#4EE01 (1759)
Weaving in faculty development for busy surgeons

Kenneth Shivei Long, Tan Tock Seng Hospital, Singapore
Saleem Ahmed, Tan Tock Seng Hospital, Singapore
Liew See Yin, Tan Tock Seng Hospital, Singapore
Sarah Qinghui Lu, Tan Tock Seng Hospital, Singapore

Background: Mini-CEX and DOPS are workplace assessment tools in evaluation of surgical trainees. Their utility however is dependent on an adequately trained faculty so that it can be relevant. It is often challenging for residency programmes to get doctors to participate in faculty development programmes due to various reasons.

Summary of Work: A survey was conducted among the General Surgery faculty to identify gaps in Mini-CEX and DOPS utilisation; followed by an expert-led workshop demonstrating how to better evaluate residents using these tools. A pre-/post-intervention survey was subsequently conducted among the residents to determine whether the post-intervention assessment tools were more useful.

Summary of Results: The study involved a total of 19 residents. Analysis of the pre-/post-intervention survey results showed that the residents perceived the post-intervention mini-CEX and DOPS to be more useful assessment and feedback tools than pre-intervention. The results also revealed that the residents felt the feedback they received was more constructive.

Discussion: Heavy workload and unpredictable schedules were reasons preventing the faculty from participating in development programmes. Hence, we circumvented this by scheduling the workshop during the department-timetabled journal clubs. The faculty was also fully involved in the workshop conducted by domain experts by using role-play scenarios in the simulation lab.

Conclusion: Residents evidently benefit from the continued development of its faculty, with the evaluation of residents using mini-CEX and DOPS assessment tools being only one of many aspects. It is however often administratively challenging for the faculty to participate in these development workshops.

Take-home Message: Surgical residency programmes should look for creative ways to weave training workshops into the busy schedule of the surgical faculty. Empowering the faculty with the skills and knowledge in the conduct of various assessment tools transforms these tools to become more useful and constructive for the trainees.

#4EE02 (482)
Teachers’ Learning Community to Train Generic Skills in Medical Students

Olga Matus, Medical Education Department, University of Concepcion, Concepcion, Chile
Rocio Catalan, University of Concepcion, Concepcion, Chile
Liliana Ortiz, University of Concepcion, Concepcion, Chile
Nancy Bastias, University of Concepcion, Concepcion, Chile
Ivone Campos, University of Concepcion, Concepcion, Chile
Carola Bruna, University of Concepcion, Concepcion, Chile

Background: Generic Skills (GS) education plays a key role in medical students’ lifelong learning. To train students in GS is a challenge for medical educators. University of Concepción’s GS Model considers 4 GS: Critical thinking, Communication skills, social responsibility, Entrepreneurship/teamwork. Perceptions of educators, members of learning communities for GS are essential.

Summary of Work: A learning community with 7 medical educators was conformed, guided by a GS trained teacher. Through group dynamics, teaching and assessment strategies were analyzed, designing strategies to apply with students. The learning process was assessed with focus groups and discursive analysis, from which elements highlighted by teachers trained are extracted.

Summary of Results: Between the perceptions of teachers participating in the learning community are highlighted: importance of being trained to be models consistent with the University GS Model, learning to collaborate by giving when necessary, sharing their knowledge with humility. Participants considered appropriate the learning community to train teachers in GS.

Discussion: The positive perception of participant teachers about their training in GS, through the formed learning community, indicates that this type of experience favors collaborative learning among peers, which leads to the conclusion that it is advisable to transfer this type of experience to other medical educators to train students.

Conclusion: It is important to consider the medical educators perceptions about their training in GS, as students training is a challenge that teachers should accomplish to develop their lifelong learning. Teachers’ training is essential to be able to exercise the corresponding role model and transfer GS to students.

Take-home Message: Learning communities are a valuable tool to train medical educators in Generic Skills, as they favor collaborative peer learning, that is also a Generic Skill.
#4EE03 (3339)
Diversified teaching strategies in the training reduced the new nursing staff turnover rate within 1 month

Yu-Mei Hsin, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan
Tsai-Rung Lin
Ying Hui Lin

**Background:** The default training period for our hospital’s new nursing staff was 5 days. Mostly, the training courses include advocacy of hospital policies and operational instructions. The technical training was 4 hours. Therefore, new nursing staff had a high turnover rate up to 12-20% after working for 1 month during 2012-2014.

