### 4DD  Posters: Electives / Education

**Environment**

**Location:**

#### #4DD01 (133278)
Implementing elective courses in the basic medical curriculum at the University of Oslo

**Jan Frich***, **University of Oslo, Oslo, Norway**

Kristin Wium  
Linda K. Raine  
Jarle Breivik  
Knut E. A. Lundin  
Elin O. Rosvold

**Background:** Elective courses, also referred to as «special study modules», have become commonplace in basic medical education in many countries. In Norway, there is no such tradition, and elective courses are currently being introduced as part of a curricular reform of the 6-year medical program at the Faculty of Medicine, University of Oslo.

**Summary of Work:** Seven weeks of the curriculum will be dedicated to elective courses, whereas 13 weeks will be allocated for students’ research projects and the related theses. A faculty committee has been appointed to develop the organisational framework and a portfolio of elective courses. Elective periods are implemented from the 3rd year of the curriculum, and the first courses will be arranged in January 2017.

**Summary of Results:** The committee has decided to offer a combination of courses on research methods (2 ECTS), various topics (3 ECTS), and elective clerkships (5 ECTS). A list of courses and course objectives will be developed during 2016.

**Discussion:** In order to provide incentives for teaching and development, elective courses will be implemented through a separate funding scheme. The Faculty of Medicine aims to develop multidisciplinary courses and internships, and will use the elective periods to facilitate national and international exchange of students.

**Conclusion:** The Faculty of Medicine, University of Oslo, will implement elective courses in the basic medical curriculum from January 2017.

**Take Home Messages:** Elective courses create room for individual specialisation in basic medical education, provide methodological and thematic basis for the students’ research theses, and may promote internationalisation.

#### #4DD02 (13532)
Special study modules (SSM) of CPIRD medical students in Vachiraphuket medication center

**Chutimon Boonrod***, **Vachira Phuket Medical Education Center, Phuket, Thailand**

Noppol Thadakul, MD (Vachiraphuket hospital, Phuket, Thailand)

**Background:** Special study modules (SSM) is provision curriculum of Medicine for medical student to gain experience in addition to the regular curriculum. CPIRD is program to created doctor for work in community of Thailand. So this study for special study modules (SSM) agreeable with the CPIRD program or not.

**Summary of Work:** Data collection about special study modules (SSM) of 5th year medical students of Vachiraphuket medical education center. Three years backward of SSM about hospital, educational institutions, department and motivation factors in choosing for their special study modules (SSM) of individual were analyzed with descriptive statistics.

**Summary of Results:** 72 medical students are elective in northern university 43%, in Bangkok 39%, in Southern 12% and abroad university 6%. Mostly elective in the department of Internal Medicine 47%, followed by pediatrics department 24%, but no elective in the community or family medicine at all.

**Discussion:** Special study modules (SSM) may not match the CPIRD program because of medical students want to supplement the experience of major department with advances modern medical center learned or large hospitals. Department of Family Medicine is not major attractive and urban community factor is inconsistent with community that medical CPIRD to work out.

**Conclusion:** Mostly medical students favor to elective in Bangkok or big city and favor to elective major department, such as internal medicine or pediatrics, By not found to elective in family medicine or community medicine. That is inconsistent with objectives of the CPIRD program.

**Take Home Messages:** Medical education center should provide special study module (SSM) for visit family medicine in large hospitals or the community hospital that medical students will have more real community skills applied to actually works when graduated.
**Electives in Medical Education: how to manage the implementation in a new medical curriculum**

**Rita Ramalho**, Faculty Medicine University Porto (FMUP), Porto, Portugal

Inês Falcão-Pires (FMUP, Porto, Portugal)

Pedro Marques (FMUP, Porto, Portugal)

Maria Amélia Ferreira (FMUP, Porto, Portugal)

**Background:** Coping with new challenges imposed to future doctors, the Faculty of Medicine - University of Porto (FMUP), has introduced an innovative curricular approach. 10% of ECTS are allocated to electives from the 2nd till the 5th year, regarding clinical, biomedical, human and epidemiological sciences, providing students the opportunity to broaden competences in unalike subjects and personalize their curriculum according to their interests.

