



Waipapa
Taumata Rau
University
of Auckland

Beyond Borders: The role of Health Educators in Advancing Equity

Friday 7th November 2025

Faculty of Medical and Health Sciences

Building 507, Park Ave, Grafton, Auckland, Aotearoa New Zealand

Friday 7 November 2025 – Room 507-G100

Abstracts

Programme timings are in NZDT. The programme may be subject to change. Latest as at 29/10/25.

09.30 - 10.00	<p>Plenary 1 It starts with me: The role of health educators in advancing equity Professor Susan van Schalkwyk, Stellenbosch University, South Africa <i>Room 507-G100</i></p>
10.00 - 10.10	<p>Taking a global health CURE online - Addressing the undergraduate research equity gap John McLennan & Olivia Fulton, University of Calgary, Canada</p> <p>Course-Based Undergraduate Research Experiences (CUREs) engage undergraduate students in hands-on, inquiry-based research as part of a structured course. CUREs involve students in asking and answering real, sometimes open-ended, research questions as they actively engage in the research process. Student projects are integrated into the course content, and students work either independently or in groups, guided by the instructor. Most of the scholarship about CUREs is focused on in-person learning, with few examples of entirely online offerings. Online offerings can make CUREs more accessible and inclusive.</p> <p>We designed an online CURE for senior health science undergraduates with a global health focus, using existing and available global health datasets. Currently, opportunities to learn about global health research at our institution are in-person and often require travel abroad. While this is valuable learning experience, it is also inaccessible to students who might face financial and other barriers to travel, either during the academic year or in the summer months. In our online global health research course, students identify a country of interest, design a research question and plan a secondary data analysis project based on the data available. We took a case study approach to evaluate the outcomes of this course, including the student experience, student learning, and feedback from faculty involved in global health research regarding the content and research skills in the course. Through a scoping review, interviews, content analysis, and participant observation, we collected data to inform an analysis in relation to the four elements of high-quality undergraduate research experiences: curiosity, discovery, dissemination, and reflection. The results challenged some of our teaching assumptions, highlighted areas for improvement and reinforced our commitment to our online Global Health CURE.</p>

10.10 - 10.20	<p>Students as agents of change: Integrating SoTL into undergraduate medical education <i>Oscar Jerez Yañez, Department of Health Sciences Education, School of Medicine, University of Chile, Chile</i></p> <p>Medical education has pioneered the Scholarship of Teaching and Learning (SoTL) because of its applied orientation and transformative potential for learners and society. Yet, the systematic integration of SoTL into undergraduate curricula remains underexplored, particularly in Latin America. This study examines the Faculty of Medicine at the University of Chile, which has developed an institutional ecosystem that fosters SoTL initiatives co-led by students and faculty. Using a mixed-methods qualitative design, we analyzed course evaluations (n=127 students), conducted semi-structured interviews (n=27), and reviewed institutional documents. Findings reveal a multi-layered environment comprising curricular pathways (elective courses, internships, and research seminars), extracurricular opportunities (assistantship programs and student-led observatories), mentoring practices, and sustained institutional support. Together, these elements nurture “pedagogical agency,” enabling students to identify educational challenges, investigate them systematically, and propose evidence-based solutions. The results indicate that student engagement in SoTL strengthens professional identity, stimulates pedagogical innovation, and cultivates collaborative communities of practice. Students reported increased confidence in educational inquiry, enhanced critical thinking, and motivation to pursue teaching roles in their future medical careers. Faculty perceived student contributions as valuable for curricular innovation and institutional improvement. This case illustrates how positioning students as partners, rather than passive recipients, advances equity by democratizing knowledge production and recognizing diverse voices in medical education. By embedding SoTL opportunities in formal and informal structures, the institution promotes transformative learning aligned with the symposium theme “Beyond Borders: The Role of Health Educators in Advancing Equity.” We conclude that engaging students as active agents of change not only improves the quality of medical training but also models equitable academic cultures, offering transferable insights for global health education contexts.</p>
10.20 - 10.30	<p>Beyond borders: The role of health educators in advancing equity <i>Francisco Márquez Torres</i> <i>Escuela de Medicina, Facultad de Medicina, Universidad de Chile, Chile</i> <i>Óscar Jerez</i> <i>Departamento de Educación en Ciencias de la Salud, Facultad de Medicina, Universidad de Chile, Chile</i> <i>Delfina Pradelli Mancino</i> <i>Escuela de Medicina, Facultad de Medicina, Universidad de Chile, Chile</i> <i>Elisa Gallegos Lillo</i> <i>Escuela de Medicina, Facultad de Medicina, Universidad de Chile, Chile</i> <i>Mateo Manríquez Arancibia</i> <i>Escuela de Medicina, Facultad de Medicina, Universidad de Chile, Chile</i></p> <p>This study reinterprets the results of a thematic cartography of contemporary medical education (2019–2025; n = 15,421 abstracts from Q1/Q2 journals) to analyze the role of health educators as key agents in advancing equity. Based on seven macro-themes—curriculum, technology, assessment, clinical competencies, inclusion, well-being, and interprofessionalism—the findings reveal emerging patterns that reflect a paradigm shift toward more inclusive, relational, and socially just educational models. Results indicate that curriculum, assessment, and technology remain the most frequently represented areas, while the most rapid growth occurs in inclusion/social justice and well-being/mental health. These dimensions act as bridging nodes through which equity can be operationalized within educational processes. The analysis suggests that advancing equity depends on embedding its principles across curriculum design, programmatic assessment, and the ethical integration of digital technologies. From this perspective, health educators must assume six fundamental roles: architects of inclusive curricula, designers of fair assessments, mediators of technology with digital justice, promoters of well-being, interprofessional collaborators, and community connectors. These</p>