**Summary of Work:** Hands-on teaching and situational practice courses and 5 professional skill courses for 3 days. 11 technical subjects were discussed to equip the trainees with necessary skills. Written and multimedia teaching materials were put together by instructors and 7 interdisciplinary teachers. The teaching material will be uploaded for self-learning.

**Summary of Results:** The training was adjusted from 5 to 9 days. Courses including clinical technical ability, hands-on instructions with lectures, discussions, exercises, and assessments were added to enhance the trainees’ knowledge-base. The trainees’ satisfaction rate was 100%, and the turnover rate dropped to 3.8-5% after the implementation of the new training courses.

**Discussion:** A wide variety of written and multimedia teaching materials was provided for self-learning. Along with 46 clinical teachers in the situational exercises to clarify their questions, the trainees were able to improve their clinical abilities while learning the proper skills and knowledge.

**Conclusion:** Adding technical self-learning and practical exercises, the pre-service training was able to cater for the different needs of individual trainees. As a result, trainees can have a smoother transition to the clinical environment with less impact, and the one-month turnover rate can also be reduced.

**Take-home Message:** Diversified teaching strategies can enable trainees to clarify their questions and enhance their memories with practical exercises and self-learning. The improved training courses are effective, and should be on going to help the staff to improve their professional ability. They can adjust themselves in the clinical environment more easily.

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#4EE04 (2052)
Post-Graduate Health Professions Education (HPE) course: training the next generation of HPE educators

Valdes Bollela, Ribeirão Preto School of Medicine-University of São Paulo (FMRP-USP), Ribeirão Preto, Brazil
Marcos C Borges, Ribeirão Preto School of Medicine-University of São Paulo (FMRP-USP), Ribeirão Preto, Brazil
Maria PP Pinto, Ribeirão Preto School of Medicine-University of São Paulo (FMRP-USP), Ribeirão Preto, Brazil
Anotnio Pazin-Filho, Ribeirão Preto School of Medicine-University of São Paulo (FMRP-USP), Ribeirão Preto, Brazil
Luiz EA Troncon, Ribeirão Preto School of Medicine-University of São Paulo (FMRP-USP), Ribeirão Preto, Brazil

**Background:** In Brazil, most of the Post-graduate training courses in Health Professions are mainly focused on biological and Basic-Science topics. There is a lack of learning opportunities for the next generation post-graduate people to develop themselves as educators, during their formal training.

**Summary of Work:** We developed and implemented a 10-week in-site training course focused on Health Professions Education (HPE) topics. From 2013-2016 the discipline had been offered, and every week a group of four students was in charge to design and deliver a topic to the other students, with the support of Faculty members.

**Summary of Results:** At the end of each topic students received feedback from colleagues and Faculty. After 10 weeks they answer a Retro-Pre&Post questionnaire to evaluate their perception about learning, comparing the moment when finish with the discipline first day. Every year the number of applicants was three times more than places offered.

**Discussion:** Using a 9-point Likert-scale to assess the difference between the 1st and 10th week, the Students’ perception about their improvement was 2.4 points higher, on average. Most of them said they had very few teaching skills at the beginning.

**Conclusion:** There is a real need for post-graduate HPE courses during their formal training. Teaching knowledge and skills baseline related to HPE topics are very low. A ten week training-course, based on a hands-on teaching & learning approach, increased students’ perception about their capability to teach/help others to learn.

**Take-home Message:** Training the next generation of educators for Higher Education in Brazil is a need. Post-graduate courses on HPE strategies improve the students’ perception about their knowledge and ability to act as future teachers, and they really appreciate it.
#4EE05 (1074)
Learning from errors - How to deal with them

Maarit Nevalainen, University of Helsinki, Helsinki, Finland
Asta Toivonen, University of Helsinki, Helsinki, Finland
Eeva Pyörälä, University of Helsinki, Helsinki, Finland

Background: Error prevention and patient safety are daily practices in health care. Medical errors and critical incidents are powerful experiences and important sources for learning and professional development, not to be dealt with alone. Supervisors, colleagues and the whole healthcare teams and units should be involved in the processing of errors.

Summary of Work: We have conducted three workshops on learning from error at the Finnish Doctor conference, the main continuous professional training event in Finland. An interest in the topic has increased. In 2017, we collected feedback from the participants, 32/74 responded. We explored their experiences of and ideas about learning from errors.

