

# AMEE 2010

## Secrets of Success – Information for Presenters

### Background/aim

Secrets of Success give presenters the chance to demonstrate an innovation in healthcare professions education with which they have been associated. It may be a product, a resource or an idea or approach that has been successfully implemented in an institution. The aim is to present the Secret of Success with sufficient detail to allow those attending to replicate it in their institution, should they wish to do so. The sessions are seen as an opportunity for conference participants to meet and talk more informally with individuals about their experience of introducing a successful innovation.

### Where

Secrets of Success take place in the Exhibition (Hall 5). Four booths have been allocated side-by-side, and the four presentations in the session will take place simultaneously. The presentation should be set up in the coffee break or the lunch break immediately preceding the session in which it has been scheduled, in order that it can start promptly at the beginning of the session. The presentation should be removed at the end of the session to enable the next series of presenters to move in.

### When

Presentations/demonstrations are scheduled in each of the simultaneous sessions indicated below. The presentations in each session are indicated on the attached sheet.

### How the session works

During the scheduled session, each Secret of Success is presented/demonstrated three times consecutively, at 20 minute intervals, to groups of up to 12 participants. This will allow participants during the session to see all four demonstrations if they wish. Presenters should prepare a presentation/demonstration of approximately 10 minutes leaving 8 minutes for questions from the group. After 18 minutes a bell will ring, indicating that the audience should move on to one of the other Secrets of Success demonstrations. After a further two minutes the bell will ring again and the presenter then delivers his/her demonstration a second time to a different audience. Following completion of a third iteration, the remaining time in the session is left free for follow-up discussions between participants and the presenter.

### What AMEE provides

A booth of approximately 4m x 4m is available to each presenter consisting of two side-walls, a table, electricity supply, wifi connection and a data projector. Twelve chairs will be placed in front of the booth for participants wishing to attend the demonstration. The abstract as submitted is included in the abstract book, and details given in the final programme.

## What the presenter/demonstrator should provide:

If they wish to make a PowerPoint presentation, presenters should bring their own computer to connect to the data projector provided. Although it is not necessary to prepare a formal poster, presenters are encouraged to mount any material they wish on the two sidewalls of the booth. This should be removed at the end of the session. Printed handouts for the audience to take away are highly recommended, together with any other materials such as CDs or reference lists to assist others in implementing or replicating the resource/product/idea.

Presenters needing further information are asked to contact the AMEE Office ([amee@dundee.ac.uk](mailto:amee@dundee.ac.uk))

## Secrets of Success Sessions

**1045-1245**      **Monday 6 September**

**2Z**            **Secrets of Success 1**

**2Z1**        **A web-based platform to create teaching materials and automatic testing of anatomy**

*A Thirunavuukarasuu\*, J Liu, GL Yang, WL Nowinski (Biomedical Imaging Lab, Agency for Science, Technology and Research, Singapore)*

**2Z2**        **Collaborative Development of Virtual Patients in Clinical Education**

*Norman Berman\* and Leslie H. Fall (Institute for Innovative Technology In Medical Education, Lebanon, New Hampshire, USA)*

**2Z3**        **Blogging for Bones**

*J Dent\*, J Smith, N Lafferty (University of Dundee, Centre for Medical Education, Dundee, United Kingdom)*

**2Z4**        **It's virtually a Bug's Life!**

*Alan Gilchrist\*, Janette Moyes\*, Barbara Findlay\* (Medical Education Centre, Western General Hospital, Edinburgh, UK)*

**1415-1600**      **Monday 6 September**

**3Z**            **Secrets of Success 2**

**3Z1**        **Development of Real-Time 3D Web-based Application for General Practitioners and Patient Users on Back Pain**

*S Grant\*<sup>1</sup>, D Kelly<sup>2</sup>, J Turner<sup>2</sup>, V Charissis\*<sup>3</sup> and D Chanock<sup>4</sup> (<sup>1</sup>NHS Education for Scotland (NES), Central Quay, Glasgow; <sup>2</sup>Ayr Hospital, Department of Trauma & Orthopaedics, Ayr; <sup>3</sup>Glasgow Caledonian University, School of Engineering and Computing; <sup>4</sup>Ayr Hospital, Department of Radiology, UK)*

- 322 The Use of Facebook in Medical Education**  
*Julie K Hewett (International Association of Medical Science Educators (IAMSE), Huntington, WV USA)*
- 323 Assessment and Management of PTSD in Primary Care and Disasters**  
*Ken Harbert (School of Physician Assistant Studies, South College, Knoxville, TN, USA)*
- 324 Clinical education on the move: development and testing of mobile learning and reflective tool in the clinical environment**  
*T Johnston\*, N Lynch, S Arbuckle, R Dolan, D Linden, S Maclean, G Paterson, J Rossi, S Khan, D Dowie, P Davey (University of Dundee, UK)*

**1045-1245 Tuesday 7 September**

**6Z Secrets of Success 3**

- 6Z1 Strategies for successful compliance to accreditation standards : Online tools**  
*M Jolivet\*, A Qazi and C Bourdy (Université de Montréal, Faculty of Medicine, Québec, Canada)*
- 6Z2 Lessons learned from Hollywood: Developing an efficient workflow for creating Reusable Learning Objects (RLOs)**  
*P Pribaz\* and C Adams\* (Northwestern University, Simulation Technology and Immersive Learning, Chicago, Illinois, USA)*
- 6Z3 How to recruit and train lay women to teach pelvic examination to medical students**  
*B Kelly\*<sup>1</sup>, J Moore<sup>1</sup> and H Salisbury\*<sup>2</sup> (University of Oxford, <sup>1</sup>Nuffield Department of Obstetrics and Gynaecology; <sup>2</sup>Department of Primary Care, University of Oxford, UK)*
- 6Z4 Determined to succeed-learning together: Working together**  
*F Muir\* and S Bradley\* (University of Dundee, Medical Education, Dundee, UK)*

**1415-1600 Tuesday 7 September**

**7Z Secrets of Success 4**

- 7Z1 Project PRAiSE**  
*Z Siddiqui\* (Education Centre, Dentistry and Health Sciences, University of Western Australia, Perth, Australia)*
- 7Z2 Using text messaging for successful feedback**  
*Julie Struthers\*, Paul Irvine and Cathy Jackson (University of St Andrews, Bute Medical School, St Andrews, UK)*

**723 The physician assistant movement – Global trends in the extension of medical care by non-physician providers**

*D Talford\*<sup>1</sup> R Ballweg\*<sup>2</sup> and A Glicker\*<sup>3</sup> (<sup>1</sup>Idaho State University, Department of Physician Assistant Studies, Meridian; <sup>2</sup>University of Washington School of Medicine, MEDEX Northwest Division of Physician Assistant Studies, Seattle; <sup>3</sup>University of Colorado School of Medicine, Denver, USA)*

**724 PEDICEL (Progressive Educational Development and Co-operation in Learning material elaboration)**

*J Tuulari\*, M Koulu and P Kääpä (University of Turku, Faculty of Medicine, Finland)*