

# CAPHIA Teaching and Learning Program

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## Day 1 – 21 September 2016

*1:30-2:00 Registration and welcome coffee – Pre-Function Area*

*2:00-3:00 Session 1: Keynote presentation: Prof Bettina Borisch – Ballrooms A and B*

*Session chair: Prof Liz Sullivan*

- 2:00 Welcome and introduction *Colleen Fisher*
- 2:20 Keynote presentation *Bettina Borisch*

*3:00-3:30 Afternoon tea – Pre-Function Area*

*3:30-4:30 Session 2: CAPHIA Awards – Ballrooms A and B*

*Session chair: Prof Colleen Fisher*

*4:30-6:00 Drinks and finger food reception – Upper poolside (Pre-Function Area if raining)*

*6:00-late AGM for Heads of Schools and delegated substitutes – Spinifex*

## Day 2 – 22 September 2016

*8:30-9:00 Welcome coffee and tea – Pre-Function Area*

*9:00-10:30 Session 3: Teaching and technology – Ballrooms A and B*

*Session chair: A/Prof Richard Franklin*

- 9:00 Welcome – Chair
- 9:05 Demonstrating population health concepts through embedded practical activities: Are we *Excel-ing*? *Katherine L Baldock & Natasha J Howard*
- 9:15 Innovations in teaching international health: Evaluation of a combined use of blackboard collaborate, Facebook, and lectorials to enhance student academic engagement and outcomes *Julie-Anne Carroll & Michael Dunne*
- 9:25 Approaches to online tutorials and student participation *Naomi Noguchi, Emily Hamilton & Fiona Stanaway*
- 9:35 Promoting active learning through use of an internet-based active learning tool *Jolieke C van der Pols*
- 9:45 Innovative approaches to teaching clinical epidemiology to online students *Fiona Stanaway, Emily Hamilton, Naomi Noguchi & Jo Lander*
- 9:55 Evaluating standards-based assessment rubrics in a postgraduate public health subject *James Kite & Philayrath Phongsavan*
- 10:05 Questions and discussion

*10:30-11:00 Morning Tea – Pre-Function Area*

*11:00-12:00 Session 4: ANZJPH and Workshop – Ballrooms A and B*

*Session chair: A/Prof Richard Franklin*

- 11:00 ANZJPH *John Lowe*
- 11:20 Workshop: Benchmarking *Bettina Borisch & Catherine Bennett*

**12:00-12:30 Session 5: Students away from home: Measuring and maximising the benefits and minimising the risks – Ballrooms A and B**

*Session chair: Prof Catherine Bennett*

- 12:00 "I did my part as a doctor in a tertiary hospital in getting her home": Post-graduation impact of an experiential, rural and remote area health placement program *Sandy Toussaint & Donna B Mak*
- 12:10 Challenges and some solutions: International students undertaking the Master of Public Health at Edith Cowan University *Ros Sambell, Lesley Andrew, Kim Clark & Shelley Beatty*
- 12:20 Questions and discussion

**12:30-1:30 Lunch – Pre-Function Area**

**1:30- 2:15 Session 6: Educating specific groups – Ballrooms A and B**

*Session chair: A/Prof Michael Moore*

- 1:30 "Get Indigenous employees to a level where they can get a degree if they want one": Feedback from Indigenous public health employees *Sharon K Chirguin, A Farago, H d'Antione & T Nagle*
- 1:40 Same words, different journeys: Transferring an Aboriginal health medical curriculum into population health *Craig Allen, Paula Edgill & Christine Clinch*
- 1:50 What is the post-graduation impact of teaching clinical audit to medical students? A qualitative study *Stephanie Davis, Ilse O'Ferrall, Samuel Hoare, Caroline Bulsara & Donna Mak*
- 2:00 Questions and discussion

**2:15-3:00 Session 7: Educators and their techniques – Ballrooms A and B**

*Session chair: A/Prof Michael Moore*

- 2:15 What are the attributes of a good health educator? *Basia Diug, J Harding, C Allen & D Ilic*
- 2:25 Using experiential learning and reflection to teach practical public health to first year undergraduate students *Rebecca Tooher*
- 2:35 Streamlining approaches to marking using analytics that enhance feedback, reduce bias, save time and ultimately improve understanding of our students *Timothy E Schlub*
- 2:45 Questions and discussion

**3:00-3:30 Afternoon tea – Pre-Function Area**

**3:30-5:00 Session 8: Workshops – Ballrooms A and B**

*Session chair: Prof Catherine Bennett*

- 3:30 Workshop: The Game of Greater Good: A simulated learning experience in health resource allocation, health care system improvement, interdisciplinary collaboration and professionalism *Donna B Mak, Angela Alessandri, Jane Courtney, Dylan Griffiths, Niamh Keane, Ilse O'Ferrall, Chris Skinner, Benita Knox & Ruvini Vithanage*
- 4:00 Workshop: Identifying and preventing purchased essay plagiarism *Philip Baker, Belinda Davies & Kristiann Heesch*

