

2A (282)

Date of presentation: Monday 26th August

Time of session: 0900-1030hrs

Location of presentation: Event Hall, Messe / Live Streamed

Designing Health Education Curricula to Prepare Students for a Generative Artificial Intelligence Future

Neil Mehta¹, Jennifer Benjamin², Heather McNeil³, Anoop Agrawal², Ken Masters⁴, Seysha Mehta¹

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Background

Generative Artificial Intelligence (GAI) tools can potentially improve productivity, enhance quality and efficiency in clinical and research settings. These tools also have limitations like biases, inaccuracies and incorrect citations. As these tools become integrated into regularly used software like browsers and word processors, they will become ubiquitous and part of the workflow in academic environments.

Why the topic is important?

GAI tools pose dilemmas for health professions educators (HPE) as they design curricula to prepare students for the future. HPE need to incorporate use of GAI tools in the curriculum and train students in best practices for using them and increase awareness of their limitations. They also need to prevent students relying exclusively on these tools for all assignments. GAI tools can potentially eliminate the key cognitive and constructive efforts required for learning. Learners need to experience the struggle of learning using critical inquiry, where they work with peers and HPE to progressively construct knowledge. These are the skills they will need to solve new and unanswered problems, and to expand the boundaries of knowledge.

Take Home Message

- 1. HPE need to be prepared for a future where GAI will be part of every workflow in education, research and clinical practice that involves a computing device.
- 2. Educators need to create curricular activities that involve the use of GAI, training our students on best practices as well as making them aware of these limitations.
- 3. HPE need to ensure that GAI is incorporated into curricula in such a way that students continue to learn how to reason, think critically, and experience the struggles and joys of learning individually and collaboratively.





Designing and planning learning (including curriculum): Designing and planning learning

Phase of Education

Undergraduate & graduate





2B (83)

Date of presentation: Monday 26th August

Time of session: 0900-1030hrs

Location of presentation: Montreal, 2nd Floor/Live Streamed

Inclusion in Action: Cultivating global Communities of Practice (CoPs) to nurture the growth of health professions education scholars

Eeva Pyörälä¹, Subha Ramani², Rashmi Kusurkar³, Enjy Abouzeid⁴, Evangelos Papageorgiou⁵, Yvonne Steinert⁶

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Background

AMEE fosters excellence, collaboration, and scholarship by bringing together educators worldwide. To achieve this vision, the AMEE Fellowship and Faculty Development Committees have promoted the scholarly and professional growth of emerging health professions educators and cultivated the growth of inclusive Health Professions Education (HPE) communities.

Built upon the foundational principles of Communities of Practice (CoPs) by Jean Lave and Etienne Wenger, this symposium highlights the pivotal role of social learning in HPE. The attainment of expertise and scholarship is not a solitary pursuit but is nurtured through active engagement, collaboration, and problem-solving in vibrant CoPs. These communities bring together individuals – experts and novice members – from diverse backgrounds with a shared passion for addressing and finding solutions to real-world challenges in complex educational and healthcare settings, aiming to meet future healthcare demands.

Why the topic is important?

Communities of Practice serve as both the theoretical and practical foundation for promoting scholarly and professional growth in HPE. Presenters include members of the AMEE Fellowship and Faculty Development Committees along with dynamic emerging scholars within the AMEE community. We introduce CoPs theory, delve into integration with Faculty Development; emphasize inclusion and diversity strategies, explore insights from emerging scholars; and present the AMEE mentoring program aligned with CoPs principles for early and mid-career educators.





The symposium provides insights for health professions educators and scholars dedicated to cultivating professional and scholarly growth in HPE. We advocate for creating and nurturing inclusive CoPs that bring together participants from diverse backgrounds, leveraging their expertise to collaboratively address challenges facing the demands of current and future healthcare. Moreover, we recommend embracing innovative implementation methods, including online platforms and social media tools.

Take Home Message

The symposium showcases diverse approaches to advancing HPE expertise and scholarship through collaborative pursuit of shared goals. We introduce the theoretical foundation of CoPs, demonstrate their implementation in faculty development and mentoring, highlight the value of inclusivity and diversity in HPE communities, and exhibit innovative strategies for nurturing and sustaining these practices.

Track

The Scholarship of Teaching and Learning: The Scholarship of Teaching and Learning

Phase of Education





2C (459)

Date of presentation: Monday 26th August

Time of session: 0900-1030hrs

Location of presentation: Sydney, 2nd Floor

Supporting learners who are underperforming: The role of simulation and coaching

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¹Department of Clinical Medicine, MidtSim, Aarhus University, Aarhus, Denmark. ²Monash University, Melbourne, Australia. ³Stanford School of Medicine, Stanford, USA. ⁴School of Clinical Sciences, Monash University, Melbourne, Australia

Background

Individuals sometimes struggle to meet clinical expectations, being identified for "remediation". Their failure to meet clinical expectations may pose a threat to patient safety. In addition, they may experience challenges with their own professional identity. Though professional training programs have remediation strategies, they are often suboptimal. Further, reasons for underperformance are complex and so singular strategies are unlikely to be successful. Faculty and supervisors together with those individuals who are underperforming all have a role to play in designing and implementing successful remediation. In this symposium, we will share how simulation and coaching may play a pivotal role.

Why the topic is important?

Underperformance is common. It is estimated that 10-40% of students and trainees may require additional educational support. Because managing underperformance can consume disproportionate resources, supervisors and faculty may avoid early remediation. This pushes the magnitude of the underperformance downstream, often creating bigger challenges. There are theory-informed guidelines for effective remediation. Many of these practices resonate with educational principles in simulation-based education and coaching practices.

Take Home Message

- High quality educational programs include strategies for supporting individuals who underperform.
- Simulation can create a space for individuals to explore their performance and express concerns about their practice and/or for their supervisors, faculty, and trainers to co-create remediation plans.
- Coaching can provide opportunities for learner reflection and focused direction to help develop important clinical skills.