**Summary of Work:** 2014/2015 was the first academic year where students from 2nd year were provided with an assortment of 27 electives. They applied for placement, without a concern about their preferences. In 2015/2016, the increase number of electives to 39, with a total of 1739 openings to 1231, and the need to create a ranking process, hastened the establishment of ranking rules and the development of an informatics platform responsible for allocating and prioritizing the students.

**Summary of Results:** Survey administered to students evidenced that electives were well received, having the majority (90%) resorted to the platform OPTIMMED to establish their preferences, in a process described as well regulated, intuitive and organized. As a flaw, the lack of information from each elective was pointed.

**Discussion:** Electives play an important role in medical students’ education by increasing acquaintances in domains not covered by the nuclear curriculum, teaching valuable skills, increasing wellness, contributing to career choices. The process of simultaneously allocate students from different years, with diverse preferences and interests, would be unbearable without the platform conceived exclusively for this purpose.

**Conclusion:** Electives can contribute to professional and personal development of medical students. Early contact with clinical and non-clinical subjects provides the opportunity to widen their aptitudes.

**Take Home Messages:** The strategies to avoid and management of the risk during elective should form part of an integrated workplace safety plan.

**A study on health and safety issues among medical students during electives in Thailand**

**Arucha Treesirichod**, Faculty of Medicine, Srinakharinwirot University, NakornNayok, Thailand

Nantana Choomchuay (SWU, Nakornnayok, Thailand)

**Background:** Electives provide opportunities for medical students to observe practices and gain individualized educational experiences. However, electives may place medical students at risk of health issue and adverse events.

**Summary of Work:** Introspective questionnaires covering health risks and non-health issues were distributed to medical students of Srinakharinwirot University who have had electives in Thailand.

**Summary of Results:** A total of 252 medical students participated in the study. Overall, 17.9% of students experienced some problems during electives of which health issues was 1.6%. The health risks assessed were needlestick injuries and CSF exposure. Non-health issues were the majority. Accommodation issues and safety, as well as traveling difficulties and communication between institutes were common problems faced with a rate of 39.3%, 21.2% and 15.1% respectively.

**Discussion:** An elective away from medical school can be linked with a greater risk of health problem and safety. Medical school should have policies to managing of these problems.

**Conclusion:** The results indicate that they need to prepare carefully for their electives and it is crucial for students consider how they may overcome their problems.

**Take Home Messages:** The strategies to avoid and management of the risk during elective should form part of an integrated workplace safety plan.
#4DD05 (136106)
Student Selected Components – Balancing act between student choices and alignment to GMC outcomes

Joanne Burke*, University of Glasgow, Glasgow, UK
Amanda McKie
Ryan Clark
Catherine Donegan

Background: Student Selected Components (SSCs) are modules selected by students within the undergraduate medical curriculum in the UK. This complies with the GMC recommendation that 10% of curricular time be available for student choice. It is for each UK medical school to design its own SSC programme to suit its own circumstance. Consequently, the heterogeneous nature within and across the different programmes means that it can involve a large number of different assessment methods, teaching modalities and variety of different topics. At the University of Glasgow this takes the form of 5 week dedicated blocks selected by students from a wide range of options and is undertaken in years 2, 3 and 4 of the curriculum. One of the challenges for each SSC programmes is to map its outcomes to the GMC domains and assessment blueprint in order to demonstrate its relevance and this is explored in this study.

Summary of Work: This study describes the outcome and practical approaches adopted by the University of Glasgow to align the wide range of student choice modules to the GMC outcomes.

Summary of Results: Each year, in total 800 students rotate through >250 different modules at the University of Glasgow. Results from mapping the range of student module ILOs and assessments to GMC outcomes show some variation across the board. While, a more practical strategy in identifying generic commonalities can be undertaken by categorising into overarching themes or broadly grouping similar SSC modules together.

