding of roles, shared decision-making, and interdisciplinary care planning.

This project sought to critically reflect on the design and refinement process, focusing on pedagogical rationale, stakeholder engagement, and integration of discipline-specific and shared competencies.

Methods

Guided by social constructivist principles, the re-design process involved iterative consultation with educators, mapping of professional competencies, and alignment with authentic stroke-care practices. Four integrated learning stations were conceptualised to promote peer-to-peer learning, student-led teaching, and progressive skill development.
The process centred on creating authentic experiences reflective of real clinical reasoning and interprofessional practice. Clear role delineation ensured students engaged with both discipline-specific and shared responsibilities, while scaffolded activities supported development of a cohesive, interdisciplinary rehabilitation plan. Ongoing educator and student input informed refinements to learning flow and station integration, ensuring the final design was practical and pedagogically sound

Results / Evaluation / Aims

This presentation will outline conceptual and pedagogical foundations of the re-design, describe the collaborative development process, and highlight how stakeholder feedback
shaped the activity. Future directions for iterative improvement and broader interprofessional integration will also be discussed.

Discussion

Foregrounding the design process offers insight into how authentic, discipline-integrated interprofessional learning activities can be purposefully constructed within health-professions curricula. Insights gained will inform future iterations and support development of graduates equipped for collaborative, community- and rehabilitation-focused stroke care

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P8.9 Simulated wards, real life skills: A simulation collaboration for intern pharmacists and medical students

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Introduction/Background

Working within a multi-disciplinary team is a vital role of health professionals within a hospital setting. However, pharmacists sometimes report difficulties in communicating with doctors (Thomas et.al., 2021), and doctors may not be aware of the role of the pharmacist (Sudeshika et.al., 2023). Currently at a metropolitan hospital, final-year medical students undertake simulation scenarios as an additional component to prepare students for registration. However, intern pharmacists rely solely on supervised practice to gain equivalent experiences. An interprofessional simulation for pharmacy interns and final-year medical students was developed to promote collaboration and role understanding in patient care.

Methods

The simulation scenarios already undertaken by medical students were adapted to incorporate an intern pharmacist. Both medical students and intern pharmacists completed a variety of set tasks aiming to simulate a realistic ward workflow, whilst also triaging incoming simulated phone-calls from within the hospital. The intern pharmacist was available to the medical students to provide any medication information support needed within their cases. Pre and post-simulation surveys were conducted with each group to evaluate the benefits and effectiveness of the activity.

Results/Evaluation

Prior to the simulation, the five intern pharmacists rated their confidence when interacting with medical teams an average of 4.2/5, increasing to 5/5 post-simulation. For the 19 medical students, the Likert scale score improved for; understanding the role of a ward pharmacist, how they can support medical staff, confidence in interacting with pharmacists, and understanding how doctors and pharmacists collaborate. Feedback from both groups was positive, with the simulation improving their understanding of each other's disciplines.

Discussion

Incorporation of intern pharmacists into a multitasking simulation for medical students shows improved results for both groups in interprofessional and clinical aspects of the simulation. Skills developed will be transferable when working as independent clinicians, supporting stronger teamwork and improved patient outcomes.

Word count: 299 | Stream: Interprofessional learning

Keywords: interprofessional education, health professions education, simulation-based education

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P9.1 Medical Student experiences of Planetary Health Curricula: A Scoping Review

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Background

As planetary health increasingly impacts human health, preparing health professions students to manage complex health conditions and advocate for sustainable healthcare is critical. Planetary health is an emerging field that exposes learners to harsh realities and 'wicked', complex real-world problems that can be overwhelming. Potentially distressing topics can prompt disengagement and apathy where actions are unlikely to generate immediate reward or success. Hence, educators are challenged to adopt pedagogical practices that simultaneously facilitate engagement and support learner wellbeing. Despite growing attention, there is limited evaluation of planetary health educational strategies; specifically, little is known about the experienced curriculum from the learner's perspective. To address this, a scoping review examined medical students' experiences of planetary health curricular from qualitative feedback.

Methods

Four databases were searched (Medline, Embase, Web of Science and Scopus). After duplicates were removed, 299 articles underwent title and abstract screening. Thirty-two underwent full-text screening, resulting in 16 papers included in the study. Data extraction was guided by thematic analysis.

Results

The included studies came from eight countries and included participants from undergraduate and graduate-entry programs. Presented data came from questionnaires or reports (n=13) and interviews (n=6). Two overarching themes were developed: motivation and pedagogical considerations. These were underpinned by five subthemes: real-world application; contributing to a community of practice; developing a sense of autonomy; the value of interactivity; and the timing of teaching delivery in the curriculum.

Discussion

The review's findings were used to propose recommendations related to: curriculum integration; faculty engagement; immersive, interactive and collaborative learning; solution-oriented learning; and self-directed learning. These recommendations, grounded in theory and learner feedback, are intended to support health professional educators in preparing their learners to engage with planetary health.

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P9.2 Dermatoscopy use and education in regional NSW

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Introduction/Background

Melanoma is a major public health issue in Australia and New Zealand, particularly in regional areas where incidence and mortality rates are higher. Dermatoscopy is a valuable diagnostic tool that can improve skin cancer detection and reduce unnecessary biopsies[1]. However, its uptake in general practice remains poor. Limited evidence suggests insufficient training and educational exposure during medical school as contributors[2]. This study explored dermatoscopy use among regional general practitioners (GPs) and medical students' perceptions of dermatoscopy and skin cancer education during their clinical training.

Methods

A cross-sectional survey design was used. Two anonymous online surveys were distributed: one to GPs practicing across three regional Primary Health Networks, and one to Phase 2 and 3 medical students enrolled at a UNSW Rural Clinical Campus. The GP survey explored clinical practice, dermatoscopy use and teaching experience. The student survey investigated education, exposure and confidence in skin cancer. Data were analysed using descriptive statistics and content analysis for free-text responses.

Results/Evaluation

All 23 GPs reported using dermatoscopy with increased diagnostic accuracy and improved patient outcome benefits, though many identified barriers such as cost and inadequate training. Only 25% felt confident teaching dermatoscopy use to students. Among 71 student respondents, 89.8% believed they lacked adequate dermatoscopy training, with most instruction limited to 1–5 hours during rural GP placements. Inclusion of dermatoscopy in the medical curriculum was supported by both GPs (68.4%) and students (87.3%).

Discussion

Acknowledging the limitations of the small sample size, this study highlights the clinical value of dermatoscopy and emphasises the need for early, structured training. Findings suggest dermatoscopy education in regional settings is opportunistic rather than embedded. There is a clear opportunity to enhance the undergraduate curriculum and to support GPs as educators. Addressing these gaps may improve diagnostic accuracy and patient outcomes in regional Australia.

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P9.3 Transition to delivering older persons health teaching in a community setting: findings from a research evaluation project

Associate Professor Hamish Jamieson[1,2], Miss Louise Beckingsale[1], Professor Lutz Beckert[1,2], Dr Chris Bloomer[1,2], Miss Tayler Adam[1], Dr Kim Pasley[1], Dr Dale Sheehan[1]
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Introduction
The majority of healthcare delivery, particularly Older Person's health (OPH), occurs in the community yet most medical student learning occurs in hospitals. To address this mismatch, and accommodate growing student numbers, a fourth-year medical student OPH module was redesigned from an entirely hospital-based placement experience to a hybrid model, with two weeks in hospital and two weeks in community settings. This paper presents findings from an independent evaluation of this redesigned module.

Methods
The Haji emergent evaluation framework[1] guided a mixed methods approach to capture the process of implementation and development during the first year of the new module. Stakeholder experiences were captured through qualitative data, which included free question responses from student surveys, focus groups with clinicians on the ward, on-site interviews with clinicians in community placements and teaching staff meetings and emails, and analysed descriptively. Anonymised student surveys using Likert scale responses provided quantitative data, which were analysed longitudinally to see any changes reflected in the student experience as iterative changes were made to the module.

Results
Students valued the learning experiences across the module. They highly valued their time learning in the hospital, particularly the bedside teaching. Community learning experiences were also appreciated and complemented hospital learning by enhancing an understanding of the patient's journey and continuity of care. However, the quality of community placements varied; feedback indicated that some unsupervised residential facilities placements required greater structure and guidance. Stakeholder data helped explain this feedback and informed quarterly improvements to module delivery.

Discussion
The Haji framework demonstrated a successful transition to a hybrid OPH learning module that integrates hospital and community-based learning experiences. These evaluation findings provide a strong foundation for further development of community-based learning experiences and align with existing literature on effective community placement design. These insights will be shared in this presentation.

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P9.4 Regulatory stewardship and reviewing accreditation standards – reflections on leadership

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Introduction/Background
The Australian Medical Council commenced a review of the specialist medical training accreditation standards in 2024. We approached the process strategically, with consideration of the broader environment and the need for regulatory stewardship. We aimed to authentically partner with stakeholders and consider broader community needs.

Methods
A skills based working group was formed, and agreement reached on a value proposition and the approach, noting it was important to spend time exploring the problem to be solved. This necessitated a change from a traditional project approach of timelines and deliverables, and to consider what it meant to be inclusive and support innovation. Navigating a working group, comprising members with significant experience and representation across the sector, drove a reflective approach and new ways of working. Drawing on the concept of the strategic triangle,[1] we explored the operational capacity of the group and negotiated the challenge of the authorising environment. Working in a regulatory context, with external drivers and a high profile, required clear communication protocols and extensive stakeholder engagement.

Results
The early investment in authentic consultation has been fundamental to engagement and the development of high quality standards. The rigour of the accreditation framework provided a scaffold for creative thinking and new ways of working. Challenging experts in their approaches to problem solving and seeking evidence to support decisions was complex. The process required adaptive leadership,[2] being critically conscious about being inclusive, and privileging community expectations.

Discussion
We present our reflections on being responsive to what we heard in the consultation – and reflecting that in the draft standards. We will discuss the challenge of being responsive to the related projects that impact colleges' workloads and supporting a large skills-based working group. We had a unique opportunity to revise standards at a time when there was significant spotlight on the sector.

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P9.5 Enhancing undergraduate nursing students' emergency preparedness through a purpose-designed simulated resuscitation trolley

Miss Laura Evans[1], Assoc Prof Farida Saghafi[1], Ms Michelle Darch[1], Prof Kerry Reid-Searl[1]
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Introduction/Background

Non-critical care nurses frequently report anxiety and reduced confidence when responding to clinical emergencies, with limited exposure to emergency equipment being a contributing factor (Dermer et al., 2024). Simulation-based education is widely recognised for supporting experiential learning; however, there is limited research examining how integrating purposeful simulation into curriculum design can intentionally scaffold emergency preparedness for nurses after graduation. This project aimed to explore undergraduate nursing students' perceptions of a purpose-designed simulated resuscitation trolley embedded within the curriculum and its perceived impact on confidence and preparedness for emergency response.

Methods

First-year undergraduate nursing students in an Australian University were introduced to a purpose-designed simulated resuscitation trolley embedded within the curriculum and developed to replicate common clinical layouts and equipment organisation in acute care settings. Using a qualitative descriptive approach, 90 students (following participation in simulation activities) completed an anonymous online survey comprising open-ended questions exploring perceptions of confidence, preparedness, and realism. Data were analysed using reflexive thematic analysis informed by Kolb's (1984) experiential learning principles.

Results/Evaluation

Preliminary analysis indicated that students perceived the simulated resuscitation trolley as enhancing realism and reducing anxiety during emergency simulations. Emerging themes included increased familiarity with emergency equipment and trolley layout, improved confidence to actively engage during simulated emergencies, and a greater sense of preparedness for clinical placement. Students reported that improved understanding of equipment location and purpose reduced cognitive load and supported participation during time-critical scenarios.

Discussion

Consistent with Kolb's (1984) experiential learning theory, authentic interaction with a simulated resuscitation trolley enables concrete experience and active experimentation within a safe learning environment. Increased familiarity with equipment organisation supports reflective observation and reduces cognitive load, allowing greater focus on clinical reasoning during emergencies. Embedding such resources within curriculum planning may strengthen capability development and support practice-ready graduates in increasingly complex clinical contexts.

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P9.6 Developing pre-registration osteopathy training in New Zealand.

Zoe Steele[1]
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Introduction/Background

Musculoskeletal disorders and chronic pain conditions are some of the leading causes of disability in New Zealand. Treatment of these conditions is being challenged by a shortage of healthcare workers. This also affects the osteopathic profession in New Zealand which has been relying mainly on international registrations. The Bachelor of Musculoskeletal Health (BMSH) was developed as a pathway into the Postgraduate Diploma in Osteopathy (PGDip) to respond to the future challenges faced by New Zealand healthcare. Once completed, the graduate can apply for registration with the Osteopathic Council of New Zealand (OCNZ) to work as an osteopath.

Methods

The qualification differs from other programmes to allow the integration of cultural competency, allowing graduates to engage with a diversity of patients. The delivery is implemented following best educational and clinical pedagogy. Constructive alignment underpins content delivery as it provides a clear connection between the graduate profile, course learning outcomes and assessment activities.

Aims

RIME (Reporting, Interpreting, Managing, Educating) and the 'Dreyfus Model of skill acquisition' are the models used to scaffold and integrate clinical reasoning skills throughout the degree and to support manual and clinical skill development.

Discussion

The Osteopathic Practice Competencies set out by OCNZ underpin the graduate profile. To meet its requirements, the degree is structured on three components: bioscience, clinical practice and professional and socio-cultural studies. There is a shift from foundational knowledge to implementing that knowledge into clinical practice as student progress through the degree. Year one is based on foundation knowledge and theory, Year two has some foundation theory and students are introduced to clinical practice. In year three, the theory is applied to practice which includes implementing and developing clinical diagnosis and reasoning. This is further developed in the PGDip, with an increase in clinical hours and self-directed learning and a decrease in class time.

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P9.7 A Dose of Grief: Death education for medical students

Paris Matthews[1,2], Isabelle Ewert[1,2], Dr Hannah Gould[1]
[1]University Of Melbourne, , Australia, [2]A Dose of Grief, , Australia

Introduction/Background
Australia's ageing population has led to increased death and dying. Many medical students and trainees report feeling underprepared and unsupported whilst caring for ageing and dying patients, likely due to persistent gaps in death education within Australian medical curricula. This lack of preparation contributes to poorer experiences for patients and their families at the end-of-life, as well as negative mental health impacts for trainees. A Dose of Grief aims to increase death literacy, and compassionate care within the medical workforce, thereby enhancing the quality of end-of-life experiences for all Australians.

Methods
The project will commence with an online, national, cross-sectional survey of Australian medical students designed to assess experiences and perceived preparedness regarding death education in medical training. Survey items consist of Likert style scales, multiple choice and rank order, with the inclusion of two validated tools (Death Literacy Index and Death Anxiety Beliefs and Behaviours Scale). Findings will be analysed quantitatively to identify key gaps and educational priorities. These findings will inform the design of a pilot education program to be delivered across select Australian medical schools.

Results/Evaluation
Survey data encompasses themes including personal background information, formal educational experiences, and the perceived quality thereof, and self-reported preparedness for death and dying encounters. This information will be used to evaluate Australian medical student's knowledge of end-of-life care, to design a purpose-built program by medical students for medical students as they transition into the role of junior doctors.

Discussion
It is anticipated the evidence will reaffirm a lack of comprehensive education around death, dying and end-of-life care. Furthermore, we suspect to find correlations between self-reported death anxiety and unpreparedness. With this research we aim to work towards embedding death education within Australian medical training and contribute to a wider cultural change of open discussion regarding ageing, death and grief.

Keywords
Death education
Medical students
End-of-life care
Death and dying

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P9.8 Redesigning physiotherapy teaching through student-led learning to enhance integration of theory and practical skills.

Ms Catherine Thomas[1], Dr Peter Osmotherly[1], Rachel Fehlberg[1], Professor Suzanne Snodgrass[1]
[1]University Of Newcastle, Callaghan, Australia
Redesigning Musculoskeletal Physiotherapy Teaching Through Student Led Learning to Enhance

Introduction Musculoskeletal Physiotherapy education requires entry-level students to integrate a substantial amount of theoretical knowledge, complex clinical reasoning, and practical hands-on skills. Traditionally, coursework is taught didactically with multiple practical tutorials. Student feedback typically describes the volume of content as overwhelming, the learning time pressured and a perceived disconnect between theoretical concepts and practical techniques. Students report limited opportunity for deeper reflection and application of concepts to clinical scenarios. The aim of this project was to review and redesign the teaching approach to facilitate students' integration of theoretical concepts and practical skills through student-led activities.

Methods Academic teaching staff, including practising musculoskeletal clinicians, reviewed teaching content and structure and implemented a revised delivery model. This model incorporated optional weekly student-led tutorials featuring practical demonstration, audiovisual resources, and case-based activities. Decision-making regarding each weekly teaching focus was shared between students and academic staff, with students leading the identification of their learning needs and staff facilitating alignment with learning outcomes. Coursework changes were evaluated using a student feedback questionnaire with quantitative Likert-scale items and open-ended responses.

Results Student quantitative feedback was strongly positive (mean 4.6/5 for overall course satisfaction) and the new learning opportunities were highly valued by students. Students reported increased clarity in their learning and better ability to integrate theory with practical skills. They reported feeling more prepared for practice and less overwhelmed. Identified limitations to this new model of teaching were increased time demands on academic staff, preparation requirements, staff availability, and resourcing for room allocation.

Discussion Providing structured student-led learning opportunities enhanced students' application and integration of theoretical concepts into their practical skills learning and improved student satisfaction when engaging with large volumes of complex content. Future research should focus on embedding student-led activities within regular timetabled teaching, rather than an optional extra, to ensure equitable participation and benefit for all students

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P9.9 Mapping Knowledge Integration in Laboratory Science Education

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Introduction/Background
Laboratory work plays a fundamental role in Biomedical Science education, providing students with practical training to apply ideas and methods in biomedical settings. Traditionally, laboratory work in educational settings has been perceived by educators as a means of reinforcing theoretical concepts already taught in the classroom, however there is often limited clarity regarding how laboratory work design and its associated assessments shape students' actual learning activity, and how this activity leads to specific outcomes. This project aimed to map which learning outcomes are implicit vs explicit in an undergraduate biomedical science unit.

Methods
A molecular diagnostics unit was chosen, due to its high student enrolment. This study drew on both Reid and Shah (2007) laboratory outcomes and Brinson's (2015) KIPPAS classification as a deductive coding framework for analysing intended laboratory learning outcomes. A combined five outcome domains were used to map learning outcomes to, agreed upon by consensus by the author team.

Results/Evaluation
Consensus was reached within two cycles. Three learning outcomes attempted to address practical skills, however, were focussed on theoretical knowledge such as describing procedures, tools and techniques associated with medical diagnostics, rather than their application and use in a laboratory setting. Several outcomes (communication skills, problem-solving) were completely implicit, raising questions as to whether these outcomes are actualised by students.

Discussion
This study highlighted the hidden curriculum within a biomedical science unit, and highlights the significance of systematically analysing task design as a means to elucidate educators' assumptions about student learning that guide instructional decisions. Further investigations into student activity may find misalignment between intended and actual outcomes.

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P10.1 Reducing the search burden load: A streamlined, smarter SharePoint for Allied Health educators supporting students on clinical placement

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Introduction
Clinical Educators (CEs) manage multiple workflows to orientate, support and supervise students during clinical placements. Monash Health hosts approximately 1,000 Allied Health (AH) students annually. CEs therefore require fast access to information that is clear, accurate and centrally organised. Following transition to Microsoft 365, the existing Monash Health student education intranet page was identified as outdated, static and functioning largely as a contact list. This presented an opportunity to develop a centralised, interactive Student Education SharePoint Page (SESP).

The aim of this project is to improve CE support through a reliable, accessible and centralised resource designed around their needs.

Methods
A September 2025 survey of 188 CEs found fewer than 25% were aware of the SESP, yet 84% indicated they would use a dedicated site offering live education resources, discipline-specific folders, student support materials, escalation pathways, Frequently Asked Questions, contact details and workshop links.

In January 2026, the SESP working group commenced a structured update of the site, including the enhancements highlighted by clinical educators, and embedding a feedback poll. Monthly reminders were introduced to ensure ongoing maintenance.

To promote awareness and use, a Chief Allied Health Officer–endorsed announcement will be distributed via email and newsletter to all AH clinicians, supported by team-based promotion. Short-term, embedded gamification strategies, with prizes to win, will be used to encourage exploration and engagement.

Evaluation
Success will be measured through weekly page views, resource click through rates, feedback participation via the embedded poll, and a user satisfaction questionnaire of clinical educators who had been surveyed prior. These outcomes will be compared with pre-upgrade baseline data.

Discussion
Preliminary findings suggest an interactive SharePoint page has strong potential to streamline CE access to student related information. Continued updates, promotion and user driven refinement will be essential to ensure sustained use, relevance and long-term effectiveness.

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P10.2 DEVELOPING AN AI-SUPPORTED TOOL TO EDUCATE JUNIOR DOCTORS ON MENTAL CAPACITY ASSESSMENT FOR DISCHARGE PLANNING

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Introduction
Artificial intelligence (AI) technology is being utilized to supplement medical education. We aim to use an AI assistant to aid training in of clinical reasoning for mental capacity assessment (MCA) and evaluate the acceptability and feasibility of the AI-supported tool as part of junior doctors' training for MCA for discharge planning.

Methods
Drawing from literature review and discussions with the AI technical team, a template was created to guide mental capacity assessment for discharge planning. The AI assistant used in this study is Pair Chat, which is Singapore's government-developed AI assistant created by Open Government Products and cleared for use by public officers utilizing data classified as sensitive normal. Pair functions as a trusted, government-controlled environment that would meet the data security requirements while delivering comparable conversational AI capabilities for official use. Insights and experiences from existing referrals were incorporated to craft the prompts and responses for Pair. This feature allows doctors to input completed templates for guidance, enables them to make enquiries. With these carefully designed prompts and responses, Pair could provide standardized replies, allowing consistent feedback for training. This initiative was launched as a pilot study in the Psychiatry department, to explore the utilization of this tool and the experience of junior doctors using it as part of their training.

Results
In the first iteration, six junior doctors were recruited to use the AI assistant in their regular clinical. Measurement outcomes were evaluated using the Acceptability of Intervention Measure (AIM) and the Feasibility of Intervention Measure (FIM) scales. Result showed that the implementation of AI-Supported Tool in mental capacity assessment for discharge planning was acceptable (result: 4.7, 5-point Likert scale) and feasible (result: 4.65, 5-point Likert scale).