	<p>roles expand the educator’s function beyond the classroom, fostering transformative, context-aware, and equity-oriented learning environments.</p> <p>The paper also outlines how academic journals can serve as catalysts for systemic change through inclusive editorial policies and responsible metrics. Proposed strategies include special issues on social justice, equity-oriented peer review, multilingual publication, open access dissemination, and support for authors from underrepresented contexts.</p> <p>Overall, the evidence indicates that equity is not a spontaneous outcome but a deliberate construction—driven by reflective educators and sustained by academic and editorial ecosystems committed to structural change in health education.</p>
10.50 - 11.00	<p>Beyond clinical training: Entrepreneurship education in nursing, pharmacy, and general practice</p> <p><i>Maryam Pirouzi and Shane Scahill, Faculty of Medical and Health Sciences, Waipapa Taumata Rau University of Auckland, Aotearoa New Zealand</i></p> <p>Healthcare systems face increasing complexity, requiring a workforce skilled not only in clinical expertise but also in entrepreneurship to drive innovation, strengthen service delivery, and advance equity. In nursing, pharmacy, and general practice, entrepreneurship education remains limited and often disconnected from health equity goals. This review examined how entrepreneurship education is conceptualised, integrated, and delivered in primary care, and identified opportunities to make it more inclusive and equity-oriented.</p> <p>Methods: We conducted a scoping review, guided by Arksey and O’Malley and the Joanna Briggs Institute methodology, focusing on entrepreneurship education in primary care. Searches across SCOPUS, PubMed, and EMBASE (2000–2024), supplemented by grey literature, identified studies on teaching or developing entrepreneurial competencies in nursing, pharmacy, or general practice.</p> <p>Results: Forty-nine studies were included (22 nursing, 24 pharmacy, and 3 general practice). Findings reveal uneven integration of entrepreneurship into curricula. In nursing, most programs remained focused on caregiving and clinical stability, with entrepreneurship typically introduced superficially through management modules and without reference to equity or population health needs. In pharmacy, while accreditation bodies in some jurisdictions (e.g., the US) mandated entrepreneurial competencies, programs largely emphasised business skills and practice ownership rather than equity-driven innovation. In general practice, entrepreneurship education was especially limited, usually confined to electives, dual degrees, or extracurricular initiatives. Across all professions, no studies explicitly addressed equity within entrepreneurship education, indicating a significant gap in aligning innovation with equitable healthcare delivery.</p> <p>Conclusion: Across the three professions, barriers exist at macro (policy and accreditation), meso (institutional culture and curricula), and micro (student attitudes and skills) levels. Embedding entrepreneurship into core curricula, fostering interdisciplinary collaboration, and expanding experiential learning are essential to prepare healthcare professionals as innovators and leaders in transforming primary care. Future models must also integrate equity as a core design principle, ensuring entrepreneurship education not only drives innovation but also contributes to more accessible, inclusive, and equitable healthcare systems.</p>
11.00 - 11.10	<p>Embedding environmental sustainability into pharmacy education: Student and staff awareness of planetary health concepts</p> <p><i>Huzefa Malik, Trudi Aspden, Sara Hanning, Faculty of Medical and Health Sciences, Waipapa Taumata Rau University of Auckland, Aotearoa New Zealand</i></p> <p>Introduction</p> <p>Environmental sustainability and planetary health are critical global equity issues, with the effects of climate change disproportionately affecting vulnerable communities. Health educators have a responsibility to prepare future health professionals for the changing systems they will work within, including addressing the environmental impacts of healthcare. Pharmacists play an important part in raising awareness and managing impacts such as pharmaceutical waste. This study explored pharmacy staff and students’ perceived knowledge and attitudes towards environmental sustainability, and the effect on students of introducing new sustainability-focused teaching into the BPharm curriculum.</p> <p>Methods</p>