**5:00 Close for the day**

## Day 3 – 23 September 2016

*8:30-9:00 Welcome coffee and tea – Pre-Function Area*

*9:00-11:00 Session 9 Workshops – Ballrooms A and B*

*Session chair: Dr Devin Bowles*

- 9:00-9:40 Australian public health educator's collaboration workshop *Basia Diug*
- 9:40-10:20 The MPH competency framework: Its use in the design and review of public health programs *Shawn Somerset, Priscilla Robinson & Helen Kelsall*
- 10:20-10:55 Revision and realignment, not reorientation: The Aboriginal and Torres Strait Islander Core Competencies in Population Health *Vanessa Lee & Craig Allen*
- 10:55 Conference wrap up and close

# Abstracts

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## What today's Public Health teaching should be like: do's and don't's

*Bettina Borisch*<sup>1, 2</sup>

1 Institute of Global Health, University of Geneva

2 World Federation of Public Health Associations

Health is a global asset. In today's globalized context, Public Health (PH) has become both a local and a global topic in the same time. Academic PH teaching nowadays emphasizes the shift from medicalization of health and society to a wide set of goals such as the SDGs. Academic global PH is a trans-disciplinary approach which shapes the way that knowledge is delivered, handled, and implemented. Focusing on ecosystems of health offers the chance to also focus on system problems with their impacts, unintended consequences, and feedback loops that shape the way a problem is defined. It encourages active participation, with a new consciousness of the dynamic interactions from every discipline. It encourages students to think in a systems way, interpreting global health activity within a wider multi-factorial template.

# Demonstrating population health concepts through embedded practical activities: Are we *Excel-ing*?

*Katherine L Baldock<sup>1</sup> & Natasha J Howard<sup>1</sup>*

<sup>1</sup> School of Health Sciences, Division of Health Sciences, University of South Australia

## **Aims**

Learning objectives common across introductory population health courses include demonstrating understandings of health status (e.g., prevalence, risk), and its variation across populations due to social determinants. Practical activities support such learning objectives. Rarely, however, are the practical competencies of students considered or developed within traditional course delivery. This study sought to determine student self-evaluations of software proficiency among consecutive first-year university cohorts, and describe the process of embedding practical skill-development to enhance population health learning outcomes using a case study.

## **Methods**

The first-year course Health & Society, taught across all programs within the School of Pharmacy and Medical Sciences (UniSA), is the focus for this case study. Microsoft Office (MS) Excel practical exercises, embedded within tutorials, enable students to meet key learning objectives including the analysis, presentation, description and interpretation of population data. Students are trained in the software including commonly used data management and analysis principles and processes. Students complete a comprehensive survey, including self-reported socio-demographic and health-related information, as well as MS Excel software proficiency. Follow-up proficiency is captured at the fourth (of five) face-to-face practicum. Data are available for two cohorts (2015 and 2016).

## **Results**

Understanding the impact of social determinants on health, including epidemiological measurement and analysis of associations, is developed within lectures. Concepts are made concrete through embedded practical exercises which are evaluated via written assessments. By considering each cohort's practical competencies through baseline and follow-up MS Excel proficiency levels, 'student-centred' approaches to teaching are authenticated. This results in flexible, relevant course delivery.

## **Conclusion**

Embedding MS Excel training within a first-year population health course develops students' practical, transferable skills in widely used software. Modules are adaptable to cohort proficiencies. Such applied teaching approaches allow students to develop concrete understandings of key population health concepts, including measurement, analysis and interpretations, with relevance to health determinants.

# Innovations in teaching international health: Evaluation of a combined use of Blackboard Collaborate, Facebook, and lectorials to enhance student academic engagement and outcomes

*Julie-Anne Carroll<sup>1</sup> & Michael Dunne<sup>1</sup>*

<sup>1</sup> School of Public Health and Social Work, Queensland University of Technology

## **Aims**

There is currently a plethora of virtual platforms and web 2.0 applications designed to augment or replace traditional face-to-face modes of teaching delivery, and enhance student engagement and learning outcomes. This teaching initiative aimed to explore the effectiveness of a disruptive approach to traditional unit delivery and consultation within an International Health unit. This paper will report on the teaching and learning outcomes of a combined use of Blackboard Collaborate, Facebook Closed Groups, and a lectorial in a final year International Health unit.

