EDP scholars Track: jump starting careers, scholarly work, and scholarship

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Background: The EDP Educator Scholars Track at Vanderbilt is a faculty development, career building program designed as a education-based, project-specific learning experience with intensive mentoring, career development, and a scholarship focus.

Summary of Work: The EDP Educator Scholars Track is a career development, outcomes-based program consisting of seven educational domains; each with 2-7 measurable outcomes. The program enrolled four scholars into a two-year, intensive mentoring program on curriculum design and evaluation with a focus on scholarship. Participants engaged in one-on-one and group mentoring sessions.

Summary of Results: After the first two years, all four participants rated program activities highly. All completed and implemented curriculum design projects. Participants have transferred learned skills into other teaching activities. Three of four scholars have accepted presentations (posters and oral abstracts) at regional/national education or specialty-based conferences; last one in preparation. Two are actively writing papers and enduring medical education materials for submission. The program mentor devoted 10% effort and participants received 10% FTE protected time. Funding sources included internal and external funds.

Discussion and Conclusions: Faculty development is currently an LCME and ACGME requirement in the United States. Building future faculty developers meets an institutional need and supports the educational mission. An intensive mentoring program can jump start educational careers and promotes a scholarly approach to teaching and educational scholarship. Implementing a career development, outcomes-based program for medical educators supports career development, scholarly work and scholarship.

Take-home messages: Scholarship can be increased through a faculty development program and there are benefits to the institution, mentor, participants and learners from implementing a faculty development program.

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Background: This study aims to provide a snapshot of our current clinical faculty’s knowledge, skills & attitudes towards formal medical education training, which would facilitate the planning & development of our faculty by the Education Office.

Summary of Work: This is a self evaluation study of faculty’s own perception about their knowledge of educational jargon and teaching and assessment methods. It is hoped that with the understanding of how our local faculty feel about formal training in medical education & what they perceive are possible gaps in their knowledge or skills, we will be able to formulate a faculty development road map that will be relevant and readily received by all.

Summary of Results: This is a mixed methods study of quantitative part first followed by qualitative component of focus groups. An Online survey questionnaire is sent to all the faculty member including a question about the participant’s willingness to take part in focus group discussions. Survey is underway and from samples received it is not enough to deduce any conclusion to start a formal faculty programme.

Discussion and Conclusions: The faculty development is becoming far more important than curriculum development. Hence it is imperative to evaluate and assess current status of teaching and training abilities and qualities of the whole faculty. Authors feel that self assessment on a questionnaire will capture reality to allow introducing formal faculty development programme. However, it is expected that complete results will be significant.

Take-home messages: Faculty training in medical education methods is important and must be assessed by a valid tool like self assessment.
#9HH03 (24284)
Learning in distance education through digital forums

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**Background:** The Department of Education in Health Sciences (DECSA), University of Chile, has spent many years training clinical teachers in teaching. Three years ago a Diploma program was initiated, remotely supported on digital platform. One of the tools used are digital forums. It is seek to achieve evidence regarding the generation of learning by participating in online forums, found through the change in the content of the discourse on given topics in the development of the forum.

**Summary of Work:** The content of the speech is analysed through qualitative, descriptive, non-experimental methodology of discursive interactions in the process of participants on a digital forum, within the unit of "Curriculum".

**Summary of Results:** The digital forums show interactions between subjects; interactions that take place in a collaborative environment: exchanging, converging, opposing, arguing, and referencing the experience and history. There are changes in terms of vocabulary, reasoning, complexity and linkage to practice. This shows that there is a change, which might be called learning.

**Discussion and Conclusions:** Interestingly, in a topic so far from Health professions such as “Curriculum”, participants in the digital forum, through the foundation and analysis of selected topics in the content of his speech, gave evidence of learning by appropriating topics that were not previously handled.

**Take-home messages:** It is necessary more research, but the digital forum looks like a good tool for learning in distance education.