	<p>Two successive cohorts of second year pharmacy students from the University of Auckland completed questionnaires at the start and end of a semester to find out perceived knowledge about planetary health and sustainability concepts and attitudes towards pharmaceutical pollution. Teaching sessions were delivered throughout the semester via lectures, workshops and a debate, incorporating Māori concepts of sustainability, planetary health frameworks and the disposal of pharmaceutical waste. Staff views were ascertained as part of a half-day retreat dedicated to environmental sustainability.</p> <p>Results</p> <p>Of 171 eligible students, 118 and 129 participated in the pre- and post- semester survey, respectively. The proportion reporting being ‘reasonably’ or ‘very’ knowledgeable from the start to the end of the semester increased by more than four-fold for planetary boundaries, One Health and unwanted medicine disposal in Aotearoa New Zealand. Students agreed that the environmental impact of medicines and pharmaceutical pollution were an important issue for pharmacy. Staff responses (n=25/37) indicated reasonable knowledge with unwanted medicine disposal but limited awareness of broader planetary health concepts.</p> <p>Conclusion</p> <p>Student awareness of sustainability concepts improved over the semester. Wider integration in the curriculum is warranted, with particular emphasis on Te Ao Māori and Mātauranga Māori approaches to kaitiakitanga. Expert Māori contributors and additional staff education are needed to support this work.</p>
11.10 - 11.20	<p>Peer physical examination: A 20-year follow-up of medical students' perceptions <i>Andy Wearn, Miriam Nakatsuji, Harsh Bhoopatkar Waipapa Taumata Rau Faculty of Medical and Health Sciences, University of Auckland, Aotearoa New Zealand</i></p> <p>Introduction</p> <p>Environmental sustainability and planetary health are critical global equity issues, with the effects of climate change disproportionately affecting vulnerable communities. Health educators have a responsibility to prepare future health professionals for the changing systems they will work within, including addressing the environmental impacts of healthcare. Pharmacists play an important part in raising awareness and managing impacts such as pharmaceutical waste. This study explored pharmacy staff and students’ perceived knowledge and attitudes towards environmental sustainability, and the effect on students of introducing new sustainability-focused teaching into the BPharm curriculum.</p> <p>Methods</p> <p>Two successive cohorts of second year pharmacy students from the University of Auckland completed questionnaires at the start and end of a semester to find out perceived knowledge about planetary health and sustainability concepts and attitudes towards pharmaceutical pollution. Teaching sessions were delivered throughout the semester via lectures, workshops and a debate, incorporating Māori concepts of sustainability, planetary health frameworks and the disposal of pharmaceutical waste. Staff views were ascertained as part of a half-day retreat dedicated to environmental sustainability.</p> <p>Results</p> <p>Of 171 eligible students, 118 and 129 participated in the pre- and post- semester survey, respectively. The proportion reporting being ‘reasonably’ or ‘very’ knowledgeable from the start to the end of the semester increased by more than four-fold for planetary boundaries, One Health and unwanted medicine disposal in Aotearoa New Zealand. Students agreed that the environmental impact of medicines and pharmaceutical pollution were an important issue for pharmacy. Staff responses (n=25/37) indicated reasonable knowledge with unwanted medicine disposal but limited awareness of broader planetary health concepts.</p> <p>Conclusion</p> <p>Student awareness of sustainability concepts improved over the semester. Wider integration in the curriculum is warranted, with particular emphasis on Te Ao Māori and Mātauranga Māori approaches to kaitiakitanga. Expert Māori contributors and additional staff education are needed to support this work.</p>

