

EDITORIAL

50 years of ANZAME/ANZAHPE: Looking forward, looking back

ANZAME/ANZAHPE is 50 years old. It is a time to look back. The Association has a proud history based on a genuine cross-Tasman collaboration, but its influence extends far beyond Australia and New Zealand. It is proudly interprofessional and welcoming of all health professional educators. It has a flat participatory and nurturing structure. The annual conferences are eagerly anticipated, and its journal, *Focus on Health Professional Education*, is making its mark among health professional educators, authors and readers alike. The Association has effectively advocated for and promoted the scholarship of health professional education.

Fifty-year anniversaries are not just about looking back. If ANZAHPE is to maintain and extend its influence, it must look to the next 50 years of health professional education and to the very different health systems that will be required. It must continue to inspire the scholarship and nurture of educators, and the health professionals who will be patient-carers of the future. It really is a case of *Looking Forward, Looking Back*, a title courtesy of the iconic Slim Dusty song.

To mark its anniversary, ANZAHPE has commissioned a series of papers addressing the next 50 years of health professional education. Yet the papers are also firmly embedded in an agreed set of core values that have characterised the Association in its last 50 years:

Core Value 1: ANZAHPE is a multi-professional organisation

Paper: Interprofessional education for the next 50 years

Core Value 2: ANZAHPE has always maintained a flat structure

Paper: Health professional education for inclusive health services in the next 50 years

Core Value 3: ANZAHPE is built upon critical reflection on its past and purposeful debate about its future

Paper: Health professional education for culturally safe practice in the next 50 years

Core Value 4: ANZAHPE has maintained a commitment to innovation in learning, teaching, assessment and scholarship in health professional education

Paper: Learning, teaching and assessment in health professional education and scholarship in the next 50 years

Core Value 5: ANZAHPE is a collaborative organisation

Paper: Health professional education for a globally interdependent world in the next 50 years

Core Value 6: ANZAHPE is a nurturing organisation

Paper: Mentoring, support and workplace learning for health professionals, educators and researchers in the next 50 years.

The ANZAHPE Committee of Management is commissioning papers on Core Values 1 and 3. The remaining papers were subject to a submission process last year overseen by the editor and senior editorial board members of *Focus on Health Professional Education*. Those submitting were encouraged to include a team of writers, and the selection of writing teams reflected the broad diversity of ANZAHPE members. The first of the papers to be submitted is included in this edition. “The future of healthcare mentors and coaches in navigating workplace culture” is authored by R. Martin, J. Coley, R. Dunwoodie, R. Forbes, L. Joyce, A. Mandrusiak, C. Noble, A. Pearson, J. Radford, T. Wilkinson and D. Sheehan. It addresses Core Value 6.

This paper focuses on culture, the frequently unseen yet all-pervading element in the health professional workplace. Post-Covid health systems have become increasingly complex. A positive learning culture allows “conditions and spaces” where learning and good practice can flourish. Conversely a negative culture can destroy those opportunities. To illustrate the all-pervading nature of culture, the authors outline a framework adopted by Watling et al. (2020). Culture can be viewed from three perspectives:

Organisational—shared assumptions and values

Identity—how individuals see themselves

Practice—activity and networks

Thus, a positive workplace culture will be based on shared values that affirm individuals and drive practice. Workplace mentors and coaches are key to workplace culture, but according to the authors, their roles are different. Mentors’ agenda are driven by mentees; they provide a reflective function and are more removed from day-to-day practice. Coaches are not as commonly supported in health systems. They are more active; they lead by example and are more firmly embedded in the health system.

If a positive workplace culture is a key to driving learning and good practice for health professionals, is the culture “taught”, is it “caught” or do both apply? There is no doubt that health professional education providers need to include the study of culture in their curricula. New graduates do need to leave their courses with an understanding of the organisational and identity-forming functions of workplace culture. However, as they are immersed in that workplace culture they need to be mentored, coached and guided to

ensure that their practice, activity and networks align with those functions and build and extend them.