 Gaps in evidence exist when connecting struggling learners and proactive educational initiatives; we will discuss how to close those gaps through research and pedagogical practices.

Track

Assessment and supporting learners: Supporting Learners

Phase of Education





4A (192)

Date of presentation: Monday 26th August

Time of session: 1400-1530hrs

Location of presentation: Event Hall, Messe / Live Streamed

An international overview of adapting and adopting a Planetary Health and Sustainable Healthcare curriculum

SanYuMay Tun¹, Nicolas Senn², Wentao Zhou³, Eva-Maria Schwienhorst-Stich⁴, James Irlam⁵, Felicity Connolly⁶

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Background

There have been calls from around the world, from multiple health professions and particularly from students, for their education to equip them to address the escalating climate and ecological crisis and to adopt more sustainable modes of clinical practice. Planetary Health forms the essential background awareness of the interlinkage of human wellbeing with nature, and sustainable healthcare is the way we have to practise in order to provide high quality care now and in the future. The Planetary Health and Education for Sustainable Healthcare (ESH) curriculum, endorsed by the UK medical education bodies, has been adapted and used alongside similar developments in several countries, health professions and stages of training. We present international examples, from Switzerland, Singapore, Germany, South Africa and the UK, of how this is being applied, and the challenges, successes and next steps.

Why the topic is important?

It is vital to prepare health professionals to attend to the global risks to health from escalating climate and ecological breakdown, which are already causing deaths and ill-health. As outlined in the AMEE Consensus Statement on Planetary Health and Education for Sustainable Healthcare, health professionals are well placed to understand the urgency and scale of the issues and to influence outcomes in their clinical practice, professional life, and healthcare system. Education tools such as the freely available ESH curriculum document are groundbreaking resources that are clearly and concisely structured, linking to high-quality learning material, so that educational institutions can draw up learning outcomes suitable to their own context. This enables rapid integration into existing curricula while enhancing the knowledge base of faculty.

Take Home Message

- Sustainable Healthcare is high quality, appropriate care, centred on what matters to the patient.



- It is integral to Planetary Health, the relationship between the earth's natural systems and human health.
- Health professionals can be rapidly grounded in this emerging paradigm by adapting and adopting the ESH and similar curricula.

Track

Cross Cutting Themes: Sustainability and Global Health

Phase of Education





4B (437)

Date of presentation: Monday 26th August

Time of session: 1400-1530hrs

Location of presentation: Montreal, 2nd Floor / Live Streamed

Clinical reasoning and its teaching: What is the role of artificial intelligence?

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Background

Artificial intelligence (AI) is increasingly widespread and holds great promise to improve clinical reasoning. It may provide clinicians with diagnostic support and expand learning resources available to students. However, the potential of AI can only be realized by building upon existing knowledge of the cognitive basis of clinical reasoning. Luckily, extensive research into the cognitive processes involved in clinical reasoning and particularly on the role of well-developed knowledge structures and educational strategies to strengthen them is available.

Why the topic is important?

Diagnostic decision support systems are increasingly used in clinical practice but have limited impact on diagnosis, partially because their functioning is not closely aligned with the way physicians process information. Understanding how AI can better support diagnostic reasoning will make these systems more effective. This understanding will also impact education by helping to reform curricula to prepare students to better use AI in clinical reasoning. Our knowledge of educational strategies to facilitate the learning of clinical reasoning has advanced considerably, and so has the availability of digital learning resources such as open-access online curricula and virtual patients. If the new capabilities provided by AI can be properly combined with the available strategies and learning resources, their potential will increase substantially. Recent developments in prompt engineering may provide a basis for that. Optimizing the use of AI by current and future clinicians can move us closer to the primary goal of improving clinical reasoning, thereby reducing diagnostic error and enhancing patient safety.

Take Home Message

Unlocking the great potential of AI to improve clinical reasoning depends on integrating the theory of clinical reasoning, effective learning tools and the language of AI. The symposium has provided insights on how to achieve this.





Track

Cross Cutting Themes: Al

Phase of Education

Undergraduate & graduate





4C (594)

Date of presentation: Monday 26th August

Time of session: 1400-1530hrs

Location of presentation: Sydney, 2nd Floor

Medical education for the next generation – Why you should listen to the students' voices

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¹Swiss Medical Students Association SWIMSA, Bern, Switzerland. ²Swiss Health Alliance for Interprofessional Education SHAPED, Bern, Switzerland. ³Berner Bildungszentrum Pflege, Bern, Switzerland. ⁴Swiss Institute for Medical Education SIWF, Bern, Switzerland

Background

Medical education is usually led by senior leaders. To ensure that changes and new developments do not bypass the healthcare professionals directly affected, their involvement in the planning or implementation of curricular changes and reforms is the rule. However, they are often in the minority and are only partially heard due to the often overwhelming knowledge and influence of senior medical educators.

The symposium is organised and facilitated by students of different healthcare professions. The aim is to create a space for students where they can discuss current and future challenges and expectations of medical education. Moreover, it aims to foster a dialogue at eye level with leaders and stakeholders of medical education.

Why the topic is important?

We need to shape the future world of medical education today in an interprofessional and intergenerational dialogue.

Take Home Message

Medical education must meet the needs of future generations of healthcare professionals. The contribution of students is crucial. Opportunities need to be developed to support the dialogue between future healthcare professionals and leaders in medical education.

