

## NET2021 Conference

### Live session full abstracts

#### Theme Session 8C

### Student experience , engagement and achievement

8Ci, 14:10 - 15:45, 3 September 2021

Innovation paper

#### Reflections from abroad: Use of student logs to assess the impact of an international experience

Dr Patricia Lynch Stapleton and Dr Karen Egenes, Loyola University Chicago

**Promotional abstract:** This presentation will discuss the use of reflection by US pre-licensure Nursing students enrolled in an international experience in the UK.

**Background, context and evidence base for the innovation, including, where possible, its international relevance:** A focus on globalism, international health, and the development of cultural competence have led an ever-growing number of Schools of Nursing to seek opportunities for Nursing students to participate in international experiences. Carlton *et al.* (2007) discuss the importance of international experiences in the development of nurses' understanding of the cultural, political, economic, and environmental influences on health and healthcare across the globe. In this project, reflective practice was defined as the process of making sense of events, situations and actions that occur in the workplace (Oelofsen, 2012; Boros, 2009).

**Aim/focus of the innovation:** The aim of the innovation was to develop in students the ability to compare and contrast the healthcare systems of the UK and the US through exposure to both the healthcare delivery of the UK and to the social, governmental and fiscal factors that influence the delivery of healthcare in the two countries. A related aim was to expose US students to the experience of written reflection on their clinical experiences.

**Implementation of the innovation:** Loyola University Chicago offers a prelicensure course in Community Health Nursing in the UK of two weeks' duration. The theory portion of the course is taught before the students depart. In the UK, community-based clinical experiences are arranged through relationships with clinical partners. Before their departure, participants attend monthly seminars. Content includes an overview of the National Health Service, and review of the US healthcare system. During their time in the UK, students write a daily reflection paper similar to those written by British colleagues. Each reflection paper is to focus on a significant event from the day's experience.

**Methods used to assess the innovation:** The described events were analysed to determine the clinical experience's degree of impact on the student. A modification of the question set developed by Goodyear *et al.* (2013) was used as the structure for the student reflections. This required students to answer the following questions:

1. Describe the event;
2. Describe your thoughts and feelings about the event;
3. What factors accompanied the event;
4. What comparisons can you make; and

5. How will what you observed influence your future practice.

The student reflections were reviewed using content analysis. The basic steps in the content analysis were

1. identification of categories,
2. consensus on the categories, and
3. identification of themes.

**Key findings:** Students' reflection technique improved during the 2-week course. While students were able to identify the differences and similarities in each healthcare system, they had more difficulty in the identification of policy issues and in the comparison of the healthcare delivery systems. Further, they had more difficulty explaining ways they internalised this information and plans to change their behaviour in the future in response to their experiences.

**Three key points to indicate how your work contributes to knowledge development within the selected theme:**

1. The globalisation of healthcare requires healthcare providers to be aware of various factors that influence the delivery of healthcare in countries other than their own.
2. Globalisation has offered healthcare providers the opportunity to compare strategies to address shared healthcare issues. Exposure of students to comparative healthcare delivery systems offers students added insight with which to expand their knowledge to solve local healthcare problems.
3. Reflection is a valuable tool to assist students in the internalisation of clinical experiences and the analysis of these experiences to improve future clinical decision making.

**References:**

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Goodyear, H.M., Bindal, T. & Wall, D. (2013) 'How useful are structured electronic Portfolio templates to encourage reflective practice?' *Medical Teacher*, 35(1), 71-73. Available at: <https://doi.org/10.3109/0142159X.2012.7322>.

Oelofsen, N. (2012) *Developing Reflective Practice: A Guide for Health and Social Care Students and Practitioners*. Banbury: Lantern Publishing.