## **Methods**

Students were provided with one two-hour weekly lectorial, and two one-hour Blackboard Collaborate sessions in lieu of an in-class tutorial. The 'messaging system', 'break out groups', 'live chat', and 'webshare' tools on Collaborate were all used in these sessions. The students also formed Facebook Closed Groups to discuss assessments, share resources, and prepare for the final exam. These approaches were evaluated using the QUT Pulse and Insight Surveys, feedback via the Facebook Groups, and a qualitative analysis of the written and spoken activity during the Collaborative sessions.

## **Results**

Key findings included a substantial increase in attendance and in-class engagement in weekly lectorials in comparison to previous cohorts in the same unit. Collaborate allowed a large amount of information and web-resources, including journal articles, news reports, and social media stories to be shared immediately and rapidly. It also allowed for more reserved students to participate more actively in discussion. Facebook Groups enabled highly efficient consultation processes involving assessment. Students reported that Collaborate and Facebook should augment, not replace in-class teaching and learning.

## **Conclusion**

This pedagogical research demonstrates ways in which virtual learning can positively affect offline academic practice for both staff and students. It has implications for the power of Collaborate to influence democratic participation in learning processes, and a compatibility with other virtual platforms as well as traditional delivery modes within tertiary contexts.

# Approaches to online tutorials and student participation

*Naomi Noguchi<sup>1</sup>, Emily Hamilton<sup>1</sup> & Fiona Stanaway<sup>1</sup>*

<sup>1</sup> School of Public Health, University of Sydney

## **Aims**

To compare student participation between three semesters where online tutorials were offered using different approaches to part-time postgraduate students.

## **Methods**

Online students undertaking Introduction to Clinical Epidemiology were given similar weekly tasks for ten weeks using different approaches. In Semester 1 2015, an online discussion board was used in groups of 20 to 21 students. Participation marks were not allocated and answers were made available to all students. In Semester 2 2015, group sizes were increased to 37 or 38 and each student was assigned a question each week. Answers were only posted on the discussion board. In Semester 1 2016, each student submitted his/her own answers and received a mark of 1% each week for a reasonable attempt. Students were given access to answers following their submission. Participation was compared between semesters.

## **Results**

In Semester 1 2015, 163 of 186 (88%) online students logged into the discussion board site and 119 (73%) made at least one post. The median (Q1, Q3) number of posts was 4 (0, 13.5), posts viewed was 43 (19, 72.5) and days online was 5 (2, 9.5). In Semester 2 2015, 111 of 131 (85%) students logged into the site and 72 (55%) made at least one post. The median number of posts was 3 (0, 10), posts viewed was 43 (18.5, 70) and days online was 6 (3, 10). In Semester 1 2016, 187 of 190 (98%) online students submitted at least one whole weekly task and 150 (79%) submitted at least eight out of ten tasks.

## **Conclusion**

Allocating marks, even when only 1%, and allowing students to work independently effectively promoted completion of online weekly tasks. Encouragement by online tutors, restricted release of answers to participants and allocation of specific questions had little effect.

# Promoting active learning through use of an internet-based active learning tool

*Jolieke C van der Pols<sup>1</sup>*

<sup>1</sup> School of Public Health, The University of Queensland

## **Aims**

To promote active learning in postgraduate students enrolled in public health and epidemiology courses, and create novel opportunities for engagement of students who do not attend lectures in person.

## **Methods**

Opportunities for active engagement with course content were created by using the Padlet in-class active learning tool. This tool allows students to post anonymous responses on a web-page that is purposely designed around a question or task by the course leader. In classes that varied between 20-50 students, Padlet walls were used to: (1) help students apply theoretical concepts and methods to public health issues that are highly topical and news-worthy (e.g. cancer clusters, natural disasters), (2) create opportunities for formative assessment of key methodological concepts in class, (3) engage external (non-face-to-face) and internal students in pre-class preparation and class-time discussion. Evaluation took place through a brief self-completed, anonymous questionnaire, as well as Padlet-based evaluations, completed by internal students.

## **Results**

Across two different courses in Semester 2 (2015), 70% of internal students (n=33) completed the questionnaire. More than 95% of respondents in both courses reported that the active learning exercises (which were predominantly Padlet-based) were helpful or very helpful in supporting their learning within the course. One student indicated that it did not make any difference to their learning. Open-ended question responses provided additional helpful insights into how these internet-based active learning exercises were received by our students.

## **Conclusion**

Responses to a customised evaluation indicated that the vast majority of internal postgraduate students found that the internet-based active learning exercises supported their learning in these courses. Various examples of how the internet-based active learning tool can be used will be shown during this presentation, and more detailed insights of the advantages and disadvantages of these techniques will be highlighted.