Track

Cross Cutting Themes: Equality, Diversity & Inclusivity

Phase of Education





5A (687)

Date of presentation: Monday 26th August

Time of session: 1600-1730hrs

Location of presentation: Event Hall, Messe / Live Streamed

Innovative Horizons: Shaping Health Professions Education through Emerging Technologies

Daniel Salcedo¹, Raquel Correia², Ken Masters³, Stefano Sandrone⁴, Eric Gantwerker⁵, James Thomas⁶

¹Case Western Reserve University School of Medicine, Cleveland, USA. ²Université Paris Cité, Paris, France. ³Sultan Qaboos University, Muscat, Oman. ⁴Imperial College London, UK. ⁵Northwell Health, Zucker School of Medicine, Lake Success, New York, USA. ⁶University of Oxford, UK

Background

This symposium is a dynamic platform designed to explore and delve into the cutting-edge advancements revolutionizing the landscape of health professions education. With a primary focus on progress, this symposium aims to present a comprehensive overview of the state-of-the-art technologies currently reshaping the way future healthcare professionals are trained and educated. The symposium brings together leading experts, innovators, and educators to provide a panoramic view of the evolving technology landscape in health professions education.

Why the topic is important?

Intended Outcomes*

- 1. Comprehensive Understanding: Attendees will gain an in-depth understanding of how various technologies —such as Patient Simulations, XR, Telemedicine, AI, etc.—are influencing and shaping the landscape of health education.
- Awareness of Current State: Providing attendees with current updates on the developments of these technologies to keep them abreast of the latest advancements in the field.
- 3. Engagement and Discussion: Encouraging engagement and fostering discussions through an interactive Q&A session to exchange thoughts, ideas, and insights among experts and participants.

Track

Cross Cutting Themes: Technology Enhanced Learning

Phase of Education





5B (169)

Date of presentation: Monday 26th August

Time of session: 1600-1730hrs

Location of presentation: Montreal, 2nd Floor / Live Streamed

"Found in Translation": Fostering Inclusivity in Global Health Profession Education by Bridging North-South Divides

Marco Antonio de Carvalho Filho¹, Lionel Green-Thompson², Amudha Poobalan³

¹University Medical Center Groningen, the Netherlands. ²University of Cape Town, South Africa. ³University of Aberdeen, UK

Background

Health profession education is undergoing a global transformation, yet a stark disparity persists between voices from the North and the South. The negative impact of this asymmetry, exacerbated by language barriers and unequal access to leading journals, stifles the contributions of educational and research traditions rooted in the Global South. This inequality mutes our community's ability to engage in a genuinely democratic dialogue that could address critical challenges in healthcare, such as social justice, interprofessional collaboration, and patient–centered care. As an international community, we must learn from the past and ensure no voices are marginalized or silenced.

The underrepresentation of Global South perspectives within the Health Profession Education (HPE) community restricts our ability to draw insights from diverse academic, philosophical, and research traditions. By acknowledging and addressing this imbalance, AMEE can play a pivotal role in creating global democratic spaces for dialogue and action.

In this symposium, three scholars deeply entrenched in the Global South's HPE community will lead a reflective session on how AMEE can foster this democratic dialogue. The authors will share their personal journeys of becoming "translators" capable of bridging academic traditions from both North and South. The discussion will apply an ubuntu framing, which draws one into a relationship with each other. A critical pedagogy will complement this invitation by opening a fresh discourse on discomfort and enhanced relationships.

Why the topic is important?

By integrating diverse academic and research traditions, the HPE community can unlock a wealth of insights, ultimately leading to more effective healthcare practices, greater social justice, and enhanced professional collaboration. The potential for creating a positive impact is vast.



Take Home Message

- Diversity should be celebrated and not tolerated;
- Academic traditions and philosophies, such as ubuntu and critical pedagogy, enrich the international HPE conversation.
- De-colonizing HPE increases our creativity as scholars.

Track

Cross Cutting Themes: Equality, Diversity & Inclusivity

Phase of Education





5C (273)

Date of presentation: Monday 26th August

Time of session: 1600-1730hrs

Location of presentation: Sydney, 2nd Floor

How can we kick start patient safety teaching? Practical tools generated from successful experiences.

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¹University of Toronto, Canada. ²Accreditation Council for Graduate Medical Education,
Chicago, USA. ³International Medical University, Kuala Lumpur, Malaysia. ⁴Warwick Medical School, Warwick, UK

Background

Medical errors account for more than 250,000 deaths per year in North America, with communication issues causing more patient harm than surgical technique errors. These facts have made patient safety a worldwide priority which has been promoted by the WHO patient safety education curriculum. Patient safety education has gained significant interest becoming an important task for curricular integration at different levels of healthcare education. In this symposium, educators from different geographical regions, will describe their experience on how to start patient safety teaching in undergraduate and postgraduate education. Lessons learned, tips for success, practical ways on how to overcome barriers and future development ideas will be discussed. Examples that will be described and analyzed include an inter professional/discipline online patient safety introductory course; medication safety training in undergraduate education (main pharmacology curriculum, rational and safe prescribing, and integration in patient safety awareness course); workshops using experiential learning for undergraduate students with real patient stories; and the use of Morbidity and Mortality rounds to teach patient safety in postgraduate education.

Why the topic is important?

Reducing patient harm is a worldwide healthcare goal, therefore effective and successful integration of this topic to education curricula is crucial. After this workshop, participants will observe ideas that will provide them with a framework to develop local teaching of this topic. This will also generate ideas on how to perform evaluation and assessment of the skills involved with the goal to be able to assess competency.

Take Home Message

Patient safety teaching is a key priority in healthcare education, with different ways to deliver it. Successful teaching experiences can provide practical ideas that can be replicated and a framework for curricular integration and competency assessment established.



Track

Cross Cutting Themes: Patient Safety

Phase of Education





5D (698)

Date of presentation: Monday 26th August

Time of session: 1600-1730hrs

Location of presentation: Singapore, 2nd Floor

Training, Advancement and Support for Surgeon Teachers and Surgeon Educators

Ajit Sachdeva American College of Surgeons, Chicago, USA

Background

This Symposium will address the training, advancement, and support for surgeon teachers and surgeon educators, and will focus on specific needs and opportunities based on the experiences from several different countries. This is a very important and timely topic that impacts the professional work and careers of surgeon teachers and surgeon educators. Faculty development efforts aimed at these professionals are critical in implementing contemporary and cutting-edge surgery education programs, offering the best education and training to surgical trainees and medical students, supporting the careers of the surgeon teachers and surgeon educators, and advancing the field of surgical education. The Symposium will include take-home messages that attendees would be able to use or adapt to their local environments and institutions.