Summary of Results: Most participants reported personal experiences of errors. For healing from error, support from their team was crucial. Reflecting adverse events at cognitive and emotional level with colleagues and trusted people enhanced learning. At unit level, change of focus from blame approach to identifying root-causes of the event fostered collaborative learning.

Discussion: Working community learns from errors if the causal chain of events and accumulation of hazardous incidents are carefully identified, analysed and measures are taken to prevent them to recur. Both patient’s and caregiver’s emotions require attention in order to avoid them both to become victims of the error.

Conclusion: Training on learning from errors and patient safety is expanding in medical curricula. The notable interest and active participation in the workshops in continuous professional development prove that it is a crucial topic for practicing physicians. Instruction on learning from error should be provided at all levels of medical education.

Take-home Message: The working community learns from medical errors, if it is ready to analyse the causal chain of events. Learning from errors requires both cognitive and emotional processing in a psychologically safe environment, not seeking for whom to blame but seeking the ways of how to improve.

#4EE06 (1116)
Advancing Team-Based Care Competencies Through Small Group Learning

Christie Newton, University of British Columbia, Vancouver, Canada
Victoria Wood, University of British Columbia, Vancouver, Canada

Background: Globally team-based care has become a preferred practice model; however few practising health professionals have been formally trained in collaborative care. Accessible, widely distributed professional development (CPD) is needed. The Office of UBC Health has developed a series of self-facilitated small group learning modules focused on team-based collaborative practice competencies.

Summary of Work: Small group learning (SGL) is recognized as an effective way to move knowledge to behaviour. Across Canada it has become a preferred method for CPD and practice improvement. The Office of UBC Health has developed a small group learning series to support health professionals to improve team-based care processes in practice.

Summary of Results: Although too early in the dissemination to demonstrate enhanced collaborative practice, the team-based care SGL series provides a sustainable, broadly distributable evidence based continuing professional development opportunity for health professionals. Compared to traditional CPD, SGL better engages and supports practitioners (adult learners) in continuous learning and ongoing practice improvement.

Discussion: Maintaining competence and implementing care innovations like team-based care, are challenging across the health professions. Practice demands, cost and access all limit engagement in traditional CPD. Practitioner support through small group learning focused on collaborative competencies will not only improve care but also enhance health professional confidence in ongoing improvement.

Conclusion: For successful implementation of practice innovations like team-based care models more attention must be directed at the professional development needs of the practitioners. SGL provides an ideal process for advancing practice innovations, supporting the maintenance of competence and engaging practitioners in sustainable continuous system improvement.

Take-home Message: Staying current, practice improvement and care innovations are challenging for the busy health care provider. SGL is a sustainable, flexible, easily accessed and distributed CPD strategy to support practitioners in accomplishing these professional tasks. The UBC Health SGL series on team-based care is one example of this type of CPD.
#4EE07 (297)
Reflective Practice: Evaluation of Creative Writing in Continuing Professional Development and Undergraduate Medical Education

Eleanor Holmes, Newcastle University, Newcastle upon Tyne, UK
Sue Spencer, NAWE, International Fellow of ECPD, Newcastle upon Tyne, UK

Background: Reflective practice is a meta-cognitive concept that has the capacity to bring together all domains of learning and increase capability and capacity. Reflective practice, narrative competence and storytelling have all also been cited as crucial components of professional practice in relation to patient safety and effective working relationships.

Summary of Work: In this pilot project thirteen participants were offered creative writing as a tool for enhancing reflective practice. Through a co-facilitated staff development workshop participants were given experience of and confidence to use, support and assess creative writing interventions whilst developing skills and insights for their own CPD and teaching practices.

Summary of Results: Increased confidence using creative writing as a tool for reflection was seen, as well as new insights and strategies for processing patient deaths and the impact of participants own life experiences on clinical practice. Using creative writing as a means to prevent emotional burnout in resource-poor environments was also noted.

Discussion: Creative writing in a reflective practice context offers a way of navigating the uncertainty and complexity inherent to modern day professional practice. One of the main outcomes of professional education should not just be a knowledgeable practitioner but also a safe practitioner capable of learning through reflection.

Conclusion: Creative writing significantly improves health practitioners’ reflective capacity by fostering genuine insights and imaginative leaps of understanding and the ability to understand care narratives from multiple perspectives. This approach is practical to implement in both CPD and undergraduate medical education and necessary for professional wellbeing and relationships in care.

