Posters: The Teacher and the Junior Doctor as Teacher
Location: Hall 4, SECC

#8HH01 (25187)
Evaluating the impact of residents’ teaching skills on students’ clerkship performance. Looking back into the Obstetrics and Gynecology experience

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Background: Residents play an important role in students’ education. They spend the most time with the students while still in training, so they have a better understanding of student’s learning needs.

Summary of Work: The aim of this study is to evaluate the impact of resident’s teaching skills and mentorship on the overall performance and learning experience of third year medical students going through the Obstetrics and Gynecology rotation. Methods Third year medical students are required to complete a Preceptor Evaluation upon completion of their 8-week rotation. This evaluation assesses, among other things, the role and quality of the residents as mentors and teachers, and overall student satisfaction. The evaluation includes 25 questions using a 5 point Likert scale from 0-5, 1=Strongly Disagree and 5= Strongly Agree. Descriptive, ANOVA and Regression analysis were applied using SPSS Statistic 22.

Summary of Results: Data from 2011-2014 was analyzed from a total of 498 students. Significantly lower means were observed for two out of three communities regarding residents providing useful instruction and constructive feedback during student’s clinical performance. A significant correlation was found between the student’s negative feedback, lower required logs, less hours spent with the residents, and overall final grade, p=0.05. No correlation was found between the student’s feedback and final written exam performance.

Discussion and Conclusions: The results confirm the need to teach residents how role modelling affects student education. It is essential to improve residents’ teaching skills by identify learning moments in any clinical setting.

Take-home messages: Residents’ teaching skills need to be taught through a tailored program.

#8HH02 (25236)
Near-peer teaching before finals: a pitch-perfect way of building confidence?

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Background: Near-peer teaching can improve confidence when preparing students for examinations. Final-year medical students were invited to a revision course designed and delivered by recent graduates. We wished to explore: confidence (pre- and post-course) and whether course complexity appeared correctly pitched.

Summary of Work: Stations were devised to match history, examination and communication skill scenarios in the students’ final OSCE. A framework to approach the topic was discussed before volunteers were sought to attempt the station. Feedback and tips to avoid pitfalls were provided. Pre- and post-course questionnaires were utilised. Learners were asked to rate their confidence before and after on each course element using a 5 point Likert scale (fully prepared (1) – not prepared (5)).

Summary of Results: 47 students participated: 25 completed the pre-course and 47 the post-course questionnaires. All students reported the station complexity was correct. The average preparedness score before was 3.3 (prepared). After the course, it rose to 2.0 (very prepared). Pre-course, students rated themselves as most prepared for cranial nerve examination. Conversely, they felt least prepared to tackle the respiratory and abdominal stations. However, they reported the greatest perceived improvement.

Discussion and Conclusions: Preparedness rose and the stations were reported to have been correctly pitched. Thus, the near-peer model seems to have provided learners with a course matched to needs. Near-peer teaching improved self-rated performance. However, it is unclear why preparedness pre-course varies by subject area and whether our course could boost examination performance.

Take-home messages: Learners gain a confidence boost when taught by near-peers!
The educational value of a “near-peer” organised formative OSCE

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Background: Formative assessment (FA) in medical education regularly occurs on the wards involving students taking a history, performing an examination or discussing a case. “Near-peers” such as junior doctors often participate as the assessor. Near-peer led teaching provides significant learning benefits and is used by some UK medical schools. Less is known about the benefits of near-peer organised FAs such as OSCEs.

Summary of Work: A group of F1 doctors designed and implemented a formative OSCE for third year graduate-entry medical students at Swansea University. Participation was voluntary and mock patients were used, with F1 doctors as assessors. Written and oral feedback was given for two minutes following each station. An evaluation form was used to collect quantitative and qualitative feedback.