#9HH04 (24098)
Assessment of a physiotherapist teachers training process under a curriculum redesign

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**Background:** In the context of a new competence based curriculum model, teachers need to develop teaching training moments to improve educative practice in the classroom and in the clinic through training sessions and continuous support. Regarding this point, it becomes essential to develop a new training model named educational capsules and to assess the impact that this training sessions have in the educational context.

**Summary of Work:** Qualitative research based on a research-action approach. The teachers were personally contacted and, after a informed consent process, three instruments to collect data were used: semi-structured interviews, classroom and clinic observation, and field notes. Twenty physiotherapy teachers participated in the study. The results were analyzed by content analysis using Atlas-ti 7.5.2 software.

**Summary of Results:** After the first training, 187 conceptual codes defined two categories related to the class planning and the verbal exchange between teachers and students. For the first category, 33 codes referred to the structure, educational management and the teacher’s didactic and personal resources. For the second category, 59 codes were referred to the type of verbal exchange (simple, complex or unfinished) and to the type of activating questions asked during classes.

**Discussion and Conclusion:**s: Educational capsules as a way of teaching support could facilitate the transference of teaching competences in educational contexts both in classroom and clinical spaces. However, to ensure the teacher’s effective performance it is important to generate moments of support.

**Take-home messages:** The assessment of the physiotherapist teachers training process is the key to ensure a appropriate and continuous transference of the teaching competences to the classroom and clinical spaces which could benefit the student’s learning process.


**#9HH05 (24971)**  
**A new system for GP Trainer re-approval in Dorset: a pilot**  

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**background:** trainers and training practices are the cornerstones of GP training. Managers of GP postgraduate education are responsible for ensuring the quality of the training environment. This involves a system of training practice visits (educational team members visit the practice and interview the trainer, trainee and others involved in training) and individual trainer accreditation. Large trainer numbers and geographical area pose challenges to Dorset with the current system.  

**summary of work:** the poster reports a pilot for a revised format of trainer re-approval. Instead of team members visiting training practices, trainers and other key people involved travelled to the GP education office for re-approval, educational reflection and development.  

**summary of results:** three iterations of the pilot format were evaluated using pre and post feedback surveys. Attendees were questioned about their views on the existing process, the new pilot format and what they valued about re-approval. Seeing the GP practice and learning environment was identified as a key value of the current system. Sharing reflection on practice with other trainers and meeting more educational team members were highlighted as positive aspects of the new format, along with time efficiency. More negative aspects for attendees were travel to the educational office and the absence of several staff members, particularly GPs, from the practice at one time.  

**discussion and conclusions:** the pilot proved to be a successful model for trainer re-approval. Following modification (based on feedback) the new format will be used on an alternate basis with the existing system in Dorset.  

**take-home messages:** alternating the visit approach to trainer re-approval between BU and the practice has benefits for all.

**#9HH06 (25977)**  
**Building capacity through a Teaching and Education Scholarship Community of Practice (TESCoP)**  

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**background:** faculty development (FD) programs for health professions teachers is typically offered in a central location. Yet after engagement with centralized FD programs, participants often struggle with how to integrate and translate their learning meaningfully into their workplace. Communities of practice (CoPs) can be used to support education efforts within local practice contexts.  

**summary of work:** we initiated a novel approach to FD by situating it in individual healthcare organizations. A CoP foundation workshop was held where sites developed action plans to cultivate TESCoP in their organizations. TESCoP provides support for teachers to mobilize education knowledge into practice, engage in education scholarship within their practice, and facilitate knowledge exchange in their organization. Our research examines processes involved in fostering TESCoP for FD in three different sites using multiple case study methodology informed by a developmental evaluation lens. Data collection explores barriers and enablers related to engagement and sustainability of TESCoP.  

