ASME Goals

ASME seeks to

- Promote high quality research into medical education
- Provide opportunities for developing medical educators
- Disseminate good evidence based educational practice
- Inform and advise Governmental and other organisations on medical education matters
- Develop relationships with other organisations and groupings in healthcare education

ASME Values

ASME's values are

- Education and learning are central to the delivery of high quality healthcare
- Education must be an important component in the strategies of Governmental and other healthcare organisations
- Good healthcare educators are central in planning delivering and evaluating high quality healthcare
- Individual members of ASME should be supported and developed
- High quality research is necessary for the development of healthcare education
- Vision, innovation and leadership in healthcare education are to be fostered

Mission Statement

"The Association seeks to improve the quality of medical education by bringing together individuals and organisations with interests and responsibilities in medical and healthcare education."

Homepage

www.asme.org.uk

- What ASME does, and how to join as a member
- Membership benefits
- Medical Education monthly journal plus Quarterly Journal The Clinical Teacher
- Useful links to other initiatives
- Understanding Medical Education publications
- On-line registration for ASME courses, conferences and workshops
- On-line membership application

If you want to set up a link to your organisation, please tell ASME on info@asme.org.uk

ASME's individual membership reflects a broad range of interests in undergraduate teaching, postgraduate training and continuing professional development. Institutional members of ASME provide an excellent network of organisations with interests and responsibilities in medical education.

ASME's strength lies in its increasing membership and influence on policy development and practical innovations.
# Contents

1 Chair’s Report ........................................ 1
2 Chief Executive’s Report ......................... 2
3 Treasurer’s Report ................................ 5
4 Education Research Group - Chair’s Report ..... 6
5 Medical Education - Editor’s Report ........... 7
6 The Clinical Teacher - Editor’s Report .......... 8
7 Understanding Medical Education - Editor’s Report 9
8 ASME Structure ........................................ 11
9 ASME Executive Committee ....................... 12
10 Courses, Conferences and Workshops ......... 13
11 Small Grants 2010 ................................... 14
12 New Researcher Prize 2010 ...................... 15
13 Sir John Ellis Student Prize 2010 ............... 16
14 Sir John Ellis Student Prize 2011 ............... 17
Chair’s Report
Dr Graham Buckley

This is my last annual report as Chair of ASME Council. The past six years have been stimulating and enjoyable for me because of the enthusiasm, energy, and enterprise that colleagues in the Association have shown in developing services for our members.

As you will read elsewhere in the report, in a number of areas 2009 proved to be a record year. We had our highest attendance ever at the Annual Scientific Meeting in Edinburgh, the performance of our journals in all respects was the best ever, and our research meeting in the autumn is now firmly established as an annual event. The academic and professional success of these activities and of the ASME leadership courses has been crucial in delivering a much improved financial performance overall for the organisation in 2009.

The increase in our financial resources has enabled the Association to strengthen its structure and expand the range of services and support that it provides for members in 2010. These include: an increase in the number of small grants that directly support educational research; travel scholarships that enable individuals to visit centres of excellence and to collaborate with colleagues in other countries; and crucially in partnership with our publishers Wiley-Blackwell the appointment of an e-editor for our journals.

The success of the Education Research Group within the Association has encouraged the creation of Groups focussed on Educator Development and Policy Development led by Gill Doody and Martin Talbot respectively. These groups will be largely UK oriented in their work, reflecting the location of most of the membership. This does not diminish the international outlook that ASME has adopted over the past 50 years. Our editors and our publications straddle the world. The international composition of the authorship of the Understanding Medical Education series has been a significant factor in its success. With updated and new content, the series will appear in book form in August 2010 edited by Tim Swanwick.

I am pleased to be able to hand over to Professor Trudie Roberts as the new Chair of Council in 2010 with the Association in such good heart. She personifies the enthusiasm, energy, and enterprise of ASME and I wish her well in her new role. My thanks go to David Blaney and Kathy Boursicot for their splendid achievement in creating a sound organisational and financial base for the Association. Lastly, my thanks to Nicky Pender and her team for the strong, flexible, and effective core that I and the whole organisation depend on.
Chief Executive’s Report
Professor David Blaney

This has been another productive year for the Association. The focus over the past two years has been to consolidate our financial base through cost containment and maximising our income from various sources. Consequently we have generated another healthy surplus and continue the process of expanding our services to members and utilising the income for their benefit.

