

Revolutionising how we teach immunisation to medical students



Medical students helping at
City Mission March 2019

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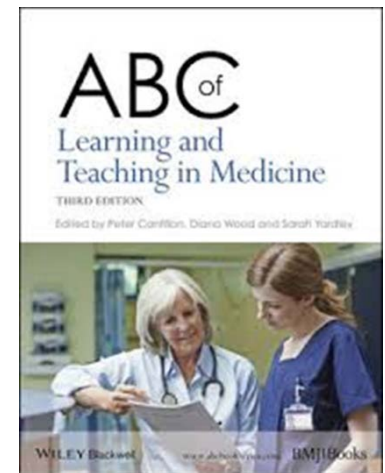
The Immunisation
Advisory Centre



Overview

- Why change?
- How did we do it?
- What did we do?
- Outcomes
- Reflections

Why change? A revolution in (medical) education



From:

Teacher-centred
Passive learning -
remember/understand
facts
Fragmented
Abstract
Less inclusive



To:

Student-centred
Active learning –
higher-order thinking
(apply through
experience & in new
contexts; reflection)
More diverse &
inclusive
Integrated
Contextualised

Why? Students expect more & they are more engaged

NZMSA Supports Dr. Lance O'Sullivan: Vaccines Save Lives

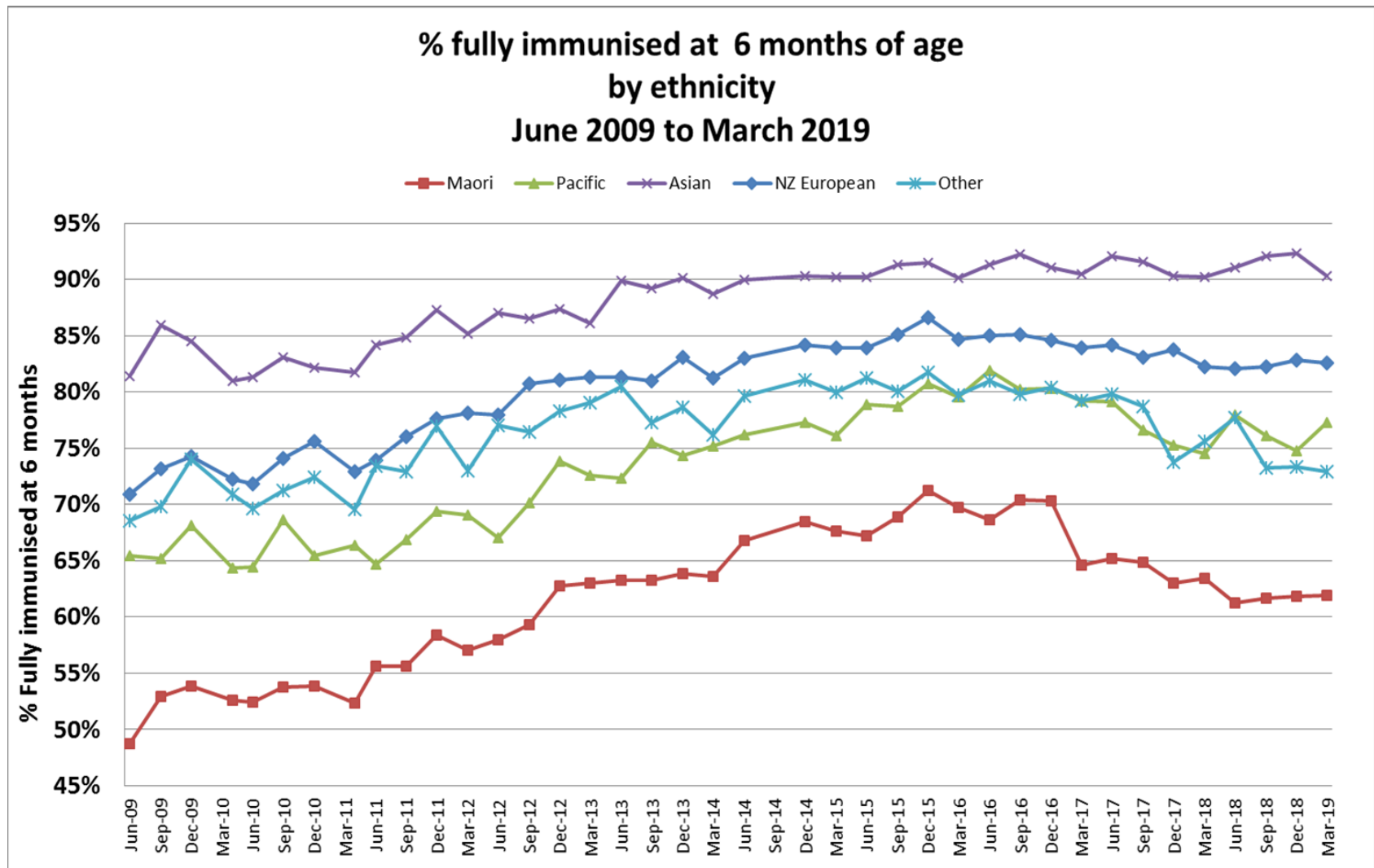
Friday, 26 May 2017, 9:27 am

Press Release: [New Zealand Medical Students' Association - NZMSA](#)

NZMSA Supports Dr. Lance O'Sullivan: Vaccines Save Lives

The New Zealand Medical Students' Association (NZMSA) supports Dr. Lance O'Sullivan's comments that promotion of falsehoods about vaccination results in harm to our children, the most vulnerable members of society. Healthcare providers, such as Dr. O'Sullivan, spend their lives working towards improving and maintaining the wellbeing of New Zealanders. The continued spreading of misinformation surrounding vaccination threatens to damage the work they do to protect New Zealanders against vaccine-preventable diseases.

