EDITORIAL

Health professional education as a game of "whack-a-mole": Can we ever claim that the work is done?

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In the health professional education field, we're noticing an imperative to incorporate improvement interventions off the back of inquiry-based education research. Translation of empirically derived knowledge into educational practice may be viewed as a professional responsibility, a personal quest to aid improvement or the next logical imperative in a sequence of chain reactions. Some may say translational research in health professional education is the superior cousin (or the less indulgent one) to pure inquiry. And when there are traceable positive results, such as learner behavioural changes or more efficient workflow in hospitals, this gives positive reinforcement to keep up the good translational work, while the researchers then tend to move onto the next challenge or opportunity for improvement. It's this latter point that we feel needs challenging. Could it be that through incorporating new evidence-informed interventions into a curriculum that we are missing a trick? It may be that by addressing one problem, we are creating another.

In service of our argument, we call up whack-a-mole, the fairground game, as a metaphor. For those who have never played this game, the player is faced with a small table holding a moulded landscape filled with "burrows". The player, testing their hand–eye coordination and speed of reflexes, wields a hammer and whacks a pop-up "mole" that jumps out of the "burrow". (In our childhoods, these were grinning Disney-like characters). The complication that underpins the game is once the mole is whacked, another one "pops up" – the player's aim is to whack as many moles as possible in a limited time span. The feeling of completion is instantly replaced by the new, sudden appearance of another cheeky mole demanding to be put in its place. Thus, the job is never done. And the player in the whack-a-mole cottons on fairly rapidly that the very act of "putting one away" drives another pop-up problem.

We use this metaphor to suggest that interventions necessarily lead to other "moles" emerging. This is more than an unanticipated side effect—but an acknowledgement that knowledge and social practice are intimately intertwined. Interventions may constrain understanding and possibility. Seeing or doing one way denies seeing or doing another way. Thus, for every "mole" that gets whacked, another one pops up.
We'll give you an example.

Colleagues, including one of us, received an education innovation grant from the University of Melbourne to introduce a dedicated curriculum initiative designed to improve health professional students' ability to "notice" in professional practice. Spurred on by the results of a critical literature review (Clement et al., 2023), we developed an intervention that aimed to teach students about *noticing* for healthcare. As part of their assessment task, students needed to put these newfound "skills" into practice by observing a team-based encounter on a clinical placement, marking down what they tuned into (prompted by a set of collaborative practice competencies). They shared these noticings with a member of their team (outside of their profession) as part of a critical written account. However, by students "tuning into" certain phenomena, they necessarily tuned out from others. Developing selective attentions through prompts in a framework may orientate them to elements judged as important by educators but may also make them miss out on "seeing" the culture they are beginning to participate in.

As humans we filter the information that we come across because we simply can't register, let alone make sense of, a smorgasbord of unprocessed data hitting all the senses. This filtering helps us to take in "relevant" information and push out information deemed to be "irrelevant" (Mason, 2002). Our worry is that priming students to notice certain things (such as how good interprofessional teams might work together or what it might mean if a patient has blue lips) may mean they miss other cues that may mobilise other acts that may be important. So while we have developed an evidence-based online module and associated assessment tasks to guide students to notice certain things, we *do not* acknowledge that by doing so, we create another problem by virtue of its introduction.

A second example might be the professional development of clinical educators. Workshops on feedback with "how to" frameworks have often served to centralise the learner–teacher interaction and have diminished the importance of other conversations and other cues in the learner's environment. It may well be that such professional development interventions designed to improve feedback for learning overemphasised what the *teacher* does. Rather than teaching educators how to deliver information, perhaps it is better to focus learners on recognising the sorts of people (and things) they could access in their environment to help better understand their performance. After years of hitting down hard on teacher development workshops to improve delivery of feedback, we are now turning our attention to "feedback literacy", or how learners can solicit information and use a mixture of learning cues (Carless & Boud, 2018; Noble et al., 2019). Rest assured, something else will pop up in this domain by virtue of our educational interference. For example, teachers may walk away thinking it all rests with the learners now.

If we embrace this whack-a-mole analogy, the work of the health professional educator is never done. Consequences of introducing new evidence-informed interventions are very likely to create different problems in the ecosystem. This could be seen as deflating or exciting or both. It may also mean that new people outside of the field need to come to

the table to provide what we might call "epistemic distance" – to appropriate Hick's term for separating the human from the divine (Trakakis, 2007). Such distance might allow insight into where the "moles" might be hiding. But, by coming to the table, outsiders begin to join the practice that, in turn, may cloud the benefit of "fresh eyes". Participation could be viewed as putting on a pair of polarising sunglasses that help you see better but also block out the significance of sunlight.

Mason (2002) argues that it may not need to be others who provide fresh perspectives, but rather we can train ourselves in the discipline of "intentional noticing". This would involve the development of a disposition per se that means we are questioning routine arrangements and values that might be associated with these structures. Of course, this is contentious – can we ever really stand outside our values and contexts? But maybe it is worth trying to see if we can push ourselves to see differently. Just in case you think we're trying to hit the final mole on the head and declare the argument tied off, there is just a chance that this intentional noticing with a purposeful sprinkle of epistemic distance may make us so unsure of ourselves we can't commit to any new line of action.

In this issue

In this issue, you will read about a range of educational interventions, so do look out for any overt or implied reference to the whack-a-mole phenomenon. Irvine-Brown et al. provide a critical examination of professional service-learning innovations in rural environments; El Ali and colleagues describe a "just in time" professional development intervention as part of a partnership arrangement; and Haddadan et al. provide us with insights into the DRUMBEAT innovation for interprofessional learning on clinical placement. In their discussion paper, Swanson and Quilliam address the barriers to introducing service-learning placements for health professional students in rural Australia, and Zadow and colleagues highlight Gen Z and Millennial health professional students' capabilities for promoting planetary health.

One of our highlights in this issue is the Focus on Methodology paper written by Jain and Varpio. They present universal design theory (UDT) from the field of architecture, "infused with the politics of the disability rights movement", as a way of planning for and responding to diversity to inform research design. The authors see UDT as a critical lens for researchers in health professional education to meet their obligations for social accountability, justice, equity, diversity and inclusion in the field.

Papers from the ANZAHPE 50th Anniversary series continue to be showcased, with insights on the likely future of health professional practice provided by Wilson and colleagues. Carr and Hooker let us know loud and clear (with eloquent rationale and examples) that the future of health is humanities.

Finally, you'll see a range of methodological approaches on display—scoping review (Nguyen & Bilszta), a Delphi consensus exercise (Kenwright) and a mixed-methods study

by Malone and colleagues to understand how students from a range of professions use lectures as learning opportunities.

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