We have continued to develop collaborations with external partners and in the past year have worked in partnership with for example the Karolinska institute, The Institute of Education and Saudi Medical Schools and have began discussions with, for example, the GMC and the British Educational Research Association (BERA) about future joint working. Overall our profile has continued to grow both in the UK and internationally.

Financial Position
As reported last year our membership, both individual and institutional, remains stable and this has allowed us to build an appropriate reserve and fund a number of initiatives such as the Small Grants and the International Travelling Fellowships. We are looking at extending the range and scope of our Fellowships and hopefully will be in a position to fund additional Fellowships in 2010/11.

The website has been updated and now presents a much more user friendly interface. Our aim continues to be to enhance our web based communication and in partnership with Wiley-Blackwell to make greater use of web based technology. One notable development is the appointment of an e-editor for both journals, TCT and Medical Education. This offers the opportunity to greatly enhance the interactivity of the journals and opens up the potential for new ways of communication with both the membership and readers. In this we are very fortunate in having an excellent working partnership with Wiley-Blackwell. Developments such as this will ensure that there continues to be both a high academic profile for the Association as well as securing its future income.

International Partnerships
We have continued to developed external links and partnerships. The Association benefits immensely from external partnerships as they offer both the opportunity to promote the aims of the association and the potential to influence policy at a national level. We have good relationships with a number of other national associations. In particular we have developed productive relationships with the GMC and BERA both of which will in the future enhance the profile and offer opportunities for collaborative working in a number of areas central to medical education. In 2009/10 ASME was represented at AMEE (The Association for Medical Education in Europe), CCME (Canadian Conference on Medical Education), The Association of American Medical Colleges (AAMC) and the Asia Pacific Medical Education Conference Network.

Annual Scientific Meeting (ASM) and One Day Conferences
The Annual Scientific Meeting in Edinburgh in 2009 was our most successful to date. The 2009 Richard Farrow Gold Medal was awarded to Professor Ronald Harden. The number of posters and short presentations submitted was our highest to date and the quality as well as quantity of submissions continues to grow. The size of the ASM is testament to the real growth in activity in medical education research and interest in the subject. The range of participants is diverse and indicates that the Association provides a much needed forum for those interested in medical education. The 2010 ASM is in Cambridge and we are planning the 2011 and 2012 in Edinburgh and Dublin respectively.
We ran a limited number of one day conferences in 2009/10. One-day conferences, with the exception of one or two, have not been as popular as in previous years. The reason for this is not clear but is possibly due to a number of factors including cost, time and an increasing number of providers at a local level. The Association decided in 2009 to refocus activity towards the broad area of educator development and we appointed Dr Gill Doody to lead on this for the Association. Gill has formed a group of interested members and is developing a programme of activities including one day events for 2010/2011. In addition we formed a Policy Group lead by Dr Martin Talbot which will focus on emerging areas of policy in medical education and will advise and assist the Association on formulating responses to developing policy areas.

**Developing Leaders in Healthcare Education**

The Developing Leaders in Healthcare Education course and advanced leadership module continue to be very well received and popular. The 2010 Developing Leaders course is fully subscribed and we are in the process of developing a similar course with the Australian and New Zealand Association to be held in Melbourne in October 2010. We were commissioned by the Ministry of Health in Saudi Arabia to run a leadership course for senior educators and this took place in Edinburgh in 2009. We had 20 senior medical educators from Saudi and the course was well received. In June 2009 in partnership with Karolinska Institute we ran a 5 day leadership programme that attracted a number of participants from across the world.

ASME is increasingly recognised as a world class provider in leadership in medical education and there is the potential for increasing the Association’s profile and activity in this area.

**Medical Education, The Clinical Teacher (TCT) and Understanding Medical Education Series (UME)**

The journals continue to develop with Medical Education, under the editorship of Kevin Eva, recognised as the leader in its field. TCT, under the editorship of Dr Steve Trumble, is beginning to redefine itself and raise its academic profile amongst medical educators worldwide.

