#8I (135451)
What would Boyer Say? Pushing Back Against the Scholarship Push

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Summary: There is increasing pressure on clinicians to pursue education scholarship, usually in the form of published research. Reasons for this pressure include closing the research-practice gap by combining perspectives of researchers and clinicians, and evaluating and sharing new education methods. Organizations, who often use publications as a key marker of success, also apply this push for publication. Thus, education scholarship is seen as a ‘good thing’ in its own right, helping to legitimize medical education as a rigorous field in an increasingly competitive academic climate. We argue that Boyer’s framework for education scholarship has been misapplied, creating unrealistic expectations of all clinician teachers to engage in education research. What are the Effects of this Push? Clearly, researching and publishing upon education practice has the potential to improve and inform the medical education community. Yet without appropriate preparation and structural supports to do this research well, the push for education scholarship as research may detract from good education practice itself, and ultimately fail to make a meaningful contribution to the literature base. The increasing pressure to engage in education scholarship in the form of research results in a paradox: we simultaneously encourage education research among clinical teachers, yet recognize that they lack the supports and time to become education researchers. What’s Being Done? PhD researchers are often employed to support clinical teachers in pursuing education scholarship goals. Questioning our Assumptions Who does ‘the scholarship push’ really benefit? When 26 years have passed since Boyer advocated for a pluralistic view of scholarship, why do we still privilege the scholarship of discovery (research) over other forms of scholarship? What Can We Do? This presentation will critically deconstruct the scholarship push, suggesting ways forward that accomplish the goals of education scholarship without de-valuing practice-based knowledge and scholarly education practice.
#813 (135697)
Why AMEE needs to celebrate failure
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Summary: AMEE is a glorious celebration of successful pilots, projects, triumphs, creative thinking and progress. But AMEE needs a new session, a new perspective that welcomes failure, indeed, celebrates failure. Ultimately, failure is where the learning takes place. Failing is how we learn what went wrong, how we need to improve things, and how we personally lacked the skills/competence to succeed. Failing demands that we look again, that we reflect, that we either subtly or radically alter our approach, our method, our assumptions, our plans. As educators and learners we have lived this pattern of failing and trying again until we succeed. Failure is always an opportunity to improve and we can feel good when we’re learning (failing) rather than postponing that feeling for when we are perfect! Even if we recognise this, failure is seen as private, something for quiet reflection, something to acknowledge and to move on from. Too little do we actually celebrate failure for what we can learn - individually, as a team and collectively as a community. Why not have a session at AMEE where people present their mistakes? Why not ask people to present on projects that have failed. What we would be asking of them is for them to present their learning. Tell us what you might do differently, tell us what you learned about yourself and what steps you’ve taken to improve who you are or what you do, tell us what you learned about your organisation, your team, the way projects are implemented, tell us whether this project has elements that were good and that are salvageable. Imagine going home from AMEE full of inspiration from the great ideas and success stories you’ve heard but imagine also, going home with a whole set of ‘lessons learned’ stories that could be equally inspiring.

#814 (135058)
Should we aim for employability in veterinary graduates, not just competence?
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Summary: The last few decades of veterinary education has seen a shift to outcomes-led approaches in an effort by educators to ensure the capability of their veterinary graduates. This approach has evolved as a response to the demands of accrediting bodies and influential competence framework documents. It could be argued that this approach to education focuses upon technical skills and knowledge and the demonstration of a minimum threshold of competence, which does not reward excellence. Given the concurrent surge of literature surrounding stress and burn-out amongst veterinarians and concerns regarding over-supply of graduates, perhaps we need a different approach to preparing veterinary students for working life. Does the practice of teaching and assessing for ‘competence’ develop all of the capabilities most likely to influence longevity and success in the veterinary profession? Hinchcliffe (2007) defined employability as “having a set of skills, knowledge, understanding and personal attributes that make a person more likely to choose and secure occupations in which they can be satisfied and successful”. We argue that teaching and assessing graduates for employability will result in veterinarians who have the skill-set and capacity for success and satisfaction in their chosen career path, whereas competence thresholds are more concerned with protecting the public from incompetence. What capabilities does an employable veterinarian possess? Technical skills and knowledge are obviously essential, but what of the “softer” skills? It would seem intuitive that many so-called professional skills are essential for success as a veterinarian, and yet little evidence exists regarding what these are. Research is currently underway with the intention of creating a multi-stakeholder framework defining veterinary employability (involving perspectives of the employee, employer, client and the profession), and the underlying premise that we should aim for success rather than a lack of incompetence as an educational end goal.
#815 (134316)
**Educating the Millennials: An invitation to evolve healthcare education?**

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**Summary**: Special, sheltered, confident, team-oriented, achieving, pressured, conventional: we have all heard these terms before when reading about the millennial learner, but have we really done enough to reach out to them? Have we genuinely embraced the challenges of educating the next generation of health professionals? Generational changes are nothing new to health professions education, but the swift advancement of technology we have witnessed in the last few decades has dramatically altered our social and educational environment in a relatively short period of time. And we seem to keep failing to close the ever growing gap between educators and learners. Even with the availability of new evidence-based educational methodologies and technologies, which allow an unprecedented access to information, most institutions continue with the same approach from hundreds of years ago. Discipline-based curriculums, ineffective lectures, clinical shadowing without clear educational purpose, and memory-based assessments are among many of the pervasive pathological educational practices that we seem unable to eradicate. For a healthcare industry that thrives on technological innovation, and is the recipient of dramatic amounts of public and private funding, few resources are being directed towards improving educational strategies to train the future generation of health professionals in a way conducive to developing the knowledgeable, adaptable, safe, and humane care providers that our modern societies so desperately desire. It is imperative to approach the millennials in a new way and evolve our institutional and personal teaching practices to adapt to the needs of this new generation of learners that might be the right catalyst needed to finally take a more progressive approach to the way we train our future healthcare workforce using all the technological resources now at our disposal.

#816 (134959)
**Effects of Universities’ architecture and layout on Interprofessional Education (IPE)**

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**Summary**: It has been argued that informal interprofessional learning is important (Freeth et al. 2005). In a systematic review by Hammick M et al. (2007), it was pointed out, that social times within IPE might enhance positive attitudes to others. Listed examples were coffee breaks and shared journeys. Yet, apart from official class time, possibilities for informal exchange between students vary greatly between medical faculties. From decentralized universities with or without a central meeting point for students to classical campus based universities, possibilities of contact between students have a wide range. So far it has been found, that architecture and design of schools can have a huge effect on the pupils’ performance (Barrett P et al. 2015). Even though, results can not be directly transferred to medical faculties, in the speaker’s opinion, IPE is influenced immensely by the design of universities as well. Special attention should be given to the availability of recreational areas. Self-directed learning areas, a skills lab and seminar rooms should be within proximity. Preferably these ought to be located closely to the clinics/institutes where students attend their classes. The combination of all locations invite students to spent time in an inspirational learning environment. Contact between professions could happen casually during their study breaks. IPE could be enhanced. But of course, the architecture of universities can not replace IPE itself. In the future, medical faculties have to put more thought into the layout of students’ areas. Research should be performed on effects on IPE.