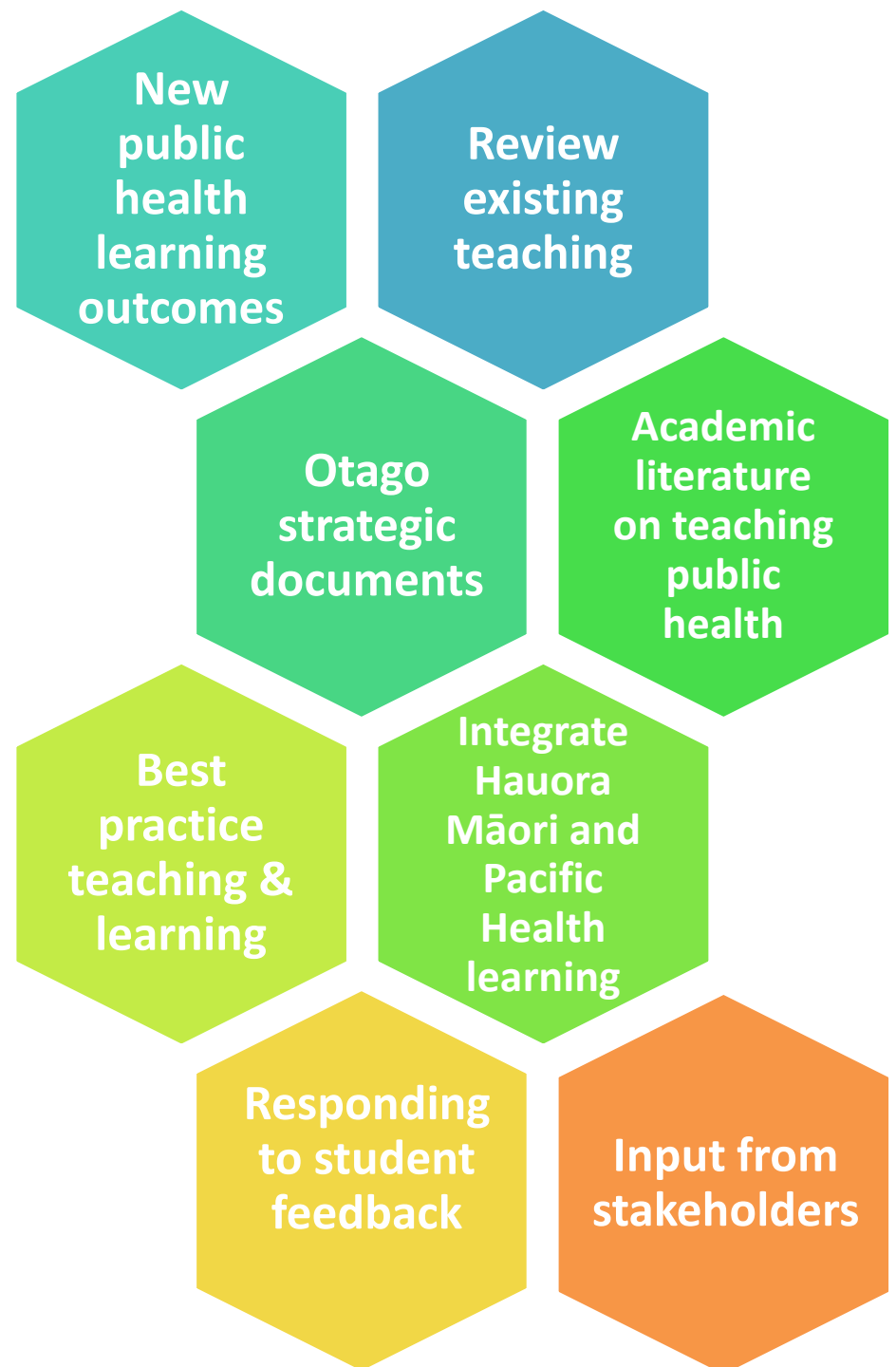
Why? Complex challenges ahead



How?

Principles

- Student-centred
- Best practice teaching
- Mana enhancing
- Promote equity
- Relevant for any future specialty
- Sustainable
- (enjoyable!)



What? Case/Kaupeka 1

Week 1 Case 1

Mr Taifula

A 53 yr old Pacific leader presents to the GP with non-specific respiratory symptoms

5 workshops

- Evolving case based on a real life infectious disease outbreak
- Covers the role of Public Health Units & the Medical Officer of Health, notifiable diseases, communicable disease control, immunisation, Pacific health, climate change, antimicrobial resistance & health promotion to reduce the incidence of infectious disease

What is the name of the late Kingitanga leader who was renowned for establishing Turangawaewae Marae at Ngaruawahia and ensuring the care of around 100 children who had been orphaned by the 1918 Influenza epidemic?



Select one:

- a. Princess Te Puea Herangi
- b. Dame Whina Cooper
- c. Meri Te Tai Mangakāhia
- d. Iriaka Rātana

The evolving case ...

A public health nurse involved with contact tracing has arranged for Ms Ūpoko, a relative of the index case Mr Taifula, to visit you at your GP clinic.

Ms Ūpoko lives at Mr Taifula's house with her 6 month old daughter.

The public health unit has addressed the TB-related issues for Ms Ūpoko and her daughter.

- However, the nurse has found out that the baby has not yet received any of the vaccines on the national schedule.**
- Ms Ūpoko is concerned about immunisation and has reluctantly agreed to visit you to discuss the issue.**

5 Clinical scenarios – role play

- 1. Safety concerns. A person in Ms Ūpoko's antenatal group had said that vaccines contained toxic additives that were harmful.**
- 2. Safety concerns. The neighbour's baby died from Sudden Unexpected Death in Infancy 2 days after the 3 month vaccination and some believe the vaccine was responsible.**
- 3. Concerns that her baby is too young to immunised and that the immune system will be overwhelmed.**
- 4. Not sure that vaccination is really needed. Ms Ūpoko breastfeeds her child, makes her own healthy baby food, keeps her away from tobacco smoke etc.**