As reported last year the UME series under Tim Swanwick’s editorship concluded production and Tim began the process of editing the monograph series into a new text book on medical education which will be jointly published by ASME and Wiley-Blackwell in August 2010. Our aim is that the book will become the standard text on medical education and will continue to promote the profile of ASME. Tim has done a remarkable job both with the monograph series and latterly with the production of the book and the Association owes him a debt of gratitude for all his work.

**ASME infrastructure**

ASME continues to be very fortunate in the quality of the staff who provide an exceptional service with very limited resources. We saw some staff changes in 2009 with Kate leaving after 5 years’ service and Nicola joining in September. Our staff complement remains small for the volume of work and it is a credit to Nicky, Jennifer and Nicola that the quality of what is produced continues to be so high. I made the point last year and repeat it again that as ASME grows and expectations increase it is important to remember that underpinning it is a small core staff who often have to balance many competing demands on their time. One of the main constraints on our development is the limited core staff and, as funding permits, we will be looking to increase our staff complement.
The Future

I wrote last year that 2009/10 should be a good year for ASME, and it has been. I can only see the Association growing in numbers and influence in the coming years. We have good external relationships and through these the profile and influence of the Association will grow. We have an increasingly active membership who are keen to become involved in the Association as evidenced by the applications for the Educator Development Group, Policy Group and Executive committee. We have a functioning infrastructure with increasingly active and devolved groups, the most mature being the Education Research Group (ERG). With increased financial flexibility we will be able to support membership activities and develop an attractive menu of fellowships and research funding in the future.

I demit office in July this year after three years in post and I have thoroughly enjoyed my time with the Association. I wish my successor well. They will find a committed, vibrant and dynamic Association and working within it will enrich their professional life. Thank you to all of you who have supported me in my role and for your many kind and constructive comments over the years. In particular, I would like to thank Graham Buckley who is stepping down as Chair of ASME Council in September 2010, for all he has given to and done for the Association over the past decade. Without his, at times, selfless commitment to ASME it would not be in the position it is today. Thank you Graham.
I am delighted to be able to report the Association remains in good financial health despite the global recession.

The audit of the 2009 financial accounts was completed in early April 2010. The surplus generated in 2009, although relatively small, will allow us to continue to develop services to members in the coming year.

Proposed developments include such things as the International Travelling Fellowships. The Small Grants Scheme, The New Researcher Awards and the Sir John Ellis Student Prizes will continue. On behalf of the Association, I would like to express my gratitude to Wiley-Blackwell for continuing to support the Small Grants scheme.

Membership of the Association continues to rise gradually year on year and we are attempting to develop closer links with other institutions both nationally and internationally therefore allowing us to expand our membership base as well as sharing information, knowledge, skills and expertise with those within the global medical education community.

The profitability of Medical Education and The Clinical Teacher has increased and the additional income should allow us to continue to explore new projects through the coming 12 months, such as the development of a new interactive website for the journals.

A priority for last year was to rebuild the Association’s website (www.asme.org.uk) and this was completed in April 2009. The website is often the first reference point for people searching for information about the Association. We hope you are pleased with the new-look site, which is more aesthetically pleasing and offers greater functionality to visitors - please feel free to email your comments or feedback about the site to info@asme.org.uk.
Education Research Group
Chair’s Report
Professor Trudie Roberts

My first full year as Chair of the ERG has been an exciting and very busy one. The strategic plan has been finalised and the operational plan drawn up. The most important thing with any strategy is that it is a living document and revisited regularly and not left to gather dust in a filing cabinet drawer. Consequently we plan to review the strategy and operational plan on a bi-annual basis to ensure its currency.

In November 2009 the ERG ran a very successful conference jointly with the Institute of Education. This was the second conference of its kind and looks set to become a permanent fixture in our calendar of events. I am very grateful to Kathy Boursicot and colleagues at the IoE for all their hard work. The talks from Brian Hodges and Dylan Wiliam were very well received. The follow-on seminar the next day allowed researchers from many different backgrounds to explore conceptual frameworks in research in an informal setting. Excellent presentations on their personal views were given by Brian Hodges, Jane Stewart, Miriam David and Miriam Zukas.