Discussion: A number of approaches can be used to implement and map SSC programmes in the UK.

Conclusion: Careful consideration should be given to local needs and sensible strategies identifying to show compliance of the SSC programme to the GMC requirements.

Take Home Messages: SSCs while allowing student choice in studying a wide range of topics offers its own challenges when attempting to align to the GMC outcomes.

#4DD06 (131576)
Adoption and Correlates of Postgraduate Hospital Educational Environment Measure (PHEEM) in the Evaluation of Learning Environments

Kang Sim*, Institute of Mental Health/National Healthcare Group, Singapore, Singapore
YW Chan
MY Sum
WS Teo
WM Chew
DD Samarasekera

Background: The Postgraduate Hospital Educational Environment Measure (PHEEM) has been evaluated to be a highly reliable, valid and practical instrument. It has been translated into many languages and used internationally. A recent systematic review identified PHEEM as the most suitable instrument for measuring the educational environment in post graduate medicine.

Summary of Work: A systematic literature review was conducted on all articles which reported PHEEM data between 2005 to 2015. This review included 31 papers, with data from 14 counties around the world. Significant differences in PHEEM scores were found between different levels of training, different centers of training and different training programs.

Summary of Results: Common weaknesses in educational environments included lack of counseling for junior doctors who fail to complete their training satisfactorily, and lack of regular feedback. Common strengths were low levels of racism and sex discrimination. In addition, correlations with PHEEM such as the In-Training Exam (ITE) and burnout were found.

Discussion: We have described and evaluated the application of PHEEM in various medical educational environments around the world, in order to facilitate future application and research. We found that PHEEM has been widely used for a variety of purposes, and it has proven to be a useful tool in identifying the strengths and weaknesses of varying educational environments.

Conclusion: Future research can investigate other correlates of PHEEM, interventional studies and measuring longitudinal changes in different educational contexts.

Take Home Messages: • PHEEM is widely adopted in different clinical settings internationally • Correlations between PHEEM scores and ITE performance (positive correlation) and level of burnout (negative correlation) encourage other correlates such as level of coping, resilience to be studied • Monitoring PHEEM changes following interventions to improve educational environments and learning can be considered
DREEM score in Prapokklao Medical Education Center and comparison to all Medical Education Centers in Thailand

Komol Praphasit*, Prapokklao medical education center, Chanthaburi Province, Thailand
Suchat Tantiniramai (Prapokklao Medical Education Center, Chanthaburi Province, Thailand)
Pipat Kongsap (Prapokklao Medical Education Center, Chanthaburi Province, Thailand)

Background: Educational environment is one of the most important determining factors of an effectiveness and quality of the curriculum. Student’s perception of the educational environment has great effects on their response to learning process, behavior, academic progress and sense of well-being. The Dundee Ready Education Environment Measure (DREEM) is an instrument designed for measurement of educational climate specifically for undergraduate medical education.

Summary of Work: The DREEM questionnaire was administered to 4th - 6th years medical students of Prapokklao Medical Education Center (PPK). We identified students’ GPAX, sex, mean total DREEM score and compare to all Medical Education Centers in Thailand.

Summary of Results: There were 114 students included in this study; 39 in 4th year, 37 in 5th year and 38 in 6th year. The mean score in female (54) was 134.55 ± 14.70 and in male (60) was 130.78 ±15.33 (p=0.09). The mean GPAX was 3.14 ±0.39 and total DREEM score was 132.6 ± 15.1, compared to all 34 Medical Education Centers in Thailand.

Discussion: Compare to all Medical Centers, mean GPAX and mean total DREEM score of PPK students was no significantly different. Although the individual items mean score were mostly ≥2, but the items with mean score < 2 were identified in PPK, for example; Cheating is a problem in this school, The teaching over-emphasizes factual learning, Long-term learning is emphasized over short-term learning etc.