# Innovative approaches to teaching clinical epidemiology to online students

*Fiona Stanaway<sup>1</sup>, Emily Hamilton<sup>1</sup>, Naomi Noguchi<sup>1</sup> & Jo Lander<sup>1</sup>*

<sup>1</sup> School of Public Health, University of Sydney

## **Aims**

To describe innovative approaches to online teaching of clinical epidemiology.

## **Methods**

A new fully online unit in clinical epidemiology was developed to meet the needs of part-time students with busy clinical jobs that prefer to study in distance mode. Content was designed in line with extensive eLearning pedagogy relating to gesture, gradual disclosure and cognitive learning theory in order to deliver engaging, dynamic and interactive resources. This included reducing the cognitive load to students by organising material into concept related “bite-sized chunks” rather than as a single long video. Techniques such as highlighting, arrows and progressive disclosure of text were used to mimic the functionality of gestures in face-to-face teaching. Innovative techniques such as animations were also used to maintain student attention during videos.

## **Results**

The unit CEPI5100 Introduction to Clinical Epidemiology was successfully developed and has been delivered in Semester 1 and 2, 2015 and Semester 1, 2016. Student feedback has been overwhelmingly positive with mean scores of 4.5 out of a maximum of 5 for the feedback question regarding the overall quality of the teaching in the unit and mean scores of 4.3 across all domains of student feedback. Students also provided many specific comments that supported the pedagogical approaches described above such as: “...videos and animations were really fantastic. I raced through all the modules because I was enjoying the way the content was presented so much”, “The short video and exercise based delivery of teaching was excellent. Broke learning, concepts into easy digestible pieces”, and “the activities are excellent for identifying areas for improvement”.

## **Conclusion**

A focus on eLearning pedagogy when designing online units helps in the development of high quality online content that promotes student engagement with the material and enhances understanding.

# Evaluating standards-based assessment rubrics in a postgraduate public health subject

*James Kite<sup>1</sup> & Philayrath Phongsavan<sup>1</sup>*

<sup>1</sup> Prevention Research Collaboration, School of Public Health and Charles Perkins Centre, University of Sydney

## **Aims**

To evaluate the design, implementation, and impact of newly developed assessment rubrics in a cohort of Australian postgraduate public health face-to-face and online students.

## **Methods**

The evaluation was conducted in 2015 and used a mixed methods methodology. It was divided into two phases: formative evaluation with former students; and process and impact evaluation with current students, with comparison to 2014. We used surveys and focus groups to explore student experience with assessment, inform the design of the rubrics, to understand how students used the rubrics, and the impact they had on learning outcomes.

## **Results**

Our results showed that the rubrics were widely used by students and were generally considered to be of at least some use. Clarity of the rubrics was reported as the main issue affecting usefulness, especially for the assessments that had undergone comparatively less formative evaluation. The association with learning outcomes was mixed, with students who reported always using the rubrics having higher marks on average and were also more likely to agree that they were motivated to engage with the subject's learning activities ( $\chi^2=13.1$ ,  $df=1$ ,  $p<0.01$ ) than students who did not always use them. However, there was no improvement in either satisfaction with the unit or with marks across the whole student cohort compared to the previous year, although this could be because of factors independent of the rubrics.

## **Conclusion**

Our study offers support for the use of standards-based assessment rubrics in postgraduate settings for online and face-to-face students. The introduction of rubrics was appreciated by students but it was also clear that rubrics were not sufficient to ensure positive student perceptions of the subject. Our findings also suggest that rigorous formative evaluation for new rubrics, as well as ongoing process evaluation, is necessary to ensure clear and transparent rubrics and to improve both the face-to-face and online student experience.

# "I did my part as a doctor in a tertiary hospital in getting her home": Post-graduation impact of an experiential, rural and remote area health placement program

*Sandy Toussaint<sup>1</sup> & Donna B Mak<sup>1</sup>*

<sup>1</sup> School of Medicine, University of Notre Dame, Fremantle

## **Aims**

Australians living in rural and remote areas have poorer health and higher hospitalisation rates than their metropolitan counterparts. At the same time, they have far less access to health services. As a result, they are often required to travel far from families and home to access care.

To address these concerns, the University of Notre Dame Australia's School of Medicine, Western Australia (UNDA) established a week-long mandatory Rural and Remote Health Placement Program (RRHPP). Medical students, billeted in pairs, live with local people and undertake voluntary work in non-clinical settings to engage with local people and develop knowledge about their environments, and understandings of their health priorities. Placements vary widely from pastoral stations and schools to community radio and art galleries.

This presentation will focus on an independent evaluation of the RRHPP's post-graduate impact.

