

**NZRDA Education Trust Report
Ottawa/ANZAHPE/ASME-FLAME
Perth Exhibition and Conference Centre,
March 19-24 2016**

Components

Association for the Study of Medical Education Certificate in Fundamentals in Leadership and Management in Education (FLAME)

ASME-FLAME is an internationally accredited course developed in Swansea University, UK. It is designed as a hands-on workshop to develop core leadership training skills for healthcare educators.

Ottawa Conference

The Ottawa conference is an international gathering of health professionals with a focus on competence in medicine and health. Held in a different location biennially, in 2016 this conference was held in association with the ANZAHPE conference.

Australia and New Zealand Association for Health Professional Educators conference

The ANZAHPE conference is known as one of the key conferences for health professional educators in Australia and New Zealand. It brings together a range of clinical educators and clinicians for discussion of current themes and advances in medical education.

Background:

Our RMOs are expected to exhibit leadership and management skills from the moment they graduate from medical school: to lead teams; to carry out plans in an organized fashion; to provide strategic direction for healthcare decisions; to coordinate resources available in an effective and responsible manner. It has long been taken for granted that through observing effective teams and medical

teachers' behaviours and attributes we will inevitably pick up these necessary leadership skills, yet there has traditionally been little time specifically devoted to such training.

I am a PGY2 house officer and have a passion for teaching. I am currently a General Surgery house officer at the Manukau Surgery Centre (CMDHB) and Education Fellow in Surgery at the South Auckland Clinical Campus (University of Auckland). In this latter role I am involved in teaching, assessment and pastoral care for medical students at Middlemore Hospital. I also conduct and collaborate in research, particularly around clinical leadership education.

At the end of 2016 I will be undertaking a DPhil in clinical leadership training at Oxford University, with a focus on leadership education outcomes in RMOs. My intention following this is to return to New Zealand to specialise in academic medicine and anaesthetics. I hope to put myself in a position where I can help other RMOs learn further leadership skills which will enhance our ability, effectiveness and confidence as members of clinical teams.

My aims as a delegate to the above conferences and workshop were threefold: to gain exposure to current and new paradigms and ideas in medical



With Dr Mataroria Lyndon (right) outside the poster exhibitions

education; to interact and develop networks with a range of medical educators and researchers; and to observe the range of styles of research presentations.

ASME-FLAME

Focused on leadership education, the FLAME course was the key component to this trip. Held over an 8-hour workshop and followed by two lunchtime sessions, the length and small size of this course enabled development of ideas and relationships in a way not available to the large Ottawa/ANZAHPE conference. Around 30 participants varied hugely in career position. Deans of medical faculties sat with specialist training college executives, medical educators with backgrounds in highschool education and a vet. Disparities in backgrounds were no barrier to inclusion however, and each person's experience was valued; my own proximity to medical school resulted in frequent consultation by more senior participants.

My hope had been that this course would specifically address means by which leadership training could be approached. This did not in fact play out, but the course was nonetheless valuable. The foci were jargon of leadership research; leadership models, leadership styles and change management; and networking and relationship building amongst the group.

There were two particular highlights of the FLAME course for me:

At the conclusion of the initial workshop, we were given an hour to engage in a co-mentoring session, whereby we split into pairs and spent half an hour each facilitating an exploration of an individual leadership challenge predicted by and for our partner. I was paired with a hospital

head of department battling staff shortages, and it was a fascinating experience helping him work through an approach to this. In return, I was able to explore ways in which to research and promote leadership training for doctors, particularly looking at assessment of effectiveness of current and new impetuses, as well as change in culture to value and assess leadership skills.

Networking opportunities were the second highlight. As mentioned, I was pleasantly surprised to be taken seriously by educators so much my senior. During the course, I was specifically approached by two educators whose interests were particularly confluent with my own and asked to continue to communicate and consider collaboration.

Ottawa/ANZAHPE Conference

With their related foci of competence and of education, these two organisations synergised well. There was an enormous scale, with up to 26 sessions running concurrently, and sessions ranging in length from 90 minute focused workshops to 5 minute poster presentations. The majority of presentations were 10 minute abstracts, with space for audience discussion. There were a huge number of concurrent themes; I focused my attendance on leadership, simulation, inter professional education (IPE), assessment of hard-to measure competencies and entrustable professional activities (EPA's). I also attended excellent sessions on academic motivation, e-learning and collaboration, and challenges of academic medicine.

The main highlight of the conferences was for me the plenary lecture by Victoria Brazil, an emergency consultant with Queensland University hospital, who outlined the outstanding efforts of her

simulation department. The scale of the work that they are doing, with pan-disciplinary in-situ un-rostered simulations and debriefing sessions (including top level clinicians, registrars, lab staff, orderlies and everyone between) was inspiring. Furthermore, the number of quantifiable clinical outcomes they have shown (reduced transition times, time-to-needle and PCI to list a few) and the overt backing throughout the hospital was astounding. Dr Brazil's presentation overall gave a taste of the potential of coordinated team training and simulation.

A PeArL (Personally Arranged Learning) session by Diane Kenwright of Otago University on collaborative e-learning was another highlight. This was a fascinating method of presentation involving a 15 minute outline followed by a 30 minute unstructured discussion. The flexibility afforded to this discussion resulted in an extremely stimulating and interactive environment, and the comments produced underlined clear areas for evolution of research and for collaboration.

It was extremely interesting observing the variety of presentation styles, and the effect of these. Many presenters were didactic in their response; several were rambling and failed to make their points clear, some were succinct and interested in audience initiated discussion whereas many discussed their limitations and conclusions themselves. It became clear which styles had most academic style and impact.

Summary

The concurrent Ottawa/ANZAHPE conferences and the ASME-FLAME workshop offered valuable insight into a range of issues relevant to RMOs. Topics were varied and centred on competence,

education, and leadership. The opportunities for discussion and the general inclusiveness of delegates were vital components, and resulted in several possibilities for collaboration. It is clear that there are many motivated educators working in these areas who have a passion for improvement and many ideas for how to achieve these. By committing time and resources to the endeavours of these resources, and ensuring that there is support from residents and SMOs, it seems clear that positive change can be achieved.

Acknowledgements

Thank you to the NZRDA Education Trust for their support. There is a significant cost to attending a conference such as this, and there is significant worth to doing so. It is my hope that RMO's will continue to seek such exposure to ideas and networks. The Education Trust's support is an important factor to enable this.

Thank you also to the South Auckland Clinical Campus for the support and flexibility that enabled me to attend, to Professor Andrew Hill for his direction and advice, and to Dr Mataroria Lyndon for his mentorship.

Dr Oscar Lyons

E: Oscar.lyons@auckland.ac.nz