Assessing competency in distance learning master programs in medical education: A qualitative analysis of programs in UK and Pakistan

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Background: Master’s programs in health professions education have recently increased in number and popularity across the globe. Outcome product of these programs is a qualified medical teacher. This study aims to investigate assessment tools used to assess the level of competency and to find the variability in assessment in these programs.

Summary of Work: It is a qualitative case study designed to provide an insight into the type and level of assessment tools used in MHPE programs. The study method chosen was archival research. Purposive and convenient sampling method was used to select 08 programs, 04 each from UK and Pakistan. Master’s programs in medical education using the blended technique were included, as programs in Pakistan only offer this type. The data was collected from the websites of the program.

Summary of Results: Manifest conventional content analysis of the data was done using NVIVO 10. Common assessment tools used to assess competence in all the programs were assignments and dissertation submission. Programs in UK also used portfolios whereas in Pakistan summative examination using MCQ, SEQ’s and OSTE was employed instead. All programs in the study assessed student at ‘shows how’ level except 02 programs in UK which assessed meta competency.

Discussion and Conclusions: Distant learning blended programs employ a variety of assessment tools to assess competency at different levels of competence. This results in variability of level of assessment and hence affects the eventual outcome

Take-home messages: A uniform method of assessment should exist for master programs in health professions education to ensure uniform learning and outcome.
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Workplace community enhancement by a comprehensive Faculty Development program at the department of Family Practice specialty training

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Background: A major curriculum change required commitment and contribution to the new plans from all staff members of the training institute. Based on the needs of the department to promote collaboration and exchange between teachers, a comprehensive FD program was designed for the department of Family Practice specialty training.

Summary of Work: A needs assessment among all teachers was completed to recognize performance gaps and instructional problems. The framework of O’Sullivan and Irby (2011) had inspired to identify the goals and formats of the FD program, tailored to the needs of the staff.

Summary of Results: A coherent FD-program, mainly based upon workplace learning, was implemented. It comprises several components: 1. Monthly meeting of teachers to discuss and decide upon educational topics, e.g. how to improve workplace learning; 2. Team work to exchange teaching strategies and to improve curriculum content; 3. Workshops to address teacher skills and competencies, e.g. mentoring skills; 4. Coaching session to stimulate reflection and support professional development by the use of a personal development plan.

Discussion and Conclusions: The program has stimulated personal growth as well as a more open climate to share ideas and collaborate more intensively regarding the new curriculum. Evaluations, to be held next summer, will provide more detailed outcomes.

Take-home messages: A comprehensive FD program integrated in the daily work of teachers established a positive learning climate of staff members in a department and promoted the implementation of curriculum change.

#8N4 (25550)
Who is my community? Academic leaders’ conceptions of their social network

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Background: The dynamic context of academic health sciences begs for excellent leaders. Increasingly, conceptualizations of leadership as a social process are showing promise for the understanding of leadership impact; yet more knowledge about their utility within the academic health sciences is needed. In this study we begin to address gaps in knowledge about social networks and leadership in the academic health sciences context.

Summary of Work: The context for this research was the New and Emerging Academic Leadership (NEAL) program, a year-long faculty development program aimed at enhancing academic leaders’ in the health sciences effectiveness. We conducted pre- and post-program social network mapping interviews to elicit rich descriptions of leaders’ understanding of their social networks. We analyzed interview transcripts and social network maps using an interpretive qualitative approach, first conducting inductive coding and next applying social network leadership theory as a sensitizing concept.

Summary of Results: In pre-program data, leaders’ broad conceptions of connections with others fell into two categories: compulsory relationships, and voluntary relationships. Leaders’ relational approaches included: pursuing relationships purposefully and strategically, maintaining or strengthening relationships over time, and managing or minimizing difficult relationships. Leaders described a variety of reasons for discerning which approach to take to these relationships, including access to resources or fulfilling formal roles. In post-program data, leaders’ approaches to these relationships shifted in terms of how they categorized particular relationships and their rationalizations for their shifting perspective.

Discussion and Conclusions: This research begins to address the gap in the academic health sciences knowledge base of academic leaders’ understanding of social networks. Importantly, these findings contribute theory-building knowledge about how leaders understanding may shift over time through formal leadership development.

Take-home messages: A network perspective on leadership development is a promising direction for faculty development, moving beyond an individualistic focus toward systemic impact.
Reflecting on and developing leadership skills for postgraduate students in a clinical-experimental medical sciences programme: Can Health Professions Education be the key?

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**Background:** An ongoing debate is considering the role of postgraduate programmes in faculty development beyond the usual training of researchers and experts in the various fields of knowledge. Only few experiences in masters and doctorate programmes in health sciences properly explore faculty development.

**Summary of Work:** Three 30 hours elective modules were inserted on an educational track of a Postgraduate Programme in Medical Sciences, aiming to develop researchers-leaders. Core competences presented included evidence-based strategies for educational practices in multiple settings; needs assessment for contextualized and interdisciplinary learning experiences; collaborative educational models in clinical settings, besides learning assessment in professional environments.

**Summary of Results:** The appropriation and application of covered concepts were high, as appeared on the intervention projects designed by students. Participant feedback revealed high influence of experiential educational methods, and from peers, on individual and group learning. Most participants recognized the educational strategies and leadership skills as relevant tools to change in professional practice, and 90% of the class chose to enroll the following module.

**Discussion and Conclusions:** Despite their focus on research, it is undeniable the role of graduate students on leadership development in the health field, regardless of assuming teaching functions in the future. Training in education for the health professions during the academic education can predispose to durable competences development, which gives meaning to technical training and allows disruptive innovations in health and social organizations through educational interventions.

**Take-home messages:** We strongly believe that empowerment of postgraduate students with concepts, methods and experiences of education can lead to better faculty but also transformative leaders for health communities.