

Supporting Statement Template – Senior Fellow

Name	Adrienne Torda
Institution/organisation/other	UNSW Sydney
Job title	Associate Dean, Education and Innovation
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Your HEA Fellowship status (if appropriate)	Senior Fellow
Relationship to applicant	Colleague
How long have you worked with the applicant (insert dates)	Since 2018
Declaration	<p>Please check the box below to indicate that you have read and agree to the following statement:</p> <p><i>In submitting your supporting statement you are confirming that the applicant's submission relates to their Higher Education professional practice and that your statement is your own work and has been written specifically for this applicant. If the professional integrity of the supporting statement is in question it will not be accepted.</i></p> <p>X I have read and understood the declaration</p> <p>Date:7/3/21</p>

## Supporting Statement

Please provide your statement to support the applicant's submission for Senior Fellow of the HEA in the following section. You are required to comment on the applicant's recent higher education practice, providing examples to support your statement wherever possible.

Two sides of A4 will normally be sufficient for this category of Fellowship.

I have known and worked with Dr Ferrington for over 3 years, probably closer to 4, as a fellow member of academic staff in UNSW Medicine and Health. Since late 2019, I have worked more closely with Dr Ferrington since I became the Associate Dean of Education and Innovation within the faculty. As outlined in her application, she is a strong candidate for this fellowship and continues to grow and develop as a leading educator within our faculty.

### **D3.i and D3 iv Successful engagement and appropriate teaching practices across all Areas of Activity**

Dr Ferrington leads and co-ordinated the teaching of Phase 1 of the undergraduate medicine program at PMQ. She is almost single handedly responsible for co-ordinating the delivery of this curriculum at a local level and is deeply immersed in the delivery and assessment of many types of educational activities across the multitude of disciplines taught in each of the Phase 1 courses of the medical program.

As she mentions, early on, there was some disconnection between the rural and central campuses, but over time, she has firmly and continuously championed this connection, so that both students and academics (rural and metro) are engaged with each other, wherever they are situated. She now, not only teaches and co-ordinates locally, but she is also now involved in a number of teaching activities for the entire student year cohorts (across all metro and rural sites). Her teaching practices are relevant, engaging and practical and are very well received by our students.

### **D3.ii Appropriate knowledge/understanding of Core Knowledge**

Dr Ferrington has a vast experience of teaching both within the domain of health sciences and also learning skills themselves. Both these areas are major foci of the undergraduate medical curriculum. This is quite possibly developed both from formal scholarship of learning and teaching but also from many years of experience and passionate teaching, as outlined in her application.

### **D3iii. A commitment to all the Professional Values**

Dr Ferrington has shown her commitment to professional values in a number of ways. These include:

1. Involvement in teaching these values to students.

For Medical students, development of professional identity is a very important part of our curriculum. We have many activities which focus on this theme (or parts thereof), such as the development of Teamwork skills, which Dr Ferrington has recently taken on teaching to our junior students. We have detailed expectations of capability in this domain, which Dr Ferrington is also responsible for assessing in students.

2. Professional interactions with other staff.

Dr Ferrington is on a multitude of teaching committees which relate to her role not only as an educator, but also her co-ordination and advocacy roles for her rural site. She exemplifies professional values in this role and models the kinds of behaviour that we expect from our leading academics. This has been particularly obvious over the past year when the level of stress and anxiety on our educators (due to COVID-19 related changes) has been higher than ever before.

3. Leadership of Medical education skills amongst her peers

As mentioned earlier, Dr Ferrington has recently taken over the lead for the medical education interest group and is co-ordinating meetings which allow for professional development of her peers who are involved in teaching.

**D3.v Successful incorporation of subject and pedagogic research and/or scholarship within the above activities, as part of an integrated approach to academic practice**

In approaching and developing the delivery of Phase 1 teaching at our rural campus in PMQ, Dr Ferrington has used her deep understanding of educational pedagogy, the knowledge she has learnt from her Postgraduate Certificate (PGCert) of Higher and Professional Education and also her own experience and reflective practice to make it successful and continuously improve it. She has adapted things where necessary to suit her own environment and the feedback from her cohort is very positive. For example, last year, when we rapidly transitioned to online learning for the entire medical cohort, she was able to improvise with a number of local activities to ensure ongoing engagement across her students, something we struggled with in the rest of the cohort.

**D3.vi Successful engagement in continuing professional development in relation to teaching, learning, assessment, scholarship and, as appropriate, related academic or professional practices**

Dr Ferrington's educational practice is informed by her pedagogical background, exemplified early on by her completion of the Postgraduate Certificate (PGCert) of Higher and Professional Education. She is a reflective practitioner who continues to engage in professional development activities offered by the university. She contributes regularly at learning and teaching forums both within the Faculty and university-wide and has now even taken over the role of leading the Medical Education development group. In this role, she now organises a monthly Faculty-wide newsletter, induction for new teaching staff, the Faculty learning and teaching forum (annually).

**D3.vii Successful co-ordination, support, supervision, management and/or mentoring of others (whether individuals and/or teams) in relation to teaching and learning.**

Dr Ferrington's application has many examples of her coordination of Phase 1 teaching, support of others in relation to both her local academic and professional community, as well as the broader Faculty. She has also changed things to best benefit her students, such as developing a plan to enable local anatomy teaching. She has worked with Course convenors to improve co-ordination of assessment marking (for example, by developing rubrics for this). Locally she has engaged clinicians to teach into the program at PMQ and has expanded her local teaching team. She also mentors her own team and encourages them to develop their own skills by undertaking higher education degrees to enhance their learning and teaching skills.

**Conclusion**

Dr Ferrington's application provides clear evidence of her personal journey and development as an educator. It shows evidence of her understanding, engagement and effectiveness in relation to all the criteria for Senior Fellowship. Accordingly, her application has my strongest support.

Yours sincerely



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