SOUTH AFRICAN ASSOCIATION OF HEALTH EDUCATIONALISTS CENTRAL REGION NEWSLETTER

November 2018

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CONTENT

I. SAAHE annual conference 2018

The SAAHE 2018 Conference was in Umhlanga KZN from the 27th to the 30th of June 2018. The theme of the conference was **Deconstructed, Decentralised, Decolonised Discourses & Debates: Widening Our Horizon.**

The keynote addresses at the conference were:

- Deconstructing decolonisation/decoloniality in health professions education by Prof Elelwani Ramugondo, UCT, South Africa
- Deconstructing professional competence – what, who, how and why are we assessing? Prof Cees van der Vleuten, Maastricht University, The Netherlands
- Crossing boundaries: discourses and debates to widen our horizons. Dr Glenda H. Eoyang, Human Systems Dynamics Institute, Minnesota
- ASSAf Consensus Study report: reconceptualising health professions education for the improved health of the nation Prof S Essack, ASSAf Representative

In terms of conference proceedings, I have attended the sessions on **E-learning and Technology**, **Innovation in Teaching & Learning**, **Technology and Student Experiences** and **Technology in Learning**. I chaired the session on **Decolonised Discourse**. I would like to have attended a session on **Student Selection and Assessment** but it overlapped with the session on **Technology in Learning** where audience response systems, learning spaces and videos in teaching were discussed.

Emergent themes from conference

The academic contributions on Decentralisation were sensible and sober. A panel discussion on decentralised training gave views from students, academics and training facilitators in the periphery. In general, all reports were positive and highlighted patient centeredness and community service as outcomes. Logistics, support and the student concerns regarding safety and relocation were noted negatives.

The debates on Decolonising were engaging but at times muddled. Three issues emerged; Social Justice, Africanising of Content and Power. The issue of Power was both surprising and interesting. It emphasised authority, control and influence in student-academic and academic-governance relationships. This extended the decolonising debate to clinical training discussions, to assessment discussions and to mentorship discussions – all related to student engagement. The Africanising of Content discussions indicated that indigenous knowledge relies on a narrative to be communicated and that this knowledge is contextual. These debates failed to address the process of moving knowledge from the narrative to scientific fact.

Contributions on teaching & learning technology, learning spaces and language as barrier in academic progress were more practical to teaching and learning business.

It is clear that the success of technology in teaching and learning rely on uptake by academics, affordable and reliable access for students as well as student attitude. In terms of audience response systems, student attitude was flagged as a main obstacle. This influenced class attendance and class participation.

An interesting contribution on active learning highlighted the fact that learning spaces are social spaces where students get the opportunity to engage in diverse social and cultural environments. The learning space should not only be populated with technology but it should be shaped to enhance small group interaction without distraction.

Another emerging theme related to barriers that English second language speakers experience in verbal communication. Comments were that English second language speakers do not articulate their lack of understanding in class due to English communication anxiety or verbal command of English and this impact on their academic progress.

Take home message

The conference was stimulating and highlighted in context of our own programme the following:

- Greater access to digital learning resources does influence students' attitude towards class attendance negatively.
- Accesses to online resources off-campus and in the periphery need to be affordable and reliable but often access is through commercial service providers.
- Single language of instruction resolves the physical separation of groups but the challenge lies in class participation.

- Students' view on power dynamics in curriculum and training need deeper understanding.

Conclusion
The opportunity to engage with colleagues from different institutions was valuable and I was motivated by the conference contributions, both in terms of real-world issues and in terms of the intellectual issues.

Alwyn Hugo

II. **AMEE Conference in Basel, 2018**

Why would nearly 4000 delegates from 99 countries be eager to travel all the way to Basel in Switzerland to attend a conference on Medical Education with the theme "Educating the future healthcare professional and the roles of the teacher"?

It is only when I saw these numbers in actual reality at the recent AMEE conference that the question became relevant to me. It turns out it is one of those questions, the ones with many answers. Of course the reputation of Swiss hospitality and the lure of lakes and mountains plays a role and the fact that the regular crowd has been steadily growing. Some delegates from different continents have grown friendships and work ties, calling each other by first name.
AMEE'S slogan "Inspire to be inspired" was particularly evident in the selection of plenary talks. We were entertained by excellent plenary speakers. Bertalan Meskó, a medical futurist entertained us on the topic "Science Fiction in Medical Education". The passionate sci-fi fan warned that we will need to adapt our everyday medical practice to embrace technology-smart patients. He reminded us that we are seeing today the technology envisioned in movies like Star Wars and Space Odyssee. The visionary creators of these films pre-conceived much of our current technologies by continuously asking the question "What if?". The key to innovation is curiosity.