Conclusion: There was no different students’ perception of the educational environment between PPK and all Medical Education Centers in Thailand. But some perceptions (Students’ perception of Atmosphere, Students’ perception of Learning, Students’ Social Self-Perception) were low scored(<2) and leading to area of weaknesses that need to be rehabilitated.

Take Home Messages: The DREEM score is suitable for measure overall motivation and learning attitude of the individual student and may be the useful tool for course organizers to ensure and maintain the quality of educational environments and recheck the students’ attitude.

Perception of Educational Environment among Undergraduate Students in Ministry of Public Health (MOPH) Medical Education Center of Thailand

Wasana Hongkan*, Collaborative project to increase production of rural doctors (CPIRD), MOPH, Thailand, Nonthaburi, Thailand
Rajin Arora
Roungtiva Muenpa
Sukit Purak

Background: Medical students’ perceptions of educational environments provide data of strengths and weaknesses for medical education centers (MECs) to improve their quality. Lack of national data about educational environment among MOPH medical education centers of Thailand was found. This study aims to evaluate the perception of educational environment among undergraduate students in MECs of Thailand using Dundee ready education environment measure (DREEM).

Summary of Results: The questionnaires were completed by 2,467 medical students and the response rate was 85.7%. The majority of the students were female (58%). Year levels were 4th year (36%), 5th year (33%) and 6th year (31%). The mean of GPAX was 3.15 ±0.38. The total mean score was 131.1 ±17.4 showed that the medical students’ perceptions were positive. The students’ perception was also positive for all five DREEM subscales. No association between gender, year levels and GPAX on total DREEM scores was found.

Discussion: Among 34 MECs of Thailand had different factors such as size, region etc. We should provide the further study for the association of factors and DREEM scores.

Conclusion: Perception of educational environment among undergraduate students in MECs of Thailand were positive and no association between gender, year levels and GPAX on total DREEM score.

Take Home Messages: Education environment should be evaluated for quality assurance of medical education center.
Determine the study climate score among MOPH Medical Education Center using the DREEM: Are the bigger hospitals better?

Roungtiva Muenpa*, Collaborative project to increase production of rural doctors, Nonthaburi, Thailand
Rajin Arora
Wasana Hongkan
Sukit Purak

Background: The collaborative project to increase production of rural doctor (CPIRD) had responsibility to support the clinical teaching medical centers belong to Ministry of Public Health (MOPH) according to their size; the bigger size, higher budget. The study expected to explore the study climate score among three groups of medical center; large, medium and small size using the Dundee Ready Education Environment Measure (DREEM).

Summary of Work: A cross-sectional study was performed in 34 MOPH medical centers that considered large, medium and small size in 9, 10 and 15 centers, respectively. All medical students of medical year were asked to complete The DREEM questionnaire during September to October 2015. Student characteristics including gender, year of study and GPA were collected. Data among size of medical center were compared.

Summary of Results: A total of 2,467 out of 2,880 medical students responded; 906 from large size, 848 from medium size and 713 from small size. The overall DREEM scores were significantly higher for small size (131.9 ±17.5) and large size (131.6 ± 16.4) than medium size (129.9 ±18.1) (p=0.040). The proportion of excellent level (score 151-200) was higher in small size (12.1%) than medium size (9.9%) and large size (9.7%) significantly (p=0.010).

Discussion: The results revealed that study climate score was higher in small size of medical centers event CPIRD spent much more budget in the large size of medical center. This might imply that there are other factors involving rather than budget supporting in order to have good clinical teaching environment.

Conclusion: It is clear that smaller clinical teaching centers are preferred by students.

Take Home Messages: Medical student who study in small size of clinical teaching center, might have more happiness in learning place than those who study in larger clinical teaching center.
Do medical students’ perception of their educational environment change along their training?