**summary of results:** a similarity observed across sites is the enthusiasm in engaging with colleagues interested in education, but whose roles may not formally encompass education scholarship. A key difference between sites is the pace at which consensus building occurs regarding how to engage in education scholarship. Contextual explanations for these observations relate to organizational infrastructure and advocacy for education initiatives.  

**discussion and conclusions:** explication of nuanced differences, and similarities, across three diverse healthcare organizations offers rich understanding of how local CoPs are influenced by contextual factors. TESCoP illustrates an approach to supporting scholarly education efforts within local practice contexts.  

**take-home messages:** fostering workplace-based FD via CoPs requires critical elements and processes.
"Let's talk about it!": The role of peer dialoguing in faculty development

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Background: Peer review is a powerful resource for faculty development. Traditionally, however, peer review is often implemented in a superficial and mechanistic manner through the use of a checklist of behaviours. This predominant use of the checklist may be perceived as punitive, ritualistic and unsupportive. We have introduced Peer Dialoguing into our medical school to implement a process which promotes open discussion and exchange of ideas; this type of dialogue has led to a culture of faculty development and support which fosters a culture of personal questioning, reflection and improvement.

Summary of Work: As we introduced peer dialoguing amongst our faculty, we have had the opportunity to engage a small group of faculty who have self-selected. We are now in the process of focusing on engaging Pathology & Laboratory Medicine faculty and residents teaching in undergraduate and postgraduate medical education to participate in this process.

Summary of Results: By implementing peer dialoguing rather than a checklist, we have observed so far: active participation in the process, collaborative inquiry, and empowered participants who are engaged and keenly interested in taking on the role of a peer dialoguer with their own colleagues.

Discussion and Conclusions: So far, this model of peer dialoguing has created a climate of respect, an opportunity to build upon experiences, and a chance to empower faculty in a mutually respective and supportive way.

Take-home messages: Robust and continuous faculty development is vital to providing high-quality medical education. The participatory conversations inherent in peer dialoguing advance clinical teaching excellence.

An evaluation of the RCR mentoring scheme pilot for newly-appointed consultants

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Background: A Royal College of Radiologist’s (RCR) survey suggested that newly-appointed consultants felt unprepared for their new role and would value a mentor. Therefore the College set up a pilot mentoring scheme. The aims were: To develop a set of people with mentoring skills; To support a set of new consultants; To evaluate whether it would be worth rolling out a similar scheme to all new consultants.

Summary of Work: We had 36 applications from experienced consultant to be mentors and 46 from new consultants. Due to geographical restrictions, we were able to match 18 pairs. We launched the pilot with a training day in May 2014. All mentees were sent an e-mail link to an anonymous survey, repeated at baseline, six and 12 months, including validated scales of: job satisfaction; work engagement; burnout; organisational commitment; work-life balance; self-esteem and self-efficacy.

Summary of Results: We are awaiting final results. After May 2015, we will compare the results from our small set of new consultants who had a mentor against the scores that we might expect of new consultants from the published literature.

Discussion and Conclusions: Providing a mentoring scheme has proved costly, and this rigorous evaluation will help inform the decision as to whether the College will continue with this or a similar scheme.

Take-home messages: There is scant research evidence that mentorship helps newly-appointed consultants to adjust to their new role. More extensive controlled trials on the efficacy of mentoring are needed.
A faculty development programme on Clinical Communication: impact on teaching and clinical practice

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Background: Clinical communication skills (CCS) are among the core competencies in Medical Education, and essential for providing quality health care. To integrate CCS in the curriculum; it is important that faculty have efficient and effective CCS and be able to teach, observe, evaluate and provide feedback to learners. Therefore, a greater emphasis on faculty development in the domain of teaching and assessing CCS is required.

Summary of Work: A Faculty Development programme on CCS was implemented at the University of Porto School of Medicine. The programme included 6 different 2-days modules, facilitated by 9 internationally recognized faculty experts. The aim of this programme was to promote and improve integrated teaching skills of CCS in clinical practice. A pre and post course assessment was administered to 13 participants and to 15 control group members.