During the year the ERG have revisited and refined the guidance for and assessment of ASME’s Small Grants and New Researcher Awards to ensure applicants are provided with clear information about the submissions and the criteria for the awards. We circulated an email asking members of ASME if they would be interested in receiving information on the research activities and received over 200 positive replies. We also sought volunteers from the membership who would be interested in becoming reviewers, and again received a gratifying response.

At this year’s ASM the ERG will be running two research stream sessions. In each of these sessions three researchers will have 20 minutes to present their work and an expert in the area (but not a medical educator) will be asked to comment on the work drawing out themes and bringing their own experience to the area. The two themes for this year are work based learning and culture and gender issues.

Active members of the ERG are also running two workshops – Jennifer Cleland and colleagues are providing a workshop on using a health services research model to help medical education research programme planning and Jean McKendree and Andrew Booth are running a workshop on Synthesising Qualitative Research: towards a method for educational research. We very much hope to see you at any or all of these sessions.

Finally my thanks as always to the members of the ERG and the officers of ASME for all their unfailing help and support.
Medical Education, Editor’s Report
Dr Kevin Eva

Achieving new milestones has become a bit of a theme for Medical Education in the past year. We are right on the verge of averaging over 100 submissions per month, having received 1,197 submissions (from 64 countries) in 2009 and 244 already within the first two months of 2010. The number of downloads from our website is similarly right on the verge of cracking half a million per year. In addition to these quantity indicators the 2009 impact factors placed Medical Education first out of all journals in the Scientific Education category and I am proud to report that the editorial team continues to manage this foreboding volume effectively, with over 90% of all submissions having decisions made within 28 days.

Instrumental in this continued efficiency is that we have been very fortunate to entice Shippfa Ginsburg (University of Toronto, Canada) and Vanessa Burch (University of Cape Town, South Africa) to join our ranks as deputy editors. Sue Symons has officially received the title of Editorial Manager and continues to be supported immeasurably by Karen Eccles and Amanda Dove. In fact, Amanda has just returned from maternity leave, so we must credit Vanessa Gale with admirable service in helping to keep us moving forward. Providing further leadership and guidance, Dale Dauphinee (McGill University, Canada) has taken over from Georges Bordage as Chair of the International Advisory Board.

Exciting happenings in 2009 include: (a) creation of the first “The state of the science in health professional education” issue (published in January 2010) which by all accounts has been very well received. The second, a Flexner-focused edition, is being led by Tim Dornan, Jean McKendree, and Iain Robbé, and looks sure to provide an exceptional sequel; (b) partnerships with the Asia-Pacific Medical Education Conference, the Association for the Study of Medical Education, and the Canadian Conference on Medical Education were created to begin publishing conference supplements for their annual meetings. Each came on-line in 2009, thus helping to fulfill our desire to help nurture and support medical education research on a global level; (c) the Cross-cutting edge series continues to grow with these articles now being published at roughly 3 monthly intervals; and (d) the publication of virtual issues (i.e., collections of papers on related topics) has begun at mededuc.com.

In fact, the creation of these virtual issues simply marks the beginning of efforts being undertaken by ASME, Wiley-Blackwell, and the Editorial teams of both Medical Education and The Clinical Teacher to develop a brand new, state of the art web-based platform to further support the readership of the journals to find the information that would be most useful in their educational activities and to further support our authors with disseminating the messages created through their research activities. You may have seen that we have created a new position, e-Editor, to identify an individual who will work with both Editors to develop a shared vision and see that it is implemented in as effective a way as possible. We hope to have that person appointed in time for the Annual Scientific Meeting and to have the website begin to roll-out before the end of the calendar year.

As always, I welcome feedback and suggestions on any of the journal’s activities and I look forward to the opportunity to hear your ideas regarding how we might better support your educational and research efforts through both the journal and this new and exciting on-line initiative. See you in Cambridge in July.
The financial year currently under review has been one of major change for The Clinical Teacher. John Spencer resigned as Editor in chief at the beginning of this period and I was appointed to the role. In keeping with the care and dedication that has distinguished his editorship from the journal’s early days, John was good enough to see out the remaining two issues for the year, with the March issue of 2010 being my first.