Sylvia Enns*, Universidade de São Paulo, São Paulo, Brazil
Munique Almeida
Fernanda B Mayer
Paulo S P Silveira
Milton A Martins
Patricia Z Tempski

Background: The learning environment stands out as a factor that can exacerbate or mitigate stress among medical students. We aimed to assess students’ educational environment perception during their medical course.

Summary of Work: We used the DREEM questionnaire in a multicenter, longitudinal study, in which we compared the scores of 186 students from 22 medical schools in two moments of their medical course. The first measure was in the year 2011, when they were in 1st, 2nd and 3rd years of medical school, and the other in year 2015, when they were in 4th, 5th and 6th years of medical school.

Summary of Results: The total DREEM scores decreased from 124.6 ± 27.1 to 112.6 ± 27.2 (P<0.001). The scores in all domains were significantly lower in the second measure (P<0.001). In the social self-perceptions domain, the scores decreased from 16.1 ± 4.9 to 14.2 ± 4.6 (P<0.001), changing the interpretation category of these scores from “not too bad” to “not a nice place” in the second measure. We observed that female and male students reported significantly lower scores in the second measure in all domains and in the total DREEM scores (P<0.001).

Discussion: Many aspects may explain our results, such as greater workload and more responsibilities in clerkship; verbal, emotional, and physical abuse from faculty and/or colleagues, and students may even have developed a more critical view of their teachers, educational activities, and methods.

Conclusion: Students report a more positive perception of their educational environment during their first years of medical school than they do during their final years, especially regarding their social self-perceptions.

Take Home Messages: Medical educators retain the responsibility to improve the educational environment of medical schools by planning the curriculum to offer experiences that lead to personal and professional growth while supporting social, physical, and mental health.
Evaluation of the educational environment in Surgery internship at medical school of University of Chile

Matias Jerez*, University of Chile, Santiago, Chile
Francisca Swenson (University of Chile, Santiago, Chile)
José Peralta (University of Chile, Santiago, Chile)

Background: Educational commitment is an obligation of educational institutions. Therefore, we must look at achievement determinants in undergraduate education such as the educational environment, defined as "the most important manifestation and conceptualization of the curriculum".

Summary of Work: It was described the clinical educational environment perception in surgery internship by applying the PHEEM survey 2012 to 129 students who was attending their surgery internship. The overall average score by campus internship was analyzed by t student test, in order to compare the results obtained.

Summary of Results: The overall average score of all campuses was 94.59 ± 17.78, corresponding to "an educational environment more positive than negative, with possibility of improvement". The overall average score interval was 68.44 to 115.94 ("educational environment with many troubles" and "educational environment more positive than negative, with possibility of improvement", respectively). Significant statistical differences were found between campuses: 1-3 (p<0.0001), 1-4 (p=0.0001), 1-5 (p<0.0001), 2-3 (p<0.0001), 2-4 (p<0.0001) and 2-5 (p<0.0001), 3-5 (p=0.0231), 4-5 (p=0.0140). Campuses 2, 1 and 4 had the highest overall average score, in descending order. Campus 5 obtained the lowest score, the only one "educational environment with many troubles".

Discussion: There were found significant statistical differences between the different campuses that can be explained by hidden curriculum, student distribution methods, diverse tutor’s pedagogy styles, etc., which can be studied in future researches.

Conclusion: The campuses of medical school of University of Chile were classified as "educational environment with many troubles" and "educational environment more positive than negative, with possibility of improvement". Measuring and analyzing the PHEEM survey results permanently will allow assessing the impact of clinical practice and curricular innovation processes.

Take Home Messages: Educational commitment is an obligation of educational institutions. Educational environment has an important influence in educational processes. This research contributes in the development of knowledge and suggests the introduction of these processes to other educational institutions.

How can we promote a positive learning environment in medical schools? Strategies from medical teachers

Cristhian Perez*, Universidad de Concepcion, Concepcion, Chile
Guisela Olave
Giulietta Vaccarezza
Nancy Bastias
Carolina Marquez
Cesar Aguilar

Background: Universities around the world have a growing concern about teaching practices and their teachers competencies. But this concern has been more focused on teaching and assessment activities than others competencies, for instance teacher’s management of learning environment. There are a significant amount of studies about students’ perception about learning environment but there are less research about teaching practices for make it more positive.

