5EE1 (19681)
The effectiveness of faculty development courses: Evaluated by Kirkpatrick model

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Background: This study evaluated the effectiveness of faculty development course as “Application of Healthcare Matrix in Clinical Case Discussion” by Kirkpatrick’s model in level of reactions, learning, and behavior. We also evaluated the difference between subjective and objective reports in behavior level.

Summary of Work: A repeat-measure study design was conducted. Participants were A repeat-measure study design was conducted. Participants were recruited by purposeful sampling. There were 2 groups of participants: curriculum learners and supervisors. Evaluation of behavior level was reported from learners (subjective) and supervisors (objective). The validity and reliability of the questionnaires were tested. The data were tested by paired T-test, Mann-Whitney U test and Kruskal-Wall H test.

Summary of Results: Research findings showed that effectiveness of faculty development course by Kirkpatrick model. The first level (reaction): Average Our findings showed that faculty development course was effective by Kirkpatrick model. The first level (reaction): Average satisfaction was 4.30. 86.31% of the participants were satisfied with the curriculum. The second level (learning): There was significant differences (p <.001) between class pre-test and post-test. The third level (behavior): (1) 77.41% of learners had a practical application of teaching from their self - reports (subjective data), 70.00% of the supervisors’ feedback also agreed with this (objective data). (2)There was more "stimulate new teaching ideas" in 10-20 year experience group than under 10 years group (P=.02).

Discussion and Conclusions: Overall, the evaluation of course reaction was satisfied by learners and the cognitive learning was significantly improved. There was no difference of teaching behavior between subjective report and supervisor’s objective assessment.

Take-home messages: 1. The learner will be able to know the effectiveness of faculty development course by Kirkpatrick’s model in level of reactions, learning, and behavior. 2. The learner will be able to understand the differences between subjective and objective reports in behavior level.

5EE2 (20228)
Using CIPP evaluation model to guide evaluation of an undergraduate medical program: Tehran University of Medical Sciences experience

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Background: We used CIPP evaluation model as a comprehensive framework to help initiate, develop, install and evaluate an undergraduate medical program in Tehran University of Medical Sciences (TUMS) in a period of eight years.

Summary of Work: In context evaluation, to identify the needs, assets and opportunities, we conducted a graduate survey, self study of program in comparison with national standards, evaluation of educational climate using DREEM questionnaire, conducting students, faculty and administrators focus groups and assessment of clerks clinical competency level by OSCE. In input evaluation, we reviewed relevant literature and performed expert panels to determine an appropriate program model. Process and product evaluation is in progress. We monitored the program implementation by reviewing program documents, interview with director and observing activities. Finally, we examined students and teachers reaction by questionnaires and focus groups and also students’ performance in exams.

Summary of Results: Context evaluation led to identifying program goals. Input evaluation resulted in designing an integrated outcome-based program. Process evaluation has identified weaknesses and barriers toward meeting specified goals. The results have been used continuously for improvement. Change of content, scheduling and sequencing of programs are some examples of process evaluation. Product evaluation has revealed participant positive reaction in some areas such as integration of contents, running team based learning and using inter-disciplinary questions in exams.

Discussion and Conclusions: Our experience showed CIPP model provides step-by-step systematic guidance for evaluation of undergraduate medical programs.
Take-home messages: complex nature of medical programs demands for a well-aligned evaluation models akin to CIPP.

5EE3 (19900)
CIPP Model for Evaluation of Pediatric Training Program: Residency Perspective
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Background: Program evaluation is an integral process for achieve program objectives and enhance the quality of learning. CIPP model represents assessment of context, input, process and product of the evaluated program. This model helps to identify strengths and weakness with better integrity and applicability. This study utilizes the CIPP model to explore the residents’ perceptions about Pediatric training program.

Summary of Work: Twenty Pediatric residents, training at Chonburi hospital, Thailand during academic year 2011-2013 were enrolled. The assessments of context, input, and process were evaluated every three months for improvement-focused purpose. The product was assessed at the end of the training for final evaluation. The questionnaire was designed in view of CIPP model. The quantitative items were ranked on a five-point rating scale and qualitative questions were used in focus-group. The content validity was congruent with the program objectives and reliability test showed Cronbach’s alpha score 0.77. Analysis of variance and qualitative descriptive analysis were used to analyze the data.