Summary of Results: After the programme, we observed: (i) significant differences between participants and controls in their ability to identify CCS principles (P = <0.001) and CCS teaching principles (P = 0.004); (ii) significant differences of participants with regards to definition of CCS (P = 0.003), skills spotting (P = <0.014) and feedback (P = <0.016). Importance of teaching CCS and participants’ confidence levels were also significantly different after the intervention (P = 0.001).

Discussion and Conclusions: Results suggest the programme has a very positive impact on faculty’s recognition of the importance of CCS and its integration in their teaching and clinical practice.

Take-home messages: Faculty development programmes can be valuable and effective tools for promoting better integration of CCS in health professional training.

Assessing shared decision making skills of 3rd year medical students

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Background: 70% of patients wants to be involved in their care. Shared decision-making (SDM) meets this need, having a positive effect on satisfaction, quality of life and the doctor-patient relationship.

Summary of Work: We teach 3rd year medical students a 5-phase SDM consultation model: 1. Start (goal, equipoise). 2. Informing (treatment options, pros/cons). 3. Deliberation (weighing considerations, concerns). 4. Preference. 5. Decision. Video recordings of 364 students conducting SDM consultations with simulation patients were made, uploaded in students’ digital portfolio, shared with two peers and assessed by teachers. Summative assessments were made using a semi-structured rating list. Assessments were categorized as: below expectations (4-5), meets expectations (6-7-8), and above expectations (9-10). Furthermore, students provided written reflections on self-selected events in their consultation. They both received and provided peer-feedback. By fulfilling this assignment, students received a positive assessment of ‘professional behaviour’.

Summary of Results: A semi-structured rating list was developed to assess SDM skills of 364 medical students. The average assessment was 7.2. 16 students (4.4%) failed, whereas 24 students (6.6%) performed above expectations. The majority of students (89%) performed at ‘meets expectations’ level. All students fulfilled their reflective assignment.

Discussion and Conclusions: SDM skills are essential for effective communication with patients. Our 5-phase consultation model can be used to both teach these skills and assess them using a rating list.

Take-home messages: SDM skills can be taught and assessed.
Patients’ experiences with the recognition of residents and trust in the quality of their care

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Background: The Dutch Consumer Quality Index (CQI) survey is validated for measuring patient experiences, monitoring quality of care and to improve care. Regarding care delivered under residency training programs, there may be tension between the interest of individual patients and the importance for the population as a whole to train young doctors.

Summary of Work: We have extended the regular yearly CQI survey to investigate the perceived quality of care delivered in the context of our (sub-)specialty residency training programs (n=33), with a total of 488 residents. Questions were added related to patients recognizing care being delivered by a resident or intern, and their trust in the quality thereof.

Summary of Results: Overall results show that for outpatient (n=1405) 18% mostly and 68% entirely (86% in total) knew whether care was provided by a medical specialist, resident or medical student. For hospitalized patients (n=1009) this was 38% mostly and 45% always. When delivered by residents, many patients (91% and 88% resp.) mostly or entirely trusted the quality thereof.

Discussion and Conclusions: Both hospitalized and outpatient treated in our large University Hospital (1042 beds) generally seem to be appropriately informed about the grade of their care giver. A reassuring majority entrust the quality of care delivered by residents.

Take-home messages: When entrusting professional activities to residents, the trust of patients really matters too. Obtaining valid information about patients’ experiences with care delivered under residency programs is highly recommended.

Patient perceptions of medical students in primary care: welcome or not?

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Background: Little research has investigated patients’ perceptions of medical students in primary care. We explored this area using a patient questionnaire.

Summary of Work: 145 patients (50 male, 90 female) from 3 primary care centres completed a 6-point questionnaire. Non-identifiable patient information was recorded to perform subgroup analyses using z tests of proportionality.