Take-home Message: Creative writing used as a tool in reflective practice leads to powerful insights into the impact of healthcare systems and professional practice on the lived experience of patients and carers and contributes to more sensitive and empathetic practitioners as well as providing a valuable self-care resource for professionals.

#4EE08 (2758)
“The Writing Club”: An Inter-professional Peer Support Writing Group in an Academic Family Health Team

Susan Hum, Women’s College Hospital, Toronto, Canada
Nicholas Pimlott, Women’s College Hospital, Toronto, Canada
Lisa Fernandes, Women’s College Hospital, Toronto, Canada
Viola Antao, Women’s College Hospital, Toronto, Canada
Sheryl Spithoff, Women’s College Hospital, Toronto, Canada
Janet Probst, Women’s College Hospital, Toronto, Canada

Background: Academic family physicians and other health professional educators receive promotions based on their research and scholarly productivity. However, they face many challenges in writing for publication. Barriers to successful writing and publishing can be overcome through peer support.

Summary of Work: Using a mixed-methods approach (two surveys and a focus group discussion), we described the processes, experiences and evaluative outcomes of an ongoing, bimonthly (1.5 hrs) inter-professional peer support writing group (PSWG) that was established in January 2012, in an academic family health team (AFHT) in Toronto, Canada.

Summary of Results: Participants liked the “hands-on” working meeting format and the group review process. Most group members felt supported/understood by the facilitator and their peers to share their drafts for feedback/discussion. The PSGW enhanced participants’ writing confidence, skills and productivity, stimulated rich discussions, and inspired creative thinking and new writing project ideas.

Discussion: Our PSGW is unique because it is inter-professional, grounded in family practice, and encourages/supports a variety of writing projects ranging from research to education scholarship to reflective practice. The PSGW is sustainable due to a dedicated core group, and the supportive, non-judgmental, and collegial environment of our working meetings.

Conclusion: Our PSGW is a successful, effective initiative at increasing the wide-ranging writing productivity of academic family physicians and their inter-professional colleagues. Future work will determine whether our group review process can be implemented in other AFHTs using distance education models and facilitator-training workshops.

Take-home Message: Academic family physicians and other health professional educators have much to share from their research, education scholarship and experiences managing inter-professional issues, and dilemmas in clinical practice. Their writing confidence, skills and productivity can be increased through regular PSGW “hands-on” working meetings.
#4EE09 (2947)
**Paired Learning – Bringing Clinicians and Managers Together in Great Ormond Street Children’s Hospital**

**Konstantinos Dimitriades,** Great Ormond Street Children's Hospital, London, UK  
**Sanjiv Sharma,** Great Ormond Street Children's Hospital, London, UK  

**Background:** The paired learning programme originated in Imperial College in 2010. In 2015 it was piloted in PICU (Paediatric Intensive Care Unit) in preparation for a pan-hospital run from January to July 2017. The aim is to encourage cross boundary collaboration between clinicians and managers through project creation and organizational development.

**Summary of Work:** Twelve pairs of clinicians and managers were selected from across the hospital and matched according to departments as well as Myers-Briggs type indicators (MBTI). Pairs were allocated both a senior clinical and executive supervisor. The programme consists of monthly workshops, workshops, supervision meetings, peer mentoring and an improvement project.

**Discussion:** The greatest strength of this programme lies in its ability to encourage communication between participants. Techniques used included discussions around MBTI and appreciative inquiry which encourage peer learning. This backbone of communication is laid out early in the programme followed by workshops to assist in the management of their projects.

**Conclusion:** Paired Learning can be used as an effective tool to break down barriers between clinicians and non-clinicians, fostering understanding and assisting in the creation of a collaborative working environment, whilst maximising the strengths of each profession. Key to its success is opening the lines of communication from the first session.

**Take-home Message:** The future success of organizations relies on their ability to breakdown silos, create networks and work collaboratively. The paired learning programme through many iterations can be used to teach skills and encourage professionals to learn from one another. Senior supervision and project management assist in consolidating learning.