## **Methods**

A mixed methods, qualitative, semi-structured interview approach was used taking into account gender, age and remote/rural experience across a selection of participants who had graduated between 2008-2014. Recorded data were classified, interpreted and a content analysis undertaken.

## **Results**

The RRHPP had immediate, enduring and delayed impacts on graduates interviewed. The bulk of participants supported the RRHPP in part because it "opened" their eyes and mind to rural and remote life. Many stated that the experience enabled them to consider working rurally as a real possibility; a number had already established themselves in rural practice.

An unexpected and more notable outcome of the RRHPP was the cogency and expertise they were able to bring to caring for remote and rural patients in city hospitals. For example, within weeks of starting an internship, one participant advocated effectively for a terminally-ill Aboriginal woman to be transported home to die on her country. Participants also reported that the RRHPP had encouraged them to gain an informed sense of the working conditions of their peers in remote and rural settings.

## **Conclusions**

In addition to encouraging medical graduates to work in non-metropolitan settings, the RRPHH had immediate and delayed benefits for newly graduated doctors in terms of their interactions with patients and colleagues from rural and remote areas.

## **Challenges and some solutions: International students undertaking the Master of Public Health at Edith Cowan University**

*Ros Sambell<sup>1</sup>, Lesley Andrew<sup>1</sup>, Kim Clark<sup>1</sup> & Shelley Beatty<sup>1</sup>*

<sup>1</sup> Edith Cowan University

Engaging with international students is a priority for most Australian universities. Over recent years, the growth in places offered to international students in many programs has created new opportunities and challenges for tertiary educators. As a program which attracts a substantial number of international students from across the globe, Edith Cowan University's Master of Public Health (MPH) program has had to adapt using new ways to respond to the needs of students with diverse backgrounds and experiences with respect to prior learning and experience.

Issues international students in ECU's MPH program face include: culture shock, isolation, the pressure of family expectations, communication difficulties, unfamiliarity with the University's academic systems and expectations, the competing demands of paid work, and other practical issues involved in managing daily life.

ECU's MPH staff identified that students needed a more extensive scaffolding of support mechanisms than had been traditionally offered by the University. This has resulted in the implementation of an empowering public health approach, building student capacity and resilience to face the myriad of challenges associated with the early transitional stages of the degree.

A backbone of this initiative has been the formation of a Master of Public Health Student Leadership Group in Semester 2 2015, which employed a communities of practice approach. The group has tended to comprise high achieving students who are nearing completion of their degree. The MPH course coordinator has supported the group in their weekly meetings, facilitating ways in which MPH students could provide optimal support to their peers across their learning journey. The overall approach taken has had significant unanticipated benefits for the MPH cohort, including having a body of students that can: advise other students how to utilise ECU resources and systems; navigate everyday demands of life in a new country; advocate for fellow students; connect students with staff, the wider community and industry contacts; and positively influence the culture within the MPH student body.

The presentation discusses the journey to date at ECU and outlines future anticipated challenges and developments.

# **‘Get Indigenous employees to a level where they can get a degree if they want one’: Feedback from Indigenous public health employees**

*Sharon K Chirgwin<sup>1</sup>, A Farago<sup>1</sup>, H d’Antione<sup>1</sup> & T Nagle<sup>1</sup>*

1 Menzies School of Health Research

## **Aims**

To identify the needs and aspirations of a group of Indigenous public health employees in both remote and urban environments.

## **Methods**

A purposive sample of past and present Indigenous employees from a large research and training organisation provided feedback via face to face and telephone interviews concerning their workplace needs, present employment, education qualifications gained during and post-employment and what they valued in the workplace. Data from 93 respondents was then thematically analysed.

## **Results**

When all respondents were asked what workplace support best met their needs, 41% identified training or support for education, and 19% wanted assistance establishing career pathways. When asked what was most valued in the workplace, transferable skills and knowledge received the highest ranking (29%). In remote areas, while 28% began a VET course during their employment, only one respondent enrolled for a different VET course after their employment ended. However, in the urban centres, two gained doctorates during their employment and one obtained a doctorate upon leaving. One third of the 42 that had left the institution were still working in health, 17% in education and 12% had taken up further study.

## **Conclusion:**

While a VET certificate was the most common entry qualification for those employed in either a remote or urban setting, this research suggests that in this institution a significant proportion valued the opportunity to learn new skills and knowledge while working and identified that one of the most desirable aspects of their workplace was that it was both encouraging and supportive of employees working toward improving their formal qualifications. For remote employees who were employed with no post-school qualifications acquisition of a VET certificate in their community opened up further (but temporary) employment opportunities and the possibility of further education.