Discussion
In conclusion, this pilot study findings are promising and lay the foundation for a larger-scale evaluation to determine its potential for hospital-wide implementation.

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P10.3 Enhancing OSCE Performance through an Artificial Intelligence Virtual Patient: A Proof-of-Concept Study

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Introduction: Artificial intelligence (AI) is rapidly advancing; however, its application in simulating detailed patient–doctor interactions for Objective Structured Clinical Examinations (OSCEs) remains emerging. This study aimed to evaluate Medical Education Enhancement Training (MEET), a structured academic support program using an AI Virtual Patient (AIVP), an innovative platform that enables interactive patient simulations with structured feedback for medical students.

Methods: This prospective mixed-methods pilot study recruited final-year medical students during their Critical Care term. Two cohorts were examined: a voluntary AIVP group (n=43) and an educational-support MEET group (n=8). Participants completed pre- and post-intervention OSCEs assessed across communication, history and examination, management, and overall outcome domains. Students accessed nine emergency medicine scenarios incorporating AI-driven dialogue, speech recognition, avatar-based interaction, and immediate feedback. Quantitative outcomes were analysed using the Wilcoxon signed-rank test. Post-intervention Likert-scale surveys and focus groups provided qualitative data, which were analysed thematically.

Results: In the AIVP cohort, descriptive improvements were observed across assessment domains; however, Wilcoxon testing did not demonstrate statistically significant changes. In contrast, MEET students showed significant improvement in overall OSCE outcomes (median 37 [IQR: 30–67] vs 67 [IQR: 47–75]; p=0.03), with positive trends in history, communication, and management domains. Survey responses (n=25) demonstrated high agreement that AIVP enhanced confidence in history-taking (83%), differential diagnosis (78%), and management planning (78%). Thematic analysis from 10 students demonstrated that AIVP was experienced as a structured, exam-focused, and confidence-building learning tool that addresses gaps in workplace-based learning.

Discussion: AIVP was feasible and well-received, providing practice closely aligned with university OSCE standards. While gains in the volunteer cohort were modest, the MEET group demonstrated significant improvement, suggesting particular benefit for students requiring structured educational support. Tailored feedback and OSCE alignment position AIVP as a promising adjunct to medical training.

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P10.4 When patients are unavailable: learning from AI-supported feedback in evidence-based medicine

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Introduction/Background
Evidence-based medicine (EBM) requires learners to integrate research evidence, clinical judgement, and patient values[1]. The PEARLS (Presentations of Evidence Abstracted from Research Literature to Solve real people's problems) task supports medical students to practise EBM by critiquing clinical guidelines and communicating recommendations to patients. However, patient follow-up is not always feasible. To address this, an artificial intelligence (AI) feedback agent was introduced as an alternative feedback source. This study explores student experiences of feedback provided by patients compared with an AI-emulated agent.

Methods
In 2025, 239 Year 4 Doctor of Medicine students the University of Sydney completed the PEARLS task. Most students (83%, n=198) received feedback from a patient and clinical supervisor, while a smaller group (17%, n=41) received feedback from the AI agent, based on feasibility of patient follow-up. Immediate feedback was provided by either the patient or the AI agent using the same feedback prompts. All students subsequently completed a post-activity survey. Quantitative responses were analysed descriptively, and content analysis was performed on free text responses.

Results/Evaluation
Patient feedback focused on clarity of explanation, use of simple language and analogies, responsiveness to patient questions, and contextual considerations beyond guideline recommendations. In contrast, the AI agent provided structured, guideline-focused feedback, emphasising technical accuracy, clarification of terminology, and distinctions between guideline recommendations. Quantitative ratings demonstrated ceiling effects across both feedback modalities, with consistently high satisfaction scores. Students described patient interactions as particularly valuable for developing communication skills and shared decision-making, while AI feedback was perceived as useful for refining precision and reducing jargon.

Discussion
Patient and AI-emulated feedback appear to support different but complementary aspects of EBM learning. AI-supported feedback may function as a preparatory, low-stakes learning support when patient access is limited, while patient interaction remains essential for contextualisation, negotiation, and authentic clinical communication.

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P10.5 Use of Artificial Intelligence–Generated Simulated Cases for Case Conference in Ophthalmology Education

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Limited exposure to real ophthalmology clinical cases during training periods poses a challenge for medical students. This study aimed to evaluate the effectiveness, learning outcomes, and perceived reliability of AI-assisted simulated case creation by medical students for use in case conferences when real patient cases were unavailable.

Methods:
28 Medical students the fifth years generated simulated ophthalmic cases using AI and utilized them in structured case conferences, as follow retrobulbar hemorrhage, hyphema, traumatic mydriasis, pseudomonas corneal ulcer, and nasolacrimal duct obstruction (NLDO). Learning outcomes were evaluated using a Likert-type scale questionnaire with 5 points ,about the advantage and limitations of using AI by medical students, while 2 faculty ophthalmologists assessed students performance and AI performance and safety.

Result:
Students reported satisfaction with AI-generated content in completeness, accuracy, and its ability to enhance case analysis, discussion, and active learning (mean scores 4.03 to 4.32), the limitations of AI in term of quality of information, Hallucination, Difficulty in Prompt design or Privacy and Ethic wear rated 1.5-2.96 scores. Faculty assessments performance in knowledge and clinical reasoning 3.91.Clinical decision-making skills 3.75 . Learning engagement with active participation in case discussions 3.50, Faculty also rated AI performance and reliability as acceptable (3.50). students and faculty supported the continued use of AI-generated simulated cases .

Discussion
AI shows potential as a supportive educational tool for medical case conferences by enhancing accessibility, variety, and learner engagement. Nevertheless, AI should be used as a supplement rather than a replacement for real patient encounters, authoritative references, and instructor guidance. Proper prompt design, content verification, and integration with real clinical experience are essential to minimize risks of inaccurate or hallucination associated with AI use in medical education.

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P10.6 Beyond Traditional Case Scenarios: Leveraging Generative AI to Enhance Clinical Case Design

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Introduction / Background
Generative artificial intelligence (GenAI) is rapidly reshaping contemporary health professional education, offering new opportunities to enhance curriculum design and learning efficiency. Clinical case studies are a cornerstone of allied health education, supporting the development of clinical reasoning, professional judgement and inter-professional communication. Traditionally, case study development is labour-intensive, reliant on manual review of medical records, and constrained by confidentiality and access considerations. Emerging evidence suggests GenAI may streamline this process and produce high-quality educational material, though human oversight remains essential. This study aims to evaluate the efficiency, acceptability, and perceived quality of clinical case studies generated using Microsoft Copilot compared with traditional clinician-led methods.

Methods
A sequential-explanatory mixed-methods design will be used. Allied health clinicians involved in staff education across a large metropolitan health network will develop two case studies on the same clinical topic: one using standard practice and one using a structured Copilot prompt. Participants will complete MS Copilot training to ensure consistent capability across the cohort. Quantitative data will include Likert-scale ratings of case study quality, ease of production, trustworthiness, and time taken for each method. Qualitative data will be collected through focus groups exploring participants' experiences, perceived benefits, challenges, and future applicability of GenAI in case study development. Descriptive statistics and inductive thematic analysis will be used.

Results / Evaluation
Evaluation will assess comparative efficiency, user acceptability, and perceived educational value of Copilot-generated case studies. Results will be analysed and be ready for the ANZAHPE conference presentation.

Discussion
Findings will inform whether GenAI can serve as a safe, efficient, and acceptable tool for allied health education. Broader implications include its potential to reduce educator workload, improve case study standardisation and enhance teaching innovation. Anticipated challenges—such as trust in AI outputs, ethical considerations, and the need for human validation—will also be explored to support evidence-informed implementation.

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P10.7 Redesigning Problem-Based Learning to Avoid the Cognitive Cliff: An AI-Supported Framework

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Background: Medical education in Australia and New Zealand has broadened student recruitment through diversified equity-based pathways and Educational Access Schemes. However, pedagogical approaches like Problem-Based Learning (PBL), structured as real-time, collaborative group work, may privilege neurotypical and extroverted personality profiles[1]. This can create a participation bias, where introverted, neurodiverse, English as a second language, and minority students appear less engaged despite potentially comparable reasoning capabilities. From a cognitive load theory perspective, PBL may impose a cumulative extraneous load through processing time pressure, social performance anxiety, and identity vigilance[2]. We conceptualise this as a "Cognitive Cliff", wherein an overwhelmed working memory may trigger a physiological stress response that inhibits higher-order reasoning. We aim to propose a theoretically grounded ecosystem to support equitable participation and reduce cognitive barriers in PBL.

Methods: This critical review integrates Cognitive Load Theory, Neuroeducation, and Constructivism to amend "traditional PBL". We propose temporal sequencing and Generative AI to manage cognitive load and support equitable participation during PBL.

Results: We present an "AI-Augmented Cognitive Ecosystem," comprising three temporally sequenced phases: (1) Phase A (Pre-session Preparation) introduce core concepts before tutorials, reducing cognitive load for diverse learners, (2) Phase B (In-Session Reasoning), where AI-generated frameworks to guide individual clinical reasoning before group discussion, shifting focus from rapid articulation to evidence-based depth; and (3) Phase C (Adaptive Application), to generate adaptive "mini-cases" to test whether students can apply their learning to different contexts.

Discussion: This ecosystem reframes the educator's role as a "Cognitive Architect" responsible for designing AI-mediated scaffolds and learning constraints. It replaces "AI avoidance" with "Validity Auditing" of AI outputs. By redesigning PBL's cognitive architecture, medical schools may ensure that inclusive recruitment lead to equitable professional development for all learners. A pivotal question remains: how will AI-mediated temporal sequencing influence engagement within PBL?

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P11.1 Enhancing Assessment Literacy Through AI-Assisted Case-Based MCQ

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Background
Assessment is a central component of medical education, with multiple-choice questions (MCQs) widely used due to their scalability, reliability, and alignment with competency-based education. Despite their widespread use, MCQ quality is often undermined by item-writing flaws (IWFs), commonly arising from limited faculty expertise in item construction. This challenge is particularly evident in low- and middle-income countries (LMICs). Recent advances in artificial intelligence (AI) and large language models (LLMs) have enabled automatic item generation (AIG) using evidence-informed, National Board of Medical Examiners (NBME)-aligned prompt engineering frameworks, including case-based MCQ generators. This study compares human- and AI-generated MCQs within a faculty development context and explores faculty perceptions of AI-assisted MCQ generation.

Methods
A quasi-experimental pre-test/post-test design was embedded within two faculty development workshops at Dow University of Health Sciences, Pakistan. Participants independently developed MCQs before training. Items were evaluated using a validated rubric aligned with NBME guidelines assessing stem clarity, item-writing flaws, option quality, and cognitive level. After structured training in NBME item-writing principles and prompt engineering, participants revised their MCQs and generated comparable items using an AI-supported case-based MCQ generator. Quantitative comparisons were conducted using the same rubric, and qualitative data from semi-structured interviews were analyzed thematically.

Results/Evaluation
The evaluation examines changes in MCQ quality and cognitive level following faculty training and AI-assisted item generation. AI-supported MCQs are expected to show improved quality, fewer item-writing flaws, and increased representation of higher-order cognitive levels. Faculty perceptions of the usefulness, trustworthiness, and educational value of AI-assisted MCQ generation are also explored.

Discussion
Integrating AI-assisted item generation into faculty development may enhance assessment literacy by providing structured support for high-quality MCQ construction. Rather than replacing faculty expertise, AI serves as a scaffold to support learning and practice, offering a scalable approach to improving assessment quality in resource-constrained settings.

Keywords: Artificial Intelligence; Educational Measurement; Faculty Development; Medical Education

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P11.2 Feedback over scoring in programmatic assessment for learning

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Background:

In programmatic assessment for learning, the primary value of a single best answer (SBA) based written examination lies not in verifying immediate recall, but in identifying gaps and guiding future study. Traditional scoring models associated with SBA exams are often reductionist, minimising rich performance data to a percentage, losing specific learning needs and reducing student agency. We propose a feedback-centric model that utilises a standard setting approach that transforms SBA data into rich, actionable feedback at both the whole-of-paper and item level.

Methods:
A comprehensive tagging system allows for targeted, multi-layered feedback that supports student agency. Using statistical significance to determine if performance differs from chance, we classify learner outcomes into three feedback categories: Opportunity to address feedback (GREEN), Must address feedback (YELLOW), and Targeted advancement required (GREY). This is achieved by utilising a binomial probability standard setting method, where every item is considered a meaningful data point.

Results and Evaluation:

This approach emphasises the importance of feedback in a test that is traditionally associated with a score, which ultimately determines an overall pass or fail and is at odds with the principles of programmatic assessment. For students in the GREY category, this granular data transforms remediation from a generic review into a targeted action plan. For students in the YELLOW category this functions as an early warning system also requiring engagement with feedback. This whole-of-paper feedback is identified through the tagging system which aggregates performance across unrelated questions. At the item level, all students receive specific rationale for correct/incorrect answers.

Discussion:
By prioritising feedback over scoring, this model aligns assessment with the principles of programmatic assessment. This approach is connecting item-level data with a longitudinal whole-of-paper feedback that is provided back to the learner to drive their learning journey.

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P11.3 Using keywords to weave a longitudinal narrative across assessments

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Background:

Traditional approaches for student progression aggregate assessment information horizontally, with weight given to singular assessments. In contrast, programmatic assessment requires a vertical aggregation through data points ("pixels"), tracing the longitudinal performance across time. For both of these siloing can occur. A meaning-making approach was developed using a standardised keyword taxonomy that acts as a thread, weaving together assessments for longitudinal tracking.

Methods:
The Federation University NewMed Doctor of Medicine is a new four-year Doctor of Medicine (MD) program with 4 year long Units. Each Unit has been designed around Unit Learning Outcomes (ULOs) and nine longitudinal streams. A proof of concept pilot study is being developed where keywords serve as the linguistic bridges between the curriculum and assessment. These are derived directly from ULOs and in alignment with the streams. They are either included directly or tagged to every item across all assessment formats. This common taxonomy allows for vertical aggregation, where a specific concept (e.g. history gathering) can be identified not just within a single assessment, but longitudinally across multiple assessments and years. This creates a data structure where performance in a written exam can be aggregated with performance in a clinical setting, under the same keyword.

Results and Evaluation:

In this pilot study, the system generates a longitudinal trajectory for each student. In addition to receiving performance outcomes for a specific assessment, students and staff can track progress on keywords, across multiple assessments and time. This will also support providing tailored feedback, with clear identification of strengths and weaknesses, like a detailed roadmap for improvement.

Discussion:
The keywords are a connecting tool for meaning-making for both staff and students and have the power to de-silo fragmented assessment data points. Students can connect their own "pixels" and be active players in this process.

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P11.4 The impact of practical assessment on students and examiners in entry-level physiotherapy education: a scoping review

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Introduction Physiotherapists must competently apply assessment and treatment techniques that carry potential risks for public safety. Consequently, practical assessments in entry-level Physiotherapy education are high stakes and play a significant role in determining academic progress. Practical assessments are associated with increased student stress, however the extent to which this impacts performance is unknown. It is unknown as to whether practical assessment outcomes accurately represent a student's capability or merely reflect the ability to perform under pressure. Practical assessments are time and resource-intensive, yet there is also little understanding of how these factors impact the experiences of examiners. The aim of this project was to map the evidence on the impact of practical assessment on students and examiners in entry-level Physiotherapy education.

Methods This review was performed as part of a wider scoping review of the role and impact of practical assessment in entry-level Physiotherapy education. Database searches of Medline, CINAHL, PubMed, Scopus and Google Scholar were conducted. Studies examining demonstration of psychomotor skills alongside cognitive and/or affective skills in an academic setting were included. Data were synthesised descriptively. Study quality was appraised using the Mixed Methods Appraisal Tool (MMAT) and Risk of Bias in Systematic Reviews (ROBIS II) to support the interpretation of findings.

Results Of 4100 studies retrieved, sixty-two were included. Students reported stress and anxiety however also reported improved confidence and self-efficacy. Student experiences were influenced by elements of the assessment structure including having adequate preparation time and feedback from examiners. Examiner experiences were typically positioned as part of the assessment infrastructure rather than as key stakeholders.

Discussion Practical assessments have both positive and negative impacts on students and examiners however both remain poorly described in the literature. The extent to which elements of the assessment design and implementation affect the experiences of students and examiners is unknown

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P12.1 "Mind the Gap". Dental Students' Preparedness for Transitioning from Preclinic to Clinical Placement

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Introduction
Preparedness for clinical dental practice includes the knowledge, skills, and professional attributes needed to deliver safe, person-centred care.
Dental students' transition from preclinical training (theoretical and practical), to delivering patient care, is recognised to generate considerable stress and self-doubt (Pitkala and Mantyranta 2004). This study explored Australian dental students' perceptions of their readiness to transition from theoretical and preclinical learning to clinical practice.

Methods
Dental students were surveyed right before starting clinical placements, and then again after one semester. Quantitative analysis of responses considered reported confidence across key areas of clinical placement preparedness including infection control, communication with patients, familiarity with the teaching clinic and role as a student clinician including receiving feedback from educators and clinical leadership. Sociodemographic questions included previous experience in a clinical environment external to their university studies.

Results
Students reported more confidence in domains where they had more time practicing the skills or techniques required. As identified by Leadbeatter *et al.* (2023), students who had experience in a clinical setting through paid or volunteer work, reported more confidence in their preparedness for clinical placement. Students, regardless of previous workplace experience, reported more confidence in procedures that they had more practice with, such as hand hygiene and set up and pack up of the clinical bay, compared to those domains they had less exposure to such as use of the patient management software and navigation around the teaching clinic.

Discussion
The study did not explore the reasons behind the responses and future studies may wish to qualitatively explore the thoughts and attitudes of dental students regarding their preparedness for clinical placement. This study's results identify potential gaps in current teaching practice for preparing dental students for clinical placement and highlight the need for change in curriculum to mitigate the stress associated with this transition to being a student clinician

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P12.2 Advocacy and Public Health Stream at the NewMed MD program: Design, Development, and Delivery

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Background:
Health advocacy and public health (APH) capabilities are core expectations of contemporary medical graduates. We report the design, ongoing development and planned delivery of the APH stream at the Federation University NewMed School of Medicine MD Program.

Methods:
We aligned the APH stream to the Unit Learning Outcomes (ULOs) mapped to Australian Medical Council (AMC) Graduate Outcome Domains, especially Domain 3 (Health Advocate). Delivery modes considered year-level student competencies.

Clinical practitioners and content experts from NewMed developed each topic. Year Leads ensured integration with other streams. Senior leadership provided a programmatic overview. The APH stream leads oversaw the overall task. Curriculum-by-design principles were applied.

Results and Evaluation:
The longitudinal, program wide APH stream addressed national, regional and global public health priorities. Year-1 establishes foundational knowledge in public health, epidemiology, social determinants of health, and community and primary care. Year-2 develops applied advocacy skills, including health promotion, environmental and occupational health, and policy-relevant public health issues. Year-3 applies APH principles in clinical contexts, addressing prevention, screening, structural barriers to care, and advocacy for populations experiencing health inequities. Year-4 consolidates learning through advanced advocacy, leadership, and systems-level perspectives, including medication safety and end-of-life advocacy.

The topics are delivered through online synchronous plenaries and contexts of practice in Year 1 and 2, case-based discussions in Year 3, and hot topics in Year 4. Multiple in-person Back-to-Base sessions in each year featuring focused APH activities enhance the learning experience. The APH stream delivery will involve faculty from NewMed, experts from Federation University and external to the institution. Assessment is aligned with the ULOs and uses programmatic approaches. Program-level evaluation draws on curriculum mapping, student and staff feedback, and review processes.

Discussion:
The APH Stream provides a coherent, program-wide model for embedding APH education within a medical school curriculum. It offers a transferable framework.

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P12.3 Autonomous Motivation in a First-Year Spirometry Practical: A Student Evaluation

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Introduction

Time pressure has led many medical curricular to reduce physiology practical, if not remove it. However, physiology practical such as spirometry provides hands-on experience for students to quantitatively understand the lung function. This study examines the motivational impact of a spirometry practical on first year medical students.

Methods

Four sessions of a 3-hour spirometry practical were delivered to Year 1 medical students at the University of Hong Kong (HKU). Students were divided into groups of 12-13 and a short briefing was given. A demonstrator was assigned to each group to provide guidance on the proper techniques. Spirometry-based tasks to be completed during the practical included measurements of lung volumes, forced expiratory ratio, and peak flow rate under normal conditions, followed by simulation on restrictive (belt around chest) or obstructive (narrowed mouthpiece) breathing. Interpretation of results and discussion of short-answer questions were facilitated by near-peer teachers.

Evaluation

Students' situational motivation and perceived usefulness of this practical were assessed using a validated survey. Eighteen out of 357 surveys distributed (~5.0%) were received. On a 7-point scale, mean scores for intrinsic motivation (5.5) and identified regulation (5.6) were high, while external regulation (4.7) was moderate and amotivation (2.5) was low. Meanwhile, self-rated understanding of lung function test before and after the practical were 5.5 (±1.9) and 8.1 (±1.2) respectively.

Discussion

High intrinsic motivation and identified regulation, and low amotivation indicated an autonomous motivational profile. Students' self-rated understanding of lung function test improved after the practical. These findings suggest that supervised hands-on practical, with near-peer facilitation, could enhance students' engagement and perceived relevance of the activity. Despite the low response rate, the results highlight the value of retaining structured experiential components such as spirometry within time-pressured medical curricula

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P12.4 Senior medical students' understanding of health literacy: A qualitative study

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Introduction/Background
It is widely recognised that a health-literate medical workforce is essential for the provision of optimal healthcare to those with inadequate health literacy. A recent systematic literature review has found that whilst medical students demonstrated moderate to high health literacy overall, there are important weaknesses in the areas of critical appraisal of health information (including online information), self-management of their health, and interpersonal skills (Baralin et al., 2025). Further, there is increasing evidence that health literacy educational interventions in medical curricula have an important role to play in developing students' health literacy competencies (Lane et al, 2025). The aims of this study are to examine senior Australian medical students' understanding about the concept of health literacy, the factors that influence medical students' health literacy and in what ways curriculum design can support their health literacy development.

