Dr Peter GM de Jong, Prof Neil Osheroff, Prof Aviad Haramati and Dr Jo Bishop

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Building Caring and Character in Students.

Transcript of webinar:

COLIN
Ok let's make a start. Ok, so, I'd like to welcome everyone to our ASME BITESIZE session today. I'm absolutely delighted to welcome friends, colleagues and collaborators from IAMSE in the United States. This is a collaboration that we conceived probably about 18 months ago in Roanoke in Virginia where we realised that we shared very many goals and aspirations for both our organisations, and we felt that we could work collaboratively together. We hoped that this was going to be a joint face-to-face session but unfortunately events have intervened. So, we've got a session today on 'Building Caring and Character in Students'. The session will last about 45 minutes. Just some instructions about the chat. So, if you want to ask a question please use the chat field. It's available on the chat button at the bottom right of your screen. Can you please make sure you select the option to post on the chat to panellists and attendees so that everyone can see your comment or question. If we don't get time to answer all your questions, we will provide a document after the webinar with any questions we are unable to address. The chat field is available for you to contribute to the conversation. We may invite some participants to expand on their comments by asking them permission to make their audio and video live. Again, we will ask your permission we will not just put you up without your knowledge. Please respond via the chat feed that you are happy for us to add you as a temporary panellist to join the discussion and expand on your comments. To let you know the webinar is being recorded, a video of the webinar will be made available on the ASME website along with any other support materials. If you are having any technical problems, we ask that you make ASME aware by emailing events@asme.org.uk rather than adding it in the comments field and we will respond to you. So, without further ado I'd like to introduce Peter de Jong who's going to chair this session.

PETER
Yes, thank you very much for inviting us today to have this symposium. My name is Peter de Jong, I'm from the Netherlands and I'm going to show you a few slides as an introduction to what IAMSE is kind of an organisation, let you know a little bit about our background and then we are going to listen to three short presentations. So, I'm going to switch over to my screen and I hope that you can all see that now. We are from IAMSE. IAMSE stands for International Association of Medical Science Educators and in fact it is a non-profit professional development society. We are looking for improving the qualities and the skills of our teachers. We have about 1,600 members worldwide and not only medical school it is from all fields in healthcare education. Of course, we have a lot of things about faculty development that's what our main mission is. And for example, we have a 'Medical Educator Fellowship Program' for people to join in which you can learn a lot more things about teaching. We also have a

nice grant programme for faculty as well as for students. We do have an annual meeting and normally we have an annual meeting on site as you can see in the pictures. If it is an annual meeting on site, we have about 600 to 800 participants. It includes regular things, a plenary, a presentation, focus session, work groups all kinds of things. This year we will be online unfortunately again as you can see the 25th annual meeting will happen in June. And registration will open today or tomorrow so, if you're interested in joining us then you're welcome to do so. Last year we were also online and we had about 2,000 participants so that's a big difference than with the face-to-face meetings. The last thing I wanted to show you a little bit about is we have publications. IAMSE has its own journal Medical Science Educator, for some reason my screen jumped up without me asking for it. Our journal is called Medical Science Educator it's an online journal we have six issues per year and we publish all kinds of things regarding teaching in the health sciences education so, you're welcome to submit with us. We also have a manual series those are little how-to manuals and we are building that series as we speak. We have several already available but more will be coming in upcoming years. And we have a webinar series like the one that we are doing here now today. We have our own webinar series and those are groups of five or six episodes so that means five or six weeks in a row we have a one-hour presentation about a specific topic and we do that three times a year. All events and all the things that you can join if you are a member and several of them you can also join if you are not a member. Today we have a session which has the title 'Building Caring and Character in Students' you all know about that and we have invited three speakers, three IAMSE members that will give you short presentations today about that topic. So, we will do those presentations just back-to-back so that we can spend the rest of the meeting today for questions. The first speaker as you can see is Neil Osheroff, he's from Vanderbilt University in the US. He's going to talk about using competencies to build professionalism and character. The next speaker after that is Ade Haramati from Georgetown University in the US, more focussing on creating caring communities and as you can see especially from what came up in the pandemic. And then the third speaker is Jo Bishop, Faculty of Health Sciences and Medicine from Australia, the other side of the world today, and she's going to talk about mental health for all. As I said afterwards, we will look at the chat, answer questions and we will get people to ask your questions to the speaker so that we can have a discussion on their talks. I'm now going to give the virtual floor to Neil Osheroff and as I said we will have the three presentations back-to-back. Neil you can share your screen.