# Same Words, Different Journeys: Transferring an Aboriginal Health Medical Curriculum into Population Health

*Craig Allen<sup>1</sup>, Paula Edgill<sup>1</sup>, Christine Clinch<sup>1</sup>*

<sup>1</sup> Centre for Aboriginal Medical and Dental Health, University of Western Australia

The development and implementation of a comprehensive Aboriginal medical curriculum presents its own unique collection of rewards and challenges. Within this context, medical students are taken on a journey through Aboriginal cultures and exposed to culturally safe/secure frameworks in order to produce a better clinical experience for Aboriginal clients. The comprehensive, horizontally and vertically integrated curriculum that has been created and implemented in the medical program at the University of Western Australia (UWA) has resulted in significant shifts in student reported preparedness to practice.

Based on this success in medicine, Centre for Aboriginal Medical and Dental Health (CAMDH) has implemented a similar Aboriginal health curriculum in the Masters of Population Health program at UWA, with the aim of better preparing the population health graduates for working more effectively within Aboriginal contexts.

Drawing on the lessons learnt within the medical school context, the presentation reflects on whether the curriculum has assisted students and the journey that staff have taken in creating shifts within the discipline.

This presentation describes the challenges that were overcome as we engaged with academics new to the field, from containing the enthusiastic paternalism in some to educating those without any preconceptions or prior knowledge. This was undertaken while mapping the curriculum to the Population Health Aboriginal and Torres Strait Islander Core Competencies.

Finally, this presentation compares and contrasts teaching medical and public health students. In particular, it focuses on students' receptiveness towards Aboriginal health teaching and postulates reasons for differences between the groups.

# What is the post-graduation impact of teaching clinical audit to medical students? A qualitative study

*Stephanie Davis<sup>1</sup>, Ilse O'Ferrall<sup>1</sup>, Samuel Hoare<sup>1</sup>, Caroline Bulsara<sup>2</sup>, Donna Mak<sup>1</sup>*

<sup>1</sup> School of Medicine, University of Notre Dame, Fremantle

<sup>2</sup> School of Nursing and Midwifery, University of Notre Dame, Fremantle

## Introduction and aims

Doctors are responsible for providing high quality, safe care to their patients. The School of Medicine, University of Notre Dame, Fremantle (SoM UNDAF), addresses quality and safety throughout the 4-year undergraduate curriculum. This culminates in a capstone project, the clinical audit program (CAP), which is undertaken by all final year students. Our study aimed to determine the post-graduation impact of the CAP on medical graduates and the health services in which they work.

## Methods

A qualitative descriptive study using individual semi-structured interviews was conducted. Participants were doctors who graduated from SoM UNDAF between 2008-2013 (termed graduates), and stakeholders (quality and safety staff and supervisors) from healthcare services that participated in the program. Data were analysed using thematic analysis to identify common themes amongst the participant groups.

## Results

Twelve graduates and seven stakeholders were interviewed. Key themes reported by graduates were the knowledge, skills and confidence they had gained from the CAP that enabled them to assist in and lead quality and safety activities in their workplace. Graduates related that the CAP impacted on their day-to-day patient care through increasing their awareness of systems issues and the importance of evidence-based best practice. Many graduates also reported that it was only after graduation that they recognised the value of the CAP to their work and career prospects. Stakeholders reported that the CAP equipped graduates with important skills in quality and safety activities and valued the program for its contributions to improving patient care.

## Conclusions

This qualitative descriptive study demonstrates the value of the Notre Dame clinical audit program. Our findings indicate that the CAP provides a sustainable model for teaching quality and safety skills which enables doctors to make meaningful contributions to quality and safety improvement soon after graduation. Our findings may be of interest to other medical schools or health training faculties such as nursing or allied health.

# What are the attributes of a good health educator

*Basia Diug<sup>1</sup>, J Harding<sup>1</sup>, C Allen<sup>1</sup> & D Ilic<sup>1</sup>*

<sup>1</sup> School of Public Health and Preventive Medicine, Monash University

## **Background**

A good health educator is multifaceted in their approach to teaching. Better teaching is associated with better learning. However, defining which attributes make a good health educator is challenging. This study examined the attributes that students and educators believe are important to being a good health educator.

## **Methods**

A cross-sectional survey of first year health science students and their educators was performed. Participants were required to rate the importance of 15 teaching attributes. Participants were also required to rate the three most and three least important attributes they perceived relevant to a good health educator.

## **Results**

A total of 94/147 (63.9%) of students and 15/15 (100%) of educators responded and completed the questionnaire. In total, 14 of the 15 attributes were highly rated by both students and educators, with only scholarly activity not perceived to be an important attribute by students or educators. According to students, an educator's knowledge base, clarity and enthusiasm were the three most important educator attributes, while educators rated preparedness, enthusiasm and role modelling as the most important attributes.

