

## ONLINE PROGRAMME - LIVE SESSIONS

Friday 11th November 2022

08:50 - 09:00 GMT Opening address: Professor Hugh Brady, President of Imperial College London

09:00 - 09:40



Keynote: Evidence-based Education theme  
Professor David Cook, Professor of Medicine and Medical Education, Mayo Clinic College of Medicine

### Evidence-based education: Are we just spinning our wheels?

*Few would argue about the need for "evidence" to guide the transformation of medical education, and the volume of literature is growing rapidly. But are we making progress or just spinning our wheels? What will it take to really advance the science of education?*

*In this session we will take an evidence-based approach to consider the questions we ask, the methods we use, the defensibility of interpretations, and the quality of reporting. We will also contemplate controversies such as the value (cost) of education, polarization in research paradigms, and generalizability across socio-economically diverse settings.*

10:10 - 11:40

### Symposium 1: Partnerships in medical education

Dr Wing May Kong, Emmauel Tan, Professor Jennifer Cleland, Professor Martin Lupton, Dr Margret Jaeger, Dr Daisy Rotzoll, Zhi Xian Wong

### Transnational education

*Transnational partnership creates rich opportunities for educators and institutions to build on each other's strengths, harness technology and improve the support for their students in an increasingly globalised world. In this opening symposium, we will explore innovations in medical education created through transnational partnerships in Europe, North Africa and Asia. After the speakers' presentations, there will be a Q&A panel where delegates can explore some of the challenges and opportunities of transnational working.*

12:50 - 13:30



Keynote: Technology-enhanced education theme  
Professor Rachel Ellaway, Professor of Medical Education in Community Health Sciences, and Director of the Office of Health and Medical Education Scholarship, University of Calgary, Canada

### Technology changes nothing in medical education... except for everything.

*It has been 30 years since the Web was introduced to the world and in that time we have seen seismic changes in the way we communicate, consume, and conceptualize knowledge, services, and identities. Despite this, medical education is still primarily about human minds and human bodies. What has actually changed in training tomorrow's doctors? This address will challenge our understanding of the nature of medical education in a digital age.*

14:00 - 15:30

### Symposium 2: Evidence-based education

Dr Kathleen Leedham-Green, Assistant Professor Lorainne Tudor Car, Dr Mary Lee, Dr Irma E. Erana-Rojas, Dr Christopher-James Harvey

### Using words as evidence

*This symposium invites participants to explore and critique qualitative research as evidence in medical education. What is actionable 'evidence'? What do educationalists need to transform their teaching, learning and assessment strategies? How do quality criteria translate across research paradigms? What are the questions that qualitative researchers are uniquely positioned to answer? How can we support experimental scientists in embracing words as evidence?*

*Our panel includes qualitative, mixed methods and quantitative researchers who will each present a stimulus piece of research, followed by a panel discussion on words as evidence. Participants will be invited to join in and pose questions.*

16:00 - 17:30

### Symposium 3: Humanities and social sciences in medical education

Giskin Day, Dr Tanya Tierney, Dr Mary Lee, Assistant Professor Michelle Chiang, Christine Quinlan

### Bringing humanities into the patient experience

*The ways in which the humanities can directly inform and be informed by patients' experiences of care offer exciting new prospects for progressing interdisciplinary research and education. Symposium speakers will share their experiences of devising, delivering, and evaluating humanities-inspired interventions, through presenting case studies in reconstructive surgery, diabetes care, stroke care, and translation in health communication.*

*The symposium will draw on the collective expertise of our speakers and our in-person and online audiences to explore the mechanisms, challenges, and rewards of transformative potential of the humanities for enhancing patient care.*

## ONLINE PROGRAMME - LIVE SESSIONS

Saturday 12th November 2022

09:00 - 09:10 GMT Welcome address

09:10 - 09:50



**Keynote: Humanities and social sciences in medical education theme**  
Professor Alan Bleakley, Emeritus Professor of Medical Education and Medical Humanities, Plymouth University Peninsula School of Medicine

### What the arts, humanities and qualitative social sciences can do for a medicine curriculum

*While incorporation of the medical humanities into medicine curricula is a growing phenomenon globally, such curriculum planning is often ill-conceived, piecemeal, and can meet with solid resistance from those with purely biomedical interests. These objections can be met by curriculum planning that privileges process over content and recognises that biomedical science itself has unrealised potential in terms of its aesthetic, ethical and political worth - traditionally the value domains of the arts and humanities. Such a shift challenges dominant instrumentalism in biomedicine to reveal previously untapped qualities, such as metaphor yield in clinical language, linked to development of tolerance of ambiguity. The startling reality is that traditional medical education carries as yet unaddressed symptoms (as inherent contradictions) that guarantee a dysfunctional medicine down the line. These include: treating curriculum as content (syllabus as technical content) rather than process (the making of self); refusal of democracy (symptomized as promotion of hierarchy and patriarchal habits at the expense of patient safety); intolerance of ambiguity (symptomized as premature closure in reasoning and activity); the blunting of sensitivity (symptomized as the widespread phenomena of empathy decline and cynicism); and the blunting, or compulsory mis-education, of sensibility (symptomized as emotional insulation) and self-care (symptomized as burnout). The careful introduction of arts, humanities and qualitative social sciences can act as a psychotherapeutic corrective to such symptoms, as biomedicine too is enriched in quality and intensity.*

10:20 - 11:50

**Symposium 4: Technology-enhanced education**  
Dr James Moss, Dr Kian Bee Ng, Assistant Professor Lorainne Tudor Car, Dr Jason Arthur Lawson, Dr Andrew Darby-Smith, Dr Sreenivasulu Reddy Mogali

### Extended reality - gimmick or gamechanger?

*This symposium provides a platform for academics, researchers, and practitioners to share and critic the use of Extended Reality in Medical Education. What are the pros and cons in using XR to impart skill-based training in medical education? How transferable are the trainings to the real-world practices? Are there are something we could do as a community to make this XR experience more pleasant and impactful? The panellist consists of faculty who have deployed XR in their research and teaching with certain level of successes. Participants are encouraged to share their own experiences and highlight their questions and concerns.*

13:00 - 13:40



**Keynote: Partnerships in medical education theme**  
Professor Walter Eppich, Professor and Chair of RCSI SIM, the Centre for Simulation Education and Research RCSI University of Medicine and Health Sciences, Dublin, Ireland

### Team Communication in Healthcare: An Educational Perspective

*While recent initiatives to prepare clinicians for team-based clinical practice emphasize interprofessional education, entrenched structures and practices remain that continue to foster intraprofessional approaches. These same siloes also pervade clinical practice, often characterized by stark boundaries and tribal mentalities between professions and disciplines. Unfortunately, these same boundaries impede communication pathways that are vital for safe, effective, resilient patient care. These tensions also threaten collaboration within and between teams, hampering individual and team learning. Developing a culture of 'team reflection' could help overcome these tensions and serve both learning and patient care. In this talk, Professor Eppich will explore beliefs and behaviours that promote team reflection and team inclusiveness, such as the importance of psychological safety and perspective taking, inclusive leadership, and inclusive leader language. Finally, Professor Eppich will give practical strategies to integrate principles of team reflection and team inclusiveness into clinical education.*