**Keywords:** Reflective Logs, International Programme.

**8Cii, 14:10 - 15:45, 3 September 2021**

**Issues for debate paper**

**Ethics In Medical Education Content**

Dr Denise Valenti, IMMAD LLC

**Promotional abstract:** With increasing availability of content on the internet, there is opportunity to utilise, in part or entirety, the education content. This presentation will discuss policy within the Medical Allied Health subspecialty community of Optometry and the accreditation process within the industry. Dr Valenti will present her experience with an entire lecture content of a person she was not acquainted with having been drawn from her own accredited lecture. Dr Valenti will outline how novel, innovative and evolving lecture

content can have limits in resources to obtain lecture content. In this case medical, ocular aspects of marijuana use. Dr Valenti will describe the harm and impact that the lack of policy on plagiarism has on the victim, audience and the sponsoring groups.

**Key concepts to be addressed, including, where possible, the international relevance:** Ethics, plagiarism, model behaviour.

**Aim(s)/focus:** Students learn by example. There is no room in education, including continuing postgraduate education, for unethical behaviours of plagiarism. Once a student observed "success" of unethical behaviour they have no means to appreciate limits and can transfer this to activities that can harm others. Once unethical compromise has been taught, there can be no controls where it may be applied. This is how fudging data and compromised patient care evolves.

**Evidence base and literature informing the arguments:** The most egregious example of learned behaviour being executed outside the environment it was learned is a death resulting from the learned behaviour. An example that was in the media years ago was the death of Jessica Santillan. The cardiologist involved had not followed protocol and used only telephone to confirm a blood type for heart transplant. The patient died as a result of having had the wrong blood type heart surgically installed. The doctor, Dr James Jagger had learned this behaviour of using only telephone during his surgical residency. His supervising clinician had not one, but two episodes of telephone conversations resulting in an incorrect blood type heart. The clinician having made two blood type errors was Dr Adnan Cobanoglu. Dr James Jagger was present during the first error and apparently did not fully appreciate the serious harm of the error as that patient lived. Dr Jagger continued the habit and unethical behaviour of breaking protocol. The second patient of Dr Cobanoglu died. The first was in 1992. The second, Mark Alvin DeSylvia died of surgical sepsis from the botched mis-blood type error in 1994.

**Issues for debate:** There is no room for displays of unethical behaviour in education, including plagiarism. When such behaviour is uncovered and proven there must be severe penalties. When the behaviour was that of a faculty member or adjunct faculty member the consequences should be termination of their appointment. Students learn from example. When there are displays of unethical behaviour with rewards or the very least, no repercussions, students feel free to duplicate the behaviour or apply it in other activities. Why do I know so much about the incident described earlier? Mark was my child. My company is named for him: IMMAD-In Memory of Mark Alvin DeSylvia.

**Three key points to indicate how your work contributes to knowledge development:** Attendees will be able to discuss the ease that printed or displayed material within continuing lectures can be inadvertently not cited, intentionally copied without citation or extensive copying including direct plagiarism. Attendees will be able to describe the need for policy to address the unethical behaviour of intentional failure to cite or plagiarise. Attendees will be able to express the harm when students learn unethical behaviour by observing it in educators.

**References:**

<https://www.nytimes.com/1994/02/12/us/boy-dies-after-mix-up-stops-a-transplant.html>  
<https://www.wweek.com/portland/article-4708-ohsu.html>

**Keywords:** Ethics, Extensive Copying, Plagiarism, Harm.

8Ciii, 14:10 - 15:45, 3 September 2021

Research paper

## Global experiences of teleconsultation training in undergraduate Healthcare and Social Work Education: A systematic review

Lisa-Christin Wetzlmair, University of St Andrews

**Promotional abstract:** The presented systematic literature review aims to understand how telecommunication and teleconsultation is taught in undergraduate Healthcare and Social Work Education. Furthermore, it is of interest how confident and competent students are in using these technologies in encounters with patients and colleagues. And finally, the review investigates students' and educators' experiences with learning and teaching telecommunication and teleconsultation. The education of the future workforce must be a key element that contributes to good medical practice. Results indicate that various elective courses are offered to undergraduate Medical students, however, other health professionals are not addressed. Furthermore, high-quality evidence is missing.