Having its editor based in Australia is both a challenge and an opportunity for The Clinical Teacher. The challenges of communication between the editorial offices are plain enough but have been quite easily overcome by technology and the Web-based nature of modern manuscript management. The opportunities arise from taking a global view of the journal’s contributions and readership.

The mission of The Clinical Teacher has not changed significantly. Its main purpose is to educate, encourage and support clinicians who teach medical learners. It is clear that the dilemmas confronting clinical teachers are universal and that much can be gained by sharing the international experience. Submissions are being actively pursued from overseas authors and the journal is being promoted at a variety of conferences around the world, as part of ASME’s international leadership and development role.

A change of editorship does present an opportunity for those Editorial Advisory Board members who wish to retire to do so. The majority of current members have indicated their preparedness to vacate their seats in favour of new appointees and – while at the time of writing it is precipitant to name and thank them for their service – they will be formally acknowledged at the ASME Annual General Meeting in Cambridge in July. New appointees will be recommended to the journal’s Board of Management at the same time.

Concurrent with this turnover of Editorial Advisory Board membership is the creation of a Regional Editor post for each continent. These exciting positions will be involved in observing medical education trends within their region, identifying suitable authors, and promoting The Clinical Teacher through their local networks. Details of these appointments will be published in the journal.

Central to The Clinical Teacher’s continued success will be its application for Medline listing later in 2010. Being indexed on PubMed should greatly increase the journal’s accessibility for readers and attractiveness for authors. We intend to increase the frequency of issue as the supply of high quality submissions also increases.

The journal itself remains in good health. Our publishers, Wiley-Blackwell, have identified changes in the way both institutions and individuals are accessing journals and it is clear that The Clinical Teacher needs to be ahead of the game in electronic presentation; hand-held devices such as PDAs and even the new iPad continue to bring journal articles ever closer to the teacher-student-patient interface. The journal’s new Web platform (shared with Medical Education) greatly enhances our potential to properly engage with our readers and authors.

The Clinical Teacher continues to be artfully created by Sue Symons and Karen Eccles in our Plymouth office, and skilfully produced by Yvonne Gallagher from Wiley-Blackwell in Edinburgh. Many thanks also to Gavin Sharrock and his team at Wiley-Blackwell.
Understanding Medical Education reaches some form of restitution this year with the publication of the series as a comprehensive textbook of medical education. The book, entitled Understanding Medical Education: evidence, theory and practice will be on sale from August 2010 and available to pre-order at the ASME Annual Scientific meeting in July this year.

Understanding Medical Education: evidence, theory and practice will contain five brand new chapters including contributions from Yvonne Steinnert, Brian Jolly, Clare Morris, David Blaney, John Spencer, Judy McKimm and Oongah Corrigan and colleagues from Peninsula. With an introduction by Tim Swanwick and outgoing ASME Chairman, Graham Buckley, the book is opened with a foreword from polymath, former Chief Medical Officer and friend of the Association, Sir Kenneth Calman.

Understanding Medical Education - the series, has sold around 40 000 copies, mostly on the domestic market. Understanding Medical Education - the book, takes this important symbol of the organisation to an international audience and will be available through commercial booksellers, online and as individual chapter downloads. Members of ASME will continue to benefit as they will automatically receive a 35% discount on the purchase of the book or part.

This then will probably be the last update about the Understanding Medical Education project, originally conceived by ASME’s Chief Executive Frank Smith as a short run of five issues and ‘let’s see how it goes’. Thirty chapters later, a significant number of the original titles have now sold out, and Nicky Pender and her team in the ASME office have worked tirelessly over the last two years to manage a huge demand for the publications.

I am sure that Understanding Medical Education will continue to remain the first port of call for all students of medical education, wherever they are and whatever their particular interest. It is a credit to the Association that it has had the foresight to invest in this significant resource for the medical education community worldwide.