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#4EE10 (1015)
**Mentor training, where shall we begin? A realistic evaluation study on preliminary results from focus group interviews**

**Mei-Ling Tseng,** Chang Gung University College of Medicine, Taoyuan, Taiwan  
**Chang-Chyi Jenq,** Chang Gung Memorial Hospital/Chang Gung Medical Education Research Center, Linkou, Taiwan  
**Kuo-Chen Liao,** Chang Gung Memorial Hospital/Chang Gung Medical Education Research Center, Linkou, Taiwan  
**Hsu-Min Tseng,** Chang Gung University, Taoyuan, Taiwan  
**San-Jou Yeh,** Chang Gung Memorial Hospital, Linkou, Taiwan  
**Lynn Monrouxe,** Chang Gung Medical Education Research Center, Linkou, Taiwan

**Background:** Aspiring and young medical professionals can be overwhelmed by challenges in their study and early career. Mentors are mostly clinicians who have not been specifically trained for nurturing mentees. Our study adopts realistic evaluation following preliminary results from focus group interviews to explore the key factors required for mentor training.

**Summary of Work:** We conducted twelve 1-hour focus group interviews (3–5 participants each, n=49). Participants comprised of medical students, Post-Graduate Year-1, residents, medical mentors and other healthcare profession mentors. Interview transcripts were analysed using realistic evaluation to develop CMO-configurations (Context-Mechanism-Outcome) in terms of what works (outcomes), for whom, in what contexts and why (mechanisms).

**Summary of Results:** We identified 6 components from 18 CMO-configurations building up to the direction of mentor training: (1) handling mentor-mentee meetings; (2) managing mentee’s emotional issues; (3) being career consultants; (4) managing legal issues; (5) resolving arguments between mentees and other professionals; (6) seeking help to deal with mentees’ difficult problems.

**Discussion:** In-depth analysis of CMO-configurations revealed a recurrent pattern in mentor-mentee interactions. Mentees seek help from their mentors, however through poor communication either in the request or the assistance provided, the relationship may deteriorate. Mentors need proper training to interpret the needs of their mentees and respond appropriately.

**Conclusion:** Realistic evaluation can be utilised to analyse the transcripts of focus group interviews to help us reveal the components of the mentor training. The results of our study form the foundation from which further training programmes to improve the competency of mentors can be developed.

**Take-home Message:** Focus group interviews and realistic evaluation help us collect the information of the existing mentor-mentee issues, make a blueprint to design a better training course for mentor trainees and achieve a feasible and transferable method of mentorship training, which is crucial in medical education.
Faculty development program for clinical supervision: comparison of two training formats

Noëlle Junod Perron, University of Geneva Hospitals, Faculty of Medicine, Geneva, Switzerland
Nadia Bajwa, University of Geneva Hospitals, Faculty of Medicine, Geneva, Switzerland
Jehanne De Grasset, University of Geneva Hospitals, Geneva, Switzerland
Helene Richard-Lepouriel, University of Geneva Hospitals, Geneva, Switzerland
Marie Claude Audéat, University of Geneva Faculty of Medicine, Geneva, Switzerland
Mathieu Nendaz, University of Geneva Hospitals, Faculty of Medicine, Geneva, Switzerland

Background: The transition from trainee to faculty requires advanced clinical supervision skills. Faculty often have difficulty with delivering feedback during workplace observations. The aim of the project was to evaluate whether a personalized coaching format was more effective than a traditional workshop-based format at improving faculty clinical supervision skills.

Summary of Work: We conducted a randomized controlled intervention study. 83 faculty from 5 departments were assigned to either a traditional format with three workshops or a personalized coaching format with two workshops and three coaching sessions. Outcome measures were participants’ self-assessment (self-efficacy) and scores on a four-station objective standardized teaching exercise (OSTE).

Summary of Results: Both groups improved their scores on the OSTE (mean difference=10.36, P<.001). There was no difference in scores between groups (mean difference=0.48, P=0.33). Both groups expressed higher self-efficacy post-intervention (mean difference=11.85, P<.001). There was no difference in self-efficacy for both groups.

Discussion: Both formats of faculty development improved OSTE scores, but there was no demonstrated advantage from personal coaching. This is surprising given the educational value of video-based training. The current results are limited by the small sample size. The study is ongoing to further explore validity evidence for both training formats.

Conclusion: Training faculty on how to supervise and give feedback is effective. The additional impact of individual coaching versus workshops alone is still uncertain.

Take-home Message: A longitudinal faculty development program grounded in theory and practice is effective in improving trainers’ teaching skills in either a workshop-based and/or personal coaching format.