Summary of Results: The quantitative scores of all elements were 4.31, 4.48, 4.51, and 4.05 respectively. The consecutive improvement of context, input, and process scores were found in higher-level residents (p=0.00, 0.06, 0.00 respectively). Scientific knowledge, procedural skills and health supervision were stated as strength while continuous professional development especially doing clinical research was the weakness. The obstacles to achieve the outcomes were high amount of patients and less time for relaxation.

Discussion and Conclusions: Results indicate an overall satisfaction in the training objectives and methods. The residents’ feedback is important to identify the barriers and the better solutions.

Take-home messages: Proper program assessment need to ensure trainee’s satisfaction.

5EE4 (22573)
SWOT analysis as a tool for curriculum evaluation
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Background: In curriculum evaluation and development, there are internal and external views to be considered and compared, particularly when it comes to benchmarking. This kind of benchmarking is requested from the universities in the process of professionalization. In traditional quality management, a SWOT analysis is used regularly to meet this purpose. The aim of this study was to examine if those tools can also be useful in the evaluation of (veterinary) medical curricula, although quality management tools are deemed not suitable for educational purposes.

Summary of Work: In this work seven different curricula of all German speaking veterinary universities were compared using the format of a SWOT analysis on the reports of the accreditation agency (EAEVE).

Summary of Results: To perform the SWOT analysis, the curriculum parts of the self-evaluation reports of seven veterinary education establishments were compared to the findings of the accreditation body in its final reports, produced after the site visits of the respective establishments, and clustered to topics of interest. Different Strengths, Weaknesses, Opportunities and Threats could be found in each curriculum. By this analysis specialties of the universities could be shown and hints for further curricular development could be given.

Discussion and Conclusions: Comparing and synthesizing internal and external views is the genuine character of SWOT analyses and, therefore, it can be used in the same way to identify topics crucial to the field. Still, applying quality management tools in "uncommon" surroundings requires sound knowledge of quality management.

Take-home messages: Using a SWOT analysis is an adequate tool to compare different curricula on a qualitative basis.
5EE5 (19864)
Transcultural validation in Spanish of the Maastricht Clinical Teaching Questionnaire (MCTQ) as a Valid and Reliable Instrument for the Evaluation of Clinical Teachers

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Renée Stalmeijer, Maastricht University, Maastricht, Netherlands

Carlos Brailovsky, College of Family Physicians of Canada, Toronto, Canada

Background: Instruments for evaluating and providing feedback to clinical teachers must be theory based, valid and reliable. The MCTQ has these characteristics.

Summary of Work: We designed a study for validating the MCTQ in Spanish and in the post-graduate setting. The original English version of the MCTQ was translated to a Spanish version and later back-translated to English. This version was compared to the original wording and was found to be valid. Between 2012 and 2013, residents of different specialties of two University hospitals in Buenos Aires, Argentina, were asked to evaluate their clinical teachers by using the (Spanish version) MCTQ. To assess construct validity, we performed a confirmatory factor analysis of the evaluation data, and estimated reliability by calculating the generalizability coefficient and standard error measurement.

Summary of Results: At least four or more MCTQs were filled out for 151 teachers, leading to a total of 1031 filled out MCTQs. Confirmatory factor analysis yielded a five-factor model which fit the data, similar to the original validation of the MCTQ. Generalizability studies showed high relative and absolute G coefficients (0.97 and 0.92, respectively), and 56.5% of the variance attributed to teachers, which confirms an excellent discrimination power.

Discussion and Conclusions: The Spanish version of the MCTQ is a valid and reliable evaluation instrument for evaluating and providing feedback to clinical teachers in the post-graduate setting.

5EE6 (20078)
Enhancements in the HIT-tool (“How I Teach”) as advanced instrument for curricular development in the Aachen medicine curriculum

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Background: Lecturers in the Aachen reformed curriculum provide confidence only in students’ surveys in order to evaluate their teaching. There is much more data collected within the faculty to be analysed and considered for an evidence-based course evaluation.