During the Symposium, established frameworks from the field of faculty development will be discussed. Opportunities to anchor faculty development efforts to the needs of the surgeon teachers and surgeon educators at the four levels of teacher, master teacher, educator, and master educator will be emphasized. Also, advancement of surgery faculty based on educational accomplishments using the widely accepted framework of scholarship of discovery, scholarship of integration, scholarship of application, and scholarship of teaching, as well as educational leadership and other contributions, will be highlighted. Further, support for surgeon teachers and surgeon educators for their professional work and for their advancement will be discussed. The roles of Academies of Master Surgeon Educators and Surgical Trainers that have been established by several major organizations, including the American College of Surgeons and the Royal Colleges will be highlighted. Perspectives from Australia, Ireland, the UK, and the US will be presented. There will be ample time for discussion with the Symposium attendees.

Beyond the time of the AMEE Conference, dialogues will be established with surgeon teachers and surgeon educators from across the globe to share effective approaches and helpful practices. The Symposium would be of value to teachers and educators from all procedural specialties and from other medical disciplines and health professions.





Track

Surgery Education

Phase of Education





6A (578)

Date of presentation: Tuesday 27th August

Time of session: 0900-1030hrs

Location of presentation: Event Hall, Messe / Live Streamed

Guiding Lights: Illuminating Student Leadership and Engagement in Healthcare Professions Education

Aidan Kennedy¹, Alexandra-Aurora Dumitra², Konstantina Papageorgiou³, Kosha Gala⁴, Mehrdad Heravi⁵, Stella Goeschl⁶

¹University of Glasgow, UK. ²University of Medicine and Pharmacy of Craiova, Romania. ³University of Thessaly, Faculty of Medicine, Larissa, Greece. ⁴MIMER Medical College, Pune, India. ⁵Department of Medical Education, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran. ⁶European Medical Students' Association, Brussels, Belgium

Background

In the ongoing development of Health Professions Education, student leadership and engagement is a topic that emerges as a crucial endeavour. Beyond the academic curriculum, we meet a landscape of great impact made by students through their engagement and leadership. The profound effect of mentorship and guidance is well observed in the outcomes of ongoing student-led actions as well as in the shaping of holistic healthcare professionals. Nurturing leadership skills and active engagement is pivotal in the development of students as young professionals and in creating the proper environment for such development. The role of mentors, becomes essential, providing knowledge and instilling a sense of responsibility, resilience, and collaborative principles. This abstract explores the interplay of mentorship, student leadership, and engagement, emphasizing the instrumental role played by experienced guides in moulding students and their leadership and meaningful engagement.

Why the topic is important?

There is great potential in the hands of students when it comes to leadership skills and engagement initiatives. What plays a crucial role is fostering the right environment for students to carve and enable this potential. Being aware of ways to provide psychological safety, trust, and logistical support aids both professionals and students themselves in creating this environment.

We will also highlight the role of providing the right mentorship support as a great responsibility aiding in the success of student engagement and leadership.

Take Home Message





Students have a great impact on the Health Professions Education world through meaningful student engagement and leadership. However, for a full impact, effective mentorship and support are needed from their experienced guides.

Track

Assessment and supporting learners: Supporting Learners

Phase of Education

Undergraduate & graduate





6B (231)

Date of presentation: Tuesday 27th August

Time of session: 0900-1030hrs

Location of presentation: Montreal, 2nd Floor / Live Streamed

Every Voice Matters: Embracing Language Diversity and Inclusivity in Health Professions Education Research

Marwa Schumann¹, Ashley Dennis², Jean-Michel Leduc³, Ahsan Sethi⁴, Ugo Caramori⁵, Harm Peters¹

¹Dieter Scheffner Center for Medical Education, Charité - Universitätsmedizin Berlin, Germany. ²Office of Medical Education, Billings Clinic, Billings, Montana, USA. ³Department of Microbiology, Infectious Diseases and Immunology, Faculty of Medicine, Université de Montréal, Canada. ⁴QU Health, Qatar University, Doha, Qatar. ⁵University of Campinas, UNICAMP, Campinas, SP, Brazil

Background

Language diversity and inclusion in health professions education (HPE) research is enriched but as well challenged by the globalization of knowledge and information transfer. As a team of speakers from diverse professional, national and linguistic backgrounds from Europe, Canada, Brazil, the USA, the Middle East and Asia, we seek to explore the profound influence of language in HPE research through all its breadth: from proposal writing to publication with the aim of promoting greater language inclusivity in research.

Why the topic is important?

While about one-third of medical schools outside the United States and Canada offer classes in English, only one-fifth of the countries recognize English as the official language, creating a language discordance; a lack of a common language between a patient and their healthcare provider, but also between researchers and study participants, which raises several methodological challenges.

The leaky pipeline metaphor emphasizes that the global flow of knowledge in HPE research is far from equitable. For instance, systematic reviews often overlook research published in languages other than English: over a quarter (27%) of systematic reviews explicitly omitted non-English studies, while over a third (35%) didn't have clear language criteria. Language should be bridge for communication in HPE research, not a gatekeeper where voices are excluded.

Take Home Message

Language barriers hinder the representation of non-English speaking participants in medical education research, limiting the global knowledge exchange. Overcoming



language disparities is imperative, as linguistic inclusivity promotes diversity, equity, and inclusion in health education. This symposium will bring together experts to explore solutions for a more accessible and culturally sensitive global medical education landscape.