## **Conclusion**

No single attribute makes a good health educator, rather health educators are required to have a rounded approach to teaching. Students place greater emphasis on the ability of health educators to transfer knowledge effectively and efficiently while educators value class preparedness and role modelling. Further research is required to determine whether the perceived importance of health educator attributes differs across different health disciplines.

# Using experiential learning and reflection to teach practical public health to first year undergraduate students

*Rebecca Tooher<sup>1</sup>*

<sup>1</sup> School of Public Health, University of Adelaide

## **Aims**

Much public health practice is desk-based and focused on quite abstract and complex problems (such as how to tackle obesity, or understanding the impact of social inequality on health) making it difficult to engage first year students. This presentation will describe my emerging teaching practice which seeks to engage students directly with their learning through the use of extensive experiential activities linked to guided reflection on student learning.

## **Methods**

Two innovative courses, one on communication and the other on community engagement, will be presented as case studies. Both courses embed experiential learning and structured and unstructured reflection to provide: authentic learning experiences; opportunities to develop soft skills (e.g. empathy, critical thinking); and activation of students' creative and collaborative strengths alongside more typical analytic and problem focused approaches to learning. Evaluation included formal and informal student feedback, student attendance and participation, and student learning outcomes.

## **Results**

Formal surveys consistently show excellent results with student comments highlighting the real world application of skills developed and satisfaction with authentic learning activities. The development of collaborative skills is rated highly, transforming what is commonly seen as a chore (group work) into one of the most enjoyable aspects of student learning. Attendance is excellent despite participation accounting for only a small proportion of the final grade. Guided reflection provides immediate feedback about effectiveness of learning activities, allowing modification to meet student needs. Students are also responsible for identifying what they have learned and how they will use it, shifting the emphasis from passive to active learner.

## **Conclusions**

Experiential learning approaches build on students' existing strengths, allowing them to use newly acquired public health concepts and skills in meaningful activities which instantiate the population health lens and core values of public health. Use of structured reflection is both empowering for the student and an effective feedback mechanism for the teacher.

## **Streamlining approaches to marking using analytics that enhance feedback, reduce bias, save time and ultimately improve understanding of our students**

*Timothy E Schlub<sup>1</sup>*

<sup>1</sup> Sydney School of Public Health, University of Sydney

Grading assessments plays a vital part in the student learning experience as it provides feedback on individual work and objectively measures student performance. However, constructive feedback for assessment can be difficult if submissions are very good, or if they are very poor, resulting in little opportunity for improvement for the highest and lowest performing students. The quality of feedback and accuracy of marking may also vary due to inter- and intra-rater agreement levels, especially in large classes where marking fatigue across many markers can be considerable. To address these concerns, I have developed a strategy to improve inter- and intra-rater reliability, improve feedback for the highest and lowest performing students, and reduce bias due to marking fatigue for assessments that have comprehensive objective marking schemes. This strategy involves compartmentalising assessment questions and marking by compartment rather than by student. This strategy promotes objective marking of individual compartments, allows multiple randomisation in the order of marking and most importantly provides a detailed breakdown of student performance on each component of an assessment task. Analytics on this breakdown can be provided to supplement feedback and will equally benefit, top, middle and low performing students. Finally, analytics over all assessments can be combined to segment the class to better understand patterns in student learning and ability.

# The Game of Greater Good: A simulated learning experience in health resource allocation, health care system improvement, interdisciplinary collaboration and professionalism

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## Aims

The medical profession has responsibilities not only for providing best practice clinical care, but also for stewardship of health care resources and health leadership. Engaging medical students with these concepts is often difficult as they often prioritise knowledge and skills in individual patient care over broader understandings of their responsibilities in the health care system and society.

The Game of Greater Good is based on a game created by two students (BK and RV, now interns) and who worked with Notre Dame’s School of Medicine to further develop the game as a simulated learning experience in health resource allocation, health care system improvement, interdisciplinary collaboration and professionalism.

Before the game, participants were allocated to one of 12 health services, each comprising three clinicians, two administrators and two health consumers. Administrators controlled a fixed monetary budget (coins) and health services could earn health outcomes (stars) and social capital from health consumers (hearts) during five case scenarios.

This presentation will offer participants an opportunity to experience an abridged version of the game and consider valuation findings from Notre Dame students and staff.

## Methods

Attendance was documented and a survey was distributed at the end of the session to evaluate how well the game helped participants achieve intended learning outcomes.

## Results

Three-quarters of students attended, in contrast with 15-20% attendance at many traditional lectures scheduled in the same timeslot, and all students engaged enthusiastically. Most reported that they would recommend the game to other students; comments included that the activity was “fun”, “relevant” and helped them to gain a “bigger picture perspective” of the health care system and the priorities of non-clinician stakeholders including administrators and health consumers.