In his talk "How to achieve the impossible", psychiatrist and adventurer Bertrand Piccard shared his wisdom gained from two around the world trips in the most unusual manner. Following in the footsteps of his adventurer father and grandfather, he became the first man to went around the earth in one trip in a hot air balloon. Not satisfied with this achievement, he did it again in flying around the earth in a solar powered plane, without using a single drop of petrol. (He did make some stops on this trip, though). He shared this pearl of wisdom from his experience as hot air balloonist: If it feels like you have no control, you need to change altitude. And you change altitude by throwing off ballast. "Ballast" in real life are those ideas that keep you captive, keeping control outside your grasp and preventing you from attaining your goals. For instance, no airplane manufacturers were prepared to build the solar plane. So he used boat builders instead.
Hedy Wald is the leading expert on student wellbeing and brought home the topic resilience in the medical education setting emphasising "**integrative resilience**" that aims to promote well-being in both individual and healthcare systems levels.

These inspiring talks set the tone for a whirlwind journey through the mindsets of scholars in Medical Education from Europe, Japan, Taiwan, Canada and the USA, Australia and South America. Our own continent seemed to lag behind in terms of the number of attendees and presentations. Nevertheless, there were a fair number of South Africans and one often heard the familiar sound of peoples greeting one another in Afrikaans in the halls, shops and museums.
So, what are the themes that occupy the thoughts of medical educators from such diverse geographical locations?
There is a growing interest in measuring and intervening in student and staff well-being resulting in popularity of topics on resilience, burnout, stress and depression. Gender and diversity are emerging issues. Student engagement was another topic that I think shows an increasing trend. Teamwork and collaborative learning and professional identity formation concern our colleagues across the globe.

Traditional topics like Curriculum development, Assessment in general and Selection policies remain ever popular and it seems there are more answers than questions here.
Simulation training still creates questions on how to train better, give better feedback, and of course to improve the accompanying assessment. These were explored both in technology –based simulation, ranging from high fidelity models to virtual reality, as well as dramatization simulations.
My personal favourite discussion was the one on faculty development for organizational

change chaired by Steinert and Boillat of McGill University. From an organizational level faculty development is seen as an instrument of institutional change. Many delegates agreed that the development of individuals do not lead to institutional change. The value of faculty training is questioned if individuals are not allowed to implement what they have learned. Organizational change means a change in how things are being done to adapt to a changing environment; it also means a change in the culture of the organization. The culture is the shared basic deeply embedded assumptions, stated values and rules as well as unique artifacts identifiable from the outside.

Does attendance of a conference change the world? No …….. at least, not at once. Maybe, in time, ideas grow. Who knows?

Paulina van Zyl

III. Summary of Prof van der Vleuten academic discussion – SAAHE Central

Personal journey on assessment

Overview:

- From practice to research
- From research to theory
- From theory to practice
- From practice to research

Toolbox in assessment:

- Many numbers of methods (e.g. MCQs, OSCEs, etc)
- Climbing Miller's pyramid (knows [facts], knows how, shows how, does)

Characteristics:

Validity: what are we assessing?

- Change in curricula from input to output orientation
- From haphazard learning to ILOs, to end objectives, now generic competencies
- From teacher oriented to learning oriented, self-directed (active learning vs. didactic approach)
- Competency frameworks: CanMeds, ACGME, GMC** - difficult to define and measure (e.g. professionalism); complex behavioural skills; must develop and nurture longitudinally
- Problems usually associated with deficiencies in competencies, commonly valued in workplace; trainable (not just personality)

Must assess competencies at top of Miller's pyramid: unstandardized

Messages from validity research:

- There is no magic bullet (need a mixture of methods to cover competency pyramid)
- Need both standardized and non-standardized assessment methods
- For standardized assessment quality control around test development and administration is vital (student reviews as well): QA in Phase III
- For unstandardized assessment the users (the people) are vital – e.g. how feedback is given (faculty development on work-based assessment) [Feedback: ask questions; get a reflective dialogue going]
- Attendance as part of professional behaviour
- Educational innovation is actually change management