Summary of Work: During the development process of our IT-based system providing the lecturers with a clear and well-structured aggregated overview of course and progress test results, student’s survey results and structured course data, we put emphasis on the close collaboration with the lecturers. As part of this cooperative work, an evaluation of the first prototype of the system based on personal interviews was conducted to measure the usefulness of the tool for lecturers in the evaluation of their courses.

Summary of Results: According to the results of the conducted lecturer survey the tool allows the evaluation of the curricular development of courses in a very intuitive and easy to percept manner. In particular, the influence of personnel and curricular changes onto the knowledge development of the students can be tracked. As an improvement, the requirement of the implementation of further views targeting the special lecturers’ interests was mentioned.

Discussion and Conclusions: As the lecturer survey has indicated, the consistent provision of information on relevant course data leads to a better transfer of ideas and development into the curriculum. The main objective of lecturers and the faculty, to enhance knowledge and provide the best possible formation to students, is facilitated in this way.

Take-home messages: The more significant information you have on your course, the better is the facility to increase your course’s quality.
5EE7 (20642)
The UK validation process and how it works for entirely clinical new programmes

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Background: Required for all new programmes in the UK, there are strict quality assurance processes that are rather more extensive than those in Australasia, the US or Canada. The demand for early detail of programmes and the rather restrictive nature of some of the requirements are such that they may impact negatively on creativity for curricular development.

Summary of Work: A novel curriculum was developed for the new veterinary school at the University of Surrey but had to be modified and constrained to fit into a rather restrictive module construct; i.e. 8 modules per year over a 5-year period despite being an intercalated masters. Similarly, assessment modes have been somewhat prescriptive in a way that makes originality and clinical orientation more difficult. Many of the assessment strategies are not ideal for clinical assessment and the use of peer and 360 degree assessment has been somewhat difficult to implement.

Summary of Results: The final curriculum has been divided into modules in a way not entirely optimal for the content, and are thus somewhat disjointed because of this imposition. The examination period restrictions are also not conducive to creativity and the most appropriate timing of assessment. The numbers of assessments per module are also restricted in a way that makes small frequent assessment touch points in a clinical setting more difficult. The distributive model is made harder by somewhat prescriptive and infrequent assessment periods. Whilst the University itself is both progressive and energetic, the system of QA imposed means that the levels of creativity enabled in new curricula is somewhat compromised in a way that may be detrimental to the clinical professions.

Discussion and Conclusions: Whilst the QA process is evidently very necessary, there are circumstances where this process may potentially have a negative impact of the truly novel development of clinically, oriented curricula.

5EE8 (22546)
Consequences of revising the comments section of a teacher evaluation form

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Background: In July 2011, our postgraduate medical education program adopted a common clinical faculty evaluation form for use by residents. Preliminary research prompted a revision: The area for comments was reduced from two boxes (one to explain ratings of “Outstanding” and one to explain ratings of “Major Concerns”) to a single box (“Comments”). Residents were no longer asked to explain ratings of “Outstanding”, but were more strongly asked to explain ratings of “Major Concerns”.

Summary of Work: All evaluations submitted since July 2011 were counted and comments were graded as to quality. In the case of the revised form, each comment was first determined to be positive or negative (or both) and then each aspect was graded as to quality. All evaluations with a “1” (Major concerns) were examined to determine if the associated comments actually reflected that rating.

Summary of Results: The percentage of evaluations with comments, both negative and positive, decreased significantly with the revision. The percentage of evaluations with at least one rating of “1” but with no negative comment did not change. The percentage of evaluations with a rating of “1” that were unrelated to the associated comments seems to have decreased, although the sample size is very small.

Discussion and Conclusions: In switching from segregated comments to a general comments box, the number of comments in evaluations has been reduced. The actual cause of this is uncertain; further revision and analysis is warranted.

Take-home messages: Separately requesting positive and negative comments on evaluations is likely to increase the number of comments by residents.
The analysis of the ASPIRE student engagement criteria by students and medical graduates

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Background: Student engagement is one of the keys to success in medical education. However, the degree to which students can engage in the curriculum is strongly influenced by each culture’s norm. With the hierarchical culture rooting in many conservative Southeast Asia countries, it is interesting to study how much engagement Thai students have had in the medical curriculum.