Summary of Work: This qualitative research, sponsored by FONDECYT 1161541, followed the Grounded theory guidelines. Its objective was to analyze teaching practices for managing learning environment. 16 teachers from different Medical schools from Concepcion (Chile) were interviewed using in-deep interviews. A theoretical sampling was used. Data was analyzed using axial coding.

Summary of Results: An axial model about “teaching strategies to manage learning environment” emerged from analysis. It showed that the course, student’s attitudes and behaviors and previous outcomes obtained by teachers can affect teaching strategies to promote a positive environment. Those strategies are also affected by teachers’ characteristic such as their teaching experience, their previous training in educational topics and their motivation. Those strategies mix planification and improvisation, and they can influence learning environment and students’ behaviors. Beyond this, it also can impact learning outcomes.

Discussion: Outcomes showed that there is not a clear image about what teachers need to do to promote a positive learning environment. Despite they seem to be motivated to include this kind of strategies, they used to emerge from their intuition with a lower influence of their educational knowledge.

Conclusion: Teaching strategies to promote a positive environment are an assumed need by Medical teachers. Due to teachers do not have formal training about this topic, they have to create them. And some strategies could be successful. However, teachers see them as an unclear art.

Take Home Messages: Learning environment is a educational challenge as important as teaching and assessment.
Educational environment, alcohol problems and academic performance: a survey in one Brazilian Medical School

Maria Lima*, Botucatu Medical School, UNESP, Botucatu, Brazil
Ana TA Ramos-Cerqueira (UNESP, Botucatu, Brazil)

Background: Academic performance can be influenced by a number of factors such as the educational environment. However, it can also suffer influence of personal aspects such as alcohol problems.

Summary of Work: A cross-sectional study was carried out among undergraduate Medical students, aiming to assess academic performance and associated factors. The questionnaire was used investigating academic performance and the Dundee Ready Environment Measure (DREEM). DREEM has 50 items based on the Likert scale and was used to assess the course environment. The academic performance was defined by be failed or not in the last semester, at least in one course. The outcome was academic performance and the main predictor was student’s perception of atmosphere. The analysis was adjusted by gender, age and alcohol problems.

Summary of Results: Results: A total of 391 students completed the questionnaire, giving a response rate of 87.0%. Regarding academic performance, 34.8% has failed in the last semester in at least one course. Only student’s perception of atmosphere keep associated with academic performance with OR=0.95 (p=0.002) as a protective factor against being failed. On the other hand, alcohol problems have associated with being failed in all analyses.

Discussion: Discussion: Alcohol problems has been increasing worldwide mainly among young people. Its association with worse performance is worrying and University needs to deal with. Regarding the educational environment is important to investigate which aspects need to improve to get a better academic performance.

Conclusion: Alcohol problems were a consistent risk factor for worse academic performance and, student’s perception of atmosphere an important protective factor.

Take Home Messages: The educational environment may be important in academic performance and it should be assessed in medical schools, aiming its improvement.

Evaluation of the educational environment in Gynecology internship at medical school of University of Chile

Francisca Swenson*, University of Chile, Santiago, Chile
Matías Jerez (University of Chile, Santiago, Chile)
José Peralta (University of Chile, Santiago, Chile)

Background: Educational commitment is an obligation of educational institutions. Therefore, we must look at achievement determinants in undergraduate education such as the educational environment, defined as "the most important manifestation and conceptualization of the curriculum".

Summary of Work: It was described the clinical educational environment perception in gynecology internship by applying the PHEEM survey 2012 to 115 students who was attending their gynecology internship. The overall average score by campus was analyzed by t student test, in order to compare the results obtained.