Dare to disagree? ‘Teamthink’ vs ‘groupthink’ among clinical supervisors participating in workplace situated faculty development

Pia Strand, Lund University, Faculty of Medicine, Centre for Teaching and Learning, Lund, Sweden
Christina Gummesson, Lund University, Faculty of Medicine, Centre for Teaching and Learning, Lund, Sweden
Gitte Wichmann-Hansen, Aarhus University, School of Business and Social Sciences, Centre for Teaching and Learning, Aarhus, Denmark
Gudrun Edgren, Lund University, Faculty of Medicine, Centre for Teaching and Learning, Lund, Sweden

Background: Faculty development (FD) grounded in practice theory emphasizes the embodied, contextualized activities teachers engage in with peers in the workplace setting. The aim of this study was to explore what factors might influence collaborative learning among physician colleagues participating in workplace situated FD-activities as a means to develop undergraduate supervision.

Summary of Work: In cycle one of a longitudinal action research study, thirty-four physicians from four departments participated in FD-activities placing a value on ‘in situ’, collaborative learning and jointly constructed, student-focused goals. We collected data on how the process and outcomes were perceived in audiotaped group-sessions, in-depth interviews and participant- and researcher-writings.

Summary of Results: We found patterns of relationships between certain types of motivators, workplace structures and group-climates. A significant finding was how ‘teamthink’ (e.g. tolerance of uncertainty, disagreement and use of conditional, inclusive language) was related to perceptions of high group-performance. ‘Groupthink-like’ behaviors (e.g. unchallenged decision-making) were related to perceptions of low group-performance.

Discussion: The findings indicate that among agency, structure and group-climate factors, the way groups dealt with tensions of knowing, trust, and belonging significantly influenced the collaborative learning process and outcomes. An implication for FD as practice development is to work with patterns of ‘teamthink’ in phases of contextual and group challenges.

Conclusion: FD-models building on practice theories, guided by principles of collaborative, co- and self-directed learning among colleagues, may benefit from mapping agency, group-climate and sociocultural influences on how the group interacts in pursuing its practice. Working with patterns of ‘teamthink’ may be a route to maintain motivation and enhance group-performance.

Take-home Message: FD located in the workplace social practices imply an understanding of how practitioners deal with roles, tensions and work-demands that drive learning. A way to stimulate positive experiences and high group-performance among colleagues in collaborative learning groups is to surface dissent and work to achieve ‘teamthink’ rather than ‘groupthink’-like behaviors.
Background: Faculty development is an essential component of every medical education institution. A survey in Taiwan shows that the satisfaction rates (>90%) of a faculty development program is far higher than the implication rates. (59.3% ~ 79.19%). We aim to look into why their learning does not always translate into practice.

Summary of Work: The study was conducted through semi-structured focus group interview method. Clinical teachers (n=29, medical doctors and nurses) who all had participated a least a faculty development program was recruited from Linko and Keelung branches of Chang Gung Memorial Hospital. Data analysis was done through self-regulation with thematic analysis.

Summary of Results: The findings suggest that previous experiences as students, diverse practicum environments, rotation design and personal beliefs impact on how clinical teachers translate their learning into practice. These are used to form a framework of self-regulation. A self-regulation model was established with multiple layers of context which mediates self-regulation cycles.

Discussion: The framework propose that teachers’ self-regulation is impacted by both external and internal factors. Clinical teachers with stronger personal beliefs in teaching progress as a teacher and deeper reflection in teaching progress and outcomes is more capable to bring themselves into teaching context, translating their learning into practice following FDPs.

Conclusion: The framework of self-regulation can apply in the content of this study in Taiwan. We explored more on how multiple layers of context belong to the organization or hospital domain impact clinical teaching in practicum within medical education in Taiwan.

Take-home Message: The framework of self-regulation consider how environmental factors and personal beliefs influence clinical teachers' self-regulation in action when they are adopting new teaching methods from faculty development programs. The framework can apply in evaluation outcome of faculty development to a certain extent.
#4EE15 (1092)
Have our Trainers improved? Modernising Medical Careers (MMC) a decade on

Andrea Stevens, Queen Elizabeth Hospital Birmingham, Birmingham, UK
Jill Webb, Queen Elizabeth Hospital Birmingham, Birmingham, UK

Background: UK post-graduate training dramatically changed in 2007 with MMC, from time-based to competency-based curricula with work based assessments (WBAs). Specialties have individualised WBAs, e.g. Procedure Based Assessment (PBA) in surgery and Direct Observation of Radiotherapy Planning Skills (DORPS) in clinical oncology. WBAs rely on competent trainers. Trainer perceptions were investigated.