11.20 - 11.30	<p>Just enabling curricula: Writing equity and anti-ableism into health professional education <i>Dr Neera Jain and Emma Sadera, Faculty of Medical and Health Sciences, Waipapa Taumata Rau University of Auckland, Aotearoa New Zealand</i></p> <p>This presentation explores practical and pedagogical strategies for embedding equity—particularly anti-ableist principles—into health professional education. In it, we discuss how curriculum design, assessment practices, and learning environments can be reimagined to challenge ableist assumptions and promote inclusive, affirming education for all learners. The session will showcase examples of critical reflection, co-design with disabled stakeholders, and universal design for learning (UDL) approaches that foster equity not only in access but in epistemic recognition. Attendees will leave with actionable insights for cultivating anti-ableist pedagogies that prepare future health professionals to deliver care that is both clinically competent and socially just.</p>
11.40 - 12.10	<p>Plenary 2 How to embed cultural safety into clinical and teaching practice: A decolonising approach <i>Dr Kyle Eggleton, Senior Lecturer, General Practice & Primary Healthcare; Associate Dean Rural Health, Faculty of Medical and Health Sciences, University of Auckland, Aotearoa New Zealand</i> <i>Room 507-G100</i></p>

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<p>10.00 - 10.10 Online presentation</p>	<p>The "neurodivergent students: What I wish my lecturers knew" project <i>Xolisile Bridgette Ntuli North-West University, South Africa</i></p> <p>This presentation builds on the Students with Disabilities: What I Wish My Lecturers Knew project, which provided valuable insights into the experiences of students with disabilities. However, it also highlighted a significant gap in attention to the needs of neurodivergent students—including those with autism, ADHD, dyslexia, and related conditions—within teaching and learning environments.</p> <p>While awareness of inclusive education has grown in recent years, the specific needs and challenges faced by neurodivergent students are still frequently misunderstood or overlooked. Many universities continue to operate within frameworks designed for neurotypical students—frameworks that can make academic spaces feel inaccessible, overwhelming, or isolating for those who think and learn differently.</p> <p>At North-West University (Potchefstroom Campus), a survey was conducted to amplify the voices of neurodivergent students and document their lived experiences. This presentation draws directly from their insights to explore practical and intentional strategies that lecturers can adopt to create more inclusive, meaningful, and empowering learning environments.</p> <p>Informed by expert input from Marne Venter (Occupational Therapist), the discussion will focus on flexible, accessible teaching strategies that reflect a deeper appreciation of neurodiversity in higher education.</p> <p>Questions of engagement:</p> <ol style="list-style-type: none"> 1. What is neurodiversity? 2. How do we define it, and why does it matter in higher education? 3. What challenges do neurodivergent students experience? 4. What barriers—academic, social, or environmental—impact their learning journey? <p>In what ways can lecturers support neurodivergent students? What practical strategies and adjustments can create more inclusive learning environments? Students with disabilities – What I wish my lecturers knew project: https://youtu.be/0IWRfB8C3fE?feature=shared</p>
<p>10.10 - 10.20 Online presentation</p>	<p>Innovation and equity in anatomy teaching through 3D digital platforms <i>Reinaldo Soto, Pamela Maureira, Viviana Vergara, María P. Moya Daza</i> <i>Facultad de Ciencias de la Salud, Universidad Autónoma de Chile, Chile</i></p> <p>Introduction: Anatomy teaching requires pedagogical strategies that integrate technologies capable of promoting meaningful, motivating, and equitable learning. Three-dimensional (3D) digital platforms have become valuable tools that enhance spatial understanding, intrinsic</p>