Order your copy now!
8 ASME Structure
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10 Courses, Conferences and Workshops

2009

Conducting Medical Education Research Workshop
14th July 2009, The Royal College of Physicians, 9 Queen Street, Edinburgh, UK

Annual Scientific Meeting, Medical Education: in Pursuit of Excellence
15-17 July 2009, The Royal College of Physicians, 9 Queen Street, Edinburgh, UK

Developing Leaders in Healthcare Education
27th - 31st July 2009, Cumberland Lodge, Windsor Great Park, Berkshire, UK

OSCE Masterclass
1st and 2nd of October 2009, The Royal College of Surgeons in Dublin, Ireland

Researching Medical Education
16 November 2009, RIBA, 66 Portland Place, London, UK

2010

International Medical Graduates
25th February 2010, RIBA, 66 Portland Place, London, UK

Clinical Leadership
25th March 2010, BMA, Tavistock Square, London, UK

Selection in Medicine
28th April 2010, RIBA, 66 Portland Place, London, UK
The following submissions were successful in the 2010 round of awards. Outcomes will be presented at either the 2010 or 2011 ASM. ASME would like to thank Wiley-Blackwell for co-funding these awards.

**Lynn Monrouxe** Medical Students' Professionalism Dilemmas: a UK Questionnaire Study

**Jen Cleland** Why do MBChB teachers fail to use the Mini-CEX optimally?

**Vicky Tallentire** As easy as ABC? Exploring the factors affecting newly qualified doctors' delivery of acute care

**Christoph Berendonk** Assessment in the authentic workplace: charting the inherent biases involved in the judgments and decision making process

**Sarah Ross** Medical Students' beliefs about illness and disability may be a barrier to change in the system

**James Giles** Peer-assisted learning: exploring the role of peer-tutor
New Researcher Prize 2010

The consequences of participant conceptualisations of early experience: a qualitative exploration of faculty, student and placement provider interactions

Sarah Yardley, Keele Medical School, Keele University, Staffs, ST5 5BG, UK

Background
Current approaches to medical education endorse early exposure to clinical experience despite a lack of understanding regarding how and why early experience contributes to learning. An apparent lack of transferable skill development is of concern. My study was designed to answer questions identified whilst I was leading the recent update of Best Evidence Medical Education’s systematic review of early experience.

Ethical approval
My research received prospective ethical approval.

Theoretical framework
Early experience placements require students to negotiate relationships between university faculty and placement providers. The lack of a cohesive perspective on creating meaning through interaction led me to consider theories of dynamics between participants and institutions, and therefore, to Scott’s concept of M tis in addition to socio-cultural theories of education. M tis is a theory of how social processes work in ways more complex than schemata devised to map them. It includes the practical knowledge people use when interacting in circumstances defined by an institutional agency. It provides a framework for considering not only how people create meaning but also when and how they choose to use it, or value it, in relation to formally recognised knowledge.

Research questions and aims
1. How and why do early experience interventions result in certain outcomes?
2. What is essential to make early experience an effective learning process?
3. Do early experience placements have unintended consequences, and if so what does this mean?

Methods and analysis
I have drawn my analytic tools from thematic, narrative, interpretative and discourse approaches. The use of mixed qualitative analytic tools alongside multiple theoretical perspectives to achieve an interpretative analysis that remains embedded in the original data is, to my knowledge, an innovative approach within medical education.

Results
Students, faculty and placement providers conceptualise early experience, each other, and the medical school differently. These differing views influence the meaning students create from their experiences. When telling early placement stories, students demonstrate dynamic relationships they must negotiate with, and between, medical school faculty and placement providers. Significant themes which I will discuss include student language, student role, students as outsiders, and perceptions of parallel curricula.

Conclusions
Exploring consequences without a pre-set evaluative agenda identifies significant unintended outcomes. The dynamic interactions of participant conceptualisations of placements are critical to understanding these consequences of educational processes. Depth of understanding of participant meaning-making through early experience can help explain gaps between educational theory and students’ meaning-making in practice. Further work could focus on how to use this information to engineer experiences more precisely matched to intended learning outcomes.

References
13 Sir John Ellis Student Prize 2010

Neurophobia and Undergraduate Clinical Neuroscience Training

James Giles, Medical Student, University of Manchester, Manchester

Background
Neurophobia is described as a fear of the neural sciences and clinical neurology. It may have implications for undergraduate neuroscience training, future specialisation intent and NHS neuroscience service provision. Previous research has characterised the phenomenon in medical students and junior doctors. This study examined the influence of clinical neuroscience training (CNT) on neurophobia and the role of anxiety.