Summary of Results: A total of 43 (of 73) students participated (uptake rate 58.9%). Feedback from 41/43 students who participated (response rate 95.3%) rated the OSCE highly for usefulness and relevance. Over 80% of students preferred near-peers as formative assessors, 9.7% preferred consultants and 9.7% had no preference. Over 90% of students felt more confident prior to the summative OSCEs. Good feedback was highlighted as the strength of the assessment by 17 students (41.5%), with many citing appropriate timing and detail.

Discussion and Conclusions: The majority of students who participated benefited with most preferring junior doctors as assessors, mostly due to quality feedback. Participating as assessors is good experience for junior doctors, who are themselves developing roles as educators.

Take-home messages: Inclusion of junior doctors in FAs may be of educational benefit to students and junior doctors alike. Further study is required.

Role model of mentor interns for CPIRD medical students in Vachira Phuket medical education center

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Background: Mentor interns were interns who were employed by CPIRD to help staff to teach medical students in the new medical education center. Vachira Phuket medical education center have just had mentor interns in medicine, pediatric and Ob-Gyn department. Mentor interns were close to medical students and important in being role models for them. So we compare role model of mentor interns in our new medical education center.

Summary of Work: The 4th-6th year medical students (n=60) were asked by questionnaires for the assessment of our mentor interns in communication skill, relations with patients and empathy in patient care of each departments. The result was analyzed by ANOVA and LSD. (p= 0.05)

Summary of Results: The mentor interns were close and impact on role model to the 4th year medical students (x̅= 9.00 ± 0.15) more than the 5th (x̅= 8.22 ± 0.28) and 6th years (x̅= 8.35 ± 0.26) (p < .05) Mentor interns of Medicine were the greatest role model (x̅= 9.08 ± 0.23) compared to Pediatric (x̅= 8.76 ± 0.34) and Ob-Gyn (x̅= 7.74 ± 0.18) with significance (p < .05), especially in relations with patients and empathy in patient care.

Discussion and Conclusions: The mentor interns were important in being role models for relations with patients, empathy in patient care and communication skill to medical students. This was especially close and impactful to the 4th year medical students.

Take-home messages: Mentor interns were important in CPIRD medical school by being role models. This was especially close and impactful to the 4th medical students.
Evaluation of a teaching skills course for general practice trainees

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Background: There is increasing emphasis on all doctors developing a teaching role, cultivated from the trainee stage. Teaching role development is included in the general practice (GP) training curriculum. However, whilst hospital registrars are frequently involved in teaching activities, the same is not true of GP registrars. It is suggested that GP registrars feel unprepared and lacking in the skills and knowledge in order to take on teaching activities. This poster will describe emerging data evaluating the design and implementation of a teaching skills course for final-year GP registrars.

Summary of Work: We designed a GP registrar teaching skills course initially informed by exploratory scoping workshops with experienced GP trainers. In two half-day interactive workshops we provide an overview of our medical school’s undergraduate curriculum, the PBL process, principles of providing feedback and assessment methods. Our postgraduate training partners have supported us in integrating this course into the multiple GP training schemes in our region. Delivery of these courses is currently ongoing. Immediate post-course questionnaire evaluation is being conducted utilising a mixture of Likert-type scales and free text comments.

Summary of Results: Emerging results will be presented. Numerical analysis indicates a statistically significant rise in self-reported confidence scores pre-to post-workshop. Free text comments also confirm that the course was well received by participants with stated intentions to change future practice.

Discussion and Conclusions: Our results suggest that providing teaching skills training to trainees is meeting a specific need that will hopefully translate into implementation. Longer-term follow up will be needed to ascertain its true impact.

A psychiatry trainee-led Balint Group scheme for medical students: evaluation of the trainee experience

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Background: Balint groups provide a reflective space for discussion of clinical cases with a focus on the doctor-patient relationship; numerous benefits for participating clinicians are described. Similar advantages of participation for medical students have been in our initial pilot work. Groups can be led by doctors in training; the experiences of trainee leaders have not previously been described.