**Background, including underpinning literature and, wherever possible, the international relevance of the research:** Previous studies and the COVID-19 pandemic stressed the importance of teleconsultation in healthcare (Fisk *et al.*, 2020, Verhoeven *et al.*, 2007). Educating the workforce is essential to continue with safe, high-quality delivery of services and increases the likelihood of implementing teleconsultations in healthcare (World Health Organization, 2019). While training for the workforce is encouraged, teleconsultation education in healthcare and social work programmes are seldom documented (Edirippulige & Armfield, 2017).

**Aim(s) and/or research question(s)/research hypothesis(es):** The present review aims to investigate global experiences of teleconsultation training in undergraduate Healthcare and Social Work education. The overall question guiding the systematic review is as followed: How is telecommunication taught (delivered, implemented, assessed) in undergraduate Healthcare and Social Work Education? This question leads to subsequent questions:

1. How confident are undergraduate Healthcare and Social Work students with using telecommunication?
2. What are students' and facilitators' experience of telecommunication learning and teaching at undergraduate level?
3. How does telecommunication education and training influence the confidence and competence level of undergraduate Healthcare and Social Work students?

**Research methodology/research design, any ethical issues, and methods of data collection and analysis:** A systematic review of peer-reviewed literature was undertaken and registered with PROSPERO. Electronic databases were searched for eligible evidence. Grey literature was excluded. Studies had to describe or evaluate education in teleconsultation of undergraduate Healthcare and Social Work students. It was not intended to analyse digital learning in Healthcare and Social Work Education. The search identified 586 articles published between 2010 and 2020.

**Key findings and recommendations:** After screening the articles, 14 cross-sectional, non-randomised interventional, and interview studies were included. The mode of delivery of training sessions included practical experiences with simulated patients or experiences during clinical placements. The majority of courses were not mandatory and focused on video-consultation. Overall, Healthcare students felt more confident (Palmer *et al.*, 2015, Edirippulige *et al.*, 2012) in offering and using teleconsultation and their knowledge increased after training (Cantone *et al.*, 2019). Feedback on courses was genuinely positive;

students valued the relevance of the topic, real-life experiences, immediate feedback and supervision (Abraham *et al.*, 2020; Darnton *et al.*, 2020). Qualitative studies, in particular, lacked reporting on data analyses and did not represent the participants' voices adequately. The review shows that mandatory learning in telecommunication and teleconsultation is rare in undergraduate Healthcare Education, and only few regions worldwide report on learning about teleconsultation. International guidelines to regulate telemedicine in educational settings lack clarity, and little focus is given on special training in teleconsultations. Training sessions in teleconsultation are a legitimate way to expose students to telemedicine. High satisfaction rates, increased knowledge and confidence in use indicate that students welcome this education. Nevertheless, further high-quality research and guidelines are warranted.

### Three key points to indicate how your work contributes to knowledge development within the selected theme:

- The review highlights methods of delivery for teaching teleconsultations in undergraduate Healthcare education. This can be translated to other academic settings to enhance students' competence and confidence in using teleconsultation.
- The review shows that students who engaged in training for teleconsultation felt more confident and are more likely to use teleconsultations in the future. This stresses the importance of learning and training in Healthcare Education.
- Little is reported on teleconsultation training and the acquisition of knowledge in undergraduate students. The review identifies gaps in the literature, which should be addressed by the research community.

### References:

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**Keywords:** Teleconsultation, Undergraduate Healthcare Education, Training, Curriculum, Modes of Delivery.

**8Civ, 3 September 2021, 14:10 - 15:45**

**Poster+**

**Gulf students crossing the borders to study medicine abroad: A look at the influencing factors, challenges, perceptions**

Hatem Al-Saadi, Ministry of Health, Oman

**Promotional abstract:** Higher education is no longer provided solely in the confines of national borders. A quantitative study was conducted to explore Gulf Medical students' influencing factors and challenges in attending university. 94 responses were analysed from students whose average age was 20.89 years (f=68.09%). The findings of the study were:

- a. the main motivator was to broaden personal-experience.
- b. Word of mouth from students studying abroad was also a strong influencer (34.05%).
- c. A major obstacle is insufficient financial means to cover living expenses (51.06%).
- d. Twenty students have regretted studying medicine abroad.