Summary of Results: The overall average score of all campuses was 115.32 ± 8.90, corresponding to "an educational environment more positive than negative, with possibility of improvement". The overall average score interval was 105.25 to 122.81 ("educational environment more positive than negative, with possibility of improvement" and "excellent educational environment", respectively). Significant statistical differences were found between campus: 1-2 (p=0.0276), 1-3 (p=0.0034), 1-5 (p=0.0321), 2-4 (p=0.0209), 3-4 (p=0.0006) and 4-5 (p=0.0225). Campuses 3, 2 and 5 had the highest overall average score, in descending order.

Discussion: There were found significant statistical differences between the different campuses that can be explained by hidden curriculum, student distribution methods, diverse tutor’s pedagogy styles, etc. which can be studied in future research.

Conclusion: The campuses of medical school of University of Chile were classified as "an educational environment more positive than negative, with possibility of improvement" and "excellent educational environment". Measuring and analyzing the PHEEM survey results permanently will allow assessing the impact of clinical practice and curricular innovation processes.

Take Home Messages: Educational commitment is an obligation of educational institutions. Educational environment has an important influence in educational processes. This research contributes in the development of knowledge and suggests the introduction of these processes to other educational institutions.
Using appreciative inquiry to explore the factors which contribute to a positive educational environment in a tertiary paediatric setting

Amina Al-Yassin*, Great Ormond Street Hospital, London, UK
Andrew Long (Great Ormond Street Hospital, London, UK)

Background: In the UK both general and sub-speciality paediatric trainees undertake attachments in highly-specialised tertiary hospitals. The cases, investigations and procedures here may be unfamiliar to the general trainee. This may lead to trainee dissatisfaction, mismatched trainee-trainer expectations and a perceived lack of educational opportunities. With the “Shape of training” review (reshaping postgraduate training in the UK to focus on more general themes) this issue may become more prominent. We wanted to explore the factors that contribute to a positive educational environment and training experience. These included trainee, potential to enhance their educational environment and how this could be improved in our tertiary setting.

Summary of Work: GMC and London school of paediatrics survey data was examined to find areas of practice where our organisation received less-than-optimal scores. These areas were then explored using observational work and semi-structured interviews with trainees. Appreciative inquiry methodology (Cooperrider 1990) was used to identify areas of perceived best practice and consider how these could be promoted and disseminated to build on the potential of the organisation (4D Model: Discover, Dream, Design, Deploy).

Summary of Results: Twelve best-practice themes were identified (1) Manage expectations by acknowledging the challenges (2) Educational contracting to identify learning needs and opportunities (3) Creative educational supervision (4) Centralised teaching events (5) Signpost learning opportunities including non-clinical (6) Curriculum-mapped pan-hospital teaching programmes (7) Local faculty groups with trainee representation (8) Interprofessional learning (9) Pastoral support systems (10) Cross-over weeks to increase clinical exposure (11) Adequate clinical supervision (12) Rota design to include teaching and clinic time.

Discussion: Through appreciative inquiry, trainees identified methods of best practice which have the potential to enhance their educational environment and training experience. These included trainee, trainer and organisational factors.

Take Home Messages: Trainee buy-in and feedback are essential to diagnose and improve educational environments. Appreciative inquiry is a useful method to identify and disseminate best educational practice in complex institutions.

The Professionalism Divide: Residents’ Perceptions of Professionalism in the Learning Environment

Preston Reynolds*, University of Virginia, Charlottesville, USA
Casey White, University of Virginia, USA
James Martindale, University of Virginia, USA
Nicholas Kiefer, University of Virginia, USA

Background: Residency training occurs alongside patient care in environments that are complex. The LCME and ACGME mandate learning environments that promote professionalism. In concert with this movement, the ACGME implemented the Clinical Learning Environment Review (C.L.E.R.) program. The C.L.E.R. program requires institutions and residency programs create professionalism curricula, periodically assess the culture of professionalism, and continuously improve to meet new review standards.