Methods
Fourteen senior medical students from two Australian medical programs were recruited to participate in this qualitative study. Semi-structured interviews were conducted via Microsoft Teams between March and August 2025. Interviews were transcribed and thematic analysis undertaken by two researchers.

Results
Preliminary analysis indicates that there are some gaps in senior medical students' understanding of the concept of health literacy, which is consistent with the literature. Students provided suggestions for curriculum content and design to better support their health literacy development and acknowledged the tension between professional practice and personal application of health literacy competencies.

Discussion
The detailed analysis and findings will be discussed at the 2026 ANZAHPE conference.

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P12.5 Unlocking Engagement: An Escape Room–Based Pilot in Preclinical Medical Education

Dr Sule Gunter[1], Ms Simone Hepburn[1], Ms Jennifer Lean[1]
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Introduction
Enhancing student learning experience while supporting the development of problem-solving, teamwork, and communication skills is a key priority in preclinical medical education. Evaluation initiatives are increasingly used to refine learning activities that promote engagement and integration of foundational science with clinical reasoning. Traditional lecture- and discussion-based formats may limit opportunities for collaborative application of knowledge. This pilot evaluation examined the design and implementation of an escape room learning activity aimed at enhancing engagement and supporting problem-solving, teamwork, and communication within a preclinical medical curriculum

Methods
A team-based escape room learning activity was implemented for Year 1 medical students within a cardiovascular physiology module. Students worked in small groups to complete a series of time-pressured, interconnected tasks embedded within a clinical scenario. Each group of approximately eight students was observed by a small group learning (SGL) facilitator in a supportive, observational role. The activity was constructively aligned with course learning outcomes and scaffolded applied physiological reasoning through sequential challenges, including ECG interpretation, heart rate calculation, and application of cardiovascular physiology concepts.

Evaluation
Evaluation was exploratory and formed part of an internal quality improvement process. Voluntary, structured feedback was collected from facilitators following observation of escape room groups. All facilitators agreed that the activity encouraged logical reasoning when evaluating options, and collaborative teamwork. Regarding communication, 22% of facilitators agreed and 56% strongly agreed that the activity enabled observation of authentic communication and articulation of reasoning, rather than rehearsed responses.

Discussion
Overall, findings suggest that escape room–based activities can meaningfully enhance engagement and collaborative learning in a preclinical context. When underpinned by sound pedagogy and constructive alignment, escape rooms can function as purposeful learning environments rather than novelty-driven interventions. These insights will inform further refinement, with future evaluation focusing on educational outcomes, progression toward competencies, and student perceptions of learning value.

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P12.6 Emerging Educators? What the Medical Student Outcome Database tells us about medical students' interest in teaching.

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Introduction/Background
Developing the future health professions education workforce is paramount to ensure the health system continues to deliver effective patient care and high-quality education. Medical practitioners are expected to undertake education, supervision and support for medical students in their role. However, attitudes towards this role are variable. Australian and New Zealand medical schools increasingly provide students opportunities to develop skills and knowledge in education, supporting their future roles and developing an education workforce. Overseen by Medical Deans Australia and New Zealand, the Medical Student Outcomes Database (MSOD) is an Australasian initiative monitoring career trajectories of medical school graduates as they enter the health workforce.

Methods
This project is a secondary analysis of data drawn from the MSOD, covering the period from inception through to 2024. The primary outcome of interest in this study is 'interest in teaching', recorded as a binary variable (yes or no). Inferential and association statistics will be applied to examine a variety of demographic and educational factors in relation to this. A backward multivariate logistic regression will be conducted to identify demographic and educational variables significantly associated with an 'interest in teaching'.

Results
Analysis of the data is currently underway and will be presented at the conference. It is anticipated that several variables will be associated with an 'interest in teaching'.

Discussion
The role as an educator is one that most, if not all, medical practitioners will be engaged with at some point in their career. The results of this study will identify variables significantly associated with an 'interest in teaching'. These outcomes could be used to identify potential future medical and health professions educators, and support development of educator attributes during medical training. In doing so, medical graduates will be able to enter the health system and support the development of the next generation of medical and health professionals.

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P12.7 Medical humanities in the MD program: student perceptions across the clinical training continuum

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Introduction/Background

Medical humanities (MH) are recognised as essential for developing ethically aware, culturally responsive, and patient-centred clinicians. MH teaching spans Years 1–4 in the Sydney Medical Program. This study sought to characterise students' perceptions of MH teaching, its impact on their interest and understanding, and areas for improvement. Key aims were to identify curriculum strengths, detect visibility gaps, and guide future integration.

Methods

A cross-sectional analysis was conducted using student evaluation data from 2025 (N=849) across Years 1, 2, and 4. Descriptive statistics examined perceived MH quantity, importance, changes in interest and understanding, support for integration. Qualitative comments were thematically reviewed to identify valued teaching modalities and content areas.

Results

Across the cohort, 94% agreed MH is an important part of healthcare, 78% reported improved understanding and 67% reported increased interest. Support for program-wide integration was high (87%). Perception of MH teaching, however, varied by stage: "about the right amount" predominated in Years 1–2, whereas in Year 4, 20% reported they "didn't notice any" MH teaching, suggesting decreased visibility in later clinical years. Qualitative feedback highlighted ethics, law, history of medicine, communication skills, Indigenous health, spirituality, and global health as consistently valued. Students described workshops, patient-experience sessions, and small-group discussions as more impactful than lectures.

Discussion

Students strongly value MH and perceive clear learning gains, yet its recognition and/or visibility declines during clinical immersion. Findings support increasing clinically embedded MH activities, ensuring consistent placement-level delivery, and diversifying topics to include contemporary social issues. There were differences in perceived purpose suggesting students that recognise and value MH have a broader/deeper expectation of high education and see the medical degree in this context. Strengthening its relevance to real-world practice may support the development of holistic clinicians and may be more relevant as AI is increasingly embedded in clinical practice.

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P12.8 OSCE stations for practicing intra- and inter-professional de-escalation skills

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Introduction/Background
Clinical Care is a team sport which can involve many of the same and/or different professions. Unfortunately, such intra- and inter-professional interactions are not always conflict free, and healthcare professionals need to learn how to de-escalate such situations. Ample data highlights the importance of communication and conflict resolution skills training.

Formative OSCEs provide unique opportunities to simulate intra- and inter-professional conflict situations in a safe learning environment that allows for effective skills practice. With verbal and written feedback as well as post-OSCE group debriefing one can identify what does and what does not work. It can build self-efficacy and enhance communication skills that can be critical for managing real live conflict situations. This presentation will feature OSCE stations that have been used with medical students, Internal Medicine and Paediatrics residents.

Methods
We will describe three different OSCE stations that have been employed with learners at different training levels and in different settings. Some include quantitative or qualitative evaluation data about their educational value as perceived by learners. With one station the impact of the emotional intensity of the Standardized Participant's (SP) case portrayal was also explored.

Results/Evaluation
Qualitative and quantitative OSCE evaluation data provided insights into the effectiveness of such stations. While they were not easy for trainees to complete, they did offer rich learning opportunities. In post-OSCE debriefings learners could extrapolate some strategies that work best when de-escalating work-based conflicts.

Discussion
De-escalating intra- and interprofessional conflict are essential skills for optimizing teamwork and patient care. Formative OSCEs provide opportunities for practice in a safe learning environment. Feedback from observing faculty and SP(s) is critical for gaining new perspectives and, in many cases, building self-efficacy. This will put learners in a better position to strengthen rather than jeopardize the connections among the team members.

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P12.9 Connecting teaching and learning: a pilot evaluation of a peer-assisted learning elective

Dr Matthew Arnold[1], Dr Christian Mingorance[1], Dr Sarah Dolan[1], Dr Anna Sagar[1], Dr Helen Wimalarathna[1], A/Prof Andrea Dillon[1]
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Introduction/Background
Peer-assisted learning (PAL) programs are increasingly utilised to equip medical students with the teaching skills required for their future practice as doctors. Evaluation of PAL effectiveness is therefore essential to inform improved approaches. The University of Adelaide delivers a 4-week elective placement for final-year students, involving near-peer teaching of junior students, and engaging with educational literature. This pilot study sought to evaluate student perceptions of this experience.

Methods
All participants in the elective throughout 2025 were invited to participate in an anonymous online survey. The mixed-methods survey contained both Likert-style and free-text response style questions to explore students' perceptions in terms of enjoyment, impact on learning/skill development, and impact on future career. The research received ethics approval from the University of Adelaide (H-2024-119).

Results
11 participants completed the survey (response rate 30%). The majority of participants enjoyed the rotation, citing opportunities to engage with junior students and a sense of accomplishment from teaching as highlights. The majority of study participants felt their knowledge about medical education theory increased as a result of the elective. Study participants also reported perceived increase in teaching skills (100%), and leadership skills (55%). 73% of study participants reported an increase in their intention to be involved with medical education in the future.

Discussion
Final-year medical students enjoy the opportunity to teach and feel the experience is beneficial to their development of teaching knowledge and skills. These findings support the inclusion of formal PAL experience within educational curricula, reinforcing benefits articulated in the current literature[1]. Findings are limited by the small sample size and their self-reported nature. Further research could seek to explore in more detail aspects which have received relatively less focus in the literature, such as qualitative investigations into impact on broader professional skills such as leadership, or impact on future career development.

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P13.1 Evaluating Scenario-Based Learning for Transgender Health in an Undergraduate Medical Program

Dr Eugene Wong[1], Dr Anna Billington[1], A/Prof Andrea Dillon[1], Dr Christian Mingorance[1], Dr Matthew Arnold[1]
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Background: Transgender health is an essential component of contemporary medical curricula, yet many programs internationally continue to report limited structured teaching, resulting in a lack of confidence and competence among graduates in this field. Scenario-based learning (SBL) offers a potentially effective approach to integrating complex, sensitive clinical topics such as Transgender Health.

Aim: This study aims to explore tutors' perceptions of a newly introduced transgender health SBL case within the Year 3 Bachelor of Medical Studies/Doctor of Medicine program.

Methods: The project uses an exploratory qualitative design comprising semi-structured interviews of all 6 SBL tutors at the University of Adelaide. All 6 tutors who taught the transgender SBL case in 2025 participate in semi-structured focus groups of up to 60 minutes, with audio-recordings transcribed and thematically analysed using an inductive approach.

Results: Data analysis is in progress. Final thematic analysis, including key themes and illustrative quotations, will be completed and available for presentation at the time of the conference.

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P13.2 Co creating culturally safe learning environments: partnering with students to address racism, discrimination and microaggressions

Dr Elizabeth Bourne[1], Assoc Prof Amani Bell[1]
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Introduction
There is a growing focus on building a more diverse health workforce and ensuring services are inclusive and culturally responsive. However, students undertaking professional training often experience racism, discrimination and microaggressions (RDMs), which can adversely affect their learning, self efficacy and wellbeing. This project examines how co-designed learning activities equip students to respond constructively to RDMs.

Methods

An interdisciplinary team of six students and eight educators codesigned learning resources to strengthen capacity to recognise and respond to RDMs. Anchored in Matthews' (2017) partnership principles, students' lived experiences informed the development of strengths-based materials drawing on a six step microaggression response framework (Neves da Silva et al., 2022) and contemporary diversity scholarship. Initial workshops with health sciences students (n = 22) and educators (n = 17) informed iterative refinement. The workshops were subsequently delivered in 2024–2025 in speech pathology and occupational therapy, with post-workshop questionnaires analysed from 158 consenting participants. Percentage agreement was used for quantitative responses and inductive thematic analysis used for participant comments and paired project team interview reflections.

Results

Design phase (educator and student) and subsequent student cohorts on average indicated 91% awareness strengths-based approaches, 97% awareness of strategies to manage RDMs, and 84% reported confidence using strategies. Themes from participant comments reflected the value of peer connections and role plays, with recognition of RDM discussions as confronting. Themes from team interviews reflected the complexity of responding to RDMs, ideas for refinement and ongoing resource use and the power of partnership.

Discussion

Inclusive, respectful and strengths-based collaboration can help cultivate safer learning environments and support culturally responsive education. Such approaches may enhance student agency, promote confidence in navigating complex interpersonal situations, and contribute to more equitable professional practice. Implications for both university and workplace educators in health professions will be outlined.

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P13.3 Disabled and neurodivergent health professional student prevalence at Waipapa Taumata Rau | the University of Auckland (2018-2023)

Dr Yan Chen[1], Phi Zhang[1], Dr Arier Lee[1], Dr Mataroria Lyndon[1], Ms Emma Sadera[1], Dr Cathy Stinear[1], Dr Neera Jain[1]
[1]Waipapa Taumata Rau | The University Of Auckland, Auckland , New Zealand

Introduction/Background

International research shows that disabled students experience significant barriers in the structure, culture, and climate of health professional education.[1] In Aotearoa New Zealand, the government is committed to increase the health workforce representation of diverse disabled people, who bring needed lived expertise. However, no published data currently describe the prevalence or characteristics of disabled health professionals at any level, including those in training, limiting the sector's ability to set meaningful benchmarks and track progress.

Methods

We conducted a descriptive study to understand the prevalence of neurodivergent and disabled students enrolled in undergraduate health professional (HP) programmes (i.e., Medicine, Nursing, Pharmacy, and Optometry) at Waipapa Taumata Rau | The University of Auckland over six years (2018 – 2023). Using institutional administrative data, we calculated the proportion of students disclosing disability, identified impairment types, and determined registration rates with Student Disability Services (SDS). We also explored demographic factors associated with disclosure and SDS registration.

Results

The proportion of students self-identifying as disabled or neurodivergent increased across all HP programmes rose from 3.3% in 2018 to 9.1% in 2023. In 2023, 81% of the disabled and neurodivergent students reported a permanent disability. ADHD, mental health conditions, and medical conditions were the most common impairment types. 45.7% of disabled or neurodivergent HP students were registered with SDS. Disabled and neurodivergent HP students were more often female (71.3% vs 27.9%), and their ethnic distribution was broadly similar to Aotearoa's general population (39.3% NZ European, 26.4% Asian, 17.4% Māori, 10.2% Pacific).

Discussion

Disabled and neurodivergent student representation in Aotearoa has increased significantly in the past 6 years, aligning with international trends.[2] Future research should investigate ongoing trends in disclosure rates and SDS registration to develop targeted strategies to enhance the participation, retention, and wellbeing of disabled and neurodivergent HP trainees and practitioners.

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P13.4 Pursuing cultural safety, practicing cultural humility: decolonising health professional education

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[1]University Centre For Rural Health Northern Rivers, The University Of Sydney, Lismore, Australia

Introduction/Background

Cultural safety is an Indigenous-led philosophy of practice that has been recognised as crucial for health professional education. Cultural safety is critical for improving healthcare outcomes and achieving health equity for Aboriginal and Torres Strait Islander peoples and others whose identities and cultures have been disregarded by the western biomedical model of healthcare (Wong et. al., 2021).

The Aboriginal Health Education Team at the University Centre for Rural Health employ cultural humility as a productive strategic approach to cultural safety education. Cultural humility is a patient/client focused decolonising practice framework that provides the strategies necessary for the pursuit of cultural safety.

Methods

We conducted a narrative literature review to comparatively analyse the practice frameworks of cultural awareness, cultural competency and cultural humility to determine the best approach for health professional education about cultural safety.

Results

We found cultural humility to be most closely aligned with the principles and values inherent in cultural safety. Broadly, these principles and values are about First Nations peoples' human rights to respect, dignity, self-determination and equity in healthcare.

Our analysis identified five key perspectives or assumptions about cultural diversity and the functioning of structural power relations that are common to cultural safety and cultural humility. These shared perspectives form the foundation for practical 'how to' strategies, that can support health professionals toward the goal of culturally safe practice.

Discussion

Cultural humility recognises individuals as experts in their own cultural identities and acknowledges the impossibility of fully understanding all the intersectionalities that people inhabit. It is grounded in a commitment to transformative change across individual, institutional, and systemic levels and critical examination and disruption of structural power. The emphasis on continuous practitioner self-reflexivity, lifelong learning, allyship and advocacy positions cultural humility as a compelling practice framework for cultural safety education (So et.al., 2024).

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P13.5 Contextualising the culturally safe practitioner role: a collaborative approach to framework adaptation

Ms Gagan Cheema[1], Ms Madison Sparvell[1], Mr Ian Martin Symonds[1]
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Introduction/Background
The CanMEDS seven-domains framework is widely used to guide medical curriculum. In redesigning the RANZCOG curriculum, an eighth domain, Culturally Safe Practitioner, was introduced following consultation with key stakeholders. Early implementation highlighted the need for broader engagement to ensure the domain, and the curriculum more broadly, effectively address the diverse populations' needs. This project aims to better contextualise the domain within the curriculum, ensuring clarity, relevance, and inclusivity while maintaining alignment with overarching competency objectives.

Methods
Adaptation of the Culturally Safe Practitioner domain was undertaken as an ongoing, iterative process. Initial focus groups informed development of the domain, which was subsequently embedded within the curriculum. Since publication, engagement continues with First Nations, Māori, migrant, refugee, and LGBTQIA+ communities, alongside educators and trainees, to ensure relevance, inclusivity, and practical applicability. Feedback on domain definition, curriculum placement, learning outcomes, and teaching strategies is systematically collected and reviewed to support iterative refinement.

Results
Ongoing consultation confirmed strong support for the Culturally Safe Practitioner as a standalone domain, highlighting its distinct importance. Engagement activities generated evolving insights into culturally safe practice, with stakeholders emphasising the need for clear learning outcomes, context-specific teaching approaches, and appropriate assessment strategies. Iterative refinements continue to strengthen integration of cultural safety principles across the curriculum while maintaining coherence and alignment with competency objectives. This adaptive approach has improved transparency for learners and educators and enhanced responsiveness to diverse communities.

Discussion
Active engagement with diverse stakeholders enabled operationalisation of cultural safety within competency-based medical education. The standalone Culturally Safe Practitioner domain provides clarity while promoting inclusivity across the curriculum. This collaborative, iterative model offers a replicable framework for integrating cultural safety into postgraduate medical training.

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P13.6 Creating a Breast Imaging Workforce: A Graduate Diploma Pathway as an Alternative to Traditional Mammography Education

Dr Shayne Chau[1,2], Dr Dana Al Mousa[1,2], Mr Bismark Ofori-Manteaw[1,2], Mr Haydn Kerr[1,2], Mrs Clare Singh[1,2], Ms Matilda Kyle[1], A/Prof Kelly Bentley-Spuur[1,2]
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Introduction/Background
With increasing demand for BreastScreen services driven by an ageing population, the need for a specialised workforce continues. Charles Sturt University's Graduate Diploma of Mammography (GDM) was designed to address Australia's mammographer workforce shortage by providing a dedicated pathway for non radiographers to train as mammographic technologists. This work presents the curriculum design and pedagogical framework of the GDM; how the course integrates work-integrated learning with mammographic theory to produce graduate-ready specialists who can consistently produce high-quality mammographic images.

Methods
The course is framed around theoretical learning and Work Integrated Learning (WIL) placement that run concurrently across three academic sessions. The course is offered as a blended learning model, combining asynchronous online modules with intensive clinical placement supported by two strategic intensive schools. This work also discusses the alignment of the curriculum with the Australian Society of Medical Imaging and Radiation Therapy Certificate of Mammography Practice (CMP) requirements which assures educational standards with equivalence to radiographers working in mammography.

Results/Evaluation
To-date, 36 students have graduated from the GDM, with a current cohort of 12 enrolled. Outcomes indicate that the integrated WIL model effectively supports transition from non-radiography backgrounds into specialised mammographic practice. Graduates demonstrate increasing confidence and capability in positioning, image quality evaluation, ergonomic technique, patient-centred communication, and mammographic assessment workflows. Structured clinical exposure, combined with focused academic preparation, appears central to skill consolidation and readiness for independent practice.

Discussion
The GDM demonstrates that a purpose-designed educational pathway can safely and effectively prepare non-radiographers for specialised mammography roles while maintaining professional standards. The integration of WIL and theory supports consistent competency development and practitioner confidence. However, access to high-quality clinical placements remains the primary constraint on program scalability. Overall, the GDM provides a transferable educational model that strengthens mammography workforce capacity and supports sustainability of BreastScreen services in Australia.

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P13.7 Exploring The Approaches And Impacts Of Education Interventions For Transgender And Gender Diverse Health On Pre-Registration Healthcare Students: A Scoping Review

Majella Jones[1], Janeane Dart[1], Christie Bennett[1], Julia McCartan[1]
[1]Monash University, Naarm/Melbourne, Australia

Background: Transgender and gender diverse (TGD) people face barriers when accessing healthcare. Often, barriers are related to health professionals' lack of knowledge and education regarding TGD health. Systemic erasure and stigma of TGD people within healthcare profession education contributes to ongoing discrimination of transgender and gender diverse people in health services and professionals. This review aimed to explore the approaches and impacts of education interventions inTGD specific healthcare on pre-registration health professions students to determine recommendations for transgender and gender diverse health education in health professions curricula.

Methods: Fifty-six studies met the inclusion criteria. This scoping review applied a five-stage methodological framework. The search was conducted through five online databases using key terms relevant to TGD identities, education, healthcare students and professions. Interpretive description was used to document data, followed by comprehensive analysis through coding and thematic analysis.

Results: Studies showed that education interventions improved student confidence, attitudes, comfort, preparedness, knowledge, and/or competence in TGD health. Six key themes were identified, including: (1) TGD health education as a positive experience for students; (2) TGD health education required across health professional curricula; (3) the important value of including lived/living experience; (4) more time and content is required than what is currently available; (5) including discipline-specific content; and (6) the value of applied and multimodal learning approaches.

Discussion: The outcomes of this review may be used to inform recommendations for the integration of TGD-specific content into health professions' education curricula. Incorporating TGD health education content and curricula into health professions' curricula will support health professions' students as future healthcare professionals to provide informed, inclusive, and affirming care to TGD people in both specialised and general services.

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Stream: Equity, Diversity, and Inclusion

Key words: Transgender, Gender Diverse, Health, Nutrition

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P13.8 “Hello, these people exist": Examining dietitians’ perspectives, approaches, and experiences in Transgender and Gender Diverse health

Majella Jones[1], Janeane Dart[1], Christie Bennett[1], Julia McCartan[1]
[1]Monash University, Naarm/Melbourne, Australia

Background: Many barriers TGD (transgender and gender diverse) people face when accessing healthcare are related to health professionals’ lack of knowledge and education regarding TGD health. There is evidence supporting the relevance of dietetic support, and unique nutrition considerations for TGD people. However, previous research reports dietitians hold limited knowledge of TGD care.