NEIL

Good morning, good afternoon, good evening wherever you are in the world. I really appreciate the opportunity to talk with you today. My name is Neil Osheroff as Peter said and I'm from the Vanderbilt University School of Medicine. What I really want to talk about today is some of the things we've done to use competencies to help build professionalism and character in our early medical students. This is an MD programme but I'll also point out that I think everything I'm talking about today is still very much applicable to an MBBS programme as well. I Co-Direct the first scientific block of our pre-clerkship curriculum so, literally I get the students on the first day of medical school. And I've been doing this for over 30 years and I can tell you with assurity that when medical students come to school for the first time, they virtually all suffer from imposter syndrome, they're nervous, they lack confidence. They're at their least mature and their least secure and they're emotionally fragile. In short, they're a long way from becoming the finished product that we know as physicians. So, the premise of the talk that I'm going to give you today is that we can take student professionalism

and character and we can really strengthen it by teaching them how to work and communicate in a team setting which will help to develop a more appropriate culture for them. How to express empathy and help others and that will enhance their emotional IQ. How they should be able to self-assess which is a really important skill for a physician to have and then be able to accept and apply feedback to themselves and how they can provide high-quality feedback to others. So, the important principles I'm going to work on is first that building medical student professionalism and character really should and can begin at the very beginning of medical school. It does not have to wait until the clerkship or the clinical years. The other thing is that the very same courses that we use to teach the foundational sciences to our students can simultaneously be used to strengthen and coach core values that enhance professionalism and character among the students. The competency domains we use have been described by the ACGME or the Accreditation Council for Graduate Medical Education, that's the governing body of residents in the US or what in many parts what you'd refer to as junior doctors. We have six core competencies that are medical knowledge or knowledge for practice, professionalism, systems-based practice which really is about how well you participate in a team setting, practice-based learning and improvement which really addresses how well you take feedback and apply it to what you're doing patient care and inter-personal and communication skills. These are very similar competencies that you would find for the National Board of Osteopathic Medical Examiners in the US the CanMEDS in Canada or the Academy of Medical Royal Colleges in the UK. One thing I'll point out when we talk about competencies, in some parts of the world it means something very different. In some parts of the world, it's a checklist of 134 check boxes a student has to do before they can become a physician, that's not what we're talking at all. What we're really talking about is more or less a GPS, a roadmap that tells you where you are now, where you need to go and, in many respects, how to get there. Now where we use this approach in our curriculum is really in our case-based learning programme which is essentially problem-based learning over the course of the first year of medical school, students have approximately 74 cases they go through. They come in Monday morning they work their two cases and essentially, they come in, they have a cold case. The first thing that happens is that the patient describes their chief complaint, it goes through more history, tests, results, more history back and forth. Ultimately it culminates in the diagnosis of the patient. The students then set their own learning objectives, go home research the foundational sciences that really under lie the normal condition, the medical condition, the symptoms that they're seeing and how the treatment is based and they come back and discuss this for two hours either on Wednesday or Friday. This is a learner centred active learning format, which really simulates clinical practice in a safe setting. It scaffolds deep medical science knowledge in a clinical context and students begin to develop clinical reasoning skills and self-regulated learning skills but because of the environment it's in it can also be used to strengthen professionalism and character. So, while the students are doing the basic science work that they're into and also the students can be coached and assessed in how they work and communicate in a team setting, express empathy and that's not only for the patients and the cases but also for their group mates how they can help others that are struggling or might need assistance. It allows them also to analyse how they're self-assessing and how they're accepting and applying feedback to themselves. We also have a programme that goes with it that teaches students how to give high-quality feedback to help the others in the group both in writing and face-to-face. The other thing this can work on because you can also incorporate issues that relate to professionalism and character into cases

