

Editorial

The first issue of Volume 18 is a little late, and for that I apologise. The start of 2017 has been challenging for personal family reasons, with the loss of a parent in tragic circumstances. Professionally, I have been very grateful for the support of my colleagues during this difficult time.

These recent events have brought me in contact with a range of professionals and have given me the opportunity to reflect on theirs and our practice. Teamwork, communication and compassion were all evident, and I think we sometimes forget that these are not just markers of effective health professionals, but of any functional human interaction. One particular positive amidst the trauma was reconnecting with an ex-student who now volunteers as a search and rescue doctor. She was knowledgeable, skilled and kind. It was encouraging to be reminded that the students or graduates who pass through our institutions and workplaces go on to impact many individual lives. Of course they do, but it was good to be reminded.

So, what does 18.1 hold for your interest? We open with two papers addressing learning methods. Small group learning is at the heart of health professional education. Peer-assisted learning (PAL) is a broad term, encompassing formal peer-as-tutor learning as well as informal peer-peer practice and learning. Tai and colleagues explore the effect of gender on engagement and the benefits of PAL, indicating some clear differences between the experience of male and female students. Over the last two decades, there has been an increasing shift from large group to small learning. This move, supported by educational theory, is more resource intensive but feels intuitively “right”. Evidence is variable, however the challenge of setting up a meaningful and authentic study is important to consider. Mosher et al. add to the evidence with their comparison of student outcomes for lecture versus small group learning in the setting of paediatrics.

Patient education is part of all practice and needs to be undertaken in a collaborative, individualised manner. Forbes evaluates an intervention for learning patient education skills, presenting the student view and tutor-observed practice. The next paper involves nursing students observing their tutors and clinical role models (Hanson & McAllister). The focus of this study was on adversity, exploring the negative experience. These negative experiences were then reconstructed as case-based learning in collaboration with the students who participated in the study, with the intention of improving the future workplace environment.

The final three papers describe local mapping or evaluation exercises (Agnew et al., Crowther et al., & Rudland et al.). Other journals may not make room for such work, but both papers offer thoughtful reflections on addressing local blueprinting or mapping that provide lessons for other settings. How often do we revisit our assessment blueprinting given that change occurs over time in the assessment components, the setting and the workplace context? Our programs rely on clinical placements, and we

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tend to assume equivalence and coverage when students are placed at multiple sites. Deliberately exploring the activities and learning within placements might offer some surprises as well as reassurance. Similarly, Agnew et al. seek to answer the question “Have the early postgraduate years moved away from the master–apprentice model?” The next issue will be out around the time of our annual conference. See you in Adelaide.

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Editor