

ASIA PACIFIC MEDICAL EDUCATION CONFERENCE, SINGAPORE, 4-8 FEBRUARY 2010

<http://medicine.nus.edu.sg/meu/apmec7/>
Held, Sⁱ, McKimm, Jⁱⁱ, Cheema, Sⁱⁱⁱ.

Medical Education Unit, Oceania University of Medicine, Samoaⁱ

Medical Education Unit, Oceania University of Medicine, Samoaⁱⁱ

Vice Chancellor, Oceania University of Medicine, Samoaⁱⁱⁱ

Mr Sam Held, Professor Judy McKimm and Professor Surindar Cheema attended the 7th Asia Pacific Medical Education Conference (APMEC) in Singapore from 4th to 8th February 2010. The conference was attended by over 700 delegates from around the world. The main conference theme was 'excellence in medical education, quality in healthcare' with a range of keynote lectures, workshops and symposia exploring how medical and health educators can work more effectively with healthcare providers to improve patient safety and the quality of healthcare. Professor McKimm delivered one of the keynote lectures entitled *Inter-professional education and improving collaborative practice: evaluating the evidence* and also chaired a symposium on *Inter-professional Education*. In addition Professor McKimm and Mr Held ran a well attended and evaluated pre-conference workshop entitled *Quality assurance and enhancement: approaches, models and perspectives*.

Other keynote presenters spoke about the importance of simulation in improving healthcare, strategies for increasing the quality and capacity of care through medical education, medical school and curriculum structure and leadership, medical education research and communication skills. Many interesting topics were raised during the conference with clear emphasis on how the role of medical schools is changing from being traditional elite establishments to actively engaging with communities, promoting social responsibility and accountability amongst medical students as future health professionals. OUM's mission and activities clearly reflect this changing perception of what a modern medical school should be about.

A number of recurrent themes were prominent throughout the conference, both in the formal groupings of the symposia and also occurring in the poster presentations. Two of these themes: 'Quality in Healthcare, and 'Inter-professional Education and Collaborative Practice' were directly addressed by Professor McKimm's contributions to the conference, and the others: patient safety, professionalism and ethics are very much on the emerging curriculum at OUM.

The level of attendance at the workshop delivered by Professor McKimm and Mr Held on *quality assurance and enhancement*, both in terms of numbers and participants' level of influence within the institutions and nations they represented, suggested that quality is very much on the international agenda. There was great deal of interest in the practical methodology underpinning quality assurance and enhancement, and in the structural, cultural and system changes involved in implementing comprehensive quality assurance in medical education. With so many diverse countries represented at the conference, the importance of adapting approaches to particular contexts was not lost on the workshop participants, and the workshop environment offered an opportunity for an exchange of previous knowledge and experience in addition to new learning.

As one of the major themes of the conference, the inter-professional agenda was evident in the variety of lectures, symposia and poster presentations, and equally evident in the range of professional backgrounds of the people attending the conference. There were, of course, many doctors attending, but there were also many nurses, allied health professionals, scientists and (encouragingly) some people who described their main profession as educationalists.

Professor McKimm's well-received keynote lecture on *inter-professional education and collaborative practice* urged her audience to question if the amount of time and resources that are spent evaluating the effectiveness of inter-professional education to date is sufficient. A clear message emerging was that the weight of the World Health Organisation (WHO) is behind inter-professional education and practice and the medical education community should perhaps be directing its energy and resources towards the development of inter-professional education preparing graduates for inter-professional practice. The symposium on inter-professional education also highlighted some of the advantages to students and medical schools of engaging in inter-professional education as well as the challenges in logistics, different professional cultures and ensuring faculty are equipped with the skills to

facilitate inter-professional learning.

Professor McKimm's keynote lecture highlights one of the perennial issues for medical education, that of providing the evidence to support practice. Education does not lend itself easily to purely quantitative methodology as the parameters of success are subtle and complex. This was addressed by another keynote speaker, Professor Kevin Eva from McMaster University in Canada, in his lecture entitled *Quality healthcare through excellence in medical education research: defining the parameters*. Professor Eva warns of the danger of becoming constrained by a narrow and ultimately confining definition of evidence which suggests that (in the case of medical education) proof is simply the ability to demonstrate that a given intervention works. In medical education, however, evidence should be regarded as the extent to which that same intervention adds to the overall body of knowledge, skills, competencies and behaviours that comprise the global output.

The theme of the somewhat intangible elements of medical education was also picked up by another keynote speaker, Professor Ron Harden from Dundee University in Scotland, in his intriguingly titled lecture: *If Harry Potter ran a medical school, would it matter?* Professor Harden considered what is at the heart of the process that takes place as a student progresses through medical school and gradually becomes a doctor. Despite huge advances in technology, constantly evolving and increasingly sophisticated curricula, the real 'magic', suggests Professor Harden, lies in the high levels of enthusiasm, creativity and flexibility, combined with depth of knowledge about teaching and learning processes within the staff teams of the medical schools.

There were a number of interesting and thought-provoking presentations on the use of simulation in medical education, which reflected the trend away from high-tech gadgetry to a wider definition of simulation which puts it within the grasp of many more medical schools across the world. The presentations also supported the view that simulation will never represent a teaching 'solution' in isolation, nor should it be seen as such. A number of the presentations on simulation concentrated on the importance of creating opportunities for students to gain experiences with simulated patients (but real people!). Apart from the invaluable clinical learning opportunities that can be offered in a controlled environment, this type of simulation also presents an ideal situation for developing skills in communication and professional standards of practice both of which also featured as themes at the

conference.

The themes of *communication skills and professional standards* and *ethical practice* once again show the Conference to be spotlighting areas of medical education that, like inter-professional practice, are not particularly easy to quantify or evidence empirically but are increasingly being seen as part of the responsibility of medical schools to model and disseminate. While few would contradict the importance of excellent communication skills in today's healthcare environment, Dr Jan van Dalen from the University of Maastricht in the Netherlands, in his keynote lecture *Communication skills training* admitted that they don't really know what really works in training communication skills to students. Similarly a symposium on *Professionalism and ethics* brought together a number of excellent speakers who gave some fascinating presentations. Professor Alistair Campbell from the National University of Singapore's presentation title, *Can professionalism be taught?* summarized the theme of the symposium, and the answer seemed to be a resounding 'maybe'.

The APMEC organisers are to be congratulated for encouraging debate and discussion on many topical and relevant themes at the leading edge of medical education worldwide. The number and range of activities covered virtually every aspect of current medical education. The diversity of activity represented in the poster displays was of particular note.

Of particular relevance to OUM and the Samoan context were issues such as the importance of ensuring partnership with clinical organisations. An interesting case study was presented from a Singapore speaker of how a new teaching hospital is currently being built in collaboration with the medical school to ensure an effective clinical teaching environment alongside state-of-the-art clinical facilities. Other interesting presentations were given which came under the general title of the 'community facing' medical school, which again something we are endeavouring to achieve at OUM.

Among the poster presentations were several on the theme of *approaches to end of life and palliative care*, including one from Mr Held whose work in New Zealand is with a range of Palliative Care Services.

Colleagues from the Asia-Pacific region are keen to collaborate and share practice. Next year's 8th APMEC conference is to be held in late January in Singapore and we hope that OUM will have much to report and share with colleagues from around the world.