

# 11<sup>th</sup> Asia Pacific Medical Education Conference

Optimising Collaboration in Medical Education:  
Building Bridges, Connecting Minds

Trends · Issues · Priorities · Strategies

15th – 19th January 2014, Singapore



**NUS**

National University  
of Singapore

Yong Loo Lin School of Medicine

Organised by:  
**Medical Education Unit (MEU)**  
**NUS Yong Loo Lin School of Medicine**

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Dear Colleagues and Friends,

The Organising Committee of APMEC 2014 and the Medical Education Unit (MEU), Yong Loo Lin School of Medicine, National University of Singapore, National University Health System, warmly welcome you to the 11th Asia Pacific Medical Education Conference (APMEC) from 15th to 19th January 2014 at the National University of Singapore, Singapore.

We have specially chosen our theme as “**Optimising Collaboration in Medical Education - Building Bridges, Connecting Minds - Trends, Issues, Priorities, Strategies (TIPS)**”.

The aim of the conference is to share our experiences as educators, and learn from experts in medical and healthcare professional education some of the latest ideas, and best practices adopted internationally. For 2014, we are happy to announce that we have a wide array of pre-conference workshops covering medical and healthcare professional education as well as pre-conference training programs conducted in collaboration with the European Association of Standardised Patient Educators (ASPE), Association for Medical Education in Europe (AMEE) and Association for the Study of Medical Education (ASME).

The Asia Pacific Medical Education Conference has grown and strengthened over the years. It is now in its 11th year attracting participants, not only from the Asia-Pacific region, but also from around the globe. As with previous APMECs, we have invited distinguished medical and health professional educators to share their experiences, expertise and wisdom.

We look forward to your participation and to welcoming you to the 11th APMEC in January 2014.

With best wishes,

**Associate Professor Goh Poh Sun**

Chairman, Organising Committee  
11th APMEC 2014

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Day 2: Saturday 18<sup>th</sup> January 2014

Day 2: Saturday 18<sup>th</sup> January 2014

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9.00am	<p><b>Asia Pacific Collaboration in Medical Education Meeting</b> (by invitation only)</p>				VIP Lounge, L2
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10.45am	<p><b>Lecture 5 - Faculty Development: Promoting Collaboration and Building Bridges</b> <i>Yvonne Steinert, Canada</i> Moderator: Dujeepa D Samarasekera, Singapore</p>				Hall
11.30am	<p><b>Free Communications (FC)</b></p>				
	<p><b>FC 5 – Interprofessional Education</b></p> <p><b>Where Do I Fit?: Interprofessional Education and its Utility in Defining the Role of the Advanced Practice Nurse</b> <i>Derek Soon, Singapore</i></p> <p><b>Unique Challenges in Inter-Professional Education in the Asian Context: The Residents' Perspective</b> <i>Manjari Lahiri, Singapore</i></p> <p><b>“Are We Ready to Learn Together?” Attitudes Towards Inter Professional Learning among Sri Lankan Health Professional Students</b> <i>Angage Dilani Priyashanthi Perera, Sri Lanka</i></p> <p><b>An Assessment of Attitudes Regarding the Interprofessional Education among Medical, Nursing and Physiotherapy Students in a Tertiary Care Centre in Sri Lanka</b> <i>Chamila Lakmal, Sri Lanka</i></p> <p><b>“Doing the Professionalism Robot.” “Wearing the Superman Cape.” Perceptions of Professionalism in Medical Students at Two Different Schools</b> <i>Wojciech Pawlina, USA</i></p> <p><b>Indonesian GPs Improving Access to Healthcare System: The Matter of Competence and Professionalism</b> <i>Nur Syah, Indonesia</i></p>	<p><b>FC 6 – Teaching and Learning II</b></p> <p><b>Combining Team-Based Learning with a Flipped Classroom Approach: Is this Possible?</b> <i>Lau Wee-Ming, Malaysia</i></p> <p><b>Sit-In Observation and Feedback Study (SOF): Trainers' Views on Precepting</b> <i>Nik Sherina Hanafi, Malaysia</i></p> <p><b>Trying Not to be a Roadblock: Problems Faced by Novices in Medicine and How to Foster a Learner-Centered Clinical Environment</b> <i>Chang Yan-Di, Taiwan</i></p> <p><b>Faculty Members' Perception on the Role of Clinical Teacher</b> <i>Yeh Hsiu-Chen, Taiwan</i></p> <p><b>Developing the Clinical Teacher within Trainee Doctors: Evaluation of a Repeated Seven Week Teaching Programme</b> <i>Frances Varian, United Kingdom</i></p> <p><b>Implementation and Evaluation of Web Supported Learning in Pharmacology for Medical Students</b> <i>Huang Zhanqin, PR China</i></p>	<p><b>FC 7 – General Education II</b></p> <p><b>Impact of Simulation Training on Bronchoscopy Competence in Singapore</b> <i>Siow Wen Ting, Singapore</i></p> <p><b>Correlation between Intelligent Quotient and Academic Performance of Medical Students</b> <i>Hashanthi Cooray, Sri Lanka</i></p> <p><b>Developing and Implementing an Online Training Course on Medical Diagnosis Using ICD-10, for Medical Professionals in Sri Lanka</b> <i>Pramil C. Liyanage, Sri Lanka</i></p> <p><b>Patients' Perception on Doctors' Performance in Doctor-Patients Relationship</b> <i>Fika Ekayanti, Indonesia</i></p> <p><b>Using Workplace Supervision to Evaluate the Competencies of Medical Interns: A Validation Study</b> <i>Foong Chan Choong, Malaysia</i></p> <p><b>Do Medical Students Admitted through Multiple-Mini-Interview Perform Better in Problem-Based Learning?</b> <i>Paul Wimmers, USA</i></p>		<p>FC 5 – Hall</p> <p>FC 6 – Theatre</p> <p>FC 7 – Function Room 1, L1</p>