Track

Cross Cutting Themes: Equality, Diversity & Inclusivity

Phase of Education





6C (718)

Date of presentation: Tuesday 27th August

Time of session: 0900-1030hrs

Location of presentation: Sydney, 2nd Floor

Pathways into medical education: The role of faculty development communities and mentoring programs in building a career as healthcare educator

Darshana Shah, Aviad Haramati, Peter GM de Jong, Ardi Findyartini





7A (125)

Date of presentation: Tuesday 27th August

Time of session: 1100-1230hrs

Location of presentation: Event Hall, Messe / Live Streamed

Quality of Postgraduate Education: Standards, tools, and implications

Leila Niemi-Murola¹, Monika Brodman-Maeder², Gustavo Salata Romão³, Marjo Wijnen-Meyer⁴, Rille Pihlak⁵

¹University of Helsinki, Finland. ²Bern University Hospital, Bern, Switzerland. ³University of Ribeirão Preto, São Paulo, Brazil. ⁴Technical University of Dresden, Germany. ⁵Manchester Cancer Research Centre, Manchester, UK

Background

There are many standards and systems to ensure quality of postgraduate medical education. World Federation of Medical Education launched their updated standards.

Why the topic is important?

In all parts of the world, there is a need to ensure high quality of postgraduate medical education. There are guidelines and accreditation systems with expectations to the educational program and to the setting preparing trainees to meet the health care needs of the population. However, especially in postgraduate training (PGT) these systems vary due to different populations, healthcare systems national politics and historical reasons.

Quality improvement is an ongoing process, which will start with self-evaluation often associated with accreditation processes. Compared to undergraduate, in PGT often international accreditation follows individual specialties rather than the whole system. Additionally, there are not many indicators for organizations and institutions to document the current situation and effects of quality improvement processes.

In this session we will review transferrable good practices related to quality insurance of the whole postgraduate medical education and give examples from around the globe. The participants will learn the basic principles of quality indicators of postgraduate medical education, different options to ensure it and ideas how to start or continue improving the quality in their own institutions.

Take Home Message

There are standards and tools for educators to study the quality of postgraduate medical education in their institutions. Practical solutions, barriers and pitfalls will be discussed.

Track

Education and Management: Education and Management





Phase of Education

Postgraduate









7C (744)

Date of presentation: Tuesday 27th August

Time of session: 1100-1230hrs

Location of presentation: Sydney, 2nd Floor

Fostering Social Justice in Healthcare Education through Competency-Based Education (CBE)

Claire Touchie¹, Linda Snell², Arvin Damodaran³, Ming Ka Chan⁴, H. Carrie Chen⁵, Jamiu Busari⁶

¹University of Ottawa, Ontario, Canada. ²McGill University, Montreal, Canada. ³University of New South Wales, Sydney, Australia. ⁴University of Manitoba, Winnipeg, Canada. ⁵Georgetown University School of Medicine, Washington DC, USA. ⁶Maastricht University, Maastricht, the Netherlands

Background

CBE has the potential to either promote social justice or reinforce existing biases in healthcare education. It focuses on preparing clinicians to improve the health of patients and populations. In the context of ongoing health disparities worldwide, medical educators are increasingly expected to implement CBE in ways that advance social justice and anti-oppression. The core components of CBE enable individualization of learning experiences, an approach that appreciates learners' individual backgrounds, experiences, and strengths.

Why the topic is important?

In this session, we focus on the core concepts of social justice and CBE, and how these frameworks (may) intersect to promote diversity, equity, inclusion, and anti-oppression. We will use exemplar case scenarios from an international panel of contributors and the experience of participants. We shall also engage in a critical exploration of how to (re-)design and implement CBE to promote equity pedagogy, where curricular design, teaching, assessment strategies, and learning environments support learners from diverse groups to be successful.

Take Home Message

Participants will be able to:

- Describe relationships between CBE frameworks and principles of social justice.
- Review opportunities and describe strategies to promote anti-oppression and social justice in CBE.
- Initiate critical dialogues on social justice in CBE in their own contexts.
- Use change leadership approaches to incorporate social justice principles in CBE.





Competency Based Education

Phase of Education





8A (350)

Date of presentation: Tuesday 27th August

Time of session: 1400-1530 hrs

Location of presentation: Event Hall, Messe / Live Streamed

Reality not Rhetoric: Advancing Research on Health Professions Education Graduate Programs

Antoinette Ungaretti¹, Daniëlle Verstegen², Natasha Khursigara Slattery³, Ara Tekian⁴, Yvonne Steinert⁵, Steven Durning⁶

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Background

Master's and Ph.D. health professions education graduate programs (HPEGPs) have grown exponentially from approximately seven in 1996 to over 160 in 2023 (Tekian, 2023; Tekian & Harris, 2012). Increasingly institutions encourage faculty to attend HPEGPs and promote their graduates to lead health professions education initiatives. Leaders of HPEGPs are aware of emerging needs to meet health care challenges (e.g., health equity, medical error, Al, and burnout) and work to incorporate these issues into their curricula. However, the paucity of research on these programs creates a gap between research and practice.

Why the topic is important?

The transformation of healthcare requires faculty to expand their role as teachers, researchers, and leaders (Cervero et al, 2017). To date, the absence of data on HPEGPs' strengths and potential results in a gap between research and opportunities to enhance practice. A collaboration among program leaders and HPE researchers would provide additional data documenting program strengths, impact, and potential while identifying lines of inquiry to address the gap between research and practice.

These new avenues for research would inform the global preparation of educators, researchers, and leaders to benefit learners, patients, and society.

Take Home Message

HPEGPs are leaders for healthcare transformation. Efforts to research these programs can shape and inform their effectiveness in the preparation of future health professions education leaders.