But is it a job for the reflective mentors and the active coaches alone? Frenk et al. (2017) report on an international Lancet Commission project *Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World*. They argue that the education of health professionals should be transformative, aimed at a new professionalism that is patient-centred and team-based. Transformative learning is a blend of technical competence, service orientation, ethical conduct and social accountability. Further, the interdependence of health and education is fundamental. The taught/caught dichotomy should cease to exist.

The authors of this initial 50th anniversary paper have advanced thinking on establishing and maintaining workplace culture. A comprehensive view of culture gained through attention to Watling's framework is important as are the contributions of mentors and coaches. However, establishing a workplace culture is a function of both education and health services. In its next 50 years ANZAHPE needs to advocate for and nurture health professional educators who recognise the interdependence of health and education and are well prepared to enable learning that will transform patient care.

In this issue

The remaining papers in this issue also make a significant contribution to the scholarship of health professional education. Lee and Jauncey-Cooke outline "A Collaborative Approach to Engaging Undergraduate Students in Learning and Developing Evidence-Based Practice" in their short report, which focuses on final-year midwifery and nursing students. The paper provides a clear example of the interdependence of health and education highlighted in this issue's 50th anniversary paper. The students were required to complete a quality improvement (QI) project in their placement settings. This, in turn, required partnering between the university and 80 placement sites.

Moir, Copley and Turpin's paper on "The Experiences of New Graduates Learning to Make Intervention Decisions in Diverse Paediatric Workplace Settings: A Cross-Case Analysis" provides further insights into the interdependence of education and health, this time for recently graduated occupational therapists. Case studies of new and experienced therapists revealed the importance of context in making intervention decisions. That context can only be understood within the interplay of health and education.

Telehealth, as employed effectively during the COVID-19 pandemic, is the subject of the paper by Seamen, Green, Cox, Freire and Mansfield entitled "In-demand, Interactive and an Appetite for More: Analysis of Learner Enrolments and Feedback in an Open-Access Introductory Telehealth Course During COVID-19". This, too, represents health professional education and healthcare of the future. The telehealth course under study provided training in health delivery systems that will remain post COVID and will support rural health delivery across multi-disciplinary settings.

Three papers in the issue deal with innovations in teaching, learning and assessment for health professional students. Hollis-Sando, Pugh, Franke, Zerner, Tan, Carneiro, van den Hengel, Symonds, Duggan and Bacchi outline “Deep Learning in the Marking of Medical Student Short Answer Question Examinations: Student Perceptions and Pilot Accuracy Assessments”. Students expressed concerns about the accuracy of computer-based marking but agreed it would be more objective than human marking. With the increasing sophistication of artificial intelligence (AI), this just might just well be the tip of the iceberg.

Hope, Rogers, Grant and King focus on simulation in their paper “Evaluation of Affective Learning in Gamified Pharmacy Simulation” as does Van Asperen, Lesā and Seaton’s paper on “Nurses’ Experiences in a Rural Interprofessional Simulation Course”. Both works represent the continued evolution of simulation and its widening use beyond learning of technical skills. In the first, pharmacy students participated in a 3-week gamified simulation, which enhanced learning in teamwork, collaboration and professional identity development. The second paper indicates the effectiveness of team training for rural nurses conducted through a combination of workshops and simulation experiences alongside rural doctors. Importantly, the simulations enabled the nurses to observe the interplay of interprofessional dynamics.

This issue is rounded off by Charlotte Denniston’s paper on “Sharpening Reflexive Practice in Health Professional Education Research” in the focus on methodology series. It brings important perspectives from within and outside of the health professional education research literature. The author rightly points out that reflexivity is a difficult concept, like many of the central tenets of qualitative research. There is a dialogue between researcher self-reflexivity and the, sometimes, uncomfortable process of considering methodological and contextual reflexivity. As ANZAHPE looks to the education of health professionals for the future, we need to research tools to underpin our scholarship. Understanding reflexivity is an important part of this.

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50th Anniversary Editor

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