

EDITORIAL

Valuing difference

In this issue's Focus on Methodology paper, "Collaborative autoethnography", Fox, Mahoney, Bellingham, North-Samardzic, Scarparo, Taylor, Thomas, Volkov and Bearman highlight the value of broad cross-disciplinary collaboration in research. Building on individual autoethnography, collaborative autoethnography's collective approach harnesses the diverse perspectives and experiences that researchers from a range of backgrounds can bring. This enriches the collection and interpretation of findings and the implications that can be drawn from them. In their initial example, the authors outline their collaboration as academic staff from broad higher education disciplines and levels of seniority who were involved in a university-sponsored program of pedagogical redesign and online learning development. Together, through exploration of their shift in teaching, they developed individually and in their relationships with each other.

Previous *FoHPE* publications have highlighted approaches to promoting collaboration to enhance education research. In a former Focus on Methodology paper, "A primer on participatory research for health professional education", Paxton et al. (2024) explored a range of research approaches in which collaboration among researchers is the means and subject of research. One of these participatory research approaches, action research, is popular across the field of education and has been highlighted in previous *FoHPE* publications, including Harvey et al.'s (2020) "Writing a manuscript for publication: An action research study with allied health professionals".

Collaboration among disciplines is a hallmark of *FoHPE* and ANZAHPE, the journal's publisher. As a multiprofessional journal, *FoHPE* values the perspectives and experiences of students and staff involved in health professional education. This includes a broad range of health professionals, scientists, education academics, researchers and professional staff working at universities and in health settings in rural, regional and metropolitan communities across Australia and New Zealand, our region, and throughout the world.

As health professionals move from biomedical sciences into educational research, many notice its different worldviews and ways of knowing, especially in qualitative research approaches. In a previous Focus on Methodology paper, "Developing your philosophical stance as a PhD student: A case study," Damian Castanelli (2024) portrayed his transformation in thinking though undertaking education research.

Other articles in this issue highlight an appreciation of difference. Rudland et al.'s position statement explores the changing needs of health professional educators, students and healthcare providers regarding clinical placements in Australia and New Zealand. With demand exceeding supply and health workforce shortages affecting placement availability, the authors highlight the need to investigate the effectiveness of different

placement models and collaboration among the range of health professions and across the relevant academic and clinical organisations. Also in this issue, Rayner draws our attention to the increasing impact of placement poverty on healthcare students. The author highlights student groups who may be more susceptible than others, including those from low socioeconomic, First Nations and rural/remote backgrounds and those with caring responsibilities. These publications follow on from a previous Letter to the Editor by Forbes et al. (2024), “Early work-integrated learning experiences shaping Australia’s future health workforce”, which advocated for early work-integrated learning opportunities across the health professions. The authors also noted the financial and logistical burden of placements, especially for students from diverse backgrounds.

Also in this issue ...

Wearn, Gandhi, Chen, Hoeh and Moir explore the effect of the recent pandemic on junior medical students’ professionalism and professional identity formation, given the disruptions to face-to-face learning activities and experiences at university and in clinical settings. The authors recommend ongoing support for affected cohorts, who may still be at university or may have graduated. Papaleo, Ling and Lee describe teaching that promotes common humanity and compassion training for physiotherapy students. Through undertaking the training, the students increased their levels of compassion, and the authors suggest ongoing sessions in the senior clinical years to enhance student support.

Bourke, Caldwell, Martin and Grainger explore disabled medical students’ experiences regarding the inclusive culture of their medical program. They recommend that medical schools become proactive allies for the inclusion of these students and create more physical spaces and a culture that improves the opportunities offered to them. Finally, Van Heerden, Hawley, Jayawardena and Gray explore “feedback up” from junior medical and nursing staff to senior staff. They find many barriers to the practice, including the hospital hierarchy, which suggests the need for improved structures.

Prof Karen Scott
Editor, FoHPE

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