Summary of Work: Of the students who matriculated from 2002 till 2011 at Chulalongkorn Medical School, we purposefully selected two students/graduates in each batch, resulting in 20 interviewees in total. Each of them was asked if our medical school achieved each of the twenty-one ASPIRE student engagement criteria. If not, would it be possible to attain that criterion soon?

Summary of Results: Of the 21 criteria, the interviewees’ agreement ranged from 1 to 20 with the median of 18. There were four criteria all participants (100%) agreed that Chulalongkorn medical school had already achieved: peer assessment, research carried out by faculty members, support for participation at local/regional/international meeting, and arranged extracurricular activities. The four criteria with least agreement were: school’s vision and mission development (5%), school committee representatives (55%), involvement in policy/guideline establishment (55%) and active participation in faculty development activities (55%).

Discussion and Conclusions: The degree to which Chulalongkorn medical students have engaged in our medical curriculum was greater than anticipated. It would be exciting to see if other Thai medical schools yield similar results.

Take-home messages: The use of students and graduates, instead of faculty executives or teachers, to scrutinise ASPIRE student engagement criteria should result in more valid interpretation.

Does the quality of the final assessment of a course correspond to the evaluation of this course?

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Ingo Just, Hannover Medical School, Toxicology, Hannover, Germany

Background: At Hannover Medical School the curriculum of the first five years consists of 46 modules with at least one summative assessment. In total 165 assessments were conducted within these five years. Each module is evaluated by the students immediately after the assessment, but before the resulting grades are communicated to the students.

Summary of Work: We analysed the student evaluation of 180 modules between 2009 and 2013. For each of the 660 assessments during that time the defined quality of the assessment was judged. Finally we correlated the evaluation means of the modules with the deduced assessment quality and compared their development over this period.

Summary of Results: Specific efforts to improve the teaching quality lead to a significant increase in student evaluations for these modules. On the other hand the general quality of the assessments is becoming better from year to year according to several aspects. The assessments give more differentiated feedback to the students without an increase in failure rates. Unexpectedly, the increasing assessment quality correlated negatively with the mean student evaluation of the modules.

Discussion and Conclusions: Our data confirm that the teaching quality has an impact on the mean student evaluation of a specific module. And the cumulating range of grades is subjectively recognized as an increase in assessment difficulty although there was no objective increase. These opposing short-term trends involve an increasing mean evaluation of the modules in the long run.

Take-home messages: The student evaluation of a specific module and the measured assessment quality are sensitive instruments to monitor a medical curriculum.
5EE11 (21995)  
Evaluation of Level-1 Procedural Skills in Recent Graduates Among Different Teaching Hospitals of Thammasat Medical School

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Background: Thammasat medical students spend their clinical experience in five teaching hospitals. The majority learns in Thammasat university hospital (TUH) and others in affiliated hospitals: Saraburi, Suratthani, Chumphon and Chachoengsao. All hospitals have similar learning objectives and assessment but differences in learning opportunities depend on instructors, resources and environment. Facilities of university and affiliated hospitals are different and probably influence students' performance, particularly procedural skills. The Medical Council of Thailand categorizes procedural skills into 4 levels according to complexity. Level-1 skills are mandatory for graduate.

Summary of Work: To evaluate the level-1 procedural skills of 2013 graduates by self-assessment and comprehensive OSCE scores. Questionnaire using 1 to 5 rating scale on 46 skills was used. Mean scores of self-assessment and comprehensive OSCE of different groups were compared by ANOVA.

Summary of Results: From 130 of 158 (82.28%) graduates, self-assessment mean scores of all graduates were above 70%. Mean score of Saraburi, Chumphon, Suratthani, Chachoengsao, TUH and all groups were 4.160, 4.158, 3.930, 3.855, 3.649 and 3.896, respectively. Mean score of TUH was not significantly different from non-TUH group (mean 4.04, p 0.23) but mean score of TUH was significantly different from Saraburi (p <0.001).

Discussion and Conclusions: Self-assessment and OSCE performance are satisfactory and not different between university and non-university hospital groups.