	<p>motivation, and student autonomy by providing interactive and accessible learning experiences. In this context, Universidad Autónoma de Chile implemented a pedagogical innovation in the General Anatomy course by incorporating a 3D digital platform combined with active methodologies, aiming to strengthen learning and reduce initial academic gaps.</p> <p>Objective: To evaluate the effect of using a 3D digital platform on academic performance and equity in learning among Dentistry students during the first semester of 2025.</p> <p>Methodology: Nineteen Dentistry students from the Santiago campus participated in the study. Of them, 68% were female and 32% male; 79% resided in the same geographic region as the university campus; 32% lived in municipalities with a higher social priority index, and 74% received full tuition coverage through state scholarships. The design included three phases: (1) initial assessments without the platform, (2) training and a formative test using the 3D digital platform, and (3) weekly summative assessments with questions linked to previous study sessions on the platform. Data were analyzed using descriptive statistics and mean comparison. Additionally, initial diagnostic data and institutional entry profiles were considered to contextualize academic differences and assess the tool's potential to reduce educational gaps.</p> <p>Results: The initial average score without the platform was 4.6, increasing to 5.5 in the formative phase and 5.6 in the summative phase (range 4.7–6.9). A sustained improvement in performance was observed, particularly among students who used the platform more frequently and consistently. This progress was associated with greater intrinsic motivation and learning autonomy. Furthermore, the tool helped reduce initial inequalities by providing equal opportunities for access and independent study, benefiting those who initially presented conceptual or spatial difficulties.</p> <p>Conclusions: The incorporation of 3D digital platforms in anatomy teaching enhances morphofunctional understanding, motivation, and educational equity. Their use promotes accessible, participatory, and personalized learning environments, aligning with Universidad Autónoma de Chile's institutional mission focused on pedagogical innovation, inclusion, and excellence in the training of health professionals.</p> <p>Keywords: Anatomy, educational innovation, equity, digital platforms, Dentistry.</p>
<p>10.20 - 10.30 Online presentation</p>	<p>A Bachelor of Midwifery's blended learning programme responding equitably, accessibly and inclusively to challenges in regional Aotearoa New Zealand</p> <p><i>Mary Kensington, Ara Institute of Canterbury, Aotearoa New Zealand</i> <i>Gloria Gomez, Ocean Browser Ltd. New Zealand, University of Sydney, Australia</i></p> <p>Globally, there are acute shortages of health practitioners in rural areas. This results in reduced and inequitable access to healthcare for rural communities. One solution is to enable students from rural areas to complete their health practitioner education within their own communities in the hope that many will stay and work there.</p> <p>This presentation explores how the Bachelor of Midwifery programme at Ara uses a distributed blended model for midwifery education across the upper half of Te Waipounamu (South Island) and the West Coast. The programme aims to ensure equitable access for ākongā (students) from diverse geographical areas based on Te Tiriti honouring and culturally responsive principles. The blended midwifery programme employs local midwifery kaiako (lecturers) who meet weekly with ākongā in tutorial groups in the regions to support reflective learning from their midwifery clinical experiences. The theory component is provided online through an asynchronous learning model, specifically designed to meet internet access challenges. Ākongā also complete 3-4 weeks of block courses in Christchurch each year and some clinical placements in urban tertiary maternity facilities.</p> <p>To keep students connected with each other across the regions, the technologies used enable students work through and discuss the online resources and share their own learning experiences. Lecturing staff curate content every week and also engage in the online discussions to enhance learning. Teaching resources are designed to be accessible and inclusive, integrating written, video and audio content as well as incorporating diverse expert voices through embedded multimedia content and links to articles. Ongoing efforts are directed towards making the programme more collaborative, accessible and inclusive as well as meeting local needs and different learning styles.</p>