Summary of Work: Semi-structured interviews with trainers in their own specialty to assess the perceptions and attitudes of trainers towards these WBAs were conducted and thematic analysis used to explore the transcribed interviews. The questions for the interviews were derived from either a survey of trainers or a focus group.

Summary of Results: Clinical oncology trainers felt they lacked experience and had a desire to understand how "experts" use the tool to best advantage. Surgical trainers reported concerns around developmental feedback that could knock a trainee’s self-confidence. There was little evidence that trainers understood the value of reflection to enable learning from feedback.

Discussion: Key themes were feedback and reflection. Trainers still struggle with giving feedback, mostly using Pendleton-type approaches. Formative vs summative assessment remains unclear and recording developmental feedback difficult. Reflective practice was poorly understood: few trainers formally used it themselves, nor had the knowledge or skills to encourage it.

Conclusion: Despite a full cohort of trainees passing through the competency-based curriculum, trainers generally continued to struggle with the knowledge and skills needed to maximise the educational value of WBAs.

Take-home Message: There is an ongoing need for trainer training in the current educational methods, especially to encourage useful feedback and to enable trainees to demonstrate reflective practice. The annual appraisal of trainers started last year by the General Medical Council may help to spread improved skills for trainers.

#4EE16 (675)
Promoting professional development of clinical educators through learning community of practice and appreciative inquiry approaches - A pilot study

Jer-Chia Tsai, Department of Internal Medicine, College of Medicine, Kaohsiung Medical University and Hospital, Kaohsiung, Taiwan
Jeng-Hsien Yen, Department of Internal Medicine, College of Medicine, Kaohsiung Medical University and Hospital, Kaohsiung, Taiwan

Chee-Siong Lee, Department of Internal Medicine, College of Medicine, Kaohsiung Medical University and Hospital, Kaohsiung, Taiwan
Yu-Chih Lin, Department of Internal Medicine, College of Medicine, Kaohsiung Medical University and Hospital, Kaohsiung, Taiwan
Ching-Ju Shen, Department of Obstetrics and Gynecology, College of Medicine, Kaohsiung Medical University and Hospital, Kaohsiung, Taiwan
Wei-Che Lee, Department of Surgery, College of Medicine, Kaohsiung Medical University and Hospital, Kaohsiung, Taiwan

Background: Community of practice (CoP) and appreciative inquiry (AI) models were proposed for faculty development and organizational learning. This study aims to investigate the impacts of both CoP and AI approaches on professional development of clinical teachers, specifically in educators’ role transformation and innovations of educational practice.

Summary of Work: Ten clinical educators (CEd), as department teaching coordinators, participated in learning CoP focusing on Harden’s six roles of clinical teachers. AI model emphasizes discovering and sharing positive educational practice and innovations in clinical teaching. Role transformation and clinical teaching effectiveness were evaluated by self-reflection and interviews after CoP and AI.

Summary of Results: CEd displayed active role transformation from knowledge provider, facilitator, and assessor to role model, course planner, and resource developer. Content analysis identified the key themes as fostering teaching beliefs and intelligence, establishing educational environment, quality assurance, and educational innovations in simulation and digital learning, and aspirations to educational scholarship.

Discussion: CoP incorporated with AI enables CEd to establish role transformation from personal teaching tasks to department clinical educators' responsibilities. Both approaches enhance CEd’s teaching capacity through peer learning, shared goals, and mutual support. Discovering best practice and designing action plans lead to educational innovations and CEd’s professional growth.

Conclusion: Peer learning CoP facilitates the professional development from individual clinical teaching expert to advanced clinical educators. Four-D cycles of AI model enables clinical educators to discover, dream, design and deliver the best educational practice and innovations, and personal learning goals for pursuing the professional career as medical educators.

Take-home Message: Linking learning CoP with AI acts as an effective faculty development model to broaden clinical educators’ multiple educational roles and promote their teaching competencies. Peer learning, shared visions and actions create the innovations, best educational practice, and clinical educators’ aspirations to educational scholarship for continuous professional development.