for example, we have a medical error in the handling of a child with a disease called MCAD which is medium-chain fatty acid degradation disorder but it's a disorder that until it was originally found probably resulted in about 25% of sudden infant deaths in the US. So, in this case we have discussions of who is really at fault who should have taken care of things, parents versus physicians' responsibilities, how to handle peer interactions with a physician who's made an error. You can have things like an immigrant family with a child with sickle cell or now you can talk about global differences in treatment, genetic testing. The other thing is you can also talk about interactions with the healthcare system and incorporate for example micro-aggressions if you want to. We have a case on the seat of medicine toxicity that talks about drug addiction, over the counter drug safety but at the same time personal responsibility and empathy for the patient and things like Rotavirus where you talk about global health issues once again the importance of basic necessities that are not always present elsewhere in the world and you can look at empathy from it as well. Now, in our earlier curricula in the first year basically the only thing that was really talked about was medical knowledge and when students had to set learning goals because they were having some deficiencies or problems, literally if you look here at this pie chart the MK right here, Medical Knowledge, would have accounted for probably over 90% of all these learning goals in previous curricula. And when you look now, and these are the other areas that include professionalism, system-based practice etc. now they actually encompass about two thirds of the learning goals that are set so it's a really holistic vision of our students. One of the things that we've also learned is that competency-based assessment not only can drive learning, as we all know assessment drives learning, but it can also really drive a holistic development and professional behaviours and attitudes in our students. We can also identify competency challenges that would have gone undetected until much later in clinical training. Now granted, the vast majority of our students don't have competency issues in terms of challenges but literally at this point we can detect problems that might arise with professionalism, systems-based practice, how they work in teams, literally in the third week of medical school whereas in previous curricula we would have really looked into these in about the third year of medical school. So, we really can get these very early in the training. The other thing is that by looking at the students holistically and by working through these competencies we really get a richer and much more accurate framework for predicting student outcomes and successes and the other thing we found is it really tends to accelerate the rate of student maturation. So, the take-away messages from this talk are really that professionalism and character as we know are important characteristics for all physicians. Too early in curricula skills that bolster professionalism and character in students are really taught in isolation of other parts of the curriculum and they're also taught in much later stages of the curriculum and at least in my opinion this really renders them of somewhat lesser value. The other thing is that training and skills that enhance student professionalism and character really can be incorporated very early in the curriculum but also within the very same foundational science courses in the pre-clerkship curriculum that are teaching the students the sciences which really helps students develop these attributes very early in their careers. I'm going to take some questions later and if you have any, I'm happy to talk with you about them but I'll also point out there's a couple of articles listed here that talk about our work with the competencies and also with our face-to-face feedback programme. So, with that I really appreciate the time that you've taken to listen to me today and I look forward to questions later. Thank you very much.

PETER

Thank you, Neil. We're going to switch to Adi.

AVIAD

Can you see my slides? Ok perfect. Well thank you very much for giving me the opportunity to join you today and to share, actually to build off what Neil just presented. I want to underscore the fact that I absolutely agree with his contention that we ought to be thinking about our foundational science courses as entities that can foster a lot more than medical knowledge in our students but other aspects. What I'm going to talk about are two examples of courses or activities that we've implemented in our curriculum at Georgetown that directly I believe foster caring and character in students. One I'm going to talk about, I mentioned before the pandemic and one was developed in response to the pandemic. So, back before the pandemic began, back in 2002 in fact we began a programme through the help of my colleague Nancy Harazduk which was designed to foster students' self-awareness and student self-care directly. The way we did this was created an experiential course which we entitled Mind-Body, Medicine and the goal of the course was to [audio cuts out] their life to then translate that to personal self-care and I'm getting a sign here that my internet is unstable isn't that great? Just when we start. And the third objective was to do this in a context of non-judgemental support of collegial relationships. Now the format of this particular course was to invite ten students and two faculty facilitators to manage this setting. We invited students to participate and from year to year, this is now in our 19th year, about a third of the class will sign up to this. The sessions meet for two hours a week for 11 weeks and we call it our journey of self-discovery. The format is important because you'll see how we've used it in our second iteration as well but essentially the first hour is spent to create a safe environment certainly in the first week that adheres to certain guidelines including confidentiality, compassionate listening, respect and most importantly non-judgement. We spend the first hour in check-in where the students and the two faculty facilitators share aspects of their own insights and reflections on their life and how they're doing both challenges and joys. And then the second hour is one in which we introduce a new mind-body skill, it could be a meditation or a guided imagery, or a writing exercise which would be the platform for self-awareness to emerge and we process that after the experience. This is what the setting looks like. It is very different than a lecture hall or even an anatomy lab, you see students sitting in a small group, a very nice setting, this is an opening meditation. And what we found after this course of 11 weeks is that perceived stress by the students goes down, mindfulness goes up and that's associated with an increase in empathy, an increase not a decrease. Excuse me yes, an increase in empathy which is one of the things that we're trying to achieve. A number of articles were written about this, this is back in 2007, in which we found through qualitative analysis the connections that students report their own self-discovery and insights into their roles as healthcare givers. And for our own institution I will tell you that this course, and you see that picture now in this publication, has changed the culture of medical education at our school. And so, a course like this that fosters connection and empathy among the students and the faculty can have that effect of building character which is what we're after. It's not just at Georgetown there are a number of other schools now in the United States that have expanded this programme, particularly at the University of Cincinnati and so this expands to other health professions as well as to other disciplines out of medicine for example the law school, there are now at least two schools that have this course going on in their law schools, and it's not just in the United States but in Europe as well. And so just to share two publications, this is from the Netherlands, individuals that trained with us and then demonstrated in this