Aims of Study
To examine the effect of clinical neuroscience training on neurophobia, and to explore the role that medical student anxiety has upon the phenomenon.
To determine when neurophobia develops and what influences this development.

Method
A prospective cohort study was performed using questionnaires administered to students (n=163) at a neuroscience lecture before and after CNT. A questionnaire was devised based on previous research to assess students’ reported interest, knowledge, skills, confidence and perceived difficulty in a range of specialties. The State Trait Anxiety Inventory was used to measure anxiety. Comparative analyses were performed to examine how perceptions of neuroscience differed from other specialties, and changes before and after CNT. Correlational analyses were performed between neuroscience perceptions and anxiety.

Results
Before training neuroscience was ranked most difficult (p<0.001*) and most interesting (p=0.002*). After training, neuroscience was reported as less difficult (p=0.006*) but still more difficult than other specialties (p<0.001*). Self-reported knowledge and confidence in neuroscience increased after training (p<0.001*) but were still lower than other specialties (p=0.006*). There were significant negative correlations between state anxiety and some aspects of neurophobia, which although reduced remained significant after training. (*Wilcoxon signed-rank test)

Limitations of Study
Selection bias was an important limitation of this study; more neurophobic students may not have been in attendance at the lecture to participate. Neurophobia and anxiety are more complicated constructs than can be evaluated by questionnaires; the findings may therefore be a simplification of the phenomenon.

Future Work
Further studies could investigate students’ perceptions of clinical neuroscience and neurophobia and how different neurophobic factors relate to each other using qualitative methodology. This would better define the phenomenon and ground it in students’ perceptions. We do not currently know how neurophobia develops. It would be useful to identify when and how the phenomenon arises in medical students.

Conclusions
Neurophobia was present in students before clinical neuroscience training. Training had potential to reduce neurophobia but did not eliminate it. Anxiety was associated with some aspects of neurophobia.
Sir John Ellis Student Prize 2011

The Association, which includes the promotion of excellence in undergraduate medical education in its goals, invites undergraduate students to submit a description of a piece of work, survey, research or innovation in which they have been directly involved, in the field of medical education.

Examples of previous topics chosen include:

- Does high cost, high fidelity simulation provide benefits?
- Student views of assessment
- The purpose of SSMs/SSCs
- Undergraduate training in the musculoskeletal system

There are two main categories of prizes

**Students completing a project as part of an intercalated degree in medical or healthcare education (including BmedSci)**

**Students undertaking an SSC or other piece of work in medical or healthcare education within their standard undergraduate degree**

The submission should be in typescript and be up to 3,000 words long. In addition, an extended summary of up to 800 words is required. Submissions should include a statement as to the assistance or supervision provided relating to the work and should be accompanied by a passport photograph.

First prize in each category is £300 and the recipient(s) will be invited to attend the Annual Scientific Meeting, to be held in Edinburgh, 13 – 15 July 2011 to present their paper. Expenses (conference fee, accommodation costs, Annual Dinner and standard travel expenses) will be covered by the Association. Runners up will have the conference fee and accommodation paid by the Association.
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ASME seeks to
- Promote high quality research into medical education
- Provide opportunities for developing medical educators
- Disseminate good evidence based educational practice
- Inform and advise Governmental and other organisations on medical education matters
- Develop relationships with other organisations and groupings in healthcare education

ASME Values

ASME’s values are
- Education and learning are central to the delivery of high quality healthcare
- Education must be an important component in the strategies of Governmental and other healthcare organisations
- Good healthcare educators are central in planning delivering and evaluating high quality healthcare
- Individual members of ASME should be supported and developed
- High quality research is necessary for the development of healthcare education
- Vision, innovation and leadership in healthcare education are to be fostered

Mission Statement

“The Association seeks to improve the quality of medical education by bringing together individuals and organisations with interests and responsibilities in medical and healthcare education.”

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ASME’s individual membership reflects a broad range of interests in undergraduate teaching, postgraduate training and continuing professional development. Institutional members of ASME provide an excellent network of organisations with interests and responsibilities in medical education.

ASME’s strength lies in its increasing membership and influence on policy developments and practical innovations.