Summary of Work: Balint sessions were run by trainees for all third-year Bristol University medical students within a new initiative. Trainees received group supervision and access to formal training. Trainee experience was evaluated through questionnaires at start and completion points of the groups.

Summary of Results: Trainees came from different stages; 2 had prior experience of running a group. Baseline confidence, skill and experience in Balint leadership was low. After completing one cycle of running a group, trainees reported an increased confidence in Balint theoretical knowledge and skills. Other gains included enjoyment of running a group, access to training and group supervision.

Discussion and Conclusions: Participation in this innovative scheme generates invaluable opportunities for trainees. The experience of running the student groups and is rated highly by them. Trainees benefit from peer-learning and support within group supervision. We anticipate that trainees will take their skills and experiences into their future practice.

Take-home messages: Leading a Balint group is a useful developmental experience for Psychiatry trainees; skills gained are transferrable to other areas of their practice. This sustainable trainee-led scheme is the first of its kind, generating benefits for both students and trainees, with the aim of extending the programme to Foundation Doctors.
Evaluation of a junior-doctor led prescribing programme for medical students

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**Background:** Prescribing errors occur in almost 10% of hospital prescriptions. The highest rates of error are seen in foundation year doctors. This has been ascribed to deficits in pharmacological knowledge and to a lack of practical prescribing opportunities as medical students. We describe a programme of voluntary prescribing tutorials run by junior doctors for Edinburgh University year 5 medical students and evaluate feedback on the students’ perception of the programme.

**Summary of Work:** Fifty seven voluntary tutorials on twenty prescribing scenarios commonly faced in foundation years were delivered in 2013 in hospitals across three health boards in South East Scotland. Students completed post-tutorial feedback questionnaires (n=171) to explore previous prescribing experience, prescribing confidence and thoughts on the programme.

**Summary of Results:** Prior to attending tutorials 92% of students had written a prescription chart under supervision and 20% felt confident about prescribing for the designated scenarios. All attendees felt tutorials improved their knowledge and confidence and 96% expressed a preference for tutorials to be run by junior doctors rather than more senior members of staff. Students felt that working through real-life scenarios would help prepare them for life as a doctor.

**Discussion and Conclusions:** A junior-doctor led prescribing programme was perceived by medical students to help them gain knowledge and confidence around prescribing. With new prescribing assessments being introduced in the undergraduate curriculum additional teaching is important and will provide opportunities to assess the impact of the content and delivery of our programme.

**Take-home messages:** Near-peer prescribing teaching is popular with medical students and is one way of increasing practical prescribing opportunities.

**Effective Reciprocal Evaluation Tool to Drive Improvement of Residents’ Clinical Teaching Skill in Residents-as-Teacher Curriculum**

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**Background:** Residents play crucial and direct roles in teaching new generations of physicians. Studies showed that residents conduct more teaching at the bedside compared to attending. Despite their significant responsibilities in clinical teaching, not all residents receive formal instruction on how to teach effectively.

**Summary of Work:** Nowadays, faculty development curricula raise more concern in residents teaching ability. Except One-Minute Preceptor (five microskills of clinical teaching), we also introduced Mini-Clinical Teaching Skill Evaluation Exercise (Mini-CTEX) in a two-hour teaching-enhancement workshop. The one group pre-post test design was adopted in this study to assess whether Mini-CTEX could improve participants clinical teaching ability. The effectiveness was assessed by descriptive statistics.

**Summary of Results:** Twenty-seven residents completed the One-Minute Preceptor course and Mini-CTEX training program. The residents came from different subspecialties, including internal medicine, surgery, obstetrics and gynecology, ophthalmology, dermatology, pediatrics, otolaryngology, family medicine, orthopedics and anesthesiology. The vast majority of the self-confidence for clinical teaching before the workshop was low to medium. Comparison of overall self-reported teaching ability pre-test and post-test (immediately after the Mini-CTEX training) revealed a pronounced effect (d=1.32) and statistically significant difference (p<0.05). The improvement of subscale scores in teaching methods, teaching motivation, and self-growth was also significant (p<0.05).