- 5. Access/patient experience. Ms Ūpoko has a needle phobia and getting to the GP is stressful (cost, transport barriers, past negative experience).**

Part 2 At a population level

Groups look at the last immunisation coverage statistics

Each group assigned one strategy to increase coverage:

- Increase community demand
- Enhance access to immunisation services
- Provider-based interventions
- Systems and leadership

The Ministry of Health has given each group \$20M.

- How are you going to spend it? What will you do?

Student comments

- *“Great teaching. Good information that will be useful in clinical practice”*
- *“Really relevant and important considering the current trends!”*
- *“Very useful, I liked the very relaxed style of the tutorial and the interactive learning”*
- *Best part: “Role play – actually forcing us to try neutralise [the] situation & educate using lay terms”*

Staff feedback

- Enjoyable to teach
- Requires more from staff (facilitation)
- Give clear direction for role play and treat as if real life – respectful, confidential
- Smaller groups for role play (3 not 4)
- Increase active learning for part 2

Reflections

- Co-teaching by University & IMAC works well – bring different perspectives & mutual benefit to stay on top of our game!
- Students value interactive learning and being challenged to think deeply
- Students value us responding to their feedback & they help to improve our teaching
- They care for the environment
- A specific clinical setting engaged students and helped lead to public health aspects.

Reflections

- Active learning involves a major culture shift
- It takes time and practice
- It can feel uncomfortable (e.g. leaving out some content; being a facilitator to discussions compared to controlling the content of a lecture).
- The new way of teaching has genuinely been a revelation – feels more effective, more fun, and we get to know the students better.... We are still learning!!

THANKS TO

All our teaching colleagues and medical students

**Bernadette Heaphy and the IMAC team, Michael Baker,
Jonathan Kennedy, and Diana Sarfati (project sponsor)**