publication that the increases in empathy and decreases in personal distress actually continued for up to a year after the course ended. So, there's a long-lasting effect that happens from the skills that were developed during this course. And in this particular paper following our own graduates after they'd moved on to residency and into their early faculty years or into practice the preliminary evidence from this particular study following 112 graduates is that this Mind-Body training had a long positive impact during their residency and how they approach patient care particularly with regard to empathy and self-care. Then the pandemic hit. And so last March we were faced with the fact that we didn't have the opportunity to be together in groups in person we had to do it on Zoom for example and the question was, was it going to work and for the Mind-Body programme I will tell you that despite the fact that we went virtual there was quite a bit of positivity and gain from even conducting those sessions virtually. But the pandemic also created enormous stress on faculty and on students and I'm sure the same occurred in your own institution but I just want to highlight a few aspects that were critical. For the students overnight essentially, they moved to a virtual education environment. For many, particularly those in the clinical years there was uncertainty how they're going to get clinical training and there were some serious safety concerns and they were completely isolated from family because many don't live at home, they live alone. For our faculty and staff, the stressors were even more significant. Safety concerns for their students, there were challenges to our teaching faculty to pivot to a virtual environment, the research programmes were totally disrupted and continue to be disrupted in some of our institutions and of course we all face the same challenges of working at home, especially if you have school-age children or elderly parents. Now, into this pandemic we have a new class that started in August and one of the concerns that we had was what happens to this transition to medical school? And essentially what happens to the individual student is now they're accepted in medical school; school starts in August and all that's happened is they open their laptop and now they're simply accessing a different course and they're in medical school. I mean the negative side of being isolated and virtual was of significant concern to us. And so, we pivoted to create a new offering which was Creating Caring Communities, that's what we called it. And so, in a few slides let me share with you what this was. The goal was to help students transition to med school by creating an environment in which they would be with their peers similar to the mind-body but also allow them not to worry about academic aspects of these settings but to talk about their personal lives, their challenges and their joys. Now the way we had it set up was we had the same ten students but this time we made it mandatory and assigned each incoming student to a group of ten. We had a faculty member co-facilitate this, an individual who was already trained to lead the mind-body groups, but the innovation here was we used a second-year student and invited 20 second-year students who had already taken mind-body to co-facilitate those sessions with the faculty member. And so, there's quite a bit going on here and we only have these sessions for one hour, not two, we weren't teaching mind-body we were simply creating the community. And so, if you look at the format, ten students mandatory for the first two sessions and after that students could opt out, the groups met for only an hour and they met approximately every other week or seven times in the full semester. But again, the structure was similar, we first had to create the environment even virtually which adhered to the same standards of confidentiality, respect, compassionate listening and non-judgement and then just use that hour for check-in. That's what we use the sessions for. And just to show you some new data that just came out, actually we began to compile this this week, is if we take a look at about 30-35% opted out after

two sessions and two thirds stayed with it. And what you see in response to the question 'how helpful was this at creating caring communities experience for your transition?', the students that opted out obviously felt it wasn't that helpful although here's a group that did find it modestly helpful, but the ones that opted in you're seeing in bright blue found the sessions to be helpful, in fact very helpful. And some of the comments with the first two blocks being entirely online, this was a student comment, these sessions were the only opportunity to create connections. I love my CCC group and the community it created, it was a great place to share frustrations and worries. Here's one; 'both my leaders both the student and the faculty member and my fellow students were great at unpacking each week' and so this is examples of how the students reacted to this. One student wrote 'I was too busy to attend many of the sessions but when I did, I found that I felt better after sharing my week'. And here's a student that said 'I found it awkward', even though this person stayed with it, 'I found it awkward but gradually it got better and I got to know the members of my group better'. So, you're watching this development take place. For the students that opted out I gave you just a couple of quotes which 'it wasn't that it wasn't helpful I just didn't think I needed it'. This one; worried about the time differences and the meetings were really at an inconvenient time and disrupted their studying and here's a student who honestly said 'I didn't feel comfortable sharing personal struggles with strangers that I may never meet in person'. So, you get a sense. Now a couple of other reactions, how would you rate your overall experience? And you notice here that for the students that opted in and even the facilitators, here are the faculty facilitators this was a very meaningful experience. And we asked them should it be mandatory, should the first two sessions be mandatory? And what's interesting here is for the students that opted out half of them said no, it shouldn't be mandatory but a third of them said yes, it should be. And of course, over 80% of those that opted in and the facilitators felt these first two sessions should be mandatory. And here's an example of a snapshot of what these groups look like and this was my second-year co-facilitator who doesn't look very different from the first years. So, the take-home message that I have for you is that experiential offerings such as Mind-Body Medicine skills that I've described and this new Creating Caring Communities are examples of how faculty and students can co-create a curriculum module that can build character, their empathy and compassion even in a virtual environment. Thank you for listening and I'll stop sharing the screen.