**Discussion and Conclusions:** Residents-as-Teacher Curriculum improves resident self-assessed teaching confidence and teaching skills. The usage of an effective reciprocal evaluation tool is linked to improve the effectiveness of resident’s clinical teaching skill training program.

**Take-home messages:** The intervention of effective reciprocal evaluation tool, Mini-CTEX, is a significant contributor to resident’s clinical teaching skill curriculum.
Establishing teaching links between medical students and junior doctors; evaluation of a near-peer teaching project

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Background: This project aimed to establish teaching links between medical students and foundation doctors at the Royal Devon and Exeter Hospital via a near-peer teaching intervention and to examine how this intervention translated into quality and quantity of teaching.

Summary of Work: A focus group of students and junior doctors was used to identify barriers to interaction. Participation in the project was voluntary. 76 fourth year students and 26 third year students were paired with 26 and 13 F1/F2 tutors respectively. Tutors were asked to log every tutorial given via an online form. Students were asked to give feedback for every tutorial attended though a separate, anonymized, online form.

Summary of Results: Pairing of students and tutors was intended to overcome a lack of confidence in approaching junior doctors on the wards and the perception that they were too busy to teach. Over the first seven months of the project 112 tutorials were given by a total of 31 tutors. To the question “How useful was this tutorial?” 51.6% of students responded ‘Very useful’ and 27.1% ‘Useful’. To the question “How would you rate the quality of teaching?” 63.6% of students responded ‘Excellent’ and 33.1% ‘Good’.

Discussion and Conclusions: Teaching by junior doctors is clearly valued by students. However, despite the programme, barriers to medical-student junior doctor interaction still exist - as evidenced by the variability in number of tutorials per tutor and the significant number who recorded no tutorials. Additionally, there were issues around teaching quality.

Take-home messages: Work is going to identify the determinants of near peer teaching provision, why imbalances exist and how to address them.

A dual purpose teaching course: Junior doctor led teaching to prepare medical students for finals and commencing work as a doctor whilst improving the teaching skills of foundation doctors

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Background: Foundation doctors are well placed to deliver near-peer teaching to medical students preparing for transition to working as junior doctors. Developing the clinical teacher is a key Foundation Programme curriculum outcome, however, clinical commitments often prevent junior doctors from achieving this objective. We designed a structured revision programme to enhance the teaching skills of the foundation doctors and prepare medical students for life as a junior doctor.

Summary of Work: A structured 8-week revision course focusing on situations commonly encountered by junior doctors was designed and lead by foundation doctors. A “Teach the Teacher” session was organised to equip doctors with teaching skills.

Summary of Results: Anonymised feedback revealed students felt more confident in commencing work as a doctor and dealing with emergencies commonly faced on the wards (p<0.05). Pre- and post-course assessment showed significant improvement in knowledge. Junior doctors felt more confident about teaching (7.5 vs 8.1/10) following the “Teach the teachers” session.

Discussion and Conclusions: The project identified a lack of formal teaching education for junior doctors and found that a simple intervention can help improve teaching confidence and the quality of teaching provided. Partaking in a structured teaching programme also improves confidence to provide further teaching. Medical students value the introduction of skills required for working as a junior doctor before the traditional “shadowing period”.

Take-home messages: A single “Teach the Teachers” session improves foundation doctors’ teaching confidence. Foundation year doctors are well positioned to provide near-peer education to final year medical students.
Near peer simulation training for the SJT: a novel approach?

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Background: The Situational Judgement Test (SJT) assesses five professional attributes: professionalism, coping with pressure, communication, patient focus, and team working. This is crucial in foundation selection but receives limited teaching. We feel foundation doctors are well placed to offer insights on these issues. We piloted a near peer simulation programme at the University of Exeter Medical School (UEMS), with a focus on developing the knowledge and attributes to prepare students for the SJT.