Influencing factors have not been widely studied for Gulf students. Major influence is word of mouth communication, seen as objective and not commercially oriented.

**Main focus/theme of, or issues addressed by, the poster:** To explore Gulf Medical students' influencing factors, challenges and perceptions on studying abroad. The study also extends to evaluate interest in postgraduate training speciality and sub-speciality.

**Research approaches and underlying evaluation:** A quantitative prospective pilot study was conducted using an electronic survey. This was distributed to Gulf students abroad through countries' student societies. The survey was emailed to random students by their society. The study sample was limited to students in European and Middle Eastern Universities. Data were then analysed using SPSSv22. The study is conducted and analysed in conjunction with the Gulf Research Collaboration Group.

**Implications for healthcare education:** The study would be the first to study influencing factors, perceptions and challenges for Gulf medical students abroad. Students' satisfaction could be used as a guide to plan further scholarship to the same current institution or look for alternatives. It would allow developing a registry of these student and hence help future specialty planning and resolve current issue of limited posts for internships.

**References:**

Bakalis, S. & Joiner, T (2004) 'Participation in tertiary study abroad programs.' *International Journal of Educational Management*, 18(4), 286-291.

**Keywords:** Gulf Students, Studying Medicine, Abroad, Challenges, Perceptions.

8Cv, 3 September 2021, 14:10 - 15:45

Poster+

**Disaster preparedness: A global virtual exchange during a pandemic**

Dr Tiffany Gwartney and Dr Rebecca Lutz, University of South Florida and Marianne Fairley-Murdoch, University of Stirling

**Promotional abstract:** The pandemic forced academic institutions to re-evaluate the delivery of global educational content. Exchange activities that previously included student travel abroad for rich immersion experiences were abruptly halted. As an innovative solution to these unique challenges, the University of South Florida (USA) began working with the University of Stirling (Scotland) to develop virtual exchange opportunities for students to meet learning objectives and continue critical international relationships. One approach led to the development of a virtual global exchange immersion experience in which students collaborated to evaluate the impact of natural, man-made, and disease-related disasters, and identify resources to address disasters.

**Main focus/theme of, or issues addressed by, the poster:** The main focus of the presentation is to discuss the various approaches utilised to maintain global educational experiences virtually. One approach led to the development of a virtual global exchange (VGE) immersion experience in which students from America and the United Kingdom collaborated to evaluate the impact of natural, man-made, and disease-related disasters, and identify resources to address disasters. Key faculty and stakeholders from both countries met monthly over six months to develop VGEs. The VGEs allowed Nursing students to identify problems and culturally appropriate interventions while considering each country's unique systems of healthcare and diverse populations.

**Research approaches and underlying evaluation:** Planning included flipped-classroom strategies for educating students from each country about the healthcare system and disaster response resources in the other country. An ice breaker event allowed students to socialise, become familiar with the technological platform, and begin intercultural learning employing various gaming software. Students met in a large group for pre-briefing of a disaster simulation, then in small groups for disaster response planning, and returned to the main group to share their collaborations and debrief with content experts. A key component was the inclusion of mental health services in the event of triggering post-traumatic stress disorder among the students.

**Implications for healthcare education:** These strategies assisted in efficiently promoting student success in becoming global citizens in forthcoming challenging times. This adaptation also revealed potential budget-neutral ways for students to participate in GVEs in the future. In reflection and preparation of the future, these VGEs have provided opportunities to maintain sustainable methods of meaningful collaboration among global partners.

**Keywords:** Global, Virtual Exchange, Disaster Preparedness, Simulation, Nursing.