PETER
Thank you, Adi. We'll quickly go on to the last presentation, Jo.

JO
Peter can you see the screen ok and hear me?

PETER
Yes, it looks good.

JO
Excellent. Hi everyone, good evening it's a very late night for me on the Gold Coast in Australia. My name's Jo Bishop I'm the Associate Dean Student Affairs and Service Quality for Bond University so, I see my role as both a privilege and a challenge daily. We were fortunate to welcome the majority of our students back to campus today after a very difficult and turbulent 2020, and still so much more unprecedented times I'm sure ahead for us all. So, I'd just like to thank ASME and my colleagues within IAMSE for allowing me to share some of my thoughts around the mental wealth and how we can work together on this. So, the shot you can see on the screen is actually Bond Campus, it is a beautiful campus. And the first thing I think we all need to think

about, and largely thinking about what Adi and Neil have already said, is what is well-being and why is it important? And when we think about well-being or if we look at definitions it's the experience of health, of happiness and prosperity. Includes good mental health, highlights satisfaction, sense of meaning, of purpose and the ability to manage stress. And more generally well-being is just feeling well so you can understand some of the thoughts that Adi and others have shared about how having those additional sessions along with other knowledge-based sessions actually enhances the student experience. But if you were to breakdown well-being there's emotional well-being, there's physical well-being, there's social well-being, there's the work-place well-being wherever our work places might be right now. There's also societal well-being and every one of those areas has been impacted by us, day to day it would, but specifically through the Covid and the continued pandemic those have really had an influence on our general well-being. So, if you think about and just take a few seconds to think about the well-being in your institution, these are stock photos that I was able to find from Bond and this was campus life and has been campus life for many, many years. But for many of us and for some students unfortunately this became the reality of working online and you know we did our best and we continue to do our best to make and connect that community, and connect with the students whilst they're not on placement, not with us, whether it be on campus or whether it be in Australia itself. But it has been difficult and it's really been an opportunity for us to upscale quite quickly. And you may be already aware of how you've managed it and how you've coped with it, how students have coped with it or how your colleagues have coped with it as well. And I know myself that I was coming in and trying to be positive with my colleagues but not always hitting the bar, not everyone was able to achieve this change as well as others. So, how can we support learners and faculty generally and during this time? It is about those co-designs, those opportunities of community, of being one, a university, a community of faculty and students together. You may have seen this already but this is the Maslow's Hierarchy of Needs and if you were to look at the bottom, this is a triangle, where our basic needs so right now I'm probably going to struggle tomorrow with my lack of sleep but as long as we've got our basic needs of physiological needs, we're actually ok to get to the next level that we feel safe. The next step is about feeling loved and belong and that can be even in a community within a classroom of feeling safe and connected. That will then raise to esteem and the self-actualisation of actually being challenged. If you think about those classrooms with Neil, having all those students, having to achieve all those problem solvings and those discussions, if they were unable to go through all those basic needs of that triangle then actually being able to perform well in that classroom is difficult. And we can think about that ourselves when we think about our everyday if we don't sleep well, if we're not eating well, if we're not hydrated all those different performance areas are actually lacking. What we can also do when we think about ensuring the safety of our faculty and our students is to think about making sure that all are welcome. So, those small behavioural cues that we have whether it be in the classroom, in meetings of how we represent ourselves and others. The signals that we're sending, those interactions, those non-verbal cues when people are talking, they even come across. One thing I've noticed that I as an individual myself I actually get energy from being around people as an extrovert and I've noticed that being on Zoom or being in Zoom meetings and trying to find other people's emotions and looking at people's faces, and that's why a lot of us are so fatigued after Zoom meetings because we're constantly looking for those cues with others on the Zoom. The other thing that you should think about, take a look at your environment, even your virtual