Take-home messages: University or non-university level of teaching hospital is not the substantial factor on graduates' procedural skills. Further study about skill training in medical school is required.

5EE12 (21140)  
Developing learners – evaluating the impact of curricular changes designed to enhance generic skills experience

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Juanita Bezuidenhout, Stellenbosch University, Centre for Health Professions Education, Tygerberg, South Africa

Background: Curricular revision was undertaken to meet enhanced and changing educational and medical practice, as well as to provide opportunities for enhancing of optimal generic skills underpinning effective learning. This study aimed to determine the extent to which the revised curriculum impacted on experience in necessary generic skills at first year students.

Summary of Work: Students provided annual formal end of module evaluation in addition to focus group interviews. Evaluation by teaching staff was conducted by individual in-depth interviews. A validated generic skills questionnaire completed at the end of each academic year monitored the impact on the students' generic learning skills experience.

Summary of Results: Feedback from these different evaluation methods identified immediate curriculum intervention needs. Annually minor curriculum changes and an educational capacity building programme resulted. These responsive curricular changes after evaluation have the intended positive effect. This study indicates the value of curricular evaluation that goes beyond monitoring output only in terms of content outcomes. It has also evaluated impact on student learning and specifically how they are equipped with generic learning skills to support their expected success in university.

Discussion and Conclusions: This curricular evaluation aimed not to monitor content output only, but also the acquisition of crucial generic learning skills. Implementation of a revised curriculum, with ongoing responsive changes aligned with careful multi-modality monitoring ensured an approach focused particularly on key generic learning skills development of the students.

Take-home messages: The impact of curricular changes designed to enhance generic skills experience at students can be monitored by a careful multi-modality approach.
5EE13 (22915)
The turning point: Using feedback technology for quality improvement

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Simon Mallinson, Health Education East Midlands, Quality Management and Regulation, Nottingham, United Kingdom

Background: TurningPoint software produced by the Turning technologies company allows for instant polling of people’s views, opinions and experiences.

Summary of Work: TurningPoint has been used by Health Education East Midlands to obtain feedback from doctors in training about the quality of their education and training. It has helped to identify good practice, highlight areas for development, and improve education and training quality. During feedback sessions with trainees, junior doctors have used TurningPoint devices to respond to a series of questions. The results have been displayed to the group instantly on a large screen. Education providers have been required to respond to issues raised.

Summary of Results: The TurningPoint sessions have demonstrated advantages over traditional quality management activities. Both quantitative and qualitative data are generated, while the views of more vocal trainees are not able to dominate the feedback provided. The anonymity afforded also allows more sensitive issues (e.g. bullying) to be raised by trainees in a face-to-face group setting. Examples of subsequent quality improvement have been evidenced and will be presented as case studies.

Discussion and Conclusions: The TurningPoint software has proven a useful addition to the mechanisms for quality management.

Take-home messages: Polling technology helps to identify areas for quality improvement, which might not be captured by other methods such as group discussion or questionnaires.

5EE14 (18468)
Analysing the implementation of a new curriculum at medical school: A qualitative study

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Amitya Kumara, Faculty of Psychology, Gadjah Mada University, Educational Psychology, Yogyakarta, Indonesia
Titi Savitri Prihatiningsih, Faculty of Medicine, Gadjah Mada University, Department of Medical Education, Yogyakarta, Indonesia
Gandes Retno Rahayu, Faculty of Medicine, Gadjah Mada University, Department of Medical Education, Yogyakarta, Indonesia

Background: According to the Ministry of National Education regulation, the Faculty of Medicine, Universitas Indonesia has implemented the competency based curriculum with student-centered learning as a learning strategy since 2005. Problem-based learning (PBL) is one of learning approaches chosen. The aim of this study is to analyze the preparation, implementation and evaluation of the new curriculum at institutional and faculty level.

Summary of Work: This study is a single case study with a multiple unit of analysis. Participants were selected using purposive sampling method. Participants were the former dean and vice dean, the curriculum developers (5 persons), program coordinator and module organizers (4 persons). Data were collected by conducting a structured in-depth interview. Recorded data were transcribed, coded and analysed based on emerging themes. Other supported documents regarding students’ assessment and program evaluation were utilized.