Summary of Work: The survey was to assess the culture of professionalism from the perspective of residents. It was hypothesized that residents would rate their commitment to professionalism greater than their residency program and the institution. The project was an anonymous on-line survey to be completed by all residents. Three mailings were sent out. The project received IRB approval.

Summary of Results: More than 47% of residents (365/771) completed the survey. Residents reported they were significantly more committed to demonstrating the 13 professional behaviors than the institution. (p < .001) Residents also perceived their residency program significantly more committed to professionalism than the institution. (p < .001). Residents reported the most common reason they did not attend workshops on professionalism topics is that they were not offered (54%). Respondents noted about 25% of their faculty modeled professionalism all of the time. More than 50% of respondents admitted their perception of the importance of professionalism was influenced when their attendings did not model professionalism. The lack of time and support services, and the number of patient admissions were cited as barriers to professionalism.

Discussion: Despite major institutional initiatives focusing on appreciative inquiry, compassionate care, and patient safety, residents at one teaching hospital report they work in a learning environment they perceive is not as committed to professionalism as they are. Furthermore, the lack of commitment to several professionalism behaviors reveal the need for resident curricula, faculty development and institution-wide initiatives.

Conclusion: Moving from advanced beginner to competent professional requires residents have the right learning environment for this development to occur. While the LCME and ACGME mandate learning environments that promote professionalism, this goal is not being achieved. These data reveal the learning environment should remain a focus of ACGME activities, and these activities should be expanded if
we are to train the next generation of professionals in professionalism. 

Take Home Messages: Residents at one teaching hospital report they work in learning environments that are not as committed to professionalism as they are, and this difference from their perspective is significant. These data highlight the need to focus on professionalism competency as a fundamental component of residency education, and the preparation of professionals in professionalism.

#4DD19 (135291)
Relationship between the perception of the educational environment and academic performance in medical students at a public university in Tabasco, México

Sarai Aguilar-Barojas*, Universidad Juárez Autónoma de Tabasco, Villahermosa Tabasco, México
Alejandro Jiménez-Sastré (UJAT, Villahermosa, México)
Elsy del Carmen Quevedo-Tejero (UJAT, Villahermosa, México)
Ma. Luisa Castillo-Orueta (UJAT, Villahermosa, México)
Viviana Valencia-Ramón (UJAT, Villahermosa, México)
Guadalupe Jiménez-Solís (UJAT, Villahermosa, México)

Background: The educational environment of the medical education is an important issue because is an indicator of the quality and has been associated with the development, satisfaction and the academic performance. The objective of this investigation is to establish the relationship between the academic performance and the educational environment where be students of medicine.

Summary of Work: For the perception of the educational environment was applied the DREEM questionnaire, which it has 5 subscales and a maximum score of 200. The academic performance was established as a variable consisting of the average of the ratings and curricular progress. The sample was 155 students of medicine in a public university in Tabasco, Mexico.

Summary of Results: DREEM average score was 154 (SD 19.46) associated with curricular advance (p=0.007). Subscales of the instrument presented association with the curricular progress were social-self perception (p=0.018) and the atmosphere (p=0.034). The number of completed credits with the social-self perception (p=0.008). No difference in the average scores of students who have a good curricular progress and is associated with the perception of learning subscale (p=0.013).

Discussion: Lokuhetty (2010) reported a DREEM average score of 107.43, Riquelme (2009) of 128.8, and Palés (2015) of 116.2 that are lower than calculated in this study of 154 points. Al-Ansari (2015) used the DREEM and concluded that the students’ academic performance was affected by various aspects of perceiving the educational environment, as in this study.

Conclusion: The perception of academic environment in medical students is related to educational performance, expressed as curriculum progress. The average score is related to the perception of learning.

Take Home Messages: The DREEM inventory is an instrument that creates a snapshot of student educational environment whose sensitivity has been tested and can be applied in combination with quantitative analysis to identify factors that may influence academic performance and develop strategies to support students to improve it.