environment is what does that send as cues? Is it welcoming? What does your collateral look like? Is it welcoming to all and that's why I've put that poster there, who represents your university on your collateral? And these are all the signs of importance of how others, yourself, as a faculty, your colleagues, the professional teams and your students feel welcome and safe in that environment. So, one thing that we did while we were working remotely and working with students was, we looked at the work of Russ Harris who was an ACT trainer and we looked and ensured students to think about what they could control and what they couldn't. And this came across, we came across this FACE COVID. And you know if you can go through it; focus on what's in your control and what's not. And a lot of us are still going through that in our different restrictions there are currently, there are some people who chose not to look at the news for a whole day or two just to make them feel some sort of control. So, acknowledging your thoughts and feelings is really important. Find your trusted colleagues or friends so you can talk about how you're feeling. Ensure you're aware of your body, take time for exercise if you can, engage in what you're doing, really focus on what you're doing and the task in hand. Keep those actions committed. Opening up. So, make sure that you do share your thoughts and feelings with perhaps your line manager or your colleagues. And this is what we've encouraged students to do with their tutors or their facilitators. Ensure you keep your values in check. Identify resources. One thing that we've all found is our emails and our social media have been inundated with resources but making sure it's good quality resources, has been important. And obviously the hygiene aspect of making sure that we're safe from a health point of view. So, if I was to ask you what your values and mission statements from your universities some of you will know them. What we did at Bond is we put them on our walls and so this is some of my team showcasing. I was on my way to a conference and realised I hadn't taken any photos of the wall with our values on so I asked them to do this. And this is the sort of colleagues I work with; this is what I got back. But it's really important that if you got values, you've got mission statements that you walk that talk as well. And the main thing that we have in our SASQ environment as well as Student Affairs environment is ensuring that we show compassion, that we show gratitude and that we inspire students, but that we show kindness wherever possible. So, there's a lot of words and there's a lot of actions but as a medical educator myself and a curriculum director of the Med Programme I need frameworks. And so, one framework that I came across which is from the Enhancing Student Well-being programme from La Trobe in Melbourne was this. And if you were to look it up, you'd find a whole list of KPIs and opportunities for you to share. And what we weren't agreeing with was that it was just student well-being. Our VC's mantra is that students come first, second and third. But many of us are aware that the only way the students can come first, second and third is if our faculty is well too. So, we've changed it to community well-being. And aspects to improve the environment that we all work in is to ensure that we foster engaging curricula and learning experiences, and that can just be a challenge and your higher point of your triangle if you enjoy the challenge of developing curricula. Ensure that you have supportive social, physical and digital environments for all. Strengthen that community in awareness and actions so make sure that your students and staff co-design many of the initiatives. Develop the students and staff mental health knowledge. So, we've mandated in our faculty that everyone will have a mental health first aid training, this is just as important as the basic first aid and CPR training that happens. And we are now a gold standard institute in that. And ensure that all services are effective. So, today was orientation and we told students, we told everyone where the support services are but we need to make sure

that we keep reminding them of those services and at key times during their transition. So, future directions in well-being is to ensure mental wealth for all. But if you can do anything you should still, and emotions do matter, is that you should be kind as much as you can during this difficult time for everyone. Thank you. There are the references and Diolch, if anyone hasn't noticed I'm originally from Wales. Thank you, Peter.

PETER

Thank you very much. I'm looking a little bit at Colin because we only have a few minutes left I guess before you officially want to close the session? There are in the chat, a few questions came in and as Colin already said afterwards, we will try to answer them as well so you can see them afterwards, so it's absolutely worthwhile reading those. For the sake of time, I will read out one of the questions that came in. The question is from Heather Christensen and she says I wonder with regard to Neil's presentation; I wonder how well the students self-assess their own needs with this type of development and how that insight impacts their learning experience? Can you say something about that Neil?

NEIL

Sure, well students like most of us can't self-assess very well at all. When we have them rate themselves in various, within the competency domains, their individual competencies and milestones to go with them, they either say that they're terrible or they're aspirational usually. They're usually way off the mark. And for the most part our students as with all the students that you have are phenomenally good individuals, great students, very high achievers, they've never been told there's anything wrong, they've never forgotten any coaching because they've always been the crème de la crème and then they show up and all of a sudden find out that they're perceived as a bully in their group, or they're you know that they like to tell jokes but all of a sudden now their perceived as being a distraction. So, it really hits them very hard if indeed there's some feedback that's not 100% positive but it's done in a very safe environment and for the most part students are horrified if they're perceived in a way that they don't see themselves. And to be honest for the most part these things right themselves extremely quickly and what we found really is that the students move through the progressions and even though we've gone to a much shorter pre-clerkship phase, one calendar year as opposed to two academic years, our students are now hitting the wards and the clerkships more professional and more mature than they were in our previous curricula. So, I think this has a really major impact on their holistic development. And the self-awareness that they may not be perfect and they have ways to go I think really helps in that.