Track

Faculty Development





Phase of Education

CPD





8B (259)

Date of presentation: Tuesday 27th August

Time of session: 1400-1530 hrs

Location of presentation: Montreal, 2nd Floor / Live Streamed

Global Perspectives: Embeddedness of Healthcare Professions Education Research Centres and Networks

Yu-Che Chang¹, Lynn Monrouxe², Jennifer Cleland³, Nurhanis Syazni Roslan⁴, Ian Scott⁵
¹Chang Gung Medical Education Research Centre, Linkou, Taiwan. ²The University of Sydney, Australia. ³Nanyang Technological University, Singapore. ⁴Universiti Sains Malaysia, Kota Bharu, Malaysia. ⁵The University of British Colombia, Vancouver, Canada

Background

In an ever-evolving global healthcare landscape, robust healthcare professions education research (HPER) groups play a pivotal role in enhancing the delivery and quality of care. This symposium explores a number of established and newly-developed HPER networks and centres across the globe to understand how they have had success through embeddedness. This symposium aims to foster a deeper understanding of the global HPER networking landscape and to encourage cross-border collaborations to elevate the standards of healthcare education research.

Why the topic is important?

Understanding embeddedness of newly developed and more established HPE research centres and networks internationally is essential for those wishing to develop both formal and informal HPER connections. By facilitating their understanding around how best to foster collaborations, knowledge sharing, enhancing research opportunities, developing international impact and accessing resources is critical to effectiveness and sustainability.

Take Home Message

Attendees will learn the commonalities and differences of HPER centre successes and how to manage competing contextual factors, including balancing inside-facing (addressing institutional educational issues) and outside-facing (demonstrating an international reach) issues.

Track

The Scholarship of Teaching and Learning

Phase of Education





8C (195)

Date of presentation: Tuesday 27th August

Time of session: 1400-1530 hrs

Location of presentation: Sydney, 2nd Floor

Developing the science of accreditation – ensuring that accreditation's global expansion is backed by evidence

Sean Tackett¹, Marta van Zanten², Ming-Jung Ho³, Roghayeh Gandomkar⁴, David Rojas⁵, Mohammed Ahmed Rashid⁶

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Background

Medical school accreditation activities are increasing rapidly. Most countries have a designated accrediting authority and, internationally, the World Federation for Medical Education's (WFME's) Recognition Programme is evaluating agencies and encouraging interest in accreditation in alignment with policies from the World Health Organization.

Why the topic is important?

The profound and growing global influence of accreditation on medical education is not being met with increasing scholarship. Many stakeholders are unfamiliar with accreditation processes and unprepared to question them. If more evidence is not generated, all stakeholders are potentially vulnerable to inefficiencies and unintended consequences that could occur with accreditation's promotion and expansion.

The purpose of this symposium is to make accreditation scholarship more accessible by describing successful projects and offering a forum to discuss tangible strategies that could lead to more data-informed accreditation practices.

Take Home Message

Systematic inquiry is vital to improving any process. The magnitude of accreditation's influence on medical education demands more scrutiny and research, and there are wide-ranging opportunities for original projects, institutional collaborations, and regional and international cooperation to that can address global needs.

Track

Education and Management





Phase of Education

Undergraduate & graduate





9A (486)

Date of presentation: Tuesday 27th August

Time of session: 1600-1730 hrs

Location of presentation: Event Hall, Messe / Live Streamed

Transnational Health Professions Education: Paradigm Shifts for Sustainable Transformations

Vishna Devi V Nadarajah¹, Emmaline Brouwer², Arunthathi Mahendran³, Jennifer Cleland⁴, Jan Illing⁵

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Background

The AMEE 2024 conference theme centres around "connect, grow and inspire". Leveraging on this theme, our symposia will revisit and push the boundaries on the concept of Transnational Education (TNE) for Health Professions Education (HPE). TNE is defined as higher education study programmes, courses of study or educational services in which the learners are located globally or from different countries to which the awarding institutions are. Pioneers of TNE would have intended to 'connect with other institutions', 'grow the benefits of higher education globally' and 'inspire to have graduates with global competencies". TNE has nearly more than 100 years of history in HPE, with continuing debates around the benefits and sustainability for HPE.

Symposium

TNE has historically benefitted capacity building, reducing resources outflow by offering students broader choices in contexts that are resource constrained. The challenge for TNE has been having a one size fits all model in the backdrop of contextual differences across borders. This can translate to difficulties in implementing policies or prioritising resources across institutions. For HPE, TNE has created a much needed diverse and global workforce. Healthcare systems across the globe have benefitted from twinning, credit transfer, branch campuses, online, jointly accredited and other models of TNE. These benefits are juxtaposed against questions of equity, transparency, lack of contextualisation and sustainability. For these reasons TNE concept and scholarship needs to be revisited to offer paradigm shifts, creating equitable benefits for all HPE stakeholders.

Take Home Message

Revisiting the concept of TNE in HPE will allow for positive paradigm shifts and create equitable benefits for all stakeholders.





Sustainable transformation of TNE in HPE is essential for addressing global healthcare needs of a diverse and competent workforce.

Track

Education and Management

Phase of Education





9B (494)

Date of presentation: Tuesday 27th August

Time of session: 1600-1730 hrs

Location of presentation: Montreal, 2nd Floor / Live Streamed

Beyond Borders: Navigating the Language Divide in Health Professions **Education Publishing**

Erik Driessen¹, Ardi Findyartini², Lorelei Lingard³, Fracisco Olmos⁴, Melchor Sanchez⁵, Lauren Maggio⁶

Maastricht University, Maastricht, the Netherlands. ²Faculty of Medicine Universitas Indonesia, Jakarta, Indonesia. ³Western University, London, Canada. ⁴Pontificia Universidad Javeriana, Bogota, Colombia. 5 Universidad Nacional Autónoma de México, Mexico City, Mexico. ⁶Uniformed Services University, Bethesda, USA

Background

Scientific research is predominantly published in English-language journals, which disadvantages authors for whom English is not their first language and privileges those based in English-speaking countries. Recent data highlights that medical education publishing is not immune to this phenomenon. Over the last decade, 72% of authors publishing in medical education were based in English-speaking countries suggesting an advantage for these authors and limited diversity of author representation in the field.