Summary of Work: During a 6-week simulation course, foundation doctors from Royal Cornwall Hospital taught thirty-six medical students scenarios involving a situational judgement. Students were assessed with pre and post-session tests, objectively measuring knowledge of NICE/GMC guidelines and subjectively measuring the professional attributes.

Summary of Results: Objective test scores of NICE/GMC guidelines increased from 40% to 71%. Confidence working within a team improved from 42% to 71%, communication skills improved from 46% to 72%, and confidence managing a scenario under pressure, in a professional and patient focused manner, improved from 34% to 71%.

Discussion and Conclusions: Near peer simulation provides a unique learning experience, offering an informal teaching environment. Foundation doctors are immediate role models for students, well placed to teach human factors and offer guidance on issues specific to the SJT. We are proposing to formally run this course for 3rd year students at UEMS. We will utilise a rigorous assessment tool integrating ratified SJT questions and multi-disciplinary feedback with a view to incorporating the course into the UEMS curriculum.

Take-home messages: Near peer simulation teaching can develop the knowledge and professional attributes assessed in the SJT.

Peer-TED, a new exploration of peer learning

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Background: TED (Technology, Entertainment, and Design), under the slogan "Ideas Worth Spreading", is taking the education world by storm, and is likely to improve peer learning for physicians.

Summary of Work: "Peer-TED", a training program designed for trainee taking a free topic speech within eight minutes and receiving feedbacks from the peers and supervisors in two minutes, was introduced to post-graduate year (PGY) physicians. 35 participants were enrolled in the program and were taught to be enthusiastic and confident. The self-assessment questionnaire (all 8 items answered on a 5-point Likert scale) was used for the analysis before and after the program.

Summary of Results: The participants agreed that Peer-TED made improvement in the following aspect, such as being more confident (mean±standard derivation: 4.40±0.084), presenting skills improvement (4.34±0.1), better relationship with peers (4.57±0.09), inspirations of their career (4.43±0.11), stress relief in the clinical environment (4.31±0.14), and was time-worthy (4.34±0.80). Most of them would like to participate this program again (3.83±0.17).

Discussion and Conclusions: When the beginners are familiar with the topics, they will show more confidence and enthusiasm. Soft talks, not limited in medical field but in sharing experience, make the peers closer and improve peer learning. Peer-TED, not only for the presenting skills, but for the mind, is worth spreading to the PGY training.

Take-home messages: Medical education organization should hold Peer-TED to improve peer learning.
#8HH13 (25479)
Perceptions of junior and senior medical students about the most important attributes of teaching physicians as positive role models - a qualitative study

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Background: Role models may exert powerful influences on medical students throughout their professional education, which seems to depend on student perceptions. Nevertheless, little is known about which role model characteristics are most valued by students, and whether junior and senior medical students differ regarding their perceptions on these attributes.

Summary of Work: Junior (Year 2) and senior (Year 5) medical students from a six-year programme in a single institution participate in focus groups discussions after answering a questionnaire on potentially important role models characteristics. Answers were utilized to derive a guide for the discussions. 10 Year 2 students and 6 Year 5 students participated in focus groups discussions, which were recorded and transcribed in text. Interview's contents were analyzed using standard qualitative research techniques.

Summary of Results: Year 2 students valued mostly medical professional qualities, such as communication with patients and team members, empathy, medical expertise, knowledge about healthcare systems and self-care. Year 5 students also valued some professional qualities, such as good communication with patients and medical expertise, but attributed importance to social accountability and teaching skills as well.

Discussion and Conclusions: Good communication with patients and medical expertise are role model positive characteristics equally valued by both junior and senior medical students. However, senior students ascribe greater importance on other non-medical attributes, such as social accountability and teaching skills.