Summary of Results: 86% of males versus 67.8% of females (p=0.02) were happy to have a male student present in their consultation. More females were happy to have a female student present (81.1%) more than were happy to have a male student present (67.8%) (p=0.0004). 19.9% of respondents would refuse a consultation led by a student. 16.6% of total respondents felt having a student present affected how they acted with the doctor. 36% of patients felt they would rather have a quick appointment than see a student first. 27% of patients would not allow a student to perform a necessary intimate examination (32.2% female vs. 18% male p=0.14).

Discussion and Conclusions: Our results suggest female patients prefer female to male students and that a medical students’ presence may alter the doctor-patient relationship. A significant proportion of patients prioritise speed of appointment over medical education.

Take-home messages: Concerns for patients regarding a medical students presence include: time, gender and their doctor-patient relationship. GPs and students need to elicit and act on a patient’s preference.
Humuments: a creative approach to illuminating the experience of patients involved in a hospital based undergraduate teaching skills course

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Background: We have designed a near-peer bedside teaching session involving patients in a hospital-based teaching skills course for undergraduate medical students. Patients have the session described in advance and are invited to participate by a facilitator not directly involved in the teaching who also explores concerns of patients in advance of the session and seeks their feedback afterwards. These patient-centred steps are considered an essential step for students to develop professional values but are frequently omitted.

Summary of Work: Qualitative data based on patient responses were analysed thematically. Key themes in a representative section of textual responses were then illuminated by course organisers and students using a creative tool called a Humument (1): a ‘human document’ in which text is treated in a literary and visual way to highlight meaning.

Summary of Results: Factors of greatest concern to the patients prior to the teaching (n=159) were to avoid physical discomfort/harm, n=63, and to understand what the session would involve, n=57. Humuments were created reflecting the emotional narratives of patients and used as a prompt for reflection by display in classroom and course book.

Discussion and Conclusions: We are aiming for patients to have a positive experience by involving them in the education process (2), and for this aim to be of central importance to the students. This requires students to recognise patients as human beings and not merely ‘useful cases’.

Take-home messages: This study illustrates the potential value of collaboration with the humanities to highlight the ethos of the patient experience and promote humanity towards hospitalised patients involved in undergraduate teaching.


Assessment of long case examination of the final-year medical students by patients’ parents compared with medical teachers in pediatric rotation

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Background: Competency-based medical education (CBME) emphasizes on the outcomes based on social and parental needs. Patient experience surveys can be useful for the assessment of the medical curriculum. Validation of the evaluation form for patients to assess students is therefore important before implementation.

Summary of Work: During the long case examination, parents were asked to evaluate the students who examined their children, in parallel with the evaluation from medical staffs. The checklists were 3-graded score in history interview, physical examination, patient communication, and professionalism assessment. The wordings in each item in the checklists designed for parents and staffs were different but fit into each aforementioned items. Association between the scores from both sides were performed using marginal homogeneity test.

Summary of Results: In the year 2013, 155 final-year medical students participated in the examination. There were 122 students who were evaluated by both faculty staffs and parents. Of the 4 items examined, the scores in history taking and professionalism did not differ between staffs and parents, while they were higher from parent side in physical examination and communication items.

Discussion and Conclusions: Our preliminary results suggested that the evaluation from medical staffs and parents were quite agreeable in the history taking and professionalism aspects. Parents tended to give higher scores in physical examination and communication skill parts.

Take-home messages: Evaluation of the medical students in pediatric long case examination by parents as a part in CBME is promising. More understandable checklists for both parents and staffs may facilitate better assessment from both sides.
Patients’ Attitude toward Involving Medical Students in Clinical Examination and Care in western Saudi Arabia

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Background: Patients’ attitude and willingness regarding the involvement of medical students in clinical examination and care is a challenging issue that might interfere with the medical education process. The objectives of the study were to assess patients’ attitude and comfort level toward involving medical students in clinical examination and care in western Saudi Arabia, and to identify factors that could influence patients’ preferences.