Why the topic is important?

At the level of the individual, the ability to publish articles in peer review journals has major implications for one's success in securing academic employment, obtaining grant funding, achieving promotion, and graduating from publication-based degree programs. Thus, it is important to ensure that scholars writing in English as an additional language are not disadvantaged in publishing their research. At the macro level, journal articles serve as a primary evidence source for making critical decisions (e.g., what is taught to health professions trainees, by whom, and how). It is critical that we remove hurdles and discuss possibilities to ensure broad representation of authors.

Take Home Message

Medical education research is dominated by articles written in English by scholars from English-speaking countries. While there are innovations on the horizon to increase representation of authors, it is also necessary for the health professions education community to collaboratively discuss the current state of the field and to determine next steps to foster greater inclusion.

Track

The Scholarship of Teaching and Learning





Phase of Education





9C (558)

Date of presentation: Tuesday 27th August

Time of session: 1600-1730 hrs

Location of presentation: Sydney, 2nd Floor

Advancing Quality Improvement in PGME: the case for creating a Community of Practice on PGME oversight, accreditation and regulation

Ricardo León-Bórquez, Geneviève Moineau, Barbora Hrabalová, Jana Cohlová World Federation for Medical Education, Claines, UK

Background

Postgraduate medical education (PGME) oversight, accreditation and regulation (thereafter shortened to "oversight") varies worldwide. This is, in part, due to its dependence on the construct of PGME in any given country or region. The relationship between the various stakeholders with authority may be complex and determine how PGME is delivered and the level of oversight. Documenting these environments worldwide has been challenging and no single source of information is currently available. World Federation for Medical Education (WFME), with international partners, has carried out an environmental scan of PGME oversight, including a worldwide survey and directed outreach to relevant authorities. The results have undergone several iterations and review stages to document the current global status.

The aim of the symposium is to present the results of the environmental scan and outreach to the stakeholder community, and share the perspective of PGME experts on the best path forward for Advancing Quality Improvement in PGME by creating a Community of Practice on PGME oversight, accreditation and regulation.

Why the topic is important?

Enabling PGME leaders in oversight to better understand global environment, collaborate and support each other could have a significant positive impact on PGME. Members of this community could determine best practices, opportunities for alignment, reciprocity and scholarship.

All of these activities would have a positive effect on the resident's training and patient safety.

Discussion with a broad audience will enhance the quality of the potential next steps in the understanding and excellence in PGME oversight.

Take Home Message





Both PGME delivery and its regulatory systems are very variable and nuanced worldwide which presents challenge to comparison and requires careful understanding and mapping. Insightful research efforts allow for a stakeholder-inclusive discourse of collaboration, community and excellence.

Track

Education and Management

Phase of Education

Postgraduate





9D (433)

Date of presentation: Tuesday 27th August

Time of session: 1600-1730 hrs

Location of presentation: Singapore, 2nd Floor / Live Streamed

Cultivating social networks for faculty development

Olanrewaju Sorinola¹, Karen Leslie², Eliana Amaral³, Ruth Chen⁴, Mark Lavercombe⁵, Heather Buckley⁶

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Background

Social network analysis is a research method originally developed in sociology and communication science focusing on patterns of relations and connections among people and among groups including such as organizations. The symposium will draw on social network analysis to provide insights into how faculty's professional social networks influence their learning from faculty development programmes. There is acknowledgement of the increasing importance of framing faculty development as a situated construct and the evolution from individual activity model to organisational model that conceptualises relationships and networks as important mediators of learning. In this symposium we will frame social networks both as an approach for workplace based learning / faculty development and also an approach for cultivating faculty developer identity and learning. This is important as identities as a teacher/educator and as a faculty developer are important concepts to explore. There will be discussion, practical tips and ideas of how to engage in the design and implementation of FD programmes that addresses these issues.

Why the topic is important?

There is increasing recognition of the need for faculty developers to use social network theory and analysis to purposefully explore how social relationships influence and shape learning. It is important to understand that faculty interact with multiple sources of knowledge and that social networks has multifaceted influence in formal educational spaces. Hence the idea of also using social network theory and analysis to design and support faculty development and to provide a more rigorous method of evaluating the impact of faculty development and assessing the actual changes that FD training brings about.

Take Home Message

Faculty developers need to conceptually reorient faculty development in the health professions as a dynamic social enterprise. It is important to get new insights into social





network approaches to faculty development activities and how this can be applied in practice.

Track

Faculty development

Phase of Education



10A (332)

Date of presentation: Wednesday 28th August

Time of session: 0900-1030 hrs

Location of presentation: Event Hall, Messe / Live Streamed

Promises and Tensions of Learner Education Handover in Competency Based Education

Susan Humphrey-Murto¹, Helen Kang Morgan², Holly Caretta-Weyer³, Tammy Shaw¹, Jennifer Williams⁴, Olle ten Cate⁵

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Background

Learner education handover (LEH) is the sharing of information about learners between faculty supervisors or across phases of training. This practice aligns well within the context of competency-based medical education, where assessment occurs along a continuum and learners should demonstrate growth along a developmental trajectory, captured using a programmatic assessment framework.

Why the topic is important?

LEH has the potential to allow for longitudinal observation and growth between multiple transitions, such as undergraduate to postgraduate medical education. Consequently, there have been efforts to implement LEH in North America.¹ Research, however, has demonstrated that LEH may shift rater judgments towards that of the prior performance. More simply stated, if a faculty supervisor receives negative performance information about a resident, the subsequent scores generated will be lower than if the prior information was positive.² Furthermore, survey and qualitative studies have suggested that both faculty and learners have significant concerns about the potential for biasing entrustment decisions with implications for current training and future career prospects.³

Take Home Message

The sharing of information about learners between stages of training aligns well within the context of competency-based medical education. Despite widespread support, implementation has been challenging. This symposium will provide the audience with an up-to-date summary of the literature and highlight opportunities and challenges. Audience members will contribute to a rich discussion on the topic within their small groups and with the larger audience.