Reliability

- Precision in measurement (reliability coefficient 0 (none) to 1 (absolute)
- Table of reliability (Vd Vleuten 2005 Medical Education): reliability coefficients presented for various assessment tools; need at least 0.8 reliability coefficient to be reliable (i.e. testing time should be long): content specificity problem for assessment of clinical performance.
- Good news: even subjective tests have good reliability if enough examiners across different topics
- Solution for OSCE is in sampling, not in it being objective (vs. subjective)
- Moonen et al 2013 (mini-CEX reliability)
- Aggregation across methods: Mini-CEX, OSATS, MSF

Messages:

- Acceptable reliability only achieved with large samples of test elements (contexts, cases) and assessors

- No method is inherently better than any other (including the new ones)
- Objectivity is NOT equal to reliability
- Many subjective judgments are pretty reproducible / reliable (if judgment is challenged: if many observations say the same, they must be true)

Educational impact

- Assessment drives learning:
- Relationship complex (Cilliers 2001, 2012)
- Impact negative:
    - Pass (immune for life); fail (repeat)
    - Poor learning styles (distributed practice over time is better) vs. regurgitation, checklists and no more
    - Grade culture (grade hunting, competitiveness): poor form of feedback because meaningless)
    - Grade inflation (e.g. in the workplace)
    - Reductionism:
        - Little feedback
        - Non-alignment with curricular goals
        - Non-meaningful aggregation of assessment information
        - Few longitudinal elements: only learned for the occasion
        - Tick-box exercises (OSCEs, logbooks, work-based assessment)
        - Constructive alignment: educational task the same as the assessment task + transparency
    - Progress test: scenario-based MCQ test throughout all years of programme including all disciplines
        - Constant emphasis on functional knowledge
        - Ability to integrate and consolidate knowledge is more difficult than just requiring it
        - Feedback similar to patient-centred care (e.g. open-ended questions, engaging them)

Messages:

- No assessment without meaningful feedback (learners often ignore feedback, especially in summative systems; must be from a credible source)
- Narrative feedback has a lot more impact on complex skills than scores (words are a lot more effective than scores)
- Provision of feedback is not enough (feedback is a dialogue)
- Longitudinal assessment is needed

Implications:

- Validity: a multitude of methods
- Reliability: a lot of combined information
- Learning impact: assessment should provide longitudinal meaningful information for learning

<u>Programmatic assessment:</u>

1. Every assessment is but one data point (Δ) – compromised in terms of reliability; doesn't matter what you use as long as you can justify it
2. Optimised for learning (giving feedback), but not for making decisions:
    a. Information rich (quantitative, qualitative)
    b. Meaningful
    c. Variation in format
3. Summative vs. formative replaced by continuum of stakes (high stakes needs lots of data points)
4. N data points are proportionally related to number of factors:

- One point: focused on info, feedback orientated, not decision oriented (may be used as part of larger data set)
- Intermediate progress decision: more data points needed, focus on Dx, remediation, prediction
- High stake: final decision on promotion or selection – many data appoints needed, focused on a (non-surprising) heavy decision
- Assessment information as pixels
- Classical approach to aggregation vs. Different methods to assess same skill

Example of programmatic assessment:
Physician-clinical investigator programme

- 4 year GEMP
- Canmeds with emphasis on research
- PBL:
    - Y1: classic PBL
    - Y2: real patient PBL
    - Y3: clerkship rotations
    - Y 4: participation in research and health care
- High expectations of students: in terms of motivation, promotion of excellence, self-directedness
- Assessment program: modules, assignments, presentations, end-examination, etc.
- Longitudinal assessment: assignments, reviews, projects, progress tests, evaluation of professional behaviour, etc.
- All assessment is informative and low stake formative
- Portfolio is central instrument
- Longitudinal total test scores across 12 measurement moments and predicted future performance
- Maastricht electronic portfolio (e-Pass) across Canmeds competencies

Coaching by counsellors

- Coaching is essential for successful use of reflective learning skills (research report on self)
- Counsellor gives advice / comments (whether asked or not)
- He/she counsels if choices have to be made
- He/she guards and discusses study progress and development of competencies
- Decision-making by committee:
    - Counsellors and externals
    - Decision based on portfolio info and counsellor recommendation, competency standards
    - Deliberation is proportional to clarity of information
    - Decisions are justified when needed; remediation recommendation may be provided

Strategy to establish trustworthiness: criteria (potential assessment strategy [sample])