PETER

Ok, I had a question for maybe several of you. Because the examples that you mention are US examples where I know that medical schools start at a little bit of a later age than Europe, your students already went to college or something else and you said Neil they come in and they are very afraid or whatever, insecure. Can you say something about that, maybe Adi as well, about how you look at that? Should we start already early in our schools as well, but then three years earlier with students of 18 years old? Because I think that's appealing for lots of schools in Europe.

NEIL

Absolutely you know literally 90% of our students have imposter syndrome as do most of our faculty. I mean that still it certainly plagues faculty to this day. We're happy that we're not being fired. And so, I think that you just have to understand that teaching very early in the medical school curriculum it's really, there's a hidden curriculum for us

and first is to start getting them learning their sciences but the other thing is really the transition to medical school and becoming a young professional. So, I think it's a really critical time. Adi I'll let you talk about it as well, and Jo.

AVIAD

So, what I would say is that it's never too early to begin the process. In fact, I think that this has to start actually in grade school. The idea of self-awareness is something that we have to learn and so, the students that when they come to medical school, I think it's a little late in our stage so you could start it. Now, there is a difference between 18-year-olds and 23-year-olds in terms of the group's maturation is a little different so you'll see that. But even with the 18-year-olds in Europe you still see the issues of burnout happening to students so the whole idea of character development is something that has to be proactively thought about. If you don't mind, I'm going to jump I just see another question came in it's if the students were assigned to groups, or they know the groups? No. So, our team-based learning groups and our problem-based, case-based learning groups are pre-assigned but these groups were different we purposefully did not choose the same groups that they would use in the academic world because we wanted to do something that was very different. So, just a quick point about the framework. We have 200 students roughly, they're divided into five societies and their groups occur for academic reasons, cases and small group activity through their societies. What we did for the Caring Communities was we cut across societies so two from each society created a group of ten. So, it was purposefully designed to be cross-sectional and give them an opportunity to meet folks that they wouldn't normally see. Back to you Peter.

PETER

Jo do you have something to add about that?

JO

Yeah so, we're a predominantly undergrad programme which is quite unique. I've come from the UK so I've experienced both undergrad and grad entry programmes but at Bond we're a full fee-paying undergrad programme but we do have postgrad but only 30%. And they bring a real energy and life experience to the group. We mix the students up, undergrad, postgrad and from a knowledge base there's no difference but certainly the life experiences and the opportunity to support and mentor the students makes a difference. But what we did three, four years ago at Bond was we actually changed the selection. We introduced, we lowered, not by much, the academic entry but also allowed psychometric tests and so students actually come in with a higher ranked emotional intelligence and personality traits are reviewed, and those who do not match our values are not eligible to go to interview. So, we're still early on the work from that but what we're finding is that there's no difference in the knowledge-based exams but what the students are performing better in than the previous cohorts is in that communication and empathy parts of their clinical skills training and their team-based performances was well. And we are busy in SASQ, students are not tolerating, those that now have EI will come and chat about behaviours of others and concerns. But we are remediating early and that's the key thing I think from what we've heard from Neil as well is those performances of poor professionalism if you're seeing them and doing them you can actually remediate the students early on in their careers rather than later on when there are actually patient safety risks involved.

PETER

In one of your last slides, you mentioned the importance of creating an engaging curricula can you give a small example of that Jo?

JO
So, when you're engaging in curricula it's around, one of the key things that we have in an integrated curriculum, or across subjects if we're thinking about the university is that everyone is working in silos. So, you know when assignments, deadlines are, and the curriculum is like as if the subject conveners don't know what the others are doing. So, what we've tried to do is attempt to engage the curricula by their types, multi-modal has had to happen so plan b is never innovative, but we're actually moving towards more innovation and more creative teaching. We're also making sure that assessments are as authentic as possible so rather than just rote learning MCQs making sure that the assessment is authentic. We're moving to pass/fail rather than there be scoring where there's more competition between students. So, there's many things that you can do quite quickly so the low hanging fruit within your curricula to actually improve the well-being. So, one of the resources that I've named was a book chapter that we did and there's lots of practical support in there and what you can do quite quickly in your curricula.

PETER
Thank you. Let's have a, I've found a question about competency-based assessment and I think Neil talked a lot about competencies, how do you assess professionalism in that kind of system?