- 1. 1.Morgan Acad Med 2020
- 2. 2.Shaw AdvHealthSciEducTheoryPract 2021
- 3. 3.Humphrey-Murto AcadMed 2021

Track

Assessment and supporting learners: Assessment

Phase of Education





10B (376)

Date of presentation: Wednesday 28th August

Time of session: 0900-1030 hrs

Location of presentation: Montreal, 2nd Floor / Live Streamed

Workplace-Based Learning in Healthcare: Nurturing Adaptive Expertise for Complex Realities

Naomi Steenhof¹, Maria Louise Gamborg², Nicole N Woods³, Maria Mylopoulos³
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University, Aarhus, Denmark. ³The Wilson Centre, University Health Network & University of
Toronto, Canada

Background

Real healthcare work is characterized by novelty, ambiguity and complexity. Thus, alongside applying known solutions, effective patient care often requires the capacity to use knowledge flexibly and creatively, i.e. perform as an adaptive expert. Traditional approaches to education that emphasize the acquisition and assessment of isolated knowledge and skills do not support the development of adaptive expertise.

Integrated instruction and productive failure are instructional interventions that have been shown to support the development of adaptive expertise. While integrated instruction and productive failure have been widely used in health professions classrooms, much of health professions education occurs in the workplace. Accordingly, in this symposium, the speakers will define adaptive expertise, describe research on how integrated instruction and productive failure support the development of adaptive expertise, and introduce the pedagogical implications for workplace-based learning (WBL).

Why the topic is important?

The participants will gain a theoretical understanding of how integrated instruction and productive failure apply to WBL. They will also learn about evidence-based educational tools that will support the development of adaptive expertise in workplace settings.

Take Home Message

Adaptive expertise is an approach to education that supports the development of the capacity to handle the complex realities of healthcare across the continuum of health professions education.

Integrated instruction and productive failure are instructional strategies that support the development of adaptive expertise in WBL.





Track

Teaching and Facilitating learning

Phase of Education





10C (711)

Date of presentation: Wednesday 28th August

Time of session: 0900-1030 hrs

Location of presentation: Sydney, 2nd Floor

Primary Care and Health 4.0 integration in Medical Education. A Pan-American Vision

Marcos Nunez¹, Juan V. Lara², Miguel F. Farfán³, Alison J. Whelan⁴, Angel Pellegrino⁵, Constance LeBlanc⁶

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Background

There is considerable argument for the value of educating medical students in the basics of primary care, comprehensive care and concern for psychological needs of patients. However, medical schools do not place much emphasis on primary care. Most clinical experiences take place in tertiary care centers, and most teaching is provided by specialists. This article argues for a modification of the medical school curriculum to reflect the orientation of the primary care model.

The implementation of Healthcare 4.0, in particular, supports the transition from a hospital-centred system to a patient-centred organization, in which multiple departments, roles, and responsibilities are merged to provide optimal patient healthcare outcomes.

Why the topic is important?

This topic refers to updating the Primary Health Care (PHC) strategy - which covers the three levels of care - in line with the advances of Health 4.0 that uses cyber-physical systems (wearable sensors, mobile phones, the Internet of Things, big data and AI) to monitor people's interaction with the environment and promote health, prevent disease and treat patients seeking to keep them in the environments of everyday life. The use of technology is essential to reduce the deficit of health personnel and to build a health system that cares for staff to foster human development of new capacities, enabling them to overcome poverty and prepare for an economy based on knowledge, imagination, creativity and innovation. It requires training healthcare professionals who can use new technologies (labels + logos) to enhance their capabilities by putting at the center of the human intelligence, both of healthcare personnel, as well as of individuals,





families and communities working in an alliance that builds healthy living environments for all.

Take Home Message

We will review different approaches at the Panamerican region in order to identify best practices and programs that incorporate in their curriculum this strategy and also analyze how Health 4.0 could benefit medical education and patient outcomes in the future

Track

Phase of Education

Undergraduate & graduate





10D (133)

Date of presentation: Wednesday 28th August

Time of session: 0900-1030 hrs

Location of presentation: Singapore, 2nd Floor / Live Streamed

Continuing Professional Development and Career Development: Two Peas in a Pod?

Esther de Groot¹, Alvaro Margolis², Harum Gomi³, Juha Pekka Turunen⁴, Carolin Sehlbach⁵, Carol Pizzuti⁶

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Background

Continuing professional development (CPD) of healthcare professionals is a crucial stage in the continuum of health education and the longest phase. Clinicians, researchers, and health education professionals must continue their professional development, thus seeking to develop their careers and craft their jobs. Both CPD and lifelong learning can and should inform one's career development and vice versa. CPD can have different outcomes from individual, team, and organizational perspectives. There is a need to explore how these outcomes relate to careers, be it in health professions education (HPE), HPE research or patient care.

In this symposium, members of the AMEE CPD committee and the Special Interest Group (SIG) are working together. We show examples of how different types of CPD can work for developing one's career and how career development can influence choices in CPD. We discuss with the audience how, ideally, CPD and career are aligned and when that is the case, they can reinforce each other and what options are if this is not the case.

Why the topic is important?

The AMEE community must be aware of the trends regarding CPD concerning different aspects of career development. This awareness gives insight into opportunities for learning and development and potential ways to shape future steps in professional careers. The AMEE CPD committee wants to engage with the AMEE community.

Take Home Message

- CPD and Lifelong Learning are essential for the health education continuum and the longest part of professional life.
- CPD and lifelong learning and career development influence one another
- Not only formal learning during CPD courses but also informal learning is essential





 Insights from feedback at the workplace, e.g. patient feedback or patient health data, can shape career development

Track

Education and Management

Phase of Education

CPD