	<p>Since the programme was established in 2009, it has had high completion rates and has made significant gains in addressing rural midwifery shortages.</p>
<p>10.50 - 11.00 Online presentation</p>	<p>Regulatory transformations and their role in advancing equity in medical education in Chile <i>Camila Núñez, Óscar Jerez, Benjamín Rodríguez, José Ignacio Méndez, Sofía Urzua & Álvaro Herrera, Universidad de Chile, Chile</i></p> <p>Between 2021 and 2025, Chile enacted several healthcare laws with direct implications for undergraduate medical education. These regulations, addressing palliative care, perinatal grief, telemedicine, organ donation, and the use of medical leave, demand new ethical, digital, and communication competencies from future healthcare professionals. From an equity perspective, these legal shifts challenge educational institutions to critically reassess their curricula, teaching methodologies, and evaluation systems to ensure comprehensive and socially responsive medical training. This qualitative study, grounded in Constructivist Grounded Theory and supported by tools such as Notebook.LM and Elicit, analyzed health laws issued by Chile's Ministry of Health between January 2021 and March 2025, selecting those with explicit educational implications. Through open and axial coding, five key laws were identified as having significant impacts on medical training. Findings highlight the urgent need to align regulatory frameworks with educational processes, promoting a medical education that not only addresses technical demands but also embeds principles of social justice, accessibility, and intercultural sensitivity.</p> <p>The discussion situates these findings within a transnational dialogue on health education, where local regulatory changes can offer valuable insights for other Latin American countries and the Global South. In this context, curricular reform becomes not merely a technical necessity but a strategic opportunity to reduce long-standing educational inequities and contribute to more equitable healthcare systems. Collaboration among universities, regulatory bodies, and communities is essential to shape medical education that meets the ethical and social challenges of the 21st century.</p>
<p>11.00 - 11.10 Online presentation</p>	<p>Work teams for community approaches: An innovative pedagogical experience <i>Pablo Martín Cabaleiro, Alejandro Botbol, Juan Ignacio Pérez Barboza, Universidad Abierta Interamericana, Argentina</i></p> <p>In the early years of medical school, core courses are often highly theoretical. To foster greater interest in community engagement, we designed a theoretical-practical course called "Medical Skills: Actions in the Community" as part of the second-year curriculum. This initiative, grounded in teaching experience and an interdisciplinary approach aligned with the program of study—while moving away from a traditional hegemonic medical paradigm—encouraged collaborative learning in groups of up to six students.</p> <p>The experience focused on community health diagnosis, as well as the planning and design of preventive and health-promoting interventions in the neighbourhood. The process included theoretical sessions, collective digital community mapping, data collection during two field visits, analysis to identify and prioritize problems, and the design of a specific community action. Emphasis was placed on active learning, practical application, and the development of concrete interventions.</p> <p>The intervention achieved tangible results, engaging sixty community members in its activities. Students highly valued the opportunity to apply their knowledge in the planning and implementation of preventive and health-promotion initiatives. The project contributed to the achievement of the expected learning outcomes, such as identifying community vulnerabilities, recognizing diversity and autonomy, and strengthening teamwork.</p> <p>The implementation of student teams to address community health proved both innovative and pedagogically effective. It actively engaged students and facilitated the application of theoretical concepts in real contexts. Teamwork and active learning were enhanced, as was students' commitment to responding to community needs.</p> <p>This experience represents a valuable model for medical education, as it integrates community practice from the early stages of training. Working in teams and participating in diagnosis and intervention strengthen essential competencies for future health professionals with a comprehensive, community-based vision.</p>

	The Dean of the Faculty will present the experience, based on the collaborative work carried out with the course instructor.
11.10 - 11.20 Online presentation	<p>Beyond technological innovation: Artificial Intelligence in health sciences education as a driver of global equity <i>Óscar Jérez-Yáñez, Diego Aller-Acuña, Ignacio Campolo-González, Ignacio Aguilera-Fortes, Martín Munita-Leiva, & Liseth Bravo-Osorio,</i> <i>Faculty of Medicine, Universidad de Chile, Santiago, Chile</i></p> <p>The integration of artificial intelligence (AI) into health sciences education is reshaping teaching and learning models, with implications that transcend national borders and contextual boundaries. This scoping review analyzed literature published between 2019 and 2024 in English and Spanish, examining benefits, limitations, and challenges of AI in the training of health professionals, with particular emphasis on its potential to advance educational equity. Eligible sources included clinical trials, observational and qualitative studies, systematic reviews, and meta-analyses retrieved from PubMed, Scopus, and Web of Science.</p> <p>Findings demonstrate that AI can personalize learning, enrich curricula, and strengthen clinical training through interactive simulations, automated feedback, and predictive models. These innovations may help reduce disparities in resource-limited settings by expanding access to complex content and supporting inclusive educational trajectories for diverse student populations. However, significant risks were also identified, including algorithmic biases, unequal access to technology, data privacy concerns, and the potential dehumanization of the student–teacher relationship. These challenges are particularly salient in rural and global health contexts, where infrastructure gaps and regulatory heterogeneity exacerbate inequities.</p> <p>This review concludes that AI’s promise to promote educational justice depends on ethical and well-regulated implementation, as well as on the strengthened role of educators as critical mediators in the learning process. Institutional policies must ensure equitable accessibility, safeguard data integrity, and prevent overreliance on technology at the expense of human interaction. In doing so, AI can act as a catalyst to reduce structural inequities in health education and foster a global dialogue on justice, inclusion, and innovation in professional training across borders.</p>