Summary of Work: A cross-sectional study using self-administered questionnaire was conducted. Participants included patients who attended the outpatient clinics or were admitted in medical, surgical, obstetrics and gynecology departments in King Khalid National Guard Hospital and King Abdul-Aziz University Hospital.

Summary of Results: Four hundred and seventeen adult patients were included. Fifty one percent of patients reported positive attitude toward involving medical students in clinical examination and care. Positive attitude has been reported among 61.7% and 59.7% of male and older age patients (> 45 years old), respectively. Patients who had negative attitude preferred to be examined by medical students of the same sex, and preferred less number of students to exist during clinical consultation or perform examination. Student’s clinical and communication skills were the most influential factors that affect patients’ willingness. Patients were less confident in female and male students wearing casual attire.

Discussion and Conclusions: The acquisition of communication and clinical skills is essential to enhance patients’ cooperation and willingness to accept medical students’ involvement in clinical examination and care.

Take-home messages: This study strongly supports the notion that wearing casual attire could negatively influence patients’ confidence. Culturally-based awareness intervention activities could improve patients’ attitudes.

Patients and Families as Advisors to Teach Patient-and Family-Centered Care

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Background: Patient- and Family Centered Care (PFCC) aims to promote collaborative empowering relationships among patients, families, and health care professionals. Best practice for teaching PFCC is unknown.

Summary of Work: Placing the medical student with the patient/family over a 6 month period, rather than exclusively with health professionals, is expected to promote patient- and family-centeredness. This program was implemented over three years, 2010 to 2013. Objectives: 1. Identify key concepts in PFCC including respect/dignity, information sharing, collaboration and participation; 2. Reflect on patient and family experience and identify medical practices to optimize patient/client family centered care. Program structure included orientation and wrap-up with students and families. Students met with their advisors 2-3 times and with the program facilitators for a mid-point mentoring experience.

Summary of Results: Ethics exemption was received. Focus groups for students (n = 36) and advisors (n=17) were led by trained facilitators who provided summary reports. Chi-square analyses and ANOVAs with post hoc analyses were conducted to compare survey results among years. Paired samples t-tests were conducted to compare the Family Centeredness Attitude Scale scores for before and after the program. Statistically significant differences between perceived current and retrospective ratings of family centeredness were found for two items and the difference for one item approached significance. Medium to large effect sizes were found for most items. Overall, students were very satisfied with the experience, with a mean rating of 4.44 (SD = .70) out of possible 5.

Discussion and Conclusions: Students reported increased family centeredness. Families desired feedback on student learnings and assurance of continued learning.

Take-home messages: Matching students with patient as advisors, coordinated with delivery of PFCC curriculum and facilitation early in medical training is an effective strategy to promote positive PFCC attitudes.
As never seen before: A communication specialist may change the way we teach

**Background:** Medical teachers often lack specific training to develop their communication skills. In this context, they feel “helpless” for not being able to keep up with the ever-changing ways students use to communicate nowadays.

**Summary of Work:** Aiming to reduce the gap between the content of the emergency medicine curricular rotation and students’ language, a communication specialist was included in the teaching team since April 2013. All traditional classes and e-learning interventions underwent a huge technical improvement in their visual and written aspects. Some advertising techniques, such as proper use of colors, text, images and graphics, were taken to attract students’ attention and optimize learning retention.

**Summary of Results:** Supported by a communication specialist, all lessons and a Moodle-based course were renewed with teachers’ approval. There was an increase in students’ participation during the classes and at the virtual environment. Moreover, teachers themselves shared their perception of a higher sense of satisfaction with this new approach.

**Discussion and Conclusions:** Medical education may benefit from professionals to assist professors and educators to talk to their audience. The communication professional may be the agent that will facilitate and improve the information delivery to the students, modernizing traditional classes and adapting them to the new formats and languages that the students are familiar.

**Take-home messages:** A communication specialist may improve the way medicine teachers deliver information to their students.