Methods: This critical inquiry study recruited dietitians globally through purposive and snowball sampling. Data collection involved online surveys and interviews, which included questions about dietitians' knowledge, comfort, and confidence in TGD health. Consenting dietitians were invited to participate in an individual interview or focus group. Qualitative analysis was conducted through reflexive thematic analysis.

Results: Seventy-eight dietitians of diverse genders, sexualities, dis/ability, neurodiversity and chronic illness across seven countries completed the survey. Twenty-three dietitians participated in individual interviews or focus groups. The majority (74%) of dietitians had experience working with TGD people, and 79% reported high to very high comfort to engage with TGD people. Six themes were conceptualised from the data: (1) diversity and intersectionality of dietitians, (2) disappointment in the profession, (3) recognition and support for TGD people in dietetic practice, (4) fostering safe, respectful and inclusive dietetic practice, (5) desire for change, and (6) dissonance and tensions in the TGD space.

Discussion: This is the first global study that examines dietitians' perspectives and knowledge on TGD people and healthcare, and the first to report such diversity regarding dietitians’ intersecting identities and experiences. Dietitians expressed disappointment in their profession, desire for radical change regarding TGD health, and concerns about current practices harming TGD people. They are prepared to support TGD people, identifying health and nutrition considerations for TGD people. In recognising dietitians’ roles in supporting TGD people, it is necessary to incorporate TGD health education into nutrition and dietetics curricula, and address cisheteronormativity in dietetics.

Stream: Equity, Diversity, and Inclusion

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P14.1 Exploring curated AI cases and clinical self-efficacy in medical education

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Introduction/Background
A core medical curricula component is patient assessment and management. Clinical reasoning and decision-making skills development is essential for safe, effective patient care. Case-based learning provides realistic scenarios where students can learn in a structured, guided manner. Cases typically use sequential, linear, provision of successive packets of clinical information, unreflective of real-world practice complexity. Artificial intelligence (AI), in particular large language models (LLM), may augment traditional case-based approaches. We evaluated an LLM-supported case-based learning platform, Teachable, for usability and potential to improve students' self-efficacy. Teachable provides a more realistic iterative model that simulates patient communication and information gathering.

Methods
This pilot study used a non-randomised controlled pre-post study. Fourth year medical students in the final rotation of Internal Medicine at Dunedin School of Medicine (n=24) were offered the opportunity to participate in the intervention. Students completed a clinical self-efficacy measure plus demographics at the start of their 8-week rotation and accessed 10 LLM-supported theoretical cases from the Teachable platform, adapted for New Zealand by clinicians. At rotation's end, students repeated the self-efficacy questionnaire and completed the System Usability Scale (Brooke, 1996). Fourth year medical students in the final rotation of Internal Medicine at the University of Otago Wellington (n=25) served as control. They completed the self-efficacy and demographics items at the start of week 2, and the self-efficacy questionnaire again at the end of week 8.

Results/Evaluation
Both groups demonstrated increased self-efficacy from Time 1 to Time 2. However, the magnitude of improvement was greater for the group using the AI cases. Results of the System Usability Scale (Brooks, 1996) found that students overall found the Teachable platform usable.

Discussion
LLM-supported theoretical cases appear to enhance students' self-efficacy in taking patient histories and support the development of clinical reasoning. Further work to measure the academic motivation of students using LLM-supported cases is ongoing.

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P14.2 Using artificial intelligence to scaffold clinical reasoning in physiotherapy education: development and validation of an AI learning application

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Introduction/Background
Clinical reasoning and critical thinking are central competencies in physiotherapy education. As generative artificial intelligence (AI) becomes increasingly embedded in learning environments, there is growing concern that automated responses may bypass reasoning processes rather than enhance them. However, when intentionally designed, AI offers a unique opportunity to scaffold clinical reasoning through dialogue, reflection, and guided inquiry. Recent work in health professions education highlights the potential of AI-driven simulation and virtual patients to support reasoning development when aligned with sound pedagogical principles. This project aims to develop and validate an AI-driven educational application designed to actively support clinical reasoning in physiotherapy students using a Socratic approach to learning.

Methods
This in-progress doctoral study adopts a development and validation framework. The AI application is being developed in two integrated phases. Phase one consists of an interactive simulated patient module designed to support subjective examination, hypothesis generation, and clinical narrative construction. Phase two comprises a Socratic “pocket educator” that engages learners through structured questioning, prompting justification, reflection, and iterative refinement of clinical decisions. Validation will be undertaken by physiotherapy academics and experienced clinicians using a Content Validity Index to assess realism, educational alignment, and reasoning fidelity, alongside the System Usability Scale to evaluate usability and acceptability.

Results/Evaluation
The study will report on the development process, expert content validation outcomes, and usability findings. Results are expected to demonstrate strong content validity, high usability, and alignment with authentic physiotherapy reasoning processes, supporting the app’s educational utility.

Discussion
This work reframes AI as a pedagogical partner that supports clinical reasoning rather than automating answers. The study provides a practical validation model for educational AI tools and contributes to the growing discourse on responsible AI integration in health professions education.

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P14.3 Old wine in new bottle: Virtual anatomy dissection tables from touch screen smartboards

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Background: Decades ago, with the boom of personal computers, 3D anatomy DVDs for virtual dissection software were popular. However, with the advent of internet and mobile applications, these once valued resources have become dormant in the anatomy museums. With decreasing cadaver dissection experience and increasing cost and logistics behind the use of virtual dissection resources, we propose a novel low-cost virtual dissection experience as an alternate.

Methods: An interactive virtual anatomy package was compiled using the old school 3D anatomy DVDs (Visible Human dissector and VoxelMan series) that were originally obtained for student learning. In addition, in-house collection of histology images, radiographs and 3D reconstructions of cross-sectional images were added. These resources were loaded to a large touchscreen smartboard, from which the user can obtain a similar experience like using a 3D virtual dissection table. Twelve such virtual dissection screens are piloted in the anatomy learning centre to supplement independent, hands-on practical anatomy learning.

Results: The cost to set up a large size (86”) smartboard loaded with existing 3D anatomy DVDs, open source and/or in house educational resources was about $3K; this is very less compared to a standard virtual dissection table that costs about $100K. The smartboard basically replicates all inputs from the inbuilt operating system or external PC. The user experience remains seamless on a touch screen interaction; however, the quality of the learning material (resolution, file size affecting speed etc) displayed might vary with the users’ choice.

Conclusion: Touch interactive smartboards are less expensive, easy to handle but still provide excellent interactive virtual dissection experience by encouraging teamwork and peer interaction. Reviving the old school digital anatomy resources that are rendered dormant in the advancing internet era, the affordable smartboard-based virtual dissection experience could revolutionise anatomy teaching in developing countries and financially challenged institutions.

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P14.4 Investigating Artificial Intelligence as a search strategy utilised by postgraduate critical care students

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Introduction/Background
Evidence-based practice (EBP) is a cornerstone of modern health professional practice, ensuring clinical decisions are based on scientific evidence. For EBP to be effective, health professionals need to search for sound, up-to-date sources. In the “Evidence and Ethics” unit of the Masters in Medicine (Critical Care) at Sydney University, students (early career professionals) develop critical thinking and independent research skills. In 2024, with increasing general accessibility to Artifical Intelligence (AI), academics implemented AI-related presentations and an interactive webinar on searching for evidence using AI. This study aimed to understand students’ utilisation and perceptions of AI in the context of searching for evidence.

Methods
One assessment required students to search the literature utilising at least 3 resources, such as electronic databases and clinical guidelines. AI was explicitly allowed if in accordance with university policies. Students were to upload screenshots of strategies used and provide free-text comments on their benefits and limitations. All submissions in 2024 and 2025 were categorised into groups of resources used. Qualitative data related to AI searches were analysed using deductive content analysis based on positive, negative and neutral comments.

Results
Over 2 years, 106 students performed 332 individual searches, utilising a range of search engines, databases and clinical guidelines. PubMed and Cochrane ranked equal highest (21% each), followed by Up-to-Date (16%) and Google/Google Scholar (15%). Only 10% of searches utilised AI. Positive comments about AI searches emphasised ease of use: “extremely user friendly” and “surprisingly easy to use”. Negative comments highlighted untrustworthiness: “unvalidated and a lack of transparency”, “approach with caution” and “Generative AI…what a minefield this is!”

Discussion
Despite tutoring and ease of accessibility, AI was not routinely used by these early career clinicians. More research is needed to understand whether and how clinicians use AI in evidence searching as the technology continues to advance.

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P14.5 Fostering clinical readiness: Training for medical interns on electronic medical record prescribing

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Introduction/Background

Medical interns require targeted training to ensure safe and accurate prescribing within the Electronic Medical Record (EMR) system. In previous years, prescribing education was based on a paper-based system and had to be adapted after EMR implementation.

Methods

Following the transition to EMR in a metropolitan hospital, the pharmacy education team prepared and conducted a new workshop on EMR-based prescribing for medical interns, and collected feedback to evaluate quality and relevance. Key features of the workshop were identified based on prior clinical experience of prescribing through EMR and tailored to hospital-specific processes, with a practical and interactive focus. To provide sufficient support and facilitate effective learning, the workshops were conducted in smaller groups and led by three education pharmacists. Following the workshop, medical interns were asked to complete a survey to evaluate the workshop's quality and applicability.

Results/Evaluation

Of the 61 attendees in 2026, 47 responded to the feedback survey. Among respondents, 90% (43/47) of medical interns reported that the workshop contained the right balance between theory and hands-on learning. Additionally, 82% (40/47) agreed that the duration of the workshop was appropriate, although two respondents suggested allocating more time. The overall average rating was 4.9 out of 5, largely attributed to the workshop's relevance to clinical practice and the practical, hands-on approach.

Discussion

Pharmacist-led EMR education and training is important to support safe prescribing practices for newly registered doctors and foster interprofessional education. Due to the positive feedback received, the pharmacy education team has been asked by medical workforce to continue this workshop annually as part of intern orientation. Ongoing feedback will be collected via post-workshop surveys each year to ensure quality and applicability of future workshops.

Stream: Interprofessional learning

Key words: pharmacy, interprofessional education, health professions education, simulation-based education, competency

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P14.6 Body mapping to support embodied and collaborative reflexivity in emerging HPE researchers

Dr Shanshan Kou[1], Dr Cameron Marshman[1], Mrs Kate Garam[1], Dr Simone Gibson[1], Dr Barbara Kemp-Harper[1], Dr Deborah Leach[1], Dr Michelle Lazarus[1], Dr Kristie Matthews[1], Mrs Eleanor Mitchell[1], Dr Filippe Falcao-Tebas[1], Dr Mahbub Sarkar[1], Mrs Alice Svikers[1], Dr Pauline Wong[1]
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Introduction/Background
Health professions education (HPE) research attracts educators from diverse origins, including from clinical and non-clinical fields. Entering HPE research, participants may need to negotiate prior identities while learning new research languages, norms and communities. Conventional reflective writing may be limited to capture the complexity in affective and relational dimensions of this transition. Arts-based methods such as body mapping may enhance reflexivity and support identity work through shared meaning-making. This study engaged body mapping to explore professional identity formation among emerging HPE researchers.

Methods
We conducted a facilitated body mapping workshop with a cross-disciplinary cohort of HPE researchers. Participants created visual body maps using colour, metaphor, symbol and collage to depict values, influences, tensions, power relations, and aspirations as developing HPE researchers. The session included guided meditation, creative warm-ups, individual creation of body maps, short written reflective narratives, and structured small-group reflexive dialogue. Participants were positioned as co-researchers and co-interpreters. Analysis emphasised collaborative dialogue, reflexive discussion and shared meaning-making, supported by ethics of care and layered consent. The body maps will be treated as time-stamped artefacts to support continued reflexivity of evolving HPE researcher identities.

Results/Evaluation
Body maps and reflective narratives produced rich multimodal accounts of identity work that were both personal and collective. This work raised embodied and shared understandings around shifting personal/professional identities and uncertainties; belonging and legitimacy within an emerging research community and values-driven commitments (care, equity, impact) alongside awareness of institutional constraints.

Discussion
Body mapping expands reflexivity beyond words to include embodied and collective ways of knowing. It may be particularly useful for HPE researchers by legitimising diverse starting points and making identity tensions discussable. Revisiting time-stamped body maps may support ongoing reflexivity and identity development.

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P15.1 Learning through action and reflection: Examining how placements shape professional identity formation in pharmacy education

Ms Joleen Mikhail, Ms Simmie Chung[1], Dr Jessica Pace[1], Dr Tina Ung[1], Dr Megan Anakin[1]
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Introduction
In health professions education programs, students engage in workplace learning opportunities to help view themselves as future healthcare practitioners. Professional identity formation is a contemporary concept that educators use to describe the process of becoming a health professional. However, knowledge of this process from an undergraduate student perspective is limited. Therefore, this study aimed to investigate how placements relate to professional identity formation in undergraduate pharmacy students.

Methods
Mixed-methods were used to examine placement reflections written by third- and fourth-year Bachelor of Pharmacy student cohorts in 2023 and 2024. An inductive approach used the Cultural-Historical Activity Theory' concept of perezhivanya to identify a limited number of categories for five dimensions (placement setting, specific experience, reaction, sense-making, impact on professional identity). Deductive content data analysis followed to quantify the frequencies in all categories identified in the sample.

Results
Reflections documented experiences that occurred predominantly in hospitals and community pharmacy settings. Perezhivanya identified in reflections where students interacted with patients, performed medication reconciliations, and collaborated with others. Perezhivanya emphasised joyful, scared, and sad reactions. They indicated that sense-making required supported and independent practise and observing clinicians performing duties. Consequently, professional identity formation appeared to be shaped by opportunities for students to develop and use their technical skills, notice professional behaviour of others around them, and build their medicines-related knowledge.

Discussion
Placements play an important role in the professional identity formation of undergraduate pharmacy students. Pharmacy educators and preceptors should encourage students to solve patient care problems while interacting respectfully with patients and practitioners, so they can develop confidence in their capabilities as future pharmacists. Others can use this approach to investigate the types of tasks students find beneficial, help students make sense of their reactions, and provide supported learning opportunities for students to think, act, and feel like a healthcare professional.

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P15.2 Evidence-Linked Feedback as a Missing Layer in Workplace-Based Assessment: Video Analytics to Index and Coach SBAR Handovers

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Abstract
Background:
Workplace-based assessment (WBA) is central to health professions training, yet feedback is frequently impression-based, delayed, and difficult for learners to translate into behavioural change. A key limitation is the absence of a transparent evidentiary trail linking assessor judgements to observable performance. We propose *evidence-linked feedback* as a missing layer in WBA: feedback anchored to reviewable, time-indexed moments from authentic clinical communication.
Methods:
We developed an evidence-linked assessment workflow for SBAR handovers. Learners submit a short audio or video recording (approximately 20 seconds) of an SBAR call. A Gemini 3 Pro–powered multimodal pipeline transcribes speech, aligns utterances to timestamps, and classifies segments into Situation, Background, Assessment, and Recommendation to generate an indexed performance timeline. Detected evidence is mapped to a standardised SBAR rubric to produce a portfolio-ready report comprising criterion-level scores, linked evidence excerpts, a navigable transcript-timeline, and targeted feedback highlighting omissions and improvement priorities.
Results:
Using the standardised rubric, human assessors required approximately five minutes to mark and grade a 20-second SBAR clip, with feedback typically returned based on assessor workload and often delayed by one to two weeks. In contrast, the AI system generated rubric-aligned scores and evidence-linked feedback within approximately 20 seconds of submission, enabling immediate review. Agreement between out-of-the-box AI grading and human assessor scores exceeded 90%. The indexed artefacts supported rapid auditing and facilitated comparison of judgements across assessors.
Discussion:
Evidence-linked feedback substantially reduces time-to-feedback while increasing transparency and specificity. Rather than replacing human judgement, the system externalises evidence, supports assessor calibration, and makes assessment decisions more interpretable to learners.
Implications:
Adding an evidence-linked layer may shift WBA from impression-based scoring toward timely, reviewable, and coachable behaviours, strengthening feedback quality and perceived fairness while preserving human oversight.

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P15.3 Building Connections: Evaluation of a Peer-Group Supervision Program for New Graduate Dietitians

Miss Sarah Day[1,2], Ms Chloe Jones[2], Ms Donna Hickling[3], Ms Sharon Forbes[3], Ms Jane Musial[2], Ms Claire Blake[3], Ms Nicole Murray[3], Ms Lauren Hoskins[2], Ms Amanda Davis[3]
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INTRODUCTION:
Transition from university to the workforce can be challenging for graduate health practitioners, who report feeling overwhelmed, unprepared and under supported. Facilitated peer-group supervision programs have demonstrated success increasing clinician confidence and skills[1], developing coping strategies and reducing stress[2]. To address this gap, we developed and implemented an online statewide peer-group supervision program for Queensland Health and Mater Health new graduate dietitians.

METHODS:
Following a successful local four-session pilot (2021), the program was further developed through 2022 using the Knowledge-to-Action framework. Annual statewide implementation occurred from 2023, including eight 60-minute monthly sessions addressing transitioning to practice, clinical cases, professional support, building resilience and career progression. Facilitators and participants were dietitians from metropolitan, regional and rural/remote locations. Pre-developed resources supported session delivery. Voluntary, anonymous surveys collected participant feedback on group dynamics, facilitation and professional growth. Facilitators provided feedback, with common themes analysed descriptively.

RESULTS:
Evaluation was mapped to the RE-AIM framework. Over three years, the program was adopted by 15 of 16 Queensland Hospital and Health Services, reaching 74 new graduate participants, 40% based in regional areas. Median attendance was 6/8 sessions. Of the 40 respondents (55% response rate), most *agreed* or *strongly agreed* the program was effective: 95% felt safe sharing experiences, 100% reported facilitators created a comfortable environment, 78% noted increased confidence as new graduates, and 95% would recommend the program to peers. Facilitators described the program as enjoyable, low-burden and confidence-building. Participants valued connecting with peers across regions, highlighting the program's ability to reduce isolation and foster professional belonging.

DISCUSSION:
This initiative demonstrated that a statewide online peer-group supervision program for new graduate dietitians is feasible, effective and provides clear benefits for both new graduates and facilitators. It represents a sustainable and scalable approach to supporting early-career allied health professionals, enhancing confidence, connection and professional growth.

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P15.4 Being relational gets you further: Connection as an implementation mechanism for an allied health graduate program in a complex mental health service.

Ms Carmen Morrison[1], Mrs Cassandra Hunt[1]
[1]Monash Health, Clayton, Australia

Background:

The challenge to implementing a new diverse allied health graduate program successfully within Victoria's largest mental health service was navigating multiple operational teams, that included services across the lifespan; acute, community, rehabilitative, specialist and drug and alcohol services. Understanding and accommodating variance in different teams increased the challenge. Teams with a similar cohort of consumers often worked in different ways due to their team structure and barriers and affordances of their facilities. Many team managers were reluctant to host an early-in-career workforce, questioning the value of inexperienced clinicians.
Our aim was to meet these challenges and establish and embed a diversified, rotational, workplace-based education program that would strengthen early career capability and improve consumer access to a broader range of evidence-based interventions.

Methods:

A four-year iterative evaluation, utlising quantitative and qualitative data was underpinned by the Plan-Do-Study-Act (PDSA) model. PDSA allowed for adaptive changes to the program to be made in response to outcomes and feedback. Data sources included: graduate self-rated confidence and competence, supervisor and manager feedback, retention patterns, allied health discipline profiles, and Quality Improvement and Assurance outcomes.

Evaluation

A purposefully designed education package provided a structural foundation for the program; however, implementation relied on intensive relational engagement supporting alignment of the program with the expectations for key stakeholders. It also involved purposeful language shifts, and clarification of the scope of graduate capabilities, educator's resources and expectations.

Positive outcomes included workforce growth, retention, and early-career capability; and increased discipline-specific therapeutic care offered to consumers. Augmented outcomes included: a culture shift from perceiving graduates as a 'burden' to 'value-add'; strengthened discipline identities; clearer understanding of scopes of practice; improved interdisciplinary collaboration.

Discussion

Connection, collaboration and holding shared purpose with key stakeholders across diverse service areas were essential for embedding a diversified early-career allied health workforce.

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P15.5 Support to bridge the gap: Clinicians' views of junior doctors' preparedness and ability to perform radiology tasks

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Introduction
Junior doctors report feeling unprepared to perform radiology tasks. Workplace factors, including collegial support, may impact their ability to implement and develop radiology skills. Colleagues have a strong influence on how junior doctors establish themselves as practitioners. Consequently, there is a need to examine how junior doctors' preparedness and ability to perform radiology tasks are viewed by their colleagues.

Methods
An interpretive perspective framed this qualitative interview study. Concepts from Cultural-Historical Activity Theory (relationship between ideal and real forms of practice, and motivation) informed the analysis of eight semi-structured interviews with junior doctors' colleagues. Participants included one nurse and 7 consultants and registrars from multiple specialities. The type of gap between expectations and experiences identified during analysis was interpreted to represent clinicians' views.

Results
All participants viewed junior doctors as unprepared or unable to carry out radiology tasks independently and confidently. Explanations for this view included a radiology curriculum and department that are invisible during medical school and when qualified. Workplace challenges include growing risk aversion by junior doctors and hospitals, limited resources to offer support, and time constraints. While everyone viewed themselves as an educator, for registrars and a nurse it was an unofficial but expected role; whereas, consultants' time with junior doctors was restricted mainly to formal meetings, rounds, and reviews.

Discussion
Since clinicians appear to view junior doctors as unprepared to carry out radiology tasks independently and confidently, this situation creates a need for action. First, clinical relevance of radiology knowledge gained in medical school could be enhanced by collaboration between educators and employers. Second, visibility of the radiology department could be achieved by increasing engagement with medical students and other hospital staff. Third, support junior doctors to build competent, confident, and independent radiology practice by encouraging them to safely voice their opinions about image interpretation.