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13.15 - 13.25 Online presentation	<p>Antarctic Medicine: an educational experience on the white continent <i>Giuliana Velo, Alejandro Botbol & Juan Ignacio Pérez Barboza,</i> <i>Universidad Abierta Interamericana, Argentina</i></p> <p>Argentina has maintained a permanent presence in Antarctica since 1904. At present, it operates seven year-round bases and five seasonal bases active during the summer. Each of these facilities is staffed with a physician and a nurse.</p> <p>Universidad Abierta Interamericana trains all physicians and nurses assigned to Antarctic bases through a specialized program launched in 2021. This training takes place at the Virtual Hospital HU 4.0, a state-of-the-art simulation center that recreates the setting of a real hospital, allowing professionals to face and manage scenarios similar to those they may encounter on the Antarctic continent.</p> <p>By preparing health professionals to deliver care in one of the most logistically challenging regions on Earth, the program contributes to health equity—ensuring access to quality medical attention in extreme environments while upholding the right to health for those who serve in support of Argentina’s national sovereignty.</p> <p>Since 2024, two physicians—both alumnae of the Universidad Abierta Interamericana’s School of Medicine—have been serving at San Martín Base and Belgrano II Base.</p> <p>At the event, we propose to present our experience, together with the live testimony of one of the physicians who held responsibility for an Argentine base. The session will begin with the Dean introducing the context of the experience and the training program, followed by the student’s detailed account of her professional journey.</p>
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	<p>The presentation will highlight how equitable training opportunities—supported by accessible, high-fidelity simulation and competency-based education—enable medical professionals to provide safe, autonomous, and high-quality care regardless of geographical isolation or resource constraints, ensuring health as a universal right.</p> <p>In 2025, two new graduates took over these positions. Through this initiative, UAI reaffirms its commitment to advancing educational and health equity, extending medical excellence to remote and underserved contexts, and strengthening the country’s sovereign presence through the protection of those who sustain it.</p>
<p>13.25 - 13.45 Online presentation</p>	<p>Promoting healthy aging through interdisciplinary education: A community-based workshop experience in older adults <i>Karina Bustamante Galarza, Romina Alejandra Zorrilla, Alejandro Botbol & Juan Ignacio Pérez Barboza, Universidad Abierta Interamericana, Argentina</i></p> <p>The Healthy Aging Workshop was developed at Manantial Adult's Residence (city of Buenos Aires, Argentina) as part of the project of engagement with the community of the university Universidad Abierta Interamericana.</p> <p>The aim was the promotion of health care for senior citizens, while creating an interdisciplinary relationship between students of careers of medicine, nursing, nutrition, physical therapy and psychology. The medical students were in their fifth year and the nursing students in their third year of study. In both cases, they were advanced in their programs.</p> <p>Sixteen students and five faculty members participated in a 3 and a half hour workshop session that included thematics, working together using thematics Station focused on nutrition, Physical therapy, mobility, mental health.</p> <p>Active methodologies were implemented (such as Problem- based learning, role playing, thematics station, counseling).</p> <p>The activities took place on Monday, August 25th and included cognitive stimulation through problem-solving exercises and board games. Additionally, a group-based physical activity session was implemented, during which exercises were adapted to the individual capacities of each older adult.</p> <p>Through the use of practical examples and active listening strategies, key concepts were addressed, including healthy aging, physiological aging, emotional regulation, and nutritional habits.</p> <p>After the experience, the results of a survey show that older adults reported a strong bond with the students, feeling heard, and they want to do this more often. In addition, the students developed competencies in therapeutic communication, interdisciplinary teamwork and application of theory in practice.</p> <p>The experience demonstrates the value of participative education and community bonding as a pedagogical strategy in health sciences, and it will be presented by two faculty members who accompanied the group throughout the planning and implementation.</p>
<p>13.45 - 13.55 Online presentation</p>	<p>PRAXIA: A virtual patient powered by an LLM model for medical students training in emergency scenarios <i>Diego Medina, Rocco Leviante, Celeste Lavín, Francisco Márquez, Javier Alzolay, Trinidad Aedo, Jaime Reyes & Víctor Reyes, Universidad de Chile, Chile</i></p> <p>The development of clinical reasoning in complex scenarios remains one of the greatest challenges in medical education. Limited access to diverse clinical cases, particularly in emergency departments, hinders students’ opportunities to practice structured decision-making. Simulation-based education has emerged as a key pedagogical strategy to provide safe, repeatable, and high-fidelity training. Recent advances in large language models (LLMs) offer new possibilities for creating dynamic virtual patients that can enhance equity and access in medical training.</p> <p>PRAXIA is a virtual patient system powered by an LLM, designed to simulate emergency consultations in Santiago, Chile. Developed through design thinking and agile methodologies, PRAXIA integrates three modules: generation of virtual patients based on authentic cephalalgia cases, interactive clinical interviews and physical examination requests, and structured feedback across five dimensions: Systematic data collection, recognition of relevant findings, interpretative synthesis or clinical summary, ability to make associations, hypotheses and</p>