## Conclusions

Simulated experiential learning activities allow students to put their knowledge and skills into practice in safe environments, and function in the ‘does’ apex of Miller’s pyramid. This may explain the high level of student engagement with, and positive feedback about, the game.

## Identifying and preventing purchased essay plagiarism

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Purchased essays have become a greater concern in recent years. In Australia, some universities have withdrawn degrees and expelled 'contract cheaters'. Students who struggle, disengage or may be otherwise looking for a seemingly 'easier way out' might be tempted to use assessment writing services. Essays, reports, case studies and critical reviews are commonly used forms of assessment in public health which can be purchased from writing services. The problem of detection is confounded by the inability of similarity detection software such as Turnitin to identify originally prepared contract work, or where a sufficient proportion of words have been replaced with synonyms.

### **Outline**

This workshop will begin by providing tips to determine whether students in your subjects have engaged essay writing services, and then provide examples of purchased work submitted for assessment. Participants will have the opportunity to share their own experiences of detection.

The second part of the workshop will explore approaches to increase authenticity in assessment and processes for prevention. Presented will be an innovative approach of employing the pedagogy of 'peer instruction' used in a critical appraisal assessment along with the implementation of strategies intended to thwart this form of academic misconduct.

### **Design**

The workshop will include presentation of examples and tips, the use of audience response technology and group discussion for engaged learning.

## Australian public health educator's collaboration workshop

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### **Background**

This session is based on the success of previous CAPHIA education fora and participant feedback that indicated the potential to develop a national network across public health institutions. The goal of this education-focussed collaboration would be to increase communication amongst CAPHIA delegates to enhance public health teaching and learning.

### **Aim**

To identify whether CAPHIA should facilitate an ongoing public health education conversation throughout the year by answering the following questions:

- How many participants are willing to engage in the collaboration?
- What would be the nature of participation and commitment from each institution?
- How could this conversation be facilitated exploring methods of communication?
- A discussion of the benefits and challenges arising from this collaboration?

## The MPH competency framework: Its use in the design and review of public health programs

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Public Health competency standards provide strong conceptual links between education and practice. In their most prescriptive context, such competency standards have been used for accreditation of public health programs in the US and Europe. The 2009 Foundation Competencies for Master of Public Health Graduates in Australia were developed to inform the quality and consistency of Master of Public Health (MPH) programs in Australia.

In 2015 the Foundation Competencies set was reviewed through a survey of all 23 universities in Australia then offering MPH programs to establish how and which competency sets are used, their importance to curriculum development, and to identify gaps and obsolescence in competency items, and the Competencies document revised accordingly. Whilst public health has continued as an important postgraduate training area, there has been significant development of undergraduate public health courses in many universities, often using the 2009 Foundation Competencies as a guide. This session will provide an overview of the review process and a final opportunity to comment on the revised competencies before they are published.

In view of potential competency overlap between undergraduate and postgraduate courses, it is recommended that the revised competency framework is used in conjunction with the Australian Qualifications Framework to design both undergraduate and postgraduate courses in Public Health. This session will highlight ways in which this can be undertaken, with some examples of best practice identified from the Competencies review.

# Revision and realignment, not reorientation: The Aboriginal and Torres Strait Islander Core Competencies in Population Health

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The 2<sup>nd</sup> edition of the National Indigenous Public Health Curriculum Framework, builds on years of sustained focus on Aboriginal and Torres Strait Islander public health capacity development. The National Indigenous Public Health Curriculum Framework is a guide for university public health teaching programs to achieve the effective integration of Indigenous health within required subjects or units of Master of Public Health (MPH) programs.

Public Health Indigenous Leadership in Education (PHILE) has undertaken an extensive review, and realigned the six core Indigenous public health competencies integral to the *Foundation Competencies for Public Health Graduates in Australia*. These describe requisite graduate outcomes from Australian universities offering generalist MPH programs. A collaborative process was undertaken with Aboriginal, Torres Strait Islander and other academic leaders in public health Indigenous education. The development of this document should ultimately lead to comprehensive understanding of the horizontal and vertical integration required for the Indigenous health curriculum to be incorporated into a public health course.

This workshop describes the challenges that need to be negotiated as we seek to create culturally safe and secure teaching and learning environments. Further to this, the workshop discusses the lessons learnt, the ease of transferability, and highlights the components that will require further modification.

The session is an opportunity for participants to explore how the Aboriginal and Torres Strait Islander Core Competencies may align to teaching and learning resources and strategies. It also includes possible assessment strategies to enable participants to implement the Aboriginal and Torres Strait Islander Core Competencies in participants' population health curricula.