Summary of Results: At institution level, the organizational structure was more complex. Changes were focused on education management and staff organization. At faculty level, education management was shifted to a multidisciplinary integration. The strong leadership and commitment of the leaders and medical education unit members have an important role in a new curriculum development. Nevertheless, some limitations were identified, such as unclear job description, lack of staff commitment and understanding of PBL; poor communication and coordination among module organizers; and limited of qualified resources availability. However, based on students’ assessment results and program evaluation, the outcomes of the new curriculum were in good shape.

Discussion and Conclusions: A strong leadership and commitment of the leaders is the key to success of a new curriculum implementation.

Take-home messages: Various aspects should be considered when one develops a new curriculum.
ABSTRACTS: SESSION 5EE
MONDAY 1 SEPTEMBER: 1600-1730

5EE15 (19941)
Assessing the Validity and Reliability of "self-assessment tool for primary health care providers questionnaire" in Iran

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Background: Due to Globalization and increase in cultural diversity, health care providers should deliver culturally competent services. Nova Scotia department of health in 2005 published a questionnaire for evaluating items in effective intra-cultural communication accordingly; the purpose of this study is to assess the validity and reliability of that questionnaire.

Summary of Work: This is a psychometric, cross-sectional study to assess psychometric properties of the questionnaire by 1) applying the questionnaire with permission gained from main developer. 2) Translating by two knowledgeable translators in the field of English and Medical Education. 3) approving validity by determining Content Validity Ratio (CVR) and Content Validity Index (CVI) in two rounds. According to the Lawshe tables (1975), the minimum value of CVR was 0.7. CVI score in this work was 0.79 and higher for items reception based on CVI score. The reliability of the tool will be assessed through test-retest approach for reproducibility of the tool with computing kappa coefficient test. The Cronbach-alpha will be calculated for internal consistency of the questionnaire.

Summary of Results: Results for quantitative content validity showed that all 24 items had CVR score higher than 0.70. Then CVI determination is performed, and all 24 items had scored higher than 0.79. Accordingly, the number of expressions in the questionnaire remained 24. Based on the mean of CVI scores the average CVI of the questionnaire was as reliability confirmation is in progress.

Discussion and Conclusions: The validity of this instrument is approved in an Iranian context, and it can be used to measure inter-professional cultural competency of health care providers.

5EE16 (22643)
Quality management of residency training programs through continuous evaluation and follow-up: Experiences and achievements after four years in a teaching hospital in the Netherlands

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Background: Many efforts to improve the quality of residency training have been taken recently. Systematic evaluations of training programs and clinical teachers have become usual practice, including yearly measuring the learning climate with the Dutch Residents Educational Climate Test (DRECT) and individual qualities with the Systematic Evaluation of Teaching Qualities (SETQ). In the Netherlands all residency training programs have to implement a quality control cycle. However, it is often not self-evident which follow-up actions can and should be taken following an evaluation, and does this lead to an improvement over the years?

Summary of Work: The training programs exist of three main domains with subdomains: supervisors/content, supervisors/organisation and development, and residents. Over the period 2009-2013 we investigated with the SET-Q for 16 disciplines the outcomes as well for the individual faculty members (n=146) as the disciplines, while for the DRECT 108 residents could be evaluated.

Summary of Results: Through 4 years consecutive results for faculty members and less for residents (training in academic and teaching hospitals) demonstrate how engagement for the quality improvement program was created and functioned at the different domains. Overall the learning climate remained stable and good, however for some disciplines, e.g. teaching goal-setting, testing and giving feedback seemed progressed, while some disciplines consolidate and some even diminished.

Discussion and Conclusions: Our residency training program showed measurable improvements, although some training programs achievements were less convincing. By describing these examples we provide a practical example on how to design, organize and manage a quality improvement program in residency training in an efficient and effective manner.

Take-home messages: Only yearly controlled residential training programs can lead to acceptable changing patterns.
Educational Outcomes of Recent Graduates from Different Teaching Hospitals

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Background: Thammasat Medical Curriculum is six year program. Medical sciences in year 1-3 take place at main campus Thammasat, Pathum Thani. Clinical sciences in year 4-6 are provided by five teaching hospitals. Students at Thammasat campus were admitted by national admission while students at other hospitals were directly admitted from regions in central, east and south of Thailand under the project to increase rural doctor. Nine curricular educational outcomes were established. All teaching hospitals use same educational outcomes, strategies, syllabi, teaching and learning method, assessment and student activities.