Take-home messages: Professional and general characteristics are perceived by different groups of medical students as important attributes of positive role models. These findings should be taken into account in faculty development programmes for enhancing influences of teaching physicians on students.

#8HH14 (24567)
I’m a educator versus I’m a health professional: How role commitment of health degrees teachers affects their participation in training activities

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Background: Professionals who teach in health degrees need to involve themselves in a continuous training process to improve their skills and successfully face their educational role. This training process must include two different topics: a disciplinary one (health issues that are being taught) and a pedagogical one (aptitudes required to teach, assess, etc). This research analyze the correlation between these teachers’ involvement in training activities and their commitment to their disciplinary and pedagogical role.

Summary of Work: Study sponsored by FONDECYT 1110484. 345 teachers from health undergraduate programs of Chile were surveyed. 13 of 15 regions of the country were included. They completed two questionnaires: the Professional Role Commitment for Teachers Questionnaire (in spanish, ECPD) that differentiates how engaged are teachers to their disciplinary and pedagogical role, and the Training Process Involvement Questionnaire (in spanish, CPPD) that assesses how frequently these teachers attend pedagogical and disciplinary training activities.

Summary of Results: Multiple linear regressions identified that a higher involvement in disciplinary and pedagogical topics have a significant correlation to a higher commitment to pedagogical role. Disciplinary commitment has no significant effect.

Discussion and Conclusions: Results highlight that commitment with teacher role is a best predictor of how much effort professionals invest to improve their pedagogical skills, but it impulse them to improve their disciplinary skills too. As opposed to this, commitment with disciplinary role is not a relevant predictor of neither of them.

Take-home messages: Love for teaching seems to be a boost for becoming a better professional as a whole.
A study on knowledge, attitude and practices regarding ‘lesson plan’ among the teaching faculty of medical colleges in Tamil Nadu, India

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Background: Medical education with learner centric approach requires every teaching-learning session to be based on learner’s needs, based on which learning objectives lie. Therefore it is essential to plan a lesson to suit the learner. This necessitates a lesson plan. A well planned lesson helps in enhancing the teaching-learning experience. Nevertheless, the implementation of lesson plan by the medical faculty is far questionable. There are few studies done in India regarding the perspectives and uses of lesson plan. Sufficient knowledge in this area will help us in focusing in areas concerning its improvement. This study was carried out to estimate the knowledge, attitude and practices regarding the lesson plan among teaching faculty.

Summary of Work: A cross sectional study was carried out among all the teaching faculty of a medical school with a structured self administered questionnaire. Data was analysed using SPSS software. Ethical clearance was obtained prior to the data collection.

Summary of Results: Among 150 participants, 73% of the participants were aware of lesson plan, but only 34% consider it necessary. Moreover, only 28% use lesson plan.

Discussion and Conclusions: The results of our study are similar to the study by Fattahi Z et al. While 34% felt that lesson plan was mandatory, the results were 83% in a study done by Masomeh Saberian et al. Since the results of the attitude correlate with the prevalence of practice, this clearly proves that a significant knowledge gap exists and this reflects on their practices.

Take-home messages: Adequate external motivation may prove effective in strengthening the teaching learning experience.

The role of teacher motivation in the improvement of quality education

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Background: Contemporary pedagogy proposes a challenge in the professionalization and mastery of basic and elementary skills. We define today our general research which analyzes at least 12 University Professor Competencies: Planning, Communication, Motivation, Methodology, Media Integration, Tutoring, Assessment, Research, Institutional Empathy, Innovation, Intercultural and Teacher professional identity.