D2020

## MAINTAINING MEDICAL STANDARDS IN A DEVELOPING COUNTRY: THE EXPERIENCE OF INDONESIAN GENERAL PRACTITIONERS (GPS)

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### Aims

In developing countries, the environment in which healthcare professionals work, is challenging. Primary Care is a critical area of health reform that needs to deal with a growing population with changing health needs. A better understanding of GPs' practice experiences of maintaining standards of medical practice could guide the development of meaningful strategies to improve those experiences, their capability to provide primary healthcare services, and ultimately the differences they make to their patients, in terms of health outcomes. However, there are few theoretically informed studies about how GPs navigate their way around the landscape of a primary healthcare system. This paper aims to illustrate the impacts of the healthcare system on General Practitioners' professional practice experience in maintaining standards of medical practice in West Sumatra.

### Methods

A qualitative research methodology was applied in this study, using grounded theory. Primary data was collected via interviews in Bahasa Indonesia by the first author, with a purposive sample of 25 GPs in West Sumatra, Indonesia. Secondary data was sought from related government and professional bodies' policy documents, online blogs, and social networks. The data was analysed in an iterative process, including inductive data analysis using the constant comparative method through the process of coding, memoing, and diagramming. A deductive strategy was used to test the hypothesis or theoretical framework with data.

### Results

Our data illustrates the interplay between the attributes of the healthcare system and GPs' professionalism, which contributed to the GPs' experience of professional practice. The major attributes of the healthcare system, which shaped GPs' experience of professional practice were; a narrow understanding of the concept of Primary Healthcare by the government, an unclear scope of primary care practice, the health insurance system, pharmacy policy, and GP remuneration. Many GPs reported that it was highly challenging to maintain good standards of clinical care in overcrowded Government owned healthcare centre. There was a professional jealousy and conflict between midwives and doctors. Health insurance system was heavily skewed towards specialist care. There was a complex relationship between the pharmaceutical industries and the practice of medicine. Many GPs work in both the public and private sector at relatively low rates of remuneration.

### Conclusion

The findings indicated that there needs to be systematic change where GPs can consider themselves as being distinguished, being useful, and being effective. Major healthcare system change is required with a focus on: promoting the concept of primary health care services to the population, redefining the role of the GP to deliver recognised best practice medical services commensurate within available resources, changing the way they are remunerated by the public health system and the private health insurance industry, clarity around ethical conduct from the pharmaceutical industry, and policing of the regulations related to the pharmacy system and the scope of practice of other healthcare professionals, particularly midwives and nurses. GPs can be the champions of the Primary Health Care service that Indonesia needs for its populations' health needs, but it requires sustained systematic change.

D2021

## VIRTUAL PATIENT VERSUS PATIENT SIMULATOR: IS ONE SUPERIOR THAN THE OTHER?

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### Aims

Virtual patient has grown substantially in healthcare education. A computer-based virtual patient was developed as a refresher training course to reinforce clinical performance in assessing and managing deteriorating patients. The aim of this study is to determine the effectiveness of the virtual patient simulation when compared with hands-on experience on patient simulator for improving and retaining clinical performances, following a high-fidelity simulation course on rescuing a patient in deteriorating situation.

### Methods

A virtual patient simulation that focuses training on rescuing a patient in deteriorating situation (RAPIDS) was developed based on the features of simulation identified by a systematic review. 1 A randomised controlled study was conducted. Fifty-seven third year nursing students were randomised to either Virtual Patient or Patient Simulator for a 2-hr refresher training course on rescuing a patient in deteriorating situation using. The Virtual Patient group independently received the virtual patient simulation. The Patient Simulator group received the hands-on simulation using patient simulator in group of six and facilitated by an instructor. Despite the different learning contexts, both groups were guided by the same learning frameworks using ABCDE (Airway, Breathing, Circulation, Disability & Expose/Examine) and SBAR (Situation, background, Assessment & Recommendation) mnemonics. These frameworks were also used as outcome measures to evaluate the participants' performance through the use of the RAPIDS-tool. 2 The participants from both groups undertook the simulation-based assessment prior to (pre-test), one day after (immediate post-test) and 2.5 months after (retention post-test) their intervention. A survey was conducted asking participants' perception from the Virtual Patient group on their learning experience.

