## 2016/2017 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on **4 July 2016**

| Supervisor Information (First named supervisor will be the contact): | |
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| First Supervisor's Name and Title:  Dr Andrew Miller, Senior Lecturer in Pathology. | |
| Department - UOC &/or CDHB (if applicable):  Pathology Department, UOC | |
| First Supervisors Phone:  80115 | First Supervisors Email: |
| First Supervisors Mailing Address:  Pathology Department UOC | |
| Co-Supervisors Name and Title(s): Dr Ashis Shrestha, Convenor VCR Course, Patan Academy of Health Sciences, Nepal; Mrs Jen Desrosiers, Undergraduate Medical Convenor Dept of Population Health UOC; Professor David Murdoch HOD Pathology Dept UOC; Dr Susan Jack, Senior Research Fellow, Centre for International Health , University of Otago; Faumuina Assoc Prof Tai Sopoaga, Associate Dean Pacific OMS; Dr Malama Tafunai Convener of senior medical students NUS Faculty of Medicine and Clinical Senior Lecturer (Pacific Health) OMS | |

**Research Category (Choose one category only – to be used for judging the students' presentations):**

| Clinical | Laboratory | Community √ |
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**Project Title (20 words MAXIMUM):**

**"Virtual" Socialisation and Case-Discussion between linked Medical Student groups in Nepal-NZ and NZ-Samoa during collaborative Global Heath Learning – Why and How? .**

**Project Description:**

### Introduction:

A 2016 pilot study of collaborative small-group, case-based learning between UOC and Patan Academy of Health Sciences (PAHS) in Nepal, sparked an interest among participating students in both countries to socialize and get to know each other. This was one of the prime objectives for the pilot, for which the overall aim was to promote collaborative global health learning between the two Schools, under the title of the Global Health Classroom (GHCR). This pilot was funded by an Internationalisation of the Curriculum Initiative Grant in 2015. The GHCR UOC-PAHS learning included case discussion by the linked UOC and PAHS small groups, leading to a concluding plenary live videoconference, based on the students' case presentations, and moderated by faculty. For a number of reasons, it was impractical for the linked students at UOC and PAHS to routinely use live video/audioconferencing for their small-group socialization and case discussions. For the 2016 UOC-PAHS pilot, a GHCR Moodle site was set up as a shared site for "virtual" interaction between linked groups, but this had limited success for student socialization and for case discussion. The multi-platform application/app Evernote was trialed for one set of case studies, but as most UOC students and faculty had no familiarity with this app, its use was limited; however Evernote's potential for socialization and case discussion was clearly recognized by PAHS and UOC faculty and students, with feedback from students that the use of Evernote be investigated further. Students and faculty also commented on the potential to use Facebook, particularly for socialization between linked student groups at UOC and PAHS. It is clear that for "virtual" socialization and case-discussions there are a number of potential applications/apps to investigate for use in the on-going GHCR. These include social media apps already widely used by medical students at PAHS and UOC for "local" socialization. Given that we wish to investigate applications/apps that medical students will readily adopt for GHCR, it seems most appropriate to recruit a medical student to do the necessary research into this. We also expect that a medical student

will have ready access to fellow medical students who have participated in the 2016 GHCR, and will be able collect representative survey/evaluation data from their student colleagues at OMS, PAHS, and now, NSU, as outlined below.

A further GHCR pilot has subsequently been run in 2016 collaboratively between DSM and the National University of Samoa (NUS) Faculty of Medicine. This means that there is a wider recruitment pool of medical students at OMS and collaborating overseas medical schools for this study. All of the Supervisors have been involved in the 2016 GHCR. In preparing this application Tracy Huntleigh-Smith, Director, Health Sciences ICT, Otago University and Professor Tim Wilkinson Director, MB ChB programme, OMS have been contacted.

**Aim**: To investigate with regard to the GHCR collaborative case-based, small-group learning programmes:
- How important is "virtual" socialization between students at OMS and linked students at collaborating medical schools?
- Is such socialization important for effective "virtual" case discussions within linked student groups?
- Is socialization between linked student groups best organized by pre-linking student pairs from each participating school, or should linked student groups autonomous organize their socialization? Should there be a template for socialization or are linked groups best left to self-organise?
- Do participating student groups want their socialization shared with students within and/or outside their small groups?
- What is the best platform/app for "virtual" socialization between students in linked small groups?
- What is best platform/app for "virtual" case discussions within linked student groups?
- What role, if any, should faculty have in "virtual" small-group case discussion prior to formal presentation of the cases at a plenary session?
- How should the success of "virtual" socialization and case-discussion be evaluated in the 2017 GHCR?


**Possible impact (in lay terms):**
The Studentship results will inform key changes in the GHCR format for 2017. The measures of success will be how successfully the GHCR 2017 allows participating students:
- to establish collegial relationships with their counterparts in the medical training in other countries,
- to achieve positive outcomes for learning about global health
- enhance their cultural understanding
- prepare for Trainee Intern overseas electives

**Method:** The student will be involved in the following:
- Literature and "social media" review regarding:
    - Any documented techniques for "virtual" socialization between students participating in collaborative learning between medical schools in different countries?
    - Does effective small group case-based work benefit from prior/concurrent socialization within the student small groups?

- o Which free or low-cost platforms and/or apps should be considered for 1) "virtual" socialization 2) "virtual" case discussions
- Recruitment of cohorts of 2016 GHCR student participants from UOC, PAHS, DSM and NUS to take part in, during December 2016 and January 2017:
  - o Trials of potential platforms/apps for 1) "virtual" socialization 2) "virtual" case discussions
  - o Evaluations, using surveys, focus groups and structured feedback regarding the importance of "virtual" socialization, as well as effectiveness and user-friendliness of selected applications/apps for "virtual" socialization and case-discussion, between student groups in NZ, Nepal and Samoa.
- Establishing good lines of communication between the multiple co-supervisors in multiple centres:
  - o As all co-supervisors are key stakeholders for the success of the project, the student researcher will need to set up in advance regular means to consult and update all co-supervisors on key decisions regarding the project and key findings.
  - o Periodic conferencing with co-supervisors will need to be arranged by the student researcher and First Supervisor
- Investigations/trials, with the necessary instructional design and evaluation methods, for:
  - o Best ICT Applications/apps (preferably two or three at most) to trial for 1) "virtual" socialization 2) "virtual" case discussions (in consultation with Tracy Huntleigh-Smith, Director, Health Sciences ICT)
  - o Trials by recruited cohorts of OMS, PAHS and NSU students of the best potential platforms/apps for 1) "virtual" socialization 2) "virtual" case discussions
  - o Evaluation of these trials, in consultation with medical education experts, to ensure that the evaluations will provide the necessary date to address the project aims
  - o Analysis of the Evaluation data and key findings
  - o Recommending to the GHCR convenors, what are the key applications/apps and the needed instructional design for 1) "virtual" socialization 2) "virtual" case discussions in the 2017 GHCR.
  - o Formal presentation of the findings to the public forum.