Summary of Work: The study was conducted with IUNIR teachers and a group of experts from other participating universities. The sample consisted of 145 teachers in health sciences of Italian University Institute of Rosario (IUNIR) in Argentina, which were 81 women and 64 men aged between 22 and 57. The average year of college experience was an 11 years modality (in this or another University). For data collection, a questionnaire was aimed to explore teaching skills as academics, and can assess the motivational competence of teachers in medical school. We’re focusing on the “teacher motivation”,

Summary of Results: The works proposed in order to facilitate the domination of the competence of Teacher Motivation are: 1) Generate didactic transposition of the theory to the practice, taking real-life problems. 2) Analyze the reasons that lead us to continue our professional training and our expectations in this regard. 3) Working collaboratively with the other, plays an important role in learning 4) Establish an institutional empathy and "passion for teaching" and 5) Our results evidence better academic results in students.

Discussion and Conclusions: This study allowed us assessing the competence “Teacher Motivation” and using the results to form a larger program of research and action for their own training and professionalization of teachers in the twenty-first century quality improvement in higher education.

Take-home messages: The consequence of the poor educational practice is precisely decadence of education, lack of teacher’s motivation, and its effects are poor academic performance and student’s dropout. Teacher motivation results in improvement on quality education.
Level of confidence in the 12 roles of the medical teacher. A descriptive study at Faculty of Medicine, Srinakariniwirot University, Thailand

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Background: We use the 12 roles of the teacher framework proposed in the AMEE guide No 20 to identify the level of confidence in teaching roles of our faculty. The study result was intended to serve as an indirect faculty training needs analysis of our institution.

Summary of Work: The online questionnaire invitations were sent via email to all 211 faculty members, and 118 (55.9%) responded. The questionnaire asked about demographic data, teaching experience and their preferred format of faculty development activities. The respondents were also asked to rate their level of confidence in each of the 12 teacher roles on a 5 point Likert scale ranging from 0 (none) to 5 (great).

Summary of Results: The three most highly rated roles on the level of confidence were the clinical teacher (4.11), the on the job role model (4.11) and the lecturer (3.97). The three roles with the lowest rating were the curriculum planner (3.08), the curriculum assessor (3.23) and the mentor (3.31). Age and teaching experience were positively correlated with the level of confidence in 11 and 10 of the 12 roles, respectively. Most faculty members (47.5%) chose the half-day face to face session as their preferred training format.

Discussion and Conclusions: The study results imply that our faculty members are more confident in the “information provider” roles and training should aim towards supporting self-evaluation of teaching, mentoring, as well as promoting facilitative roles of the teachers. Retention of faculty members at the institution is also important as the teaching experience significantly correlate with confidence in the teacher roles.

Take-home messages: The 12 role of the teacher framework can be used to identify training needs within an institution.

The effect of the clinical years on medical student perceptions about the importance of the various teacher roles

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Background: Teachers in medical schools may play various roles. We have previously shown that student perceptions on the importance of teacher roles changes from admission up to the beginning of the clinical years. This study aimed at determining the effect of the clinical years on student views about the importance of the different roles played by their teachers.

Summary of Work: Penultimate (Year 5) clinical year medical students (N=68) who had already participated in the study two years earlier were invited to answer to a standard questionnaire on the importance of 13 different teacher roles. Responses were record in a 5-point Likert scale (score 1-minimal importance; score 5-maximal importance).

Summary of Results: Senior medical students had unchanged perceptions (p>0.10) on the most important teacher roles: “medical expert” (average score: 4.83); “provider of information” (4.79); “curriculum planner-manager” (4.47); “role model” (4.13). Attending the clinical years was associated to increased importance attributed to the “facilitator of student-centered learning” (from 4.01 to 4.33; p<0.01), and to decreased importance to the “lecturer” (4.69-4.17; p<0.0001) and “student’s evaluator” (4.35-4.07; p=0.02) roles.

Discussion and Conclusions: Experiencing medical school clinical years is associated with student perception of increased importance of the teacher as “learning facilitator” and diminished value of the “lecturer” and “student’s evaluator” roles, but did not affect perceptions about the importance of other roles.

Take-home messages: Medical student perception about the importance of most of teacher roles is established earlier in the undergraduate programme, but the clinical years are associated to the perception of increased importance of roles linked to autonomous learning.