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P16.1 “The outback dentist”: Supports and Barriers to Dental School Entry for Rural Australian Students

Valerie Yung[1], Associate Professor Eleanor Parker[1], Associate Professor Dimitra Lekkas[1]
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Introduction/Background

Rural Australians face poorer access to dental care compared to urban counterparts, highlighting the importance of recruiting rural-origin students into dentistry. Rural students face unique challenges in preparation for the rigorous dental school admission process. There are limited studies investigating the experience of rural students with an interest in pursuing dentistry [1]. In this research, we investigate the supports and barriers encountered by Australian rural dental students during the application and entry process

Methods

An online anonymous survey was designed, and ethics approval was gained. Survey questions focussed on the key themes of academic, financial, social, and geographic supports and barriers [2]. Eligible participants included rural background students (Years 1 to 5) enrolled in one of six Australian undergraduate dental programs. The survey was distributed in semester 2, 2025 and data collection is ongoing in semester 1, 2026. Analysis included descriptive statistics and content analysis of open-ended responses.

Results

Respondents (n=31) were mostly from Queensland, Northern Territory and Tasmania. The majority (79.3%) entered dental school straight from high school. Up to 19% of students had changed their high school location, due to specialist subjects not being offered at the rural school, transition from homeschooling and needing to enter a higher-ranking school.

The three most influential stakeholders for rural students to pursue dentistry were their local dentist (n=7), parents (n=4) and previous dental clinic employment (n=4). Financial concerns affected 61.9% of respondents, including costs to move interstate, accommodation and transportation. Just over 60% of respondents agreed the e rural admission pathway was helpful and suggested that further clarity on requirements or less “guess work” was needed.

Discussion

The experiences of rural dental students in Australia can inform how we can strengthen supports and address barriers for those applying for dental programs to ultimately address the rural dental workforce shortage.

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P16.2 The feasibility of telephone MMI in selecting paediatric trainees in Western Australia

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Introduction/Background
The multiple mini-interview is a series of interview based assessments, frequently used for medical selection. Post graduate specialty training programs use this interview method to improve validity and reliability in assessing professionalism qualities. In Perth, Western Australia, the MMI was introduced for selecting paediatric Basic Physician Trainees in 2019. In response to COVID-19 travel and social distancing restrictions imposed in 2020, telephone interviews were offered alongside in person MMI. This has continued due to the prospective selection pool living rurally, interstate or overseas. This study retrospectively reviews the feasibility and bias of telephone vs face-to-face MMI between the years 2020-2023.

Methods
The feasibility is described in a narrative explanation. The Mann-Whitney U test was used to compare telephone MMI with face-to-face MMI, which were offered to candidates located rurally, interstate or overseas, to identify if this may have biased the results.

Results/Evaluation
The telephone MMI can successfully be implemented for selection of paediatric Basic Physician Trainees. A five station MMI with one or two interviewers per station, same as the face-to face format was conducted. The interviewers rotated rooms, with candidates remaining on loudspeaker in their designated room. Stations were five minutes with two minutes transition and reading time. The Mann-Whitney U test revealed no difference in scores for cover letter, CV, global score, MMI or combined total between these two groups of interview method (r= <.10)

Discussion
Telephone MMI can be considered when virtual MMI is not feasible to offer to candidates. Our WA PCHD BPT study is the only MMI study identified utilising telephone MMI. Given its offering over four years with returning interviewers, it is feasible and likely acceptable, although it does require more exploration. It may offer an alternative to virtual MMI in areas that do not have good internet connectivity.

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P16.3 Thrust into Clinical Leadership: Experiences of Early-Career Nurses

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Introduction

The transition to practice for early-career nurses is recognised as stressful while clinical skills are consolidated in the healthcare environment. Many nurses also take on clinical leadership responsibilities within their first two years of practice, often with limited preparation. Clinical leadership requires complex decision-making, coordination of care, escalation of deterioration, and delegation to team members, directly influencing patient outcomes. Despite this, no identified Australian research has examined how early-career nurses experience clinical leadership. This study aimed to explore early-career registered nurses' experiences of clinical leadership roles on inpatient wards.

Methods

A qualitative descriptive study using semi-structured interviews was conducted in 2025 with early-career registered nurses (≤24 months post-registration) working on inpatient wards within a metropolitan Australian health service. Interviews were audio-recorded, transcribed verbatim, and analysed using reflexive thematic analysis.

Results

Thirteen early-career registered nurses participated. Four themes were identified: Early Experiences of Leadership, Thrust into Leadership, Developing as a Leader, and Learning Before Leading. Participants described being thrust into leadership with minimal preparation and reported initial experiences as overwhelming. Nurses stepped into the role due to workforce demands. Many felt anxious to lead others and carried a perceived responsibility for others' practice, intensified by limited support. Leadership developed through workplace exposure, observation of experienced **nurses**, and opportunities to practise within supportive environments. Minimal preparation, unsupportive environments, and unclear role expectations were barriers to effective leadership.

Discussion

Early-career nurses draw on informal workplace learning to develop clinical leadership. Being thrust into leadership without adequate preparation posed risks for nurses and patient care. Health services may benefit from strengthened workplace-based education, structured support, and defined expectations to address the readiness gap and enhance clinical leadership capability. Educators are well positioned to strengthen leadership capability through structured education integrated with experiential learning to support safe and confident transition into clinical leadership roles

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P16.4 “You Belong Here”: A Low Resource Orientation Workshop to Build Belonging and Psychological Safety for First Year Health Students

Dr Courtney Clark[1]
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Introduction/Background
Early transitions into health programs are high-stakes: uncertainty about expectations, limited professional literacy, and social anxiety can undermine engagement before learning begins. We designed a low-resource, half-day orientation workshop to promote belonging, psychological safety, and early professional formation for first-year students, positioning them as emerging health professionals from day one.

Methods
Using a pragmatic design-case approach, we translated three principles: *welcome first, clarify second; do before tell; normalise help-seeking*, into an interactive format: (1) brief framing on “why belonging matters”; (2) small-group tasks to surface strengths and concerns; (3) paired “first conversation” practice with simple communication prompts; (4) a values-to-behaviours activity (“what ‘being professional’ looks like here”); and (5) a closing “you belong here” commitment board with concrete next steps. Implementation required minimal resourcing (two facilitators, a large room, and printed materials). Immediate feedback was obtained through one-minute papers and facilitator observations.

Results/Evaluation
Across two cohorts, participation was high and affective tone shifted visibly from hesitancy to ease. One-minute papers (n=50) indicated perceived gains in: knowing *who to ask* for help, understanding what to expect in week one, and feeling more confident initiating conversations. Students also emphasised the value of early peer connection and hearing insights from more experienced students. Facilitator notes described strong peer energy, willingness to speak up, and early identification of students needing support.

Discussion
A belonging-first orientation is feasible, low cost, and high yield. Key design moves: immediate welcome, structured peer contact, safe communication practice, and explicit norm-setting, are transferable to other health programs. Next steps include embedding brief follow-ups in weeks 2–4 and adding a short pre/post belonging pulse to strengthen evaluation. Programs can adopt this model with minimal resourcing while signalling, from day one, that students belong and will be supported to succeed.

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P16.5 Weaving Wellbeing Into the System: How the NLA Connects Leadership, Action, and Culture Through the EDES Framework

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Introduction/Background
The *Every Doctor Every Setting (EDES) National Framework* identifies the mental health and wellbeing of the medical workforce as a national priority requiring coordinated, system-level action. Pillar 5 emphasises the need for visible, accountable leadership that embeds psychosocial safety into organisational structures rather than relying on isolated initiatives. In response, the National Doctors Health & Wellbeing Leadership Alliance (NLA) was established to provide national leadership, strategic alignment, and coordinated action. To support practical implementation, the NLA developed the *EDES Action Plan (2024/25)*, which translates broad framework priorities into sequenced, high-impact actions suited to current healthcare needs.

Methods
The NLA was created through a national co-design process involving medical colleges, universities, health services, regulators, and doctors' health advisory services. Building on this collaborative foundation, the Action Plan maps priority actions to EDES pillars and targets, focusing on initiatives with the greatest anticipated impact. Key strategies include promoting regular wellbeing conversations, advocating for legislative reforms that strengthen psychosocial safety, reducing help-seeking barriers through improved notification education, and embedding wellbeing into governance and organisational culture. Oversight by the NLA Executive Committee ensures accountability, alignment, and coherence across the sector.

Evaluation
Evaluation activities will assess how the NLA and Action Plan strengthen leadership consistency and the uptake of psychosocial safety practices. Indicators include progress against Action Plan priorities, adoption of shared national leadership standards, integration of psychosocial safety into accreditation and governance systems, and improved coordination across medical education and healthcare sectors. These measures reflect the Plan's goal of supporting feasible, sequenced implementation and enhancing engagement with the EDES Framework.

Discussion
Early implementation suggests that establishing the NLA alongside the Action Plan has enabled system-level activation of Pillar 5. The NLA is driving coordinated leadership, reducing duplication, and embedding wellbeing into strategic processes. The Action Plan provides a structured roadmap that prioritises measurable actions and responds to emerging challenges, including rural workforce pressures and needs of international medical graduates. Future priorities include strengthening leadership capability, supporting consistent national adoption, and enhancing evaluation to sustain impact.

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P16.6 Unlocking compassion: An escape room intervention to reduce mental health stigma among medical students

Dr Amy Bannatyne[1], Gul Zehra[1], Gallage Chanumi Sirithunga[1], Dr Jaclyn Szkwara[1], Dr Cindy Jones[1,2]
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Background
Medical students often experience high rates of psychological distress compared to the general population, yet helpseeking remains low. A key barrier is mental health self-stigma, which is less visible and less frequently addressed in medical education than public stigma toward patients. While the detrimental impact of stigma on help-seeking is well documented, interventions in medical education have largely focused on attitudes toward patients, leaving students' internalised beliefs about their own mental health relatively unaddressed (see Bannatyne et al., 2023, for a review). Emerging evidence suggests that immersive, gamified learning approaches, such as escape rooms, may offer a powerful means of addressing stigma in a manner that is more engaging and accessible (Rodríguez-Ferrer et al., 2022). Accordingly, this study explores the impact of a co-designed escape room intervention aimed at reducing mental health self-stigma among medical students.

Method
This mixed-methods, within-subjects study used a pre–post quasi-experimental design. Medical students in Years 2 to 5 at an Australian medical school participated in a facilitated, narrative-driven escape room centred on a fictional healthcare student navigating mental health challenges. The intervention comprised four interactive activities addressing myths about mental illness, empathy, language use, and help-seeking decision-making. Quantitative outcomes were measured using the Internalised Stigma of Mental Illness scale (ISMI-9) and the Opening Minds Scale for Health Professionals (OMS-HC). Feasibility and acceptability were assessed using study-specific items, alongside open-ended qualitative questions exploring participant experience and perceived impact.

Results
Preliminary results and insights will be shared.

Discussion
This study addresses a critical gap in health professions education by explicitly targeting self-stigma using an immersive, experiential pedagogy. Such experiences may improve help-seeking and wellbeing among future health professionals, with potential flow-on benefits for patient care. The escape room was intentionally designed for interprofessional relevance, enabling shared engagement with mental health stigma across disciplines.

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P16.7 Weaving connection and shared wellbeing through a new medical program.

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Introduction/Background
Rising rates of distress, burnout, and attrition in healthcare students are a critical concern, negatively impacting mental health, patient safety, and workforce sustainability. Current support approaches are insufficient. The new Federation University NewMed Doctor of Medicine program has designed an integral, program-wide approach to change educational and organisational culture. It weaves connection and shared wellbeing into the curriculum and support services to create a relational, safe, and healthy environment for students. This design is supported by place-based education, co-regulated learning, and aligns with First Nations philosophies of health and wellbeing.

Methods
The program design promotes connection and shared wellbeing through longitudinal relationships with peers, faculty, and GP supervisors; innovative curricula; relational learning support; comprehensive student support services; and valuing First Nations ways of knowing and being. This whole-program approach overtly and structurally embeds connection to prioritise student wellbeing.

Results/Evaluation
Curriculum is framed by whole-person and trauma informed strengths-based approaches, weaving in First Nations knowledge of health and wellbeing. Comprehensive support services for students include culturally safe student support officers. There is a robust Doctors' health and wellbeing curriculum. Relationships are developed through small, consistent learning groups and protected weekly time in years 1-3 for connection, wellbeing, and sense-making. Place-based education occurs in local community general practices, arranged in clusters for consistent primary care supervisory relationships, promoting professional belonging. Programmatic assessment uses individual portfolio and academic mentors to provide relational feedback for growth. Evaluation is embedded within these curricula initiatives and conducted alongside implementation.

Discussion
This whole-program, integral approach to embedding connection and shared wellbeing provides a novel framework for changing educational and organisational culture in medical education. Our design demonstrates a structural commitment to student mental health, moving beyond insufficient, bolt-on support models. The alignment with shared wellbeing and First Nations ways of knowing offers a culturally responsive and relational model for the future of health professional education. Potential challenges and the implications for widespread adoption will be discussed.

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P17.1 Implementation of contemporary PBL cases aligned with the AMC graduate outcome statements

Dr Manori Amarasekera[1], Associate Professor Anett Nyaradi[1], Dr Ayesha Marshall[1], Dr Bernadette Majda[1], Dr Bryan Low[1], Dr Joanne Stewart[1], Dr Kate Yusoff[1], Associate Professor Lorna Davin[1], Louise Austen[1], Dr Sinead Kado[1], Professor Yvonne Anderson[1], Professor Rashmi Watson[1]
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Introduction/Background

The design of problem- based learning (PBL) cases assists shaping how students first understand holistic patient care. Traditional teaching often focuses on clinical sciences, with limited integration of the broader impact of implicit bias on learning, and the importance of social determinants of health. Contemporary PBL cases that incorporate diverse patient narratives early in training support students to appreciate the contexts of the communities they serve, in line with the expectations of the Australian Medical Council (AMC). The aim of this project was to develop diverse patient narratives with explicit attention to language and framing within a structured PBL delivery framework.

Methods

Curtin Medical School's new Phase 1 curriculum provided an opportunity to implement contemporary PBL cases aligned with the updated AMC graduate outcome statements. Based on the outcomes of the Implicit Bias research project partnering with students, a structured and iterative case-development process was established to ensure coherent integration across the four AMC domains in all PBLs. Patient narratives were intentionally designed to represent not only important or varied health conditions, but also the identified lack of patient and contextual diversity in the existing cases. A team of case writers and reviewers was trained to apply consistent design principles, ensure alignment with learning outcomes.

Results/Evaluation/Aims

Iterative monitoring and enhancement will be conducted throughout the 2026 year based on student feedback, and facilitator reflections. Early review indicates strong progress with the new PBL cases, demonstrating clearer integration across AMC domains, and contemporary patient narratives that reflect the diversity of current clinical practice in Australia.

Discussion

This implementation project has delivered contemporary PBL cases for Phase 1 rollout of Curtin University's new curriculum. This robust process offers valuable insights for other medical schools reviewing their curricula in line with AMC expectations.

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P17.2 Developing a ‘Novel’ curriculum model: Clinical Skills and Knowledge in Practice (CSKIP) Model and embedding into the Medical Expert role of the Curriculum

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Introduction/Background
The development of competent medical experts requires the integration of knowledge, skills, and clinical experience. In the context of FRANZCOG training, the Medical Expert Role represents the central pillar of clinical competence. However, translating competency frameworks into practical, structured learning outcomes can be challenging. To address this, the Clinical Skills and Knowledge in Practice (CSKIP) Model was developed as a practical framework to present, organise, and guide the acquisition of clinical skills and knowledge across multiple topics within the Curriculum.

Methods
During the curriculum review it was identified to present the Medical Expert role through a competency lens articulating procedural requirements, and knowledge and skills acquisition. Procedures were aligned with expected levels of entrust-ability on stage of training, recommended logbook numbers and identified assessment of procedural and surgical skills were applicable. Knowledge components outlined the required learning outcomes, the teaching and learning strategies to attain these, and the associated assessment methods. The Skills component specified the practical skills required, their application and demonstration of competencies. Stakeholder consultation with Medical Educators and trainees informed model refinement to ensure usability and accessibility.

Results
The CSKIP model provides a structured framework for presenting learning outcomes in the Medical Expert Role. Each topic clearly delineates procedures, knowledge requirements, and skill expectations, enhancing transparency and consistency in training. Feedback from trainees and supervisors indicated improved clarity in expectations and ease of access to learning outcomes. Procedural mapping and logbook recommendations facilitated progressive skill development and supervision tailored to trainee experience, while alignment between learning activities and assessments was enhanced.

Discussion
By linking competency-based outcomes to practical application, the CSKIP model operationalises the Medical Expert Role, bridging the gap between competence and clinical practice. The model offers a scalable framework adaptable to other postgraduate medical training programs, ensuring that clinical competence is systematically developed, assessed, and documented throughout training.

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P17.3 Scaffolded success: weaving connections in the NewMed curriculum

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Background
The Federation University NewMed School of Medicine has designed thematic streams that are scaffolded both horizontally to support integration of curricular content within a year, and vertically to spiral complexity across the program. This intentional design moves beyond fragmented, discipline-specific teaching toward a structured framework, particularly for years 1 and 2 of the program where students also cover biomedical and clinical science content that is organised by 10 body systems. By embedding longitudinal themes, we enable students to proactively link their acquired knowledge with the broader contextual factors integral for clinical application.

Methods
The curriculum is organised into nine longitudinal streams mapped to the four AMC Domains. In years 1 and 2, each stream is systematically mapped across learning activities and aligned with unit learning outcomes, ensuring deliberate reinforcement and integration of the bio-psycho-social, clinical, community, environmental and professional aspects of medicine.

Results/Evaluation
Strategic curriculum mapping and alignment reduces content redundancy and provides a clearer progression of cognitive challenge as defined by Bloom's Taxonomy and Miller's Pyramid. Scaffolding will enhance students' 'perceived relevance' of content and by contextualising learning within real-world frameworks, students will be better equipped to apply their theoretical knowledge to clinical practice.

Discussion
Thematic scaffolding offers a robust solution to the 'information explosion' in medical education. By explicitly linking medical content to broader contexts, students are able to actively seek and make connections in their learning to enhance information retention, develop agency and the self-regulation required for life-long learning, making them well-prepared for clinical practice in the real world.

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P17.4 Integrating Team-Based Learning into Programmatic Assessment: A Conceptual Framework for Learning-Oriented Assessment in Medical Education

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Introduction/Background

Programmatic assessment (PA) emphasises frequent low-stakes assessment events, meaningful feedback, longitudinal synthesis, and well-informed high-stakes decisions to improve the validity and educational impact of assessment. By emphasising learner agency, feedback literacy, and the sociocultural dynamics of learning, Assessment for Learning (AfL) supports this vision. Despite being widely used in medical education, the utility of Team-Based Learning (TBL) as an AfL data source for PA has not been articulated.

Methods

Using ecological systems theory (ref), we examined the functional and conceptual role of TBL processes within the overarching framework of programmatic assessment (ref). In particular,we explored TBL's fundamental components and processes: (the Individual Readiness Assurance Test (IRAT), Team Readiness Assurance Test (TRAT), application exercises, simultaneous reporting, peer evaluation, and facilitator observations.

Result

TBL regularly produces organised, high-quality assessment data that is authentically situated in programmatic assessment designs. TBL conceptually sits within PA as an embedded, learning-oriented assessment microsystem. Three interconnected elements make up the microsystem framework: (1) assessment evidence produced by TBL components; (2) longitudinal curation and synthesis of these data within a programmatic ecosystem; and (3) alignment mechanisms that allow TBL to strengthen programmatic decision-making and operationalize AfL principles.

Discussion

Reframing TBL as an assessment microsystem improves instructional–assessment alignment, lessens the implementation burden of PA, and offers a theoretically supported method for integrating AfL into regular instruction. Future evaluation of the framework will investigate its impacts on students, instructors, competency committees and related educational processes

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P17.5 Timetabling Matters: Barriers and Enablers Shaping Curriculum Delivery and Student Engagement in a Medical Program

Associate Professor Cindy Jones[1,2], Associate Professor Conor Gilligan[1], Associate Professor Jo Bishop[1], Associate Professor Michael Todorovic[1]
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Background
Bond Medical Program has expanded in size and complexity across the three years of the Bachelor of Medical Studies (BMedSt). Variability in timetable structures, sequencing of learning activities, and workload distribution created challenges for learning continuity, predictability, and student wellbeing. These concerns were identified through student feedback, staff reflection, and program governance. A program-wide review and redesign of curriculum delivery was thus undertaken to develop a structured, standardised timetable framework across the BMedSt program, prioritising pedagogical alignment, operational feasibility, and long-term sustainability.

Approach (Methods)
A structured review of curriculum delivery across BMedSt program considered session types, delivery sequence, student and staff workload. Timetables for each year level were mapped against learning objectives, assessment timing, curricular progression, and teaching hour constraints. Scheduling feasibility, resource allocation, staff workload, and logistical constraints were considered. Iterative consultation with academics, professional staff and key stakeholders, including students, informed the development of a new standardised timetable guided by shared design principles to promote consistency and a balanced student workload. The framework was embedded in program governance for phased implementation.

Outcomes (Results)
Barriers and enablers of both timetable and curriculum redesign were identified. Barriers included legacy subject structures, competing disciplinary priorities, and staffing and space constraints. Enablers included strong governance, collaborative working processes, shared commitment to student experience, and clear design principles. Early indicators following implementation from mid-2026 suggest clearer learning structures, improved predictability, and strengthened conditions for student engagement and attendance.

Take-Home Message (Discussion)
This timetabling experience highlights the often-overlooked role of curriculum delivery structures in student engagement within medical programs. While commonly treated as an administrative task, timetabling shapes students' ability to anticipate learning demands, engage consistently, and sustain attendance. A standardised framework addressing alignment, feasibility and workload supported engagement without compromising pedagogical integrity, with identified barriers and enablers informing scalable, sustainable curriculum redesign that supports learning continuity and student wellbeing.

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P17.6 Designing Digital Health Curriculum for Allied Health: Learner Insights

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Introduction/Background
Rapid digital transformation of healthcare necessitates the need to strengthen the digital health capability of allied health students. Literature does not provide clear guidance for integrating digital health capability into allied health curriculum. This study explored first and third year allied health students perceived digital health capability and preferred learning strategies for insights into their learning needs to inform recommendations for curriculum design.

Methods
A convergent mixed-methods design was used involving first and third year undergraduate allied health students from a regional Australian university. Students completed an online survey aligned to the Digital Health Capability Framework for Allied Health Professionals and participated in semi-structured qualitative interviews exploring their experiences and preferences for digital health learning. Data was analysed using descriptive statistics (quantitative survey), Braun and Clarkes thematic analysis (qualitative interviews), and integrated through meta-inferencing to draw insights for curriculum implications.