NEIL
Professionalism is a competency domain, it's huge. But within that you have things like are the students coming on time, are they honest, do they have good interactions with each other? So, when you get down from large competency domains to individual things and then it becomes pretty straightforward because if you have an individual competency in any of these, for example how well do you take feedback then you have a series of milestones. So, the nice thing about this is that while you're learning your sciences basically, you're being evaluated for what's being observed. It's not saying oh Jo looks like about a four to me on a five-point scale or Adi looks like a three or Neil looks like a one, you know what are you actually observing and you look at the language. The beautiful thing about these is that the students if people are telling them they are in one sort of category they can look at what the language is and how to improve, and so it instantly gives them the road map for how to get better. There was a question I think that came up as summative versus formative and yes, in fact the students are being summatively reviewed in these areas, of course they're pass/fail, but for the vast majority of our students this is really formative, it's really about coaching. And what we try to tell them is that there are some, there are a few of our students that really need to be coached up but in addition to that if you think about who do think is the world's best football player? First how do you define football in different parts of the world, but if you think about in your local club or whatever, who's the best player? The best players in the world are being coached every single day that they are in practice or on the field, so that even if we have a student that's doing really well, we help them get better. And so even though this is really summative for the vast majority of our students it really has nothing to do with the final grade it really has to do with coaching and making them better.

PETER
Ok. I see a lot of questions and answers coming by in the chat so that's wonderful to see. I want to give one more opportunity to the speakers. Did you see maybe a question or an answer in that thread that is worth addressing online now that you want to go into?

AVIAD
Neil do you want to talk about how you assess professionalism in the competency-based format?

NEIL
Well as I said you know you break things like professionalism down to a series of smaller bits and bites because it's hard to say oh does Adi look professional today or is he acting professionally? But if you say, you know, how is he treating the other people, is he bullying them, is he showing up on time is he providing a safe environment and things like that. If you have individual competencies these are things you can actually watch someone and feedback's a great example, do they take feedback, do they give feedback well and you know you can assess them on these things in a pretty straightforward manner. It takes time but the students, Jo wrote about how students struggle receiving feedback at first and that's really true because once again they've never gotten any feedback that had anything negative attached to it. So, part of it is also training your facilitators how to give appropriate feedback and we train the students. So, the students actually have a programme where they do face to face, it's very uncomfortable for the first time or two but the students really start to crave it because they learn how to give actionable and professional feedback that is in a way that'll help someone and is intended to help someone and they crave it by the time they get on the wards they drive our clinicians crazy because they're constantly asking the physicians for feedback now whereas before they kind of shunned it. So, it ends up being I think being a really important programme for us.

PETER
Jo can you add something to that? I think you can.

JO
Yeah, what we're struggling with, so what we realised and especially my role is that often I have a workshop and some work that I do with Adi which is called Knock Knock Who's There? Because in my role I never know who's going to knock on my door. When someone says have you got five minutes, it never is just five minutes, or if someone gives me a call or someone from senior management calls me. And what we realised is some of the behaviours or some of the patterns could have been picked up a lot earlier. If one, we had a resource, a way of collecting and reporting these early signs and behaviours as Neil has described. But what we'd like to do is have those coffee conversations with those students earlier that’s not punitive it's remediation as in do you know how that behaviour was perceived today? And when we've started doing it, and we've actually shared the Papadakis Paper where it demonstrates that the non-compliance early on in medical training actually has correlation to being in front of a board later on, and they read it and they're like do you think that's me? And we're like well potentially if you don't you know start correcting and coming to class on time, or if you don’t start, you know, even compliance around vaccinations which is so important now or, police checks or things like that. These little behaviours escalate to the performing physician that we question in the future. And so, the coffee conversation is just that, it's having that chat with someone. Some schools have it as a peer support group some have it that there's dedicated people who will have these coffee conversations. And it's become a little bit of a term that we use within our faculty and in our health organisations but it does worry us now when someone says oh do you want to go for a coffee? You just think oh no what did I do? But saying that it does allow you to have that removal of; I actually do want feedback from my colleagues, you know. This has been such a strange and difficult year that I think by the end of 2020 my tolerance was low, and I probably needed to have that friendly check-in from

colleagues. But it's around having those conversations that even peers can do it with each other as well.
PETER Thank you. Thank you very much. Looking at the clock and I think it's time to wrap up this session today, I'm going to give back the floor to Colin in a few seconds. It was a pleasure from IAMSE to be here today and to present our thoughts on this topic, and it's wonderful to see that there are so many people also responding in the chat so thank you for having us and I'll give the last word to Colin.
COLIN Thank you, Peter, Adi, Neil and Jo.
ENDS