- Credibility: prolonged engagement (training of examiners); triangulation (tailored volume of expert judgment based on certainty of information); peer examination benchmarking examiners); member checking (incorporate learner view); structural coherence (scrutiny of committee inconsistencies)
- Transferability: time sampling (judgment based on broad sample of data points); thick description (justify decisions)
- Dependability:: stepwise replication (use multiple assessors who have credibility)
- Confirmability: Audit: Give leaners the possibility to appeal to the assessment decision

Findings:

- Quality of implementation defines the success
- Getting high quality feedback is a challenge
- Learners may perceive low stake assessments as high stake, all depending on learning culture created
- Coaching and mentoring is key to the success
- High stake decision-making in competence committees work really well
- Professional judgement now has value again

Conclusions 1: the way forward:

- We have to stop thinking in terms of individual assessment methods
- Systematic, programmatic, longitudinal approach
- Every method of assessment may be functional (old and new; standardized and unstandardized)
- Professional judgement is imperative (similar to clinical practice)
- Subjectivity dealt with through sampling and procedural bias reduction methods (not with standardization or objectification)

Conclusions 2: the way forward

- Programmatic approach to assessment optimizes assessment
- Need leadership buy-in; involve all stakeholders (including teachers and students)
- Strategy to change: look at evidence (participatory design)

Lynette van der Merwe

IV. Debriefing: using advocacy with inquiry – Debriefing workshop

Facilitated by: Dr E. Archer, B Espen and Prof M. Labuschagne -28 June SAAHE 11th Annual Conference, Umhlanga. This workshop was attended by physicians, nursing, radiography and educators working specific in simulation units. Debriefing does not only happens or is required after a traumatic experience as previously thought. Debriefing is a tool that is particularly helpful after a simulation.

Important factors to remember as stipulated by the PEARLS Healthcare debriefing tool (http://journals.lww.com/academicmedicine/toc/publishahead):
After the simulation it is important to set the scene, take the students away from the simulation area in order to create a safe context for learning. Preferably sit down in a circle and state the goal of debriefing e.g. 'Let's spend 30 minutes debriefing in order to improve how we work together and care for our patients. Important that during debriefing no formal teaching must occur. The confidentiality of what happens during the simulation and debriefing session should be agreed upon by all participants in some instances even written consent could be required. 'What happened during the simulation stays here.'
Try to let the students express how they felt during the simulation. Clarify facts and develop a shared understanding of the case. Questions like: 'Can you please share a short summary of the case? Does everyone agree?'
The understanding will probably happen during the analysis phase. This is where the advocacy with inquiry comes to play. Statements like: 'I noticed that you did x. Can you tell us why?' Very important that one stay neutral and not let you own frame of reference cloud your observations. A mini summary of the discussion should happen. 'That was a great discussion. Are there any additional comments related to the performance gap (applicable to the specific simulation)?' There are three approaches:

1. **Learner Self-Assessment**: Promote reflection by asking students to assess their own performance with questions like: 'What aspects were managed well and why? What aspects do you want to change and why?'
2. **Focussed Facilitation:** Probe deeper on key aspects of performance.
   Advocacy: 'I saw [observation]. Inquiry: 'How do you see it? What were your thoughts at the time?'
3. **Provide Information:** Teach to close clear knowledge gaps as they emerge and provide directive feedback as needed. 'I noticed [behaviour]. Next time you may want to consider [suggested behaviour], because [rationale].'

The facilitator should address any outstanding issues or concerns during the application/summary stage. Identify specific 'take home messages'. A learner centered approach would be 'What are some take-aways from this discussion for our clinical practice?' During the analysis phase different performance domains can be explored such as decision making, technical skills, communication, resource utilisation, leadership, situational awareness and teamwork.

A practical session followed during which a simulated video was watched. Three delegates represented the doctor, nurse and respiratory technician in the roleplay of a debriefing session. They played their individual roles with gusto. The facilitator of the session followed the steps outlined above. Afterwards the rest of the group could also contribute their observations. I feel inspired and will incorporate what I have learned during this workshop in my own teaching practice in future.

Henra Muller

V. SAAHE Health Professions Education Research Workshop

Presented by Veena Singaram, Francois Cilliers and Cees van der Vleuten

Veena and Francois had the vision of commencing a doctoral platform or workshop at

the SAAHE conference, where students could share the problems they encounter on their journey towards completing a doctoral proposal or thesis. Two informative and well attended sessions where held on Friday 29th June. Students were invited to share their work with their peers and supervisors. Seven people in different phases of their studies made use of this opportunity.