Results/Evaluation
Students generally feel confident using everyday technologies and are motivated to learn new digital technologies. There was a developmental trajectory in students perceived digital health capability from first to third year; however, third year students' confidence trailed behind their knowledge for several capability statements. Qualitative themes included achieving operational confidence in common digital health tools, learning needs and gaps for digital health capability, and a strong desire for authentic and experiential learning experiences. Meta-inferences revealed that enhancing experiential learning experiences may bridge gaps in students' confidence.

Discussion
Findings from this study provide student-driven recommendations for allied health curricula. Designing scaffolded experiential learning approaches that integrate a broad range of digital health practice opportunities throughout curriculum are recommended to increase confidence and translation of learning to practice. Further research could expand this study with a larger, more diverse sample of allied health students and focus on the evaluation of curriculum interventions in line with national capability frameworks.

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P17.7 Designing for Complexity: Embedding Intervention Mapping in OT Curriculum

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Introduction
Preparing occupational therapy (OT) students to design, deliver, and evaluate effective population-centred interventions requires educational approaches that are both evidence-informed and responsive to the diverse populations' practitioners serve. Intervention Mapping (IM) offers a structured framework for developing interventions that are grounded in behavioural science, co-designed with stakeholders, and aligned with current evidence. Despite its strong fit with occupational therapy's commitment to working with groups, communities and populations, IM remains underutilised in entry-level OT education. This presentation explores the potential of IM as a pedagogical scaffold, drawing on a case study to illustrate its application.
Methods
Drawing on literature and examples from OT curricula, this presentation will examine how IM can support learners to systematically analyse population needs, identify determinants of occupational participation, and design intervention strategies that reflect contemporary evidence. The presentation will highlight how IM's systematic process aligns with core OT competencies, including critical reasoning, collaboration, and reflective practice. Particular attention is given to how IM fosters population-centred and systems level thinking by requiring students to engage with community priorities, cultural contexts, and real-world barriers to participation.
Results
The case study highlights students' ability to articulate population-level goals and change objectives, justify selection of intervention strategies and utilise evidence to design its components, and conduct program evaluation. Challenges included time constraints, the need for educator familiarity with IM processes and industry engagement.
Discussion
IM offers a promising pedagogical approach for strengthening evidence-informed, population-centred learning in entry-level OT programs. The case study illustrates how IM can be embedded authentically within coursework to support students' capacity to navigate complexity and design interventions with rigour and relevance. Working collaboratively with an industry partner strengthens students' preparedness to translate evidence into meaningful, contextually relevant practice that will enhance the health and wellbeing of the populations they serve.

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P17.8 Using in-class experiential activities and generative AI guided scaffolding to develop reflective practice skills in medical students

Dr Rosa Howard[1], Dr Lauren O'Mullane[2]
[1]University Of Sydney, Sydney, Australia, [2]University of Sydney, Sydney, Australia

Introduction/Background
Reflective practice is central to medical professionalism, communication, and lifelong learning. Despite its importance, medical students often struggle to understand what constitutes effective reflective practice and its value, which poses educational challenges. Difficulties are also faced by educators in being able to consistently support the development of students' reflective skills. To address these issues, we have developed a reflective practice learning process involving structured experiential learning activities and integration of artificial intelligence (AI) to scaffold students' reflective skills using the Gibbs' reflective cycle.

Methods
As part of the Year 1 medical curriculum, students participate in an experiential effective communication workshop designed to develop interpersonal and teamwork skills through simulated interactions and facilitated debriefing. This is complemented by a reflective practice workshop that introduces students to the principles of effective reflection using Gibbs' reflective cycle. Learning outcomes are assessed through post workshop reflective practice, where an embedded Socrative generative AI-agent (Cogniti) provides structured, specific prompts aligned to each phase of the Gibbs cycle. Educators retain responsibility for direct facilitation and feedback within the classroom and relevant assessments. The AI-agent supports students in applying and examining reflective learning to their experiences outside the classroom in real-time.

Results
The primary aim is to support reflective practice as a developmental skill that can be taught, practised, and refined early in medical training. The process seeks to improve clarity of expectations, reduce superficial reflection, and strengthen connections between experiential communication learning and future clinical practice.

Discussion
Embedding AI-guided reflective scaffolding within post-workshop practice extends classroom-based experiential communication activities into a structured reflective learning process. Facilitated simulations and debriefing provide the foundation for reflection, while AI support promotes continuity beyond the classroom. Future directions include comparison of reflective work before and after AI embedding and exploration of student and educator perceptions of effectiveness.

References
Optional. A maximum of two references can be included in the abstract. These references are not part of the word count.

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P17.9 Risk-smart students: weaving risk awareness through health professional programs

Dr Debra Virtue[1], Mr Matt White[1], Ms J'Nel Buchy[1], Associate Professor Anthea Cochrane[1], Professor Fiona Dobson[1], Dr Tandy Hastings-Ison[1], Dr Catharine McNab[1], Associate Professor David Rose[1], Ms Eliza Martin[1], Dr Morgan Rayner[1], Associate Professor Roisin McGrath[1], Dr Grace Nixon[1], Ms Laura Velazquez[1], Dr Keryn Wright[1], Ms Carolyn Cracknell[1], Ms Lauren Zarb[1], Mr Alex Tsirgialos[1], Associate Professor Lisa Cheshire[1]
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Background
Clinical placements are integral to health professional education, but their dynamic, often unpredictable nature creates inherent risks for students, education providers and placement partners. Although responsibility is shared, education providers must ensure students are prepared for hazards and be familiar with reporting processes (Medical Deans of Australia and New Zealand, 2024). Learners report inadequate preparation for personal safety and incident reporting (Graduate Student Association, 2024). To address this gap, we developed a pre-placement learning module targeting the most frequently reported issues: occupational violence, aggression, bullying and harassment.

Methods
Academics from 14 University of Melbourne (UoM) health professional courses, students and learning designers created an interactive online module (45mins; *Qualtrics XM*). Commencing with a Vision Backcasting workshop, the design employed the Rapid Instructional Design 4P model (Preparation, Presentation, Practice, Performance). The module features six short video scenarios, branching pathways and conditional logic to personalise learning, with iterative revisions guided by student feedback.
The module is being piloted across all health profession courses that include clinical placements in their programs at UoM. (~11,000 students) Completion will be tracked and an evaluation will assess behaviour change, incident and risk-reporting trends, and a repeat survey of student safety on placement compared with baseline data.

Discussion
Standardised pre-placement education reduces variability in preparedness, clarifies responsibilities and can increase reporting and safety. We recommend mandatory, scaffolded pre-placement training with clear reporting pathways and discipline-specific risk awareness content spiralled through curricula. Teaching should emphasise the educational benefits of clinical placements while providing clear, practical guidance on risks, preparing students without causing unnecessary alarm. Departments should revisit risk at multiple, scaffolded points across programs so placement safety remains an explicit, continuous priority. Further research will assess effects on incident rates, reporting behaviour, student retention and scalability to other faculties and institutions.

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Medical Deans of Australia and New Zealand (2024) Preventing & managing bullying, discrimination & harassment: a guide for medical schools

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P18.1 Minimising Disruption: A School-Led, Cross-Functional Approach to LMS Transitioning in an Integrated Medical Curriculum

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Background: Transitioning and redesigning Learning Management System (LMS) units in an integrated medical curriculum can disrupt staff workflows and overwhelm users [1]. At the University of Western Australia, a school-led, cross-functional team transitioned LMS sites to minimise disruption for teaching and support staff while addressing issues identified through student feedback.
Methods: A school-led, cross-functional team, comprising an Accreditation Manager, Teaching Support staff member, and Learning Designer, was established to oversee the project [2]. The team's approach was grounded in user-centred design principles, with a dual focus on staff as content creators and students as end users [3]. Rather than ongoing student partnership, the team systematically analysed existing student LMS evaluation data to identify pain points and priorities. The redesign process integrated the central Ultra Project Team's template, comprehensive content mapping, and stakeholder consultation, with minimal direct student involvement. Careful planning ensured that staff workloads were minimally impacted and that day-to-day teaching activities proceeded uninterrupted.
Results and Early Outcomes: Redesigned units were completed on schedule with negligible disruption to staff and no disruption to students. The new template supports consistent and accessible unit design, and streamlined staff content placement [4]. Initial post-implementation student feedback, while limited, was generally positive and indicated an improved user experience. Early outcomes included the initiation of a centralised video repository, exploration of a shared space for core resources in medicine, and the development of initial governance processes. While formal evaluation is ongoing, early indicators suggest both reduced staff workload during transition and smoother navigation for students.
Discussion: This practice-based innovation highlights the value of a school-led, cross-functional project team in enabling a timely and minimally disruptive LMS transition within an integrated medical curriculum [5]. Locating leadership at the School-level supported close alignment with local teaching practices and staff workflows, contributing to a seamless transition. By applying user-centred design principles informed by existing student evaluation data, the team addressed known usability issues without resource-intensive student partnership. The development of shared resources and initial governance processes enhanced consistency and supported sustainable LMS management. This approach offers a practical, scalable model for health professional programs undertaking institution-wide LMS transitions. Ongoing evaluation will inform further refinement.

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P18.2 Development and evaluation of a 360˚ virtual sterile compounding suite

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Introduction
Compounding is the preparation and supply of a single unit of a therapeutic product for an individual patient, often when no commercial option exists. It is a core skill in pharmacy education.[1] In the RMIT University Pharmacy program, students undertake hands-on non-sterile compounding, while sterile compounding is taught didactically. Although practical sterile skills are not required, students must understand its principles and regulations.[2] Variable experiential placements limit exposure; therefore, this project aims to develop and evaluate a high-fidelity 360° virtual sterile environment.

Methods
An Insta360 Pro camera was used to capture key areas within a sterile compounding cleanroom suite at a metropolitan hospital. The 360° video was edited using H5P, with hotspots and instructional clips added to teach Australian sterile compounding guidelines and processes. After pilot usability testing with stakeholders and subsequent revisions, the resource was embedded into the learning management system of a third-year core Pharmacy course. Student knowledge and experience will be evaluated via an online survey containing knowledge and usability questions. Knowledge will be assessed before and after the simulation to measure the impact of this immersive digital technology on student learning.

Evaluation
The student evaluation of this project in in-progress. Pre and post testing of student knowledge will allow the team to assess the impact of this new digital tool and to obtain feedback for continuous improvements.

Discussion
This project will provide insights into the usability and value of digital learning tools in pharmacy education. The VR 360° video is expected to complement existing resources, enhancing student engagement, preparedness, and performance in compounding practicals. It offers flexible, visually rich learning opportunities, supporting students who benefit from digital tools and enabling practice beyond scheduled classes. Importantly, it promotes equity by ensuring all students gain exposure to specialised sterile environments, including those without access during experiential placements.

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P18.3 TikTok as a Learning Resource for Obstetric Emergencies: Reliability, Completeness and Actionability

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Background

TikTok is increasingly used by trainees as a rapid source of medical learning. Obstetric emergencies require accurate, structured and actionable knowledge, yet the quality of TikTok content in this domain remains uncertain. We evaluated the educational reliability, completeness and usability of TikTok videos on obstetric emergencies.

Methods

On 9 June 2024, a new TikTok account was used to search nine obstetric emergency terms. After applying inclusion criteria (English language, healthcare professional creator, educational content, duration >20s), 85 videos were analysed. Four raters independently assessed each video using DISCERN, Global Quality Score (GQS), Goobie Completeness and PEMAT-A/V. We recorded video characteristics and creator type. Statistical analyses used Kruskal–Wallis and Spearman correlations. Inter-rater reliability was assessed using Cronbach's α and ICC(2,k).

Summary of Results

Educational quality and completeness were low. Mean DISCERN score was 28.0±8.9/80: 67.4% rated "very poor" and 21.7% "poor" with none achieving "good" or "excellent". GQS averaged 2.64±0.84/5, with only 18.8% scoring 4. Mean completeness was 5.42±3.33/12; PEMAT showed high understandability (74.9±14.7%) but moderate actionability (56.2±30.4%), especially for general "obstetric emergencies". Longer videos correlated with higher DISCERN, GQS and actionability. Completeness was modestly associated with views, shares and saves; likes/comments did not reflect quality. Inter-rater reliability was acceptable (α≥0.70; ICC≈0.30–0.45).

Discussion and Conclusion

Even when produced by healthcare professionals, TikTok videos on obstetric emergencies are frequently incomplete, of poor reliability and only moderately actionable. As trainees increasingly encounter short-form clinical content online, uncritical use may foster misconceptions. Specialist-led approval of guideline-aligned content and explicit teaching of critical appraisal skills are needed to support safe integration of social-media learning into obstetrics education

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P18.4 Keeping a finger on the Pulse: electronic real-time feedback for medical students working in the critical care environment.

Dr Laura Joyce[1]
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Introduction/Background
Real-time feedback is crucial for medical student learning. Busy critical care settings limit opportunities for students to seek feedback due to frequent supervisor changes between shifts. Collecting micro-feedback each shift allows aggregation of small data points to support programmatic assessment across modules. Daily feedback also supports timely student reflection and application to subsequent clinical encounters. A low-friction system is required to support non-university clinicians who contribute to student training.

Methods
This abstract describes the design and early evaluation of "Pulse", a bespoke web-application, created by the author. This workplace-based feedback tool provides an individualised QR code to each student, attached to their ID tag. At the end of each shift, students invite their clinical supervisor to scan the code using a smartphone and complete a brief questionnaire with dropdown questions aligned to module learning domains. Optional free-text fields ask "What did this student do well?" and "What can they continue to work on?". After submission, students receive an email copy of the feedback and complete a short reflection outlining how they will apply the feedback to their next clinical encounter. The system supports ongoing monitoring of student progress across the academic year.

Results/Evaluation
Analysis of over 1,200 feedback reports from 2025 is underway. The dataset includes more than 10,000 data points from 250 fourth- and sixth-year MBChB students undertaking critical care placements at the University of Otago, Christchurch. Supervisors report the application is easy to use and requires only 3 to 5 minutes to complete. Students report improved visibility of their daily progress.

Discussion
The fast-paced critical care environment, with different supervisors every shift, can make collating feedback for medical students challenging. A simple digital tool improves feedback capture, supports reflection, and strengthens continuous student learning, enhancing our ability to keep a finger on the pulse of student learning.

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P18.5 Bespoke Digital Curriculum: Enhance Engagement with the curriculum

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Introduction/Background
Encompassing graduate outcomes, clinical procedures, teaching and learning strategies and mapped assessments, learners often face challenges navigating curricula efficiently. To support deeper engagement and self-directed learning, a digital curriculum was developed, enabling users to create bespoke, targeted searches and generate personalised extracts of the curriculum including exam syllabi. By allowing learners to tailor their interaction with the curriculum, it aims to enhance comprehension and engagement with the curriculum.

Methods
The digital platform enables flexible curriculum navigation through filtering by graduate outcomes, assessment modalities, procedural competencies, or keyword searches. Combined filters allow users to generate tailored curriculum views, which can be shared, refined, and downloaded. Development involved collaboration between curriculum and bespoke application developers, trainees, and fellows to ensure usability, alignment with learning outcomes, and practical relevance. Iterative user feedback informed refinements to search functionality, interface design, and content organisation.

Results
All survey respondents indicated that they anticipate using the digital curriculum to support learning, teaching, or related educational activities. Although formal evaluation is ongoing, the platform enables learner-directed exploration of curriculum content, fostering targeted study and alignment with personal learning goals. Trainees can create exam-focused syllabi and share resources with peers and supervisors can identify next steps in learner progression of learning. Early usability testing highlighted ease of navigation, satisfaction with filter flexibility, and perceived relevance to learning needs. Indicators of success include frequency of bespoke searches, and user feedback on navigation and engagement.

Discussion
The digital curriculum demonstrates how platforms can support personalised, learner-centered engagement in complex educational environments. By enabling targeted searches and customisable preparation, the platform enhances self-directed learning, promotes efficient use of curriculum resources, and supports deeper engagement with content. This approach offers a scalable model for integrating interactivity and personalisation in digital medical education.

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P18.6 Integrating MyDispense Online Simulation to Enhance Pharmacotherapeutic Decision-Making Skills in Pharmacy Education

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Introduction - As pharmacy practice increasingly emphasises patient-centred care globally, graduates are required to be equipped with core professional competencies, including pharmacotherapeutic problem-solving and decision-making skills, aligned with national and international competency standards. However, constraints related to resources, academic capacity, experiential placements, and competing curricular demands continue to limit graduate preparedness for contemporary practice. This study aims to develop and evaluate an online learning module using *MyDispense*, integrating virtual patient simulations to support clinical reasoning and therapeutic decision-making skills development.

Method - Third-year pharmacy students at an Indonesian university participated in pilot testing of an online module designed to support the development of pharmaco-therapeutic decision-making skills. The module comprised three *MyDispense* simulation scenarios supplemented by structured group worksheets. Outcome measures included performance on the Pharmacotherapy unit OSCE and final examination. Students' perceptions were explored using post-learning Likert-scale survey and follow-up Zoom interview. Survey data were analysed descriptively, and interview data were thematically analysed using the Community of Inquiry (CoI) theoretical framework.

Results - Twenty-six pharmacy students voluntarily participated in the pilot testing of the online module. Mean overall OSCE and Pharmacotherapy unit examination scores were similar between participants (26) and non-participants (132), with no statistically significant differences. In the student perception survey, 80-90% of participants agreed that the online module was intellectually stimulating and enabled them to apply learning to pharmacotherapeutic practical classes. Qualitative responses indicated that the online module stimulated intellectual curiosity, supported collaborative decision making and complemented applied practical learning activities.

Discussions - Although no statistically significant differences were observed in OSCE or examination scores, limited by small sample size, the *MyDispense*-based module demonstrated educational value through enhanced engagement, collaborative learning, and perceived transfer of learning. This pilot highlights the online module as a scalable adjunct for teaching and learning pharmaco-therapeutic decision-making skills and supports the need for larger, longitudinal evaluations.

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P18.7 Redesigning pharmacy placement orientation with an online learning hub

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Introduction/Background

Student placements are a critical component of many academic programs, providing opportunities for experiential learning and professional skill development. Preparing students for placement at individual workplaces is often challenged by lengthy orientation processes for clinical educators and students, leading to the omission of some training due to time constraints. To address these issues, a centralised learning management system (LMS)-based Student Orientation Hub was developed at a metropolitan hospital to prepare pharmacy students for their upcoming placements. The hub aimed to improve readiness, compliance, and confidence by providing a consistent and accessible orientation experience for all students.

Methods

Consultation with students, preceptors, multidisciplinary clinical educators, and LMS coordinators identified key informational and procedural gaps and supported creation of the hub. Core modules provide an overview of orientation, introduce the health service, outline placement requirements, and include required readings. Key topics include professional conduct, health and safety and pharmacy workflows, along with the ability to complete mandatory training and sign declarations. The hub was built using existing LMS functionality and modelled on successful learning hubs from other disciplines within the organisation, ensuring scalability and seamless integration. A staged rollout included registering students for IT access four weeks prior to placement and releasing the student orientation hub two weeks prior, allowing sufficient time to complete modules.

Results/Evaluation

Rollout is scheduled for early February 2026, and evaluation is expected to demonstrate enhanced student engagement and knowledge of placement-related issues, along with increased completion of mandatory orientation requirements. Clinical educators previously required an average of eight hours to complete full orientation for each placement student block. With the new process, this time is expected to decrease to approximately two hours.

Discussion

By standardising orientation, students can self-pace their pre-learning, which reduces the workload for clinical educators and ensures greater consistency across placements.

Stream: Technology Enhanced Learning

Key words: pharmacy students, technology enhanced learning, innovation, health professions education, interprofessional development

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P18.8 The Impact of Realism on Undergraduate Student Learning in Paediatric Physiotherapy Simulations

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Introduction
Simulations are widely used to support skill development in health disciplines, yet the impact of realism, or fidelity, on student outcomes, remains unknown. Higher fidelity simulations require greater resources, yet it is uncertain whether they lead to improved learning outcomes. This study examined whether simulation fidelity influenced the perceived confidence and satisfaction in physiotherapy students.

Methods
Third-year physiotherapy students from two university campuses participated in a paediatric musculoskeletal simulation delivered as both low- and medium-fidelity scenarios. Scenario order was counterbalanced by campus to control for order effects. Low-fidelity simulations utilised basic manikins with minimal movement and no environmental set-up, while medium-fidelity simulations used manikins with realistic joint features within in a simulated clinical environment. Students completed pre-simulation questionnaires assessing baseline confidence and satisfaction, and post-simulation questionnaires following each scenario.

Results
Ninety-two students consented to participate, with 33 completing all questionnaires (35.9% response). Both fidelity levels demonstrated significant improvements from pre- to post-simulation (p=<.001) Improvements were greater following the second week of delivery and reached statistical significance on one campus (p = .015). Students reported a preference for medium-fidelity simulations for mannikin type (p<.001), and feedback quality (p=0.038), while low-fidelity simulations were perceived less helpful for clinical practice (p=0.037). However, combined-campus analysis showed no significant differences between fidelity levels.

Discussion
These exploratory findings suggest that paediatric physiotherapy simulations enhance students' perceived confidence and satisfaction regardless of simulation fidelity. While medium-fidelity simulations were preferred, learning outcomes were comparable across formats. Findings are limited by sample size and response rate. Simulation-based learning remains a valuable educational strategy, with further research needed to explore the role of simulation fidelity in preparing students for clinical placement

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P19.1 Paws before practicals: Does canine interaction immediately before practical examination impact stress or examination scores in physiotherapy students? A pilot randomised controlled trial

Dr Aruska D'Souza[1,2], Dr Matthew King[1], Dr Madeline Hannington[1], Dr Andrea Bruder[1], Professor Andrew Hahne[1], Ms Marlena Calo[1], Dr Milly Bell[1]
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Introduction
Practical examinations are considered more stressful than written examinations (1). Canine interaction has shown to reduce stress in university students (2). The aim of this study was to explore the effectiveness of canine interaction immediately before a practical examination on examination scores and stress in physiotherapy students.

Methods
Consenting first-year physiotherapy students were randomised into the pre-examination condition (interaction with two obedience-trained canines or a control group, sitting in a quiet room) for 10 minutes immediately before their practical examination.

