

Editorial

My father is a retired general practitioner, and he often asks me about contemporary health professional education. The conversation inevitably turns to comparisons of then and now. Viewed through a Flexnerian lens, we may not have travelled as far as we might have hoped. There have, however, been changes for the better, and there have been new opportunities brought by the unstoppable rise of technology. One area that does not seem to have changed as much as we would like is the negative experiences of our students as they learn in the clinical environment. A study conducted by the New Zealand Medical Students Association (NZMSA) (2015) crashed into the media in September. It describes a range of bullying and sexual harassment practices experienced by half of the respondents (369/687, 54%). In this issue, Barrett and Scott provide a timely review of the literature on “teaching by humiliation.” One of the things that struck me was the chronological span of cited references, from 1982 to 2014. Although work culture is not easily influenced, we do need to persist with a range of strategies that might begin to change tacitly accepted negative practices.

One of the significant changes in the regional medical education landscape has been the move from undergraduate to postgraduate MD courses in some Australian universities. There has been debate around the various potential drivers for this development, and Barmanray, Zhu, Reid and Dodds have sought current students’ views on it and present their work here.

We stay with medical students for two further papers: one advocating for greater visibility of male health in the curriculum (Holden et al.) and the other attempting to identify any correlations between student characteristics and general practice career intentions (Koehler & McMenamin). Australia and New Zealand are both seeking to encourage a greater proportion of graduates to enter general practice. Unfortunately, the study does not identify easy solutions and highlights the degree to which students declared career intentions can change with little clear pattern from entry to exit.

Learning methods and activities are also assessed in papers in this issue (Kennedy-Jones, Mary, Naji, Kinaj, & Ennals; Livsey & Lavender-Stott; O’Brien, Caldwell, Culav, & Clark). Kennedy-Jones et al. report differing engagement with concept-mapping in a small group of occupational therapy students, whilst Livsey & Lavender-Stott explore the vicarious learning that takes place in peer observation during simulation as part of a community health course for nursing students. Physiotherapy students value the addition of online video resources to support their learning of surface anatomy, particularly appreciating the ability to incorporate them into their preparation, in-action coaching and revision (O’Brien et al.).

Finally, we pull on our gumboots and head to the farm. Kitchener, Brumpton and Dillon offer a short communication describing their initiatives in introducing students and trainees to practical occupational health learning in agricultural settings.

Thoughts of livestock, barns and a clear rural night sky offer a nice segue into the fast-approaching Christmas season and the summer holidays. Undoubtedly, you will still

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be buried in the completion of activities and assessments for the current academic year, but I wish you all a restful break whenever it comes. As you breathe a sigh of relief and satisfaction, spare a thought for that half-written paper or drawer full of data; it deserves your attention.

In this end of year issue, we offer our thanks to the academics and clinicians who have undertaken peer reviews for the journal in 2015. Without their wisdom and generosity with their time, there would be no journal articles to publish. Thank you all.

The new online submission process will be open in early 2016, so please look out for our launch notification.

Andy Wearn
Editor

Focus on Health Professional Education
Promoting, supporting and advancing education in the health professions
<http://www.anzahpe.org/#!history/c1rh1>

Reference

New Zealand Medical Students Association (NZMSA). (2015). *Final results for NZMSA Medical Student Bullying Survey*. Retrieved from <http://www.nzmsa.org.nz/wp-content/uploads/2015/08/NZMSA-Final-Bullying-and-Harassment-Survey-Results.pdf>