	<p>differential diagnoses, and clinical decision-making and plan. The system was built in Python with Mistral AI LLM.</p> <p>Nineteen participants (medical students, physicians, and developers) tested iterative versions of PRAXIA. Users highlighted the realism of patient responses and the pedagogical value of structured feedback. Key improvements included preventing premature disclosure of diagnoses, integrating vital signs and triage data, and refining feedback to emphasize clinical reasoning. Limitations identified included the lack of a visual patient representation and reduced authenticity of physical examination logic.</p> <p>PRAXIA was developed by a multidisciplinary team without prior programming or AI expertise, evidencing that generative AI can serve both as a learning tool and as a means to expand clinical training opportunities. This initiative demonstrates the potential of LLM-powered virtual patients to foster equitable access to experiential learning, strengthen emergency care reasoning skills, and contribute to more inclusive medical education across Latin America.</p>
<p>13.55 - 14.05 Online presentation</p>	<p>Impact of health educators in positively shaping and advancing health equity in communities and regions governed by motive self-interest <i>Inayat Ullah Memon & T. M. Khan.</i> <i>Indus Medical College, University of Modern Sciences, Sindh, Pakistan</i></p> <p>Though doctrine of health equity reflects and requires fair, just and equitable opportunities to every and all individuals to achieve optimal health is a pressing global task in developed world but it is even more pressing and harder to accomplish in regions governed by self-centered and power-serving people. This barrier becomes stronger and steeper in marginalized communities of developing world where the community members have diminished or altogether lost self-assertion and self-esteem due to prolonged colonization and undue supremacy by local lords. This paper will ponder upon and discourse on unique issues encountered in positively shaping health equity by health educators in such communities.</p> <p>It is usually emphasized that health educators having unique position and influence in the society and amongst health work-force, may positively shape and empower communities. But this tool is not strong and effective in marginalized societies, where societal class difference and absence of level playing field becomes a barrier to achieve the goal.</p> <p>Addressing social determinants of health like income, housing education and overcoming discrimination are the issues to better advance equity in less developed regions. But we need different and commensurate approaches applicable in these special communities / regions to save it from exercise in futility.</p> <p>Likewise reducing barriers to access plays a pivotal part for healthcare professionals and educators, provide plausible reasons for any member of community to enjoy health equity. But low self-esteem in prolonged marginalized people would (possibly) ask question: “do we deserve as good healthcare services as our community leaders do?” The health educators in such settings would struggle to change this mind-set as well as advance the health equity. Besides they have to undertake additional task of advocating for policy change.</p> <p>This paper will elaborate, discuss and attempt to mitigate specific issue relevant to marginalized communities developing world.</p>
<p>14.15 - 14.45</p>	<p>Plenary 3 Grappling with the theory and practices of health equity in the classroom Associate Professor Monique Jonas, Head of Health Systems Group, School of Population Health, Faculty of Medical and Health Sciences, Waipapa Taumata Rau University of Auckland</p>
<p>14.45 - 15.00</p>	<p>The Waipapa Taumata Rau course: A critical foundation for first-year undergraduate students Associate Professor Rhys Jones, Te Kupenga Hauora Māori Faculty of Medical and Health Sciences, Waipapa Taumata Rau University of Auckland</p>
	<p>This presentation will provide an overview of the recently introduced Waipapa Taumata Rau course in the Faculty of Medical and Health Sciences at the University of Auckland. As a core course for first-year undergraduate students, it constitutes a common foundation that helps to situate learning within a broader context. The course involves exploring the significance of</p>

<p>knowledge of place, knowledge systems and Te Tiriti o Waitangi for students' learning. It also emphasises development of critical thinking and reflection on place, power and positionality, including students' roles and responsibilities as learners and future graduates. This critical consciousness is important for effective and safe participation in a collaborative learning environment, and for ongoing cultural safety in health professional practice. In this presentation we will describe how Kaupapa Māori values and principles have informed pedagogical approaches in the Waipapa Taumata Rau course, reflect on challenges, and discuss future developments.</p>
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