Summary of Work: To investigate the difference of educational outcomes perceived by recent graduates from different teaching hospitals. Survey by questionnaire on graduation day asking student to rate their perceived educational outcome level was employed. Rating scale 1-5 was used.

Summary of Results: Results from 130 of 158 (82.28%) graduates of academic year 2013 were analysed. Numbers of graduates were 44 for Thammasat and 86 for affiliated hospitals (27 central, 26 south, 14 upper south and 19 east). For the entire cohort, the mean of nine outcomes is 4.01. The highest is professional knowledge and skills (4.23) while the lowest is self-directed and lifelong learning skills (3.83). There was no statistical difference in nine major outcomes between Thammasat university hospital and affiliated hospital groups. Graduates from Thammasat hospital have statistically higher self-development skills (p=0.38) but graduates from affiliated hospitals have statistically higher good professional attitude towards community practice (p=0.04).

Discussion and Conclusions: Medical school can set the identical educational outcomes and processes in various teaching hospitals. Good educational management can achieve same level of outcomes. Learning and clinical practice in affiliated provincial hospitals have lead to higher good professional attitude towards community practice.

Take-home messages: Medical school can achieve same standard of main educational outcomes from various teaching hospitals by good educational management.

Semiology: Interactive methodologies to facilitate module integration

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Background: The integration of curriculum is accepted as an important strategy for medical education; however, it has been a constant challenge. There is no uniformity among teachers about the concept, necessity of inclusion of integrated activities and its operations.

Summary of Work: The aim was to promote the integration of the module human semiology through the deployment of interactive methodologies that can be subsequently used by the School of Medicine to change the existing curriculum to an integrated one. Analysis of qualitative and quantitative data from questionnaires sent to students about their perception of the human module semiology after the implementation of interactive methodologies was done. The analysis of the performance of students in the 3rd year of medical school was made by comparing the results of their tests with those obtained in the previous year.

Summary of Results: The evaluation by means of a questionnaire carried out by 125 students (100%) showed that they consider the module as important, and it is eagerly awaited because it represents in the introduction to medical practice. The joint analysis of the categories of the questionnaire showed that there was positive impact on the course of symptomatology and cognitive practices (p <0.001).

Discussion and Conclusions: The analysis of the assessment resulted in a critical reflection of the teachers and made evident the need for joint planning of activities and continuity of the joint.

Take-home messages: Integrated and continuous teacher activities lead to better student learning.
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Evaluation of teachers’ perceptions regarding the curriculum into practice in a medical school in Brazil

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Background: The medical course of PUC-SP, founded in 1949, followed the Flexner model until 2006, which was then modified to active methodologies, answering the national curricular guidelines, oriented towards the demands of the Unified Health System. However, given the current national context, with shortage of doctors in primary health care, redesigning of curriculum guidelines, and questioning the Programa Mais Médicos (More Doctors Program), bringing in foreign doctors to work in Brazil, the need to re-evaluate the curriculum, aiming at possible adjustments, became evident.

Summary of Work: As part of the project, a questionnaire was answered by one third of the teachers. In this communication the answers to two open questions were evaluated, regarding the most important factor that has either hindered or favoured the progress of the current curriculum.

Summary of Results: The 62 people answered the questionnaire were representative of the faculty. The answers were grouped in categories. For the factors that have hindered the curriculum progress, the lack of faculty commitment (12 citations), difficulties in students’ assessment (11) and lack of program for faculty development (9) were the most commonly reported. Among favouring factors, pedagogic model (29), faculty commitment (14) and students’ motivation (4) were the most cited.

Discussion and Conclusions: The questionnaire evaluated the response of teachers about the reform, being favourable to the pedagogical model, with caveats to the methods of student assessment and the lack of teacher training.

Take-home messages: Constant evaluation of the process, continuous training of teachers and institutional decision-making are necessary to keep the curriculum alive.