Demographics, examination scores, perceived stress (Stress Visual Analog Scale, VAS) and physiological stress (blood pressure and heart rate measured by a blinded assessor) were collected at (1) baseline, (2) completion of pre-examination condition (canines or control, immediately before practical examination) and (3) post-examination. Outcomes were analysed using a linear mixed-effects model with fixed effects for group, time, and intervention allocation, with participant ID as a random effect. Where group-by-time interactions occurred, groups were compared at each time point using family wise Bonferroni-adjusted estimated marginal means.

Results/Evaluation
Nineteen students consented (n=11 [58%] female, n=7 [34%] current dog owners, 10 randomised to canine group and 9 to control). There was no difference between groups for perceived stress, heart rate or examination scores. Post examination systolic blood pressure was 21.0 mmHg lower in the canine group compared to the control group (95% CI 6.85, 35.2), $\chi^2(1) = 16$, $p<0.001$) indicating a significant reduction in physiological stress immediately after the practical examination. No adverse events were reported.

Discussion
Canine interaction 10-minutes immediately before a practical examination did not impact examination scores or perceived stress, though it may facilitate reducing some signs of physiological stress. A full-scale randomised control trial is warranted to definitively establish the effectiveness of canine interaction before a practical examination.

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P19.2 Impostor phenomenon in health professional students

Ms Isha Hariname[1], A/Prof Kelley Graydon[1], Dr Peter Carew[1], Dr Grace Nixon[1], Prof Dani Tomlin[1]
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Introduction

Impostor phenomenon (IP) is a psychological experience marked perceived inadequacy despite evidence of competence. Those affected often attribute success to luck or external factors. IP can affect anyone, but is more prevalent among women, ethnic minority groups and students. Over 40% of health professional students experience IP, particularly during clinical placements, impairing clinical performance. IP is associated with poor student wellbeing, anxiety and depression. Group-based workshops on IP have been shown to alleviate IP levels among employed health professionals, but this approach has not yet been extended to students, who are at high risk of psychological distress. This study investigates the prevalence of IP among health professional students and evaluates the effectiveness of a collaborative workshop designed to address it.

Methods
This study was conducted in two stages. First, the prevalence of IP was measured using an online survey across six health professional disciplines. Next, two 90-minute workshops were conducted with first- and second-year Audiology students, presenting an introduction on IP and strategies for managing it. The workshops included group activities and concluded with a post-workshop survey.

Results
Over half of health professional students experience IP, with 25% reporting intense IP experience. Paired t-test showed a significant reduction in IP levels immediately following workshop participation. Female-identifying students had higher levels of IP than male identifying students.

Discussion
Collaborative workshops appear effective in reducing IP levels in the short term and offer a practical approach to supporting student wellbeing. Understanding IP and patterns of how it manifests in minority populations may cultivate a compassionate and culturally responsive student cohort. These workshops could be adapted for broader health professional student cohorts to normalise IP, foster peer connection and reflection, and enhance shared preparation for future professional practice.

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P19.3 Exercise and the Well-being of Student Nurses: A Qualitative Inquiry

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Introduction/Background

Global nursing shortages pose a significant challenge to supporting current and future healthcare needs, underscoring the urgent need for effective strategies not only to recruit but also to retain the current nursing workforce. Studies have highlighted that these shortages are driven by excessive work stress and burnout; therefore, strategies to prevent or manage these issues should begin early in nurses' careers and focus on maintaining and promoting personal well-being. Numerous studies have examined the effects of physical health interventions on learner well-being; however, there is limited research on targeted physical health interventions for student nurses. Therefore, this research aims to pilot a low-cost, high-impact exercise intervention to support student nurses' well-being and thereby enhance their readiness to practise in a demanding healthcare environment.

Methods

This qualitative interview study explores the meaning of well-being for student nurses and the impact of a six-week dance-based exercise intervention on their well-being.

Research questions:

1. *What does well-being mean for undergraduate student nurses, and how do they perceive its role in their future lives as nurses?*
2. *What do they perceive to be the effects of participating in the exercise intervention for their well-being?*
3. *What did they perceive to be the benefits of and barriers to participating in the exercise intervention?*

Results/Evaluation/(Aims for PeArLS or Pre-Conference Workshop)Results/Evaluation/Aims

Following the six-week intervention, data will be collected through one-on-one in-person interviews, audio-recorded and transcribed by a University of Auckland-approved artificial intelligence (AI) transcription service. The data will be analysed using Braun & Clarke's (2006) reflexive thematic analysis to identify rich and contextualised themes. Ethical approval has been granted by the University of Auckland Human Participants Ethics Committee.

Discussion

Findings from this research will inform nursing education providers on how to foster students' well-being and resilience, thereby contributing to strategies that strengthen nursing education and support the sustainability of the global nursing workforce.

Reference:

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P19.4 Prevalence of allied health student burnout and associated risk and protective factors: A systematic review

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Introduction
Burnout is a recognised risk for allied health students, affecting mental health and wellbeing, academic performance, and future workforce retention. However, its prevalence and contributing factors across allied health disciplines remain unclear. This systematic review synthesised current evidence on burnout prevalence and identified key risk and protective factors among allied health students.

Methods
A systematic search was conducted according to PRISMA guidelines. Five electronic databases and Google Scholar were searched for peer-reviewed quantitative or mixed-methods studies reporting burnout among students in social work, physiotherapy, pharmacy, psychology, or occupational therapy programs. Risk of bias was assessed using the Mixed Methods Appraisal Tool and findings were synthesised narratively.

Results
Thirty-six studies from 13 countries, involving 6,482 students across four allied health disciplines, met the inclusion criteria. Reported burnout prevalence ranged from 5.9% to 83.8%, with higher levels observed in postgraduate students and those in later years of study. Increased workload and poorer psychological flexibility, mental wellbeing, and academic satisfaction were most frequently associated with burnout, whereas greater academic engagement and support emerged as protective factors.

Discussion
This review demonstrates that burnout is common among allied health students, particularly in postgraduate and later years of study. Prevalence estimates vary due to inconsistent measurement and limited research across disciplines, with a notable absence of occupational therapy research. Existing studies predominantly examine individual-level factors, with limited attention to organisational or structural contributors such as curriculum design, placement timing, or institutional culture. These gaps highlight the need to better understand how education environments contribute to burnout and how targeted interventions can be developed. Addressing these issues is critical, as burnout adversely affects student wellbeing, academic performance, engagement, and retention. Understanding both individual and systemic contributors is essential to inform strategies that enhance student resilience, promote wellbeing, and support sustainable learning environments in allied health education.

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P19.5 Understanding well-being and stress-related behaviours among allied health and medical students: baseline versus one-year follow-up

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Introduction
Transition into university is a pivotal and often challenging period for medical and allied health students. [1,2] Increased academic demands, new social environments and lifestyle adjustments can elevate stress and impact well-being, yet this period also presents opportunities to develop resilience and adaptive coping strategies essential for future healthcare practice.[1,2] Despite extensive research across higher education, there is limited baseline well-being data on medical and allied health students. The **B**ond **O**nline **S**urvey for **S**tudent Health and Well-being **T**racking (BOOST-Well) was established to address this gap.
This study aimed to evaluate students' quality of life, time management, stress levels, and the impact of stress on daily functioning, while identifying factors contributing to psychological distress during the transition to university and a one-year follow-up.
Methods
A two-wave prospective cohort study in which BOOST-Well was administered and completed by medical and allied health students at program commencement (2024) and 12 months later (2025). Statistical analyses were performed on data collected from first-year cohorts to identify trends, risk factors and potential intervention points. Descriptive and inferential methods were paired to analyse the data exploring associations between categorical variables, relationships between continuous variables and regression models were used to adjust for factors such as age, gender or program.
Results:
Preliminary examination of the data suggests variability in stress and well-being among first-year students, with some reporting difficulty balancing academic workload, personal commitments and self-care. Across year levels, second-year students appeared to report different stress and well-being profiles. Across both cohorts, poorer time-management behaviours tended to align with higher stress, lower quality of life and indicators of psychological distress.
Discussion:
These findings help identify areas where targeted interventions could inform and strengthen the development of resources that enhance well-being, support academic success and promote positive transitions into healthcare training among allied health and medical students.
Key words: Health and well-being behaviours, questionnaires, university students, interprofessional collaboration.

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P19.6 Recentering on the essentials: A multicenter, multimethod survey of academic coordinators' views on nurse self-care in nursing curricula

Mrs Made Rini Damayanti[1,2], RN, PhD, MN, MCounselling Kaori Shimoinaba[1], RN, PhD, MN Katrina Recoche[1]
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Introduction: The increasing complexities and demands of modern nursing practice necessitate a shift in educational priorities toward a more holistic and integrated model. This approach promotes the concurrent development of students' theoretical knowledge, clinical skills, and self-nurturing abilities. As key stakeholders, academic coordinators play a central role in incorporating nurse self-care into nursing education; however, their perspectives have been underrepresented in existing research.

Aim: Informed by Dossey's theory of integral nursing, this study aimed to explore how nurse self-care has been incorporated into Indonesian nursing curricula.

Methods: A multicenter cross-sectional descriptive study was conducted. An online multimethod survey with both closed and open-ended questions was used. Data were analyzed through descriptive statistics and summative content analysis.

Results: A total of 25 responses were collected from 13 distinct institutions. Teaching nurse self-care in Indonesia was not a high priority, with improvement needed in all dimensions. Three key themes were identified: navigating challenges, differences in teaching and assessment approaches, and envisioning future change. Interesting features emerged from comparing the closed- and open-ended responses.

Conclusion: Nurse self-care integration has not been standardized in Indonesia, but it has been taught to students to some extent. This study reveals blurred boundaries between nurse and patient-focused self-care, and lack of clarity in educators' roles in supporting students' self-care development. Nurse self-care integration into education must go beyond isolated initiatives to merely expose students to its concept. It must cultivate students' capacity to locate and utilize resources necessary to fulfil their self-care needs. Fostering a culture of nurse self-care across nursing education and practice, supported by multilevel structural reforms should also be a priority. These measures will restore nursing education to its fundamental value of caring by first committing to the care of nurses themselves.

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P19.7 Conflict and conflict resolution in pre-clinical medical students: a scoping review

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Background and Aims:

Conflict and poor resolution of conflict within healthcare teams have been shown to contribute to health professional burnout. Medical students are particularly vulnerable to experiencing conflict within the clinical environment. There is limited data on conflict within the pre-clinical student setting, which is often where students first experience conflict and team discordance. We conducted a scoping review to determine the incidence of types of conflict, conflict resolution skills, and the consequences of conflict in pre-clinical medical students. By exploring these factors, we hope to establish clear guidelines on how to integrate early conflict resolution training to pre-clinical medical students.

Methods:

PRISMA-ScR methodology was used through broad search terminology, with screening review to include only medical student university setting and exclusion of clinical setting conflicts. Included studies were then categorised based on “observational” and “interventional” methods.

Results:

Seven studies were included in the final scoping review. All seven studies included themes of conflict and/or resolution within the pre-clinical medical student setting. Two studies were “observational”, with methods including questionnaires. Areas of conflict included knowledge, personality, and communication styles. Methods of resolution included verbal and non-verbal interaction. Five studies were “interventional”, with methods including workshops, and role-playing of conflict and conflict resolution scenarios. No studies included impact of conflict / resolution on completion of degree and effects in clinical practice

Discussion:

Our focused scoping review found several observational and interventional studies giving evidence of various types of conflict, an apparent lack of conflict resolution skills and training within current medical curriculums, and limited review of long term effects of poor conflict resolution on medical student wellbeing, educational progress, and effect on team functioning as they transition into clinical settings. Further investigation into how best to teach conflict resolution to pre-clinical medical students could be the target of future research.

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P19.8 Getting Home Safely: Mitigating Fatigue-Related Driving Risk Among Trainee Medical Officers

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Background
Trainee Medical Officers (TMOs) often work outside standard business hours on both rostered shifts and non-rostered overtime/callbacks, increasing their risk of fatigue. This can compromise the safety of TMOs when travelling home after work, especially when driving. We aimed to facilitate easy access to taxi vouchers for TMOs as a strategy to reduce the risks associated with driving while fatigued.
Methods
The trial was conducted at Flinders Medical Centre, a tertiary hospital in South Australia employing over 600 junior doctors across a range of specialties and roles. Over a six week period, taxi vouchers were made available in the TMO lounge (restricted access via ID card) with usage self-reported through a QR code and online form. Flyers placed around the hospital encouraged junior doctors who felt excessively fatigued to take up to two vouchers at a time to travel home and return for their next shift. The trial was sponsored and funded by the Office of the Executive Director of Medical Services (Southern Adelaide Local Health Network).
Results
During the six-week trial, 46 taxi vouchers were taken from the TMO lounge. 15 vouchers were used for travel from the hospital, 1 for return to the hospital and 30 were taken but not redeemed for taxi transport. Seven surveys were completed by a combination of interns, resident medical officers, and surgical registrars. Extreme fatigue was cited as the reason for using vouchers in all but one case. Five respondents reported they would have driven home if vouchers were unavailable.
Discussion
Over six weeks, TMOs used 16 taxi vouchers for safe travel to and from the hospital, with no evidence of inappropriate use (e.g. non work related transport). Low survey response limited insight into fatigue patterns, highlighting the need for improved monitoring. Future expansion to permanent voucher availability will require alternative methods to track usage and better identify and mitigate factors contributing to excessive fatigue.

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P19.9 Strengthening connection and support in medical training: Evaluation of a near-peer mentoring program

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Introduction
Mentoring is a well-established tool in medical education to support students in navigating the hidden curriculum of healthcare. It encompasses functions such as role model, coach, advisor, and counsellor, and through these functions supports the wellbeing and development of students as they build their professional identity (Ramani et al., 2024). The Flinders Northern Territory Medical Program (NTMP) has operated a mentoring program for the past decade, pairing preclinical students with local clinicians. This evaluation explored whether increased structure and intentional pairing could broaden mentoring outcomes beyond academic support to include wellbeing and professional development.

Methods
In 2025, two programs were run concurrently. Second-year students participated in the established program, involving groups of up to four mentees per mentor, with five required meetings annually and a mid-year check-in. First-year students participated in a newly structured program featuring intentional pairing based on shared background and interests, monthly meeting prompts, and brief check-in surveys completed by both mentors and mentees. Survey data were analysed descriptively to examine perceptions of relationship quality, mentor support, and alignment with program goals over time.

Results
Intentional pairing and structured prompts were associated with consistently high mentee ratings of mentor supportiveness and relationship quality. In contrast, mentors reported a gradual decline in their perception that they were providing valuable support. Despite the program's explicit focus on holistic mentoring, students across both cohorts continued to identify clinical teaching as the primary purpose of their mentoring relationships.

Discussion
Although mentoring can improve student wellbeing through dedicated and holistic support, students primarily valued mentors in their role as clinical teachers. In response, the 2026 program will shift its emphasis toward bedside teaching, allowing mentoring relationships to develop organically within teacher-learner interactions. Increased focus will be placed on improving mentors' awareness of the support they provide to enhance mentor satisfaction and sustained engagement.

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P20.1 Can ChatGPT Safely Support Junior Doctors on Call? A Scenario-Based Reliability Study

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Background
Junior doctors commonly consult large language models (LLMs) as aids for on-call shifts. However, little is known about the safety and reliability of responses from LLMs. We evaluated ChatGPT's responses to common Orthopaedic inpatient problems typically faced by a junior doctor on call.

Methods
35 common Orthopaedic ward scenarios (e.g. post-op scenarios such as pain, fever, emergencies such compartment syndrome, cauda equina syndrome, etc) were developed. For each scenario, a single ChatGPT response was generated using a stylized prompt, mimicking how a junior doctor would use it during a shift. These prompts emphasized structured assessment, initial ward management, and escalation to senior members of the clinical team. Three Orthopaedic clinicians independently rated each response based on metrics adapted from validated questionnaires: safety (0 = dangerous, 1 = questionable, 2 = safe), completeness, clarity, and educational usefulness (1 = very poor, 5 = excellent).

Results
The mean score was 1.41 ± 0.53 for safety, 3.65 ± 0.62 for completeness, 4.09 ± 0.90 for clarity, and 3.67 ± 0.90 for educational usefulness. 2% of ratings classified response as dangerous, and 43% were judged as safe. Inter-rater agreement for Safety was slight, and was fair for Completeness but moderate to good for Clarity and Educational usefulness. Case-level median Clarity and Educational usefulness were strongly correlated, while Safety showed weaker positive associations with other domains.

Conclusion
ChatGPT's responses to common problems faced by junior doctors were generally clear, moderately complete and educationally useful, but most were not rated as unequivocally safe. Expert agreement on safety and completeness was limited. These findings support ChatGPT as possibly a structured teaching adjunct for junior doctors on call, rather than as an unsupervised aide and decision-maker. Our findings highlight the need for explicit supervision and local guidance on LLM use in clinical training and practice, especially amongst junior doctors.

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P20.2 Assessing AI-driven metacognitive offloading: Development and preliminary validation of the Metacognitive Laziness Scale (MLS) in Hong Kong health professions students

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Introduction

The rapid integration of generative AI (GenAI) into higher education may undermine metacognitive processes essential for deep learning. Students may increasingly outsource effortful metacognitive activities to AI tools, a phenomenon we term metacognitive laziness. Existing instruments do not capture AI-specific avoidance behaviours, limiting educators' ability to differentiate between productive AI use and AI-driven metacognitive offloading. This study reports the development and validation of the Metacognitive Laziness Scale (MLS) and examines its relationships with student engagement and disaffection.

Methods

We adapted items from the Work Avoidance Goals subscale to the GenAI context, producing a 6-item MLS refined by two experts. A sample of 144 undergraduate students from six health-related disciplines at a Hong Kong university completed an online survey following a three-week interprofessional education course. Measures included the MLS (5-point scale) and the Engagement vs. Disaffection with Learning Scale (4-point scale). Internal consistency, confirmatory factor analysis (CFA), and structural equation modeling (SEM) were conducted using robust maximum likelihood estimation.

Results

The MLS showed excellent internal consistency ($\alpha = .95$). CFA supported a unidimensional structure, $\chi^2(6) = 13.82$, $p = .03$, CFI = .991, TLI = .977, RMSEA = .095, SRMR = .019, with strong loadings (.79–.95). The MLS demonstrated large positive associations with behavioral ($\beta = .49$, $p < .001$) and emotional disaffection ($\beta = .50$, $p < .001$), explaining 24–25% of variance, but no significant relationships with engagement dimensions.

Discussion

Findings support the MLS as a reliable, unidimensional measure of AI-mediated metacognitive laziness and demonstrate its stronger links to disaffection than engagement, consistent with its avoidance-oriented nature. It offers a promising tool for identifying students at risk of AI-dependent learning patterns and informing interventions promoting metacognitive rigor alongside responsible AI use. Further research with larger, more diverse samples, and longitudinal designs, is warranted to extend these findings.

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P20.3 Developing Responsible GenAI Use for Education and Research in the NewMed MD Project

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Background:

Generative artificial intelligence (GenAI) tools are increasingly accessible to the medical educational space. Institutional responses have often prioritised compliance with regulatory and accreditation requirements, framing AI use through restrictive or punitive approaches. Limited published work describes educational models that conceptualise responsible GenAI use as a developmental capability supported through guidance, transparency, and reflection. The MD Project is a longitudinal, research-based scholarly requirement within the Federation University NewMed Doctor of Medicine (MD) Program. Our work describes the design of a GenAI integration framework that, alongside a longitudinal AI and digital health stream, positions responsible academic and research practice as an educative construct supporting student agency, ethical decision making, and accountable scholarship.

Methods:
An explicit GenAI-use is embedded within the MD Project framework guided through its handbook, learning activities, supervision processes, and assessment design across Years 2–4. Students are required to articulate how AI will be used, document its contribution transparently, and reflect on ethical boundaries, accountability, and authorship. AI is positioned as a support tool for idea generation, literature exploration, protocol development, ethics applications, structural feedback, project planning, and data management and analysis, while interpretation, synthesis, and conclusions remain the responsibility of the student. The framework aligns with the Australian Code for the Responsible Conduct of Research, TEQSA guidance on GenAI, and AMC Graduate Outcomes.

Evaluation:
Evaluation is embedded within the MD Project methodology and conducted alongside implementation. Measures include assessment mapping for responsible AI use, supervisor observations, structured student reflections, and regular feedback to support iterative improvement in research design and ethical reasoning.

Discussion:
This framework positions responsible AI use as an educative capability embedded within a broader program-wide context rather than a project-specific compliance measure. It offers a transferable model for integrating AI into medical education while maintaining human responsibility for learning, research, and professional practice.

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P20.4 Introducing artificial intelligence patient chatbots into team-based learning

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Introduction
With the rise of generative artificial intelligence (AI), virtual patient chatbots have emerged as a tool to supplement and enhance the teaching of communication skills and clinical reasoning in medical education. Simultaneously, team-based learning (TBL) has been increasingly adopted into medical programs across Australia. Here, we describe our experiences designing and implementing AI patient chatbots into TBL in a large Australian medical school.

Methods
This was a local initiative driven by the authors as TBL facilitators - doctors and educators with an interest in generative AI but no formal training in computer science. We trialled a range of online chatbot platforms that were free to access or included in an existing institutional subscription. We discuss challenges and opportunities and our reflections on how AI patient chatbots influenced student engagement and collaborative learning in TBL.

Results
AI patient chatbots were integrated into two TBL sessions in 2024 and four sessions in 2025, each delivered across eight groups in 2024 and nine groups in 2025. Platforms trialled included Inworld, Convai, Geeky Medics, and Copilot. The chatbots replaced didactically delivered case histories within TBL Application Exercises and were original simulated cases covering presentations of abdominal pain, back pain, jaundice, and breast pain. Students interacted with the chatbots as a team activity to obtain a case history and to subsequently form decisions around performance of physical examination (which were interactively provided via an “examination chatbot” in one session), differential diagnoses, and investigations.

Discussion
Designing TBL Application Exercises that are highly engaging, relevant, and foster collaboration is crucial to optimising the student learning experience. AI patient chatbots are an accessible and rapidly emerging tool to enhance TBL delivery in medical curricula. However, challenges exist with regards to optimal platform utilisation within a medical education context.

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P20.5 Students' top tips for team-based learning

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Introduction
Team-based learning (TBL) is a large-group, collaborative, and interactive teaching format increasingly adopted by medical schools across Australia, replacing traditional small-group problem-based and case-based learning tutorials. Current resources in peer-reviewed and grey literature on TBL in medical education are targeted at helping faculty design, deliver, and facilitate TBL,[1,2] with relatively little focus on how students can maximise their learning experience. This project aimed to present student perspectives on tips for learning in TBL.