Each person had ten minutes to present his/her idea, proposal or thesis to the audience, which consisted of fellow students and supervisors. The audience discussed the problem or topic and gave specific feedback to the presenting student. This was quite helpful for the students. We were all able to highlight one or two problems we had with your respective studies and use the collective knowledge and feedback the supervisors gave to us. The supervisors were all experts in their respective fields of research methodology. This broadened the scope of advice given to us students.

Prof van der Vleuten, an esteemed supervisor and overseer of more than 70 doctoral graduate students from the Netherlands, gave invaluable feedback on the different studies. His experience gave him the ability to directly address the problem us students were all concerned with, and put it into context in a few sentences.

One question everybody seemed to want an answer to was, "When have we read enough to be able to write on the topic we were researching?" To which he responded: "Read enough to find the gap. Identify what is known and what not and what the problem is. What can be done about the problem? When you can answer that then stop reading."

Maryna Hattingh

VI. SAAHE News

1. SAAHE Web Presence

The SAAHE web site can be accessed at http://saahe.org.za/.

2. Registering as a SAAHE Member

In order to compile a national members database SAAHE National request registration on the web site. Registration is free but it will help to manage a national communication and interest database. Please register at http://saahe.org.za/register/

3. Contribute to the SAAHE Central Region Newsletter

All members are invited to present inputs for the SAAHE Central region newsletter. Contributions may be in the form of an article or a summary of an academic activity. Members may present contributions that were compiled by teams; you do not even have to do it on your own! Contributions may be send to Alwyn Hugo at Gnanaph@ufs.ac.za or Riaan van Wyk at VanWykR3@ufs.ac.za

IV. Closing message

2018: It's a wrap!

Have you also heard the refrain, "I can't believe the year is over!" on repeat in the past few weeks? In the blink of an eye, the challenges and opportunities, the victories and defeats of 2018 will become reports or histories deposited in data and memory banks. If we could stand still just for a moment today, what will stand out as "AHA" moments illuminating the year? What did we learn, how did we grow, did we change at all?

So what made 2018 meaningful? For SAAHE in the Free State, it was a busy year indeed. We had a full academic programme that stretched us intellectually, daring us to think differently about the following:

- Education design research: Dr Annamarie van Jaarsveld related her journey into developing a Master's degree in Sensory integration for Occupational Therapists
- Effective communication in health sciences: Dr Roline Barnes shared her insights and experience into this pivotal skill for both practitioners, students and lecturers
- Professional Competence Assessment and Assessment Research: Prof Cees van der Vleuten, visiting SAAHE scholar from Maastricht University, Netherlands, gave us a "state of the art" update on assessment, challenging widely held and longstanding assumptions.
- Reconstructing power relations in health sciences education: visions of a decolonised future. Prof Lionel Green-Thompson from Wits lead a thought-provoking session on this topical issue with characteristic enthusiasm.

SAAHE members attended and participated in the SAAHE National Conference in Durban,

KZN, as well as AMEE in Basel Switzerland, among others. We published two newsletters, held an AGM and quarterly management committee meetings (including planning the 2019 National Conference in Bloemfontein), all the while promoting a passion for excellence in all aspects of the scholarship of teaching and learning.

Now what will tomorrow bring? I trust that as you enjoy some welcome rest from the sometimes frantic pace and exhilarating (or exhausting) moments of 2018, you will reflect on what you gained from this year to inform your next wise action for 2019.
Brenda Zimmerman's STAR diagram, representing the four conditions influencing interactions amongst groups who work together towards shared goals, is a helpful guide. The four points on the S.T.A.R. give a way of looking at teams, understanding how they function and influencing their configurations – whether these teams are at home, at work, or in society:

Same and different: Effective groups should be the same in ways that will keep them together, but different enough that there is energy created in the tension to allow change to happen
Talking and listening: Spaces where each member of a group gets the opportunity to both talk and listen make for places of accomplishment
Authentic work: When what we work at trying to achieve matters in the real world, we feel valued, and care about what we contribute
Reason for being: Finding a shared purpose gives a group a reason for collaborating over time

I hope that the STAR diagram shines some light on how you view the teams and groups you belong to and guides you as you move forward towards greater coherence and collaboration. May 2019 bring you the fulfilment of work well done, the reward of seeing your role in a bigger picture, and the peace of knowing that you have made a difference.

See you at SAAHE next year!

Lynette van der Merwe

Compiled by Riaan van Wyk 2018