### Results

Following the intervention, the Virtual Patient ( $p < 0.001$ ) and Patient Simulator groups ( $t = p < 0.05$ ), demonstrated significant increase in the immediate post-scores from the baseline test scores. Similarly, the retention post-test scores for the Virtual Patient ( $p < 0.05$ ) and Patient Simulator ( $p < 0.01$ ) were significantly higher from the pre-test scores. The Virtual Patient group has significant decreased ( $p < 0.05$ ) in the retention post-test scores when compared with immediate post-test scores. No significant differences were found between the immediate and retention post-test scores for the Patient Simulator. Between-group comparison indicated no significant difference between the Virtual Patient and Patient Simulators for both the immediate and retention post-tests after controlling the pre-test scores. On the survey, the virtual patient simulation was rated highly positive.

### Conclusion

Our finding did not demonstrate superiority of any learning strategy. Virtual patient simulation appears to be as effective as the hands-on simulation for improving clinical performance in assessing and managing clinical deterioration. While the use of virtual patient simulation produced the best immediate performance improvement, the hands-on simulation was associated with better retention of performance. Although hands-on simulation exhibits a high level of interactivity and realism, it is limited by the costs, the presence of a trained instructor and the small number of learners it can accommodate at one time. Virtual Patient does not require the presence of a trained instructor and can be used by large group of learners at anytime and anywhere.



**11th Asia Pacific  
Medical Education  
Conference (APMEC)**



Yong Loo Lin School of Medicine

Medical Education Unit

*This is to certify that*

*Nur Afrainin Syah*

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*presented a poster in the  
Normal Poster Presentation Session of the  
11th Asia Pacific  
Medical Education Conference (APMEC)*

*from*

*17 - 18 January 2014*



A handwritten signature in black ink, appearing to read 'Goh Poh Sun'.

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*A/Prof Goh Poh Sun  
Chairman, Organising Committee  
Yong Loo Lin School of Medicine  
National University of Singapore  
National University Health System*



# MAINTAINING MEDICAL STANDARDS IN A DEVELOPING COUNTRY:

## The Experience of Indonesian General Practitioners (GPs)

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<sup>3</sup> South Australian Medical Education and Training, Australia

### Introduction

Primary Care is a critical area for Indonesian health reform, in order to deal with a growing population with changing health needs.

A better understanding of General Practitioners (GPs)' experiences of maintaining standards of medical practice could guide the development of meaningful strategies to improve their capability of providing primary healthcare services, and ultimately improve health outcomes.

However, there are few theoretically informed studies about how GPs navigate their way around the landscape of a primary healthcare system.

### Aims

This paper aims to illustrate the impacts of the healthcare system on General Practitioners' professional practice experience in maintaining standards of medical practice in West Sumatra.

### Methods

Primary data was collected via interviews with a purposive sample of 25 GPs in West Sumatra Indonesia. Data was analysed using grounded theory in order to maintain a persistent researcher-data interaction, through an iterative process of the interplay between empirical data, emerging analysis and theory development.



### Contact

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### Results

Our data illustrates the interplay between the attributes of the healthcare system and GPs' professionalism, which contributed to the GPs' experience of professional practice. These were

- a narrow understanding of the concept of Primary Healthcare by the community, specialists and non-GP health workers,
- an unclear scope of primary care practice,
- the health insurance system, pharmacy system,
- GP remuneration levels.

Many GPs reported that it was highly challenging to maintain good standards of clinical care.

The referral system often led to unintended handing over of patients even for continuing care.

There was a complex relationship between the pharmaceutical industries and the practice of medicine, professional jealousy and conflict between midwives and doctors, a health insurance system, which was heavily skewed towards specialist care, and many GPs working in both the public and private sector at relatively low rates of remuneration.



*The GPs should be able to diagnose the patients' diseases and decide an appropriate referral. If they do not have the competencies, people will not look for their services. Even people will choose midwives. I believe that the midwives do not have such ability. However, some people think that the ability of GPs is the same as the ability of midwives.*



*Surgeons should only do their jobs, after that they should return the patients back to GP. It is the principle, isn't it? My job is only this part, other part is not my job. It is yours. This makes the patients having a need on us so they trust our care.*

### Implications

The findings indicated that there needs to be systematic change where GPs can consider themselves as being valued, being useful, and being effective.

Major healthcare system change is required with a focus on:

- promoting the concept of primary care health services to the population,
- redefining and supporting the role of the GP to deliver recognized best practice commensurate within available resources,
- changing the way they are remunerated by the public health system and the private health insurance industry,
- clarity around ethical conduct from the pharmaceutical industry,
- policing of the regulations related to the pharmacy system and
- regulating the scope of practice of other healthcare professionals, particularly midwives and nurses.

### Conclusions

GPs can be the champions of the Primary Health Care service that Indonesia needs for its populations' health needs, but it requires sustained systematic change.



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