Methods
The project was conducted as a student-staff partnership, co-designed and co-created by two staff members and TBL facilitators (SW, JG) and four current medical students (SC, NG, AL, HN). Over a series of team discussions, seven top tips for students were developed and disseminated to the following year's first-year medical student cohort as a video resource included as pre-learning for the first TBL session.

Results
Top tips included: maintaining attendance, completing pre-learning preparatory tasks to be accountable to teammates, justifying answers in whole class discussions, a growth mindset approach to making mistakes, focusing on clinical relevance in team discussions, maintaining healthy team dynamics, and reaching out for staff support.

Discussion
Medical school represents the first exposure to the TBL pedagogy for many students. Searching for advice on tips for TBL largely yields articles written by staff, for staff. This project partnered students and staff to co-create student-centred top tips for learning in TBL, providing valuable insight for new learners and their teachers.

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P20.6 Navigating the Integration of Generative Artificial Intelligence (GAI) in Medical Education

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Background:
The rapid emergence of Generative Artificial Intelligence (GAI) has fundamentally altered the educational landscape, but data on student engagement remains limited. This project establishes an evidence-based foundation by exploring the Knowledge, Attitudes, and Practices (KAPs) of local medical students regarding GAI tools. The primary objective is to use these insights to inform the ethical and structural integration of AI into medical curricula.

Methodology:
The study utilizes a mixed-methods approach. A validated survey questionnaire (TAME-GPT), employing 5-point Likert scale items, was administered to 202 medical students comprising 71 males, 126 females, and 5 who preferred not to disclose. The survey focused on familiarity, core concepts, and usage patterns. These quantitative findings are currently being supplemented by in-depth, one-to-one interviews to explore how students negotiate GAI use relative to institutional expectations and personal values.

Results:
Data reveals a strong baseline of digital readiness. While 73% of participants had heard of GAI and 72% had direct experience using these tools, students primarily engage with them at a surface level for problem-solving (mean: 3.2). Although belief in GAI's role in academic success is moderately high (mean: 3.9), students expressed significant concerns regarding reliability, security, privacy, and over-reliance (means: 3.6 to 3.9). Furthermore, current usage often lacks a deep understanding of underlying risks, such as model hallucinations and the potential impact on critical thinking and academic integrity.

Conclusion and Significance:
The findings indicate that GAI already exerts a meaningful impact on student learning behaviours. However, there is a critical need for proactive educational shaping. Successful integration requires a structured framework consisting of clear policies, ethical guidelines, and curriculum-based workshops to promote responsible and confident use. Future phases of this research aim to extend these inquiries to other disciplines to build a comprehensive model for GAI in healthcare education.

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P20.7 From Prompt to Purpose: Context Engineering for AI-assisted CBL Case Creation

Associate Professor Mohit Shahi, Dr Rachelle Levi[1], A/Prof Iulia Oancea[1], Prof Lambert Schuwirth[1], Prof James Fraser[1,2], Prof Stephen Tobin[1,3]
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Background
Artificial intelligence (AI) is increasingly being explored as a tool to support educational design and curriculum development in medical education. Much of the current discourse emphasises prompt engineering as the main determinant of AI output quality. However, regardless of how AI is used, constructive alignment between learning outcomes, teaching activities, and assessment remains essential in curriculum design (1). Evidence suggests AI-generated educational materials are most effective when aligned with curriculum and learner context rather than prompts alone (2). Quality is shaped by curriculum positioning, learner readiness, and integration with prior and upcoming learning. Emerging work highlights the role of context engineering in ensuring that AI-generated outputs are educationally meaningful, curriculum-aligned, and pedagogically coherent (3). Exploring prompt and context engineering approaches that support constructive alignment is therefore critical for the meaningful AI integration. This presentation describes our processes of determining the best prompt and context engineering combinations.

Methods
We describe an educational innovation in which AI was used to assist in the creation of haematology CBL cases for Year 2 MD students. Contextual information was provided before prompting AI, and AI-generated drafts were then reviewed to ensure educational coherence and alignment with intended learning outcomes (4).

Results/Evaluation
Context-poor inputs frequently produced cases that were diagnostically explicit, developmentally misaligned, or educationally superficial. In contrast, context-engineered inputs generated coherent, developmentally appropriate cases aligned with learning outcomes and clinical reasoning goals. Even with well-designed prompts and context, iterative dialogue between educators and AI was essential to refine case structure, emphasis, and educational intent. The work highlights context engineering as a practical framework for medical educators integrating AI into CBL case development.

Discussion
This work positions context engineering as a distinct educational competency when integrating AI into CBL case creation. By shifting attention from prompt optimisation to context-driven educational design, AI can be repositioned as a partner in curriculum development rather than a tool for content generation alone.

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P20.8 3D vs 2D Neuroanatomical pathways: Students' preference on multimodal learning resources

Dr Vivek Perumal[1], Ms Arissa LOW SHI-JIE[1], Dr Ranganath Vallabhajosyula[1]
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Background: Neuroanatomical pathways (spinal cord and brainstem) present threshold challenges in clinical anatomy education. Students must mentally reconstruct these intricate structures from 2D-cross-sectional images into 3D-maps, which increases their cognitive load leading to fragmented understanding of functional trajectories. 3D-interactive models help promoting spatial mapping, memorization and active learning. However, such model characteristics and impact on reducing cognitive load is less evaluated.

The objective of this study is to develop a comprehensive and interactive 3D-neuroanatomical pathway model, evaluate its efficacy for learning and reducing cognitive load compared to 2D-illustrations.

Methods: A multimodal approach was utilised in developing the neuroanatomical pathways; their Intricate details were digitally constructed using Blender-3D software. Fifty Year2 MBBS students volunteered for the study. The pre-and-post knowledge tests were intervened by a learning task where students explored both 2D-illustrations and interactive-3D models. This was followed by qualitative feedback on the model characteristics (fidelity, utility, face and content validity) and a cognitive load test. Finally, they visualised an augmented reality (AR) model and provided comparative feedback.

Results: There was a significant improvement in the pre to post knowledge test scores (mean=64±22% vs 84±14%; $p<0.00001$), specifically in the content delivered in 3D (91±18% vs 71±28%; $p=0.0009$) compared to 2D-illustrations. The models' characteristic features were rated above 90%. 3D-computer models were the best preferred due to their interactivity compared to 2D-illustrations that lacked spatial demonstration; they were easy to access compared to the AR model that was distracting, requiring a steep learning curve and overwhelming with minimal additional yield.

Conclusion: 3D-interactive digital models were found to be superior to 2D-illustrations or immersive models due to their interactivity and ease of access. For AR models are to be incorporated to learning, they should be less distracting and technically demanding and not stimulate neurological symptoms.

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P20.9 2D and 3D educational resources for teaching preparation designs in preclinical conservative dentistry laboratories

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Background
Spatial visualisation can pose a challenge for dental students during preclinical conservative dentistry laboratories when translating theoretical preparation designs into clinical competency. Various approaches to this eduational gap have included haptics, case-based learning and virtual reality.

Methods:
Bridging this gap in translation has been attempted through the development of resources available to both students and educators. Assessment guides were developed using photographs of student work as related to the practical assessment rubric. Examples of ideal, borderline and poor execution of preparation features were displayed against the rubric to help students understand how the assessment rubric was applied to their practical work. The amalgam assessment guide outlined the features of an amalgam preparation as related to the assessment rubric This assessment guide not only improved student's assessment literacy, but also served as a moderation tool for assessors by being a reference and a discussion point. Student feedback identified the desire for an interactive 3 dimensional model that could be accessed outside of class-time. The learning management system (LMS) serves as an ideal platform, and the 3D visualisation platform Pedestal3D could be easily embedded into it. Thus, a combination of benchtop laboratory and intraoral scanners were used to create 3D files of the practical exercises to be undertaken by the students.

Results:
A databank of multi-layered 3D visualisations were made and uploaded to Pedestal3D before being embedded into the LMS. The layers consisted of the arch, the unprepared tooth and the prepared tooth.

Discussion:
Through creative use of the dental scanners and software, the 3D files were converted to a format accepted by Pedestal3D resulted in colour data loss. Ideally the visualisations should retain colour data to highlight the simulated caries for selective caries removal. This work can be applied to teaching disciplines beyond conservative dentistry.

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P21.1 Evaluating change in self-reported function and pain in patients with musculoskeletal concerns attending a physiotherapy student-led service

Dr Andrea Hams[1,3], Ms Chloe Prudden[1], Dr Emmah Baque[1], Dr Tyler Collings[1,3], Ms Sandy Edwards[2], Ms Renae Shepherd[1]

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Introduction/Background

Work-integrated learning (WIL) is central to preparing work-ready physiotherapy graduates. Physiotherapy student-led services represent a WIL model that addresses community healthcare needs while providing authentic clinical learning. Although high patient satisfaction with student-led services has been reported, evidence describing patient-reported clinical outcomes alongside service and caseload characteristics remains limited. Without such evidence, uncertainty persists regarding whether these models deliver care of sufficient quality while supporting student learning. This study aimed to 1) evaluate changes in patient-reported function and pain among individuals attending a physiotherapy student-led service and 2) to describe the demographic and clinical profile of the service.

Methods

A prospective observational pre-post study was conducted at a university-based student-led musculoskeletal physiotherapy clinic in Australia. Ninety-nine adults with musculoskeletal conditions were managed by final-year physiotherapy students under registered physiotherapist supervision. Demographic and presenting condition data were collected at the initial visit. Self-reported function (Patient-Specific Functional Scale; PSFS) and pain (Numeric Pain Rating Scale; NPRS) were recorded at each appointment. Linear mixed-effects models examined associations between appointment frequency and changes in function and pain.

Results

Participants attended a median of two appointments (range 1-15). The most common presentations involved the low back and shoulder, with 42% classified as chronic. Function improved by an estimated 0.77 PSFS units per appointment ($p < .001$), while pain decreased by 0.58 NPRS units per appointment ($p < .001$). Seventy percent of participants reported improvement in their most difficult functional activity, and 74% reported reduced pain from initial to final visit.

Discussion

This study adds to growing evidence describing patient-reported outcomes within student-led physiotherapy services. These findings support the educational value and quality of student-led placement models and provide outcome-based evidence to inform placement design and service sustainability. Limitations of a pragmatic service evaluation are acknowledged; further multi-site longitudinal research is recommended

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P21.2 Optimising ECG Interpretation in Paramedic Education: A Study on the Impact of Regular Quizzing on Skill Retention

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Background
Accurate electrocardiogram (ECG) interpretation is a fundamental clinical competency for paramedics; however, international research demonstrates considerable variability in interpretation accuracy and a high susceptibility to cognitive skill decay without ongoing reinforcement. Despite emerging evidence supporting test-enhanced learning (TEL) and spaced retrieval as effective educational strategies, there is limited research examining ECG skill retention specifically in paramedic students. This study aimed to address this gap by evaluating whether the frequency of repeated ECG quizzes influences skill retention over a seven-week period.

Methodology
A randomised controlled trial was conducted with second- and third-year Bachelor of Paramedicine students at Griffith University. Participants (n = 41) were allocated to one of three groups: a control group (pre- and post-test only), a weekly quiz group, and a fortnightly quiz group. Descriptive statistics and inferential analyses were used to evaluate baseline differences and changes in performance across groups, gender, and year level.

Results
Weekly quiz participants showed a significant improvement in ECG interpretation scores from pre- to post-test ($t = 7.181$, $p < 0.001$). Post-test scores differed between groups, with the weekly group outperforming both the fortnightly and control groups ($p = 0.006$ and $p = 0.042$ respectively). No significant differences were found between gender or year level at baseline or post-test (all $p > 0.05$).

Discussion
The study provides evidence that high-frequency retrieval practice, specifically weekly quizzing, enhances ECG interpretation skill retention among paramedic students. These findings align with broader TEL and spaced retrieval literature demonstrating that shorter, more frequent retrieval intervals improve long-term retention of complex cognitive skills.

Conclusion
Weekly low-stakes quizzes significantly improved ECG interpretation accuracy in paramedic students over seven weeks, while fortnightly quizzes did not outperform the control condition.

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P21.3 Impact of a co-designed on-call simulation for final-year medical students transitioning to internship

Dr Timothy Rushton[1,2,3], Dr Henry Crayton[2], Dr Tina Wu[1,2], Professor Lynn Monrouxe[1], Associate Professor Andrew Coggins[1,2]
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Introduction
Transition from medical school to internship represents a recognised career "pinch point", associated with perceived underpreparedness, and stress. These challenges are amplified after-hours, where junior doctors manage interruptions, prioritise tasks, apply clinical reasoning skills with limited information, and care for acutely unwell patients with limited supervision. Little is known about how simulation-based education programmes support students' transition to clinical practice.

Methods
This qualitative study longitudinally followed graduating medical students following participation in a co-designed, near-peer led simulated on-call programme. The programme comprised an immersive simulation replicating after-hours work. 41/56 participants provided evaluations. Purposive sampling recruited 8 participants with diverse genders and self-perceived confidence levels for semi-structured interviews. Optional audio diaries were submitted during on-call shifts, with participants followed over their first 6-months. Data were analysed using thematic analysis informed using a Framework Approach. Guided by an interpretivist paradigm, preparedness and transition were understood as socially and contextually constructed.

Results
Participants described assuming responsibility as a sudden shift, particularly after-hours. Living the realities of after-hours care explored high cognitive load and competing demands rather than isolated crises. The simulation was experienced as a rehearsal for chaos, allowing learners to encounter such experiences in a safe learning environment. Near-peer facilitation and debriefing were central to learning, supporting reflection and help-seeking behaviours. While challenging participants valued encountering these experiences in simulation rather than clinical practice for the very first time. They reported increased confidence and preparedness during their early internship, describing a process consistent with stress inoculation, whereby exposure to contained stressors appeared to recalibrate expectations and reduce emotional reactivity in subsequent real-world encounters.

Discussion
A co-designed simulated on call experience may support final-year medical students' transition to internship by providing authentic exposure to after-hours work. Educators should consider structured, transition-focused programmes that balance productive struggle with supportive learning environments.

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P21.4 Treasure Hunt for medical students new to campus: Navigating space and place

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Introduction/Background
Transitions in medical education shape students' progress from novice to professional. One such transition is the move from university-based to clinical learning. Given the strong link between students' sense of belonging and their academic motivation, engagement and success (Uys et al., 2023), we aimed to enhance belonging during this transitional shift to our clinical campus via a digitally delivered Treasure Hunt. We aimed to describe the feasibility and acceptability of this activity for medical students arriving on a new campus, grounded in the pedagogy of spatial and embodied learning.

Methods
During fourth year clinical Orientation students used an app, Rapua, to complete a Treasure Hunt, navigating spaces across the campus and adjacent hospital and completing activities designed to engage students with the space, place, and/or staff. We developed a nine-item survey for students. Assessed items related to perceived value of the Treasure Hunt, app usability, and how the intervention supported students' sense of campus belonging. Students completed the survey at the Orientation wrap-up.

Results/Evaluation
Overall, students were positive about the Treasure Hunt. Three areas for improvements were: 1) deliver the intervention within the first day or two after arrival; 2) shorten the duration; and 3) include competition or gamification. Several students noted that the Treasure Hunt was a more helpful and memorable orientation than the senior student led hospital tour. Students varied in ease of use of Rapua (Median=7/10, Mean=5.7/10, range=9).

Discussion
Our three recommendations for implementing a digitally supported Treasure Hunt are: First, invest time to learn the bespoke technology. Second, when designing activities that will enhance the student experience of physical space, carefully consider the duration, distance between locations, and overlap with other activities. Thirdly, explicitly including activities that focus on engagement of students within a new environment – "place and space" – can improve students' sense of belonging and engagement with the environment.

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P21.5 Double Chance: A Mixed Methods Study of an Innovative Spinal Mobilization Simulator Comparison of two Physiotherapy cohorts from two Universities

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Introduction
Physiotherapy students need to develop psychomotor skills for the assessment and treatment of patients with back pain. In response to this challenge, physiotherapy and human-computer interaction academics successfully designed and trialled the SpinalLog (Chacon et al., 2019). SpinalLog 2, the refined portable system, is now equipped with enhanced force sensor system and software that runs wirelessly from a smartphone. This study aimed to evaluate the SpinalLog 2's effectiveness in facilitating student learning of psychomotor skills in joint mobilisation from the perspective of physiotherapy students within two different Physiotherapy programs.

Methods
This convergent mixed methods study within two Physiotherapy programs, reports the evaluation of the device for its feasibility and acceptability in facilitating psychomotor skills development in joint mobilisation from a student perspective with two physiotherapy cohorts at two universities. At the time of submission studies are being undertaken. Quantitative measure includes a 13-item custom survey. Qualitative data is from focus groups and integration through narrative is via a staged approach and presented using a joint display.

Results
This study is currently under way, and no results can be presented. We estimate approximately 33% response rate to the survey with an estimated 8% to participate in the focus groups. The joint display will present the deductive themes that are mapped to the survey items and exemplary focus group themes.

Discussion
This mixed-methods study reports the evaluation of the device for its feasibility and acceptability in facilitating psychomotor skills development in lumbar joint assessment and mobilisation from a student perspective with two physiotherapy cohorts from two universities. Finalisation of this comparative study will explore perspectives of different student cohorts using the SpinalLog 2 in terms of their joint mobilisation skill acquisition.

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P21.6 From Student to Teacher: Perspectives of Current Students Involved in Creating Medical Education Podcasts

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Introduction
Medical education podcasts have emerged as an effective, accessible learning modality; however, existing literature predominantly focuses on listener outcomes rather than the educational impact on the creators themselves. The 1PM – First Principles of Medicine podcast is an established, student–clinician collaborative initiative designed to support conceptual learning for medical students through first principles explanations of clinical topics. The podcast has evolved into a formal Service Learning project within the University of Western Australia (UWA) Doctor of Medicine (MD) program. Current medical students have been embedded within the established framework of educational resource production. This project explores the student perspective of transitioning from learners to educators within medical education, the importance of maintaining student-led near peer teaching, and the challenges students may face.

Methods
Five final-year medical students participating in 1PM as their scholarly activity engaged in all aspects of podcast production. Data from their experiences were collected through structured written reflections completed in 2025, guided by prompts addressing role transition, collaboration with supervising clinicians, learning derived from the podcast creation process, and perceived educational impact. Reflections were then analysed using thematic analysis to identify recurring patterns and shared experiences.

Results
Three main themes emerged after thematic analysis: (1) enhanced conceptual learning of core course concepts through the responsibility of teaching peers, (2) professional growth across the UWA MD PLACES curricular themes; Professional, Leader, Advocate, Clinician, Educator and Scholar, and (3) challenges related to workload balance, maintaining student voice within a supervised structure, and producing educational content designed for the public.

Discussion
Student involvement in medical education podcasting offers a meaningful opportunity for near-peer teaching, reflective learning, and professional identity development. These findings highlight podcasts as effective educational resources, and platforms for authentic student partnership in medical education, with implications for scalable, sustainable, student-led scholarly activities

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P21.7 Role immersion as an Emergency Department intern: The impact of high-fidelity simulation on threshold concept learning in undergraduate medical students

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Introduction/Background:

Preparing medical students to safely transition into acute care clinicians is challenging. Students are required to demonstrate sound clinical reasoning, strong communication, team collaboration, accurate documentation and effective time management skills. This study investigates the impact of a simulated acute care clinic (JCAC) involving volunteer simulated patients, developed by an Australian medical school in collaboration with local Emergency Department (ED) Consultants.

Methods:

Cross-sectional design to quantify skills learnt in the simulated JCAC activity that prepares Year 4 medical students for subsequent rural and other clinical placements. JCAC survey questions were developed from key findings of a 2020 qualitative investigation determining whether JCAC learning objectives were achieved and reported impacts on student learning and skills. The survey design was underpinned by Kolb's Experiential Learning[1] and Threshold Concepts[2] theories.

Results:

Townsville Year 4 students (n=137) completed a survey post-JCAC (response rate=98.6%), with pre:post-test analysis finding statistically significant ($p<0.010$) improvements in student's confidence to: work effectively as members of a healthcare team; demonstrate structured approaches to triaging; effectively communicate with patients; understand and apply clinical reasoning while assessing patients; present cases in ISBAR format; and implement appropriate patient-centred management.

Content analysis identified nearly all students reported JCAC improved their approach to clinical reasoning and clinical communication in ISBAR format.

Discussion:

JCAC, presented in a safe and authentic simulated environment involving numerous acute medical scenarios, provides an integrative and transformative learning experience wherein students assess, present, document and manage multiple simulated patients.

Specifically, JCAC enables students to integrate basic science knowledge into structured diagnostic reasoning, together with probabilistic clinical-decision making, management of uncertainty, and effective communication.

Shifts in clinical practice were confirmed as students learnt key aspects of acute care through structured repetition and consultant feedback.

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P21.8 Student experiences of social peer mentoring in higher education: an exploratory qualitative inquiry

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Introduction/Background
The transition to university presents first-year students with academic, environmental, and psychosocial challenges that may impact student experiences and university retention rates. Peer mentoring programs have been found to help first-years navigate these challenges.[1,2] This study aims to evaluate the impact of a new social peer mentoring program on student social connectedness, sense of belonging, and overall university experience.

Methods
A dedicated social peer mentoring program was developed in 2023. An online digital connect platform was used to pair first year undergraduate Health and Biomedical Science students with senior year student mentor for a structured mentoring program. The program was evaluated using semi-structured focus groups. Five mentors and two first-year mentees were included in the focus group studies. Reflexive thematic analysis was used to analyse the data and identify eight themes.

Results
Primary themes that emerged were mentor/mentee benefits, perceived outcomes, challenges experienced, and program facilitators and suggestions for improvement. Mentors felt satisfied in their role, while mentees were assisted in adjusting to the university environment through the opportunity to engage with a fellow student. However, the impact on social and emotional wellbeing, realised through social connection and sense of belonging, requires further exploration as mentees expressed a lack of social outcomes and a need for more deeper social connections.

Discussion
The findings of this study expand on existing literature by highlighting the importance of program design for achieving deep interpersonal connections and positive social outcomes. Overall, the study shows there is merit of longitudinal studies to further examine the impact of social peer mentoring programs on students' social connections, sense of belonging and attrition rates.

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