Towards good performance in healthcare: development of a governance-training program for medical doctors

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Background: Better clinical leadership improves performance of health institutions. Moreover, refining the governance of healthcare services has brought doctors on significant leadership roles throughout healthcare system. However, no structured education is accessible in curricula or career development. Therefore, we aimed to develop and provide medical leaders with a governance-training program.

Summary of Work: A 24-hour contact course aiming to advance skills on creating and communicating personal concepts, effective negotiation, setting clear direction, improve and redesign healthcare, raise self/others awareness, and develop collaborative work was designed. No restriction on participants’ selection was made. Methodologies included mentoring, coaching and active role-play learning.

Summary of Results: Results of the assessment made by questionnaire and by individual structured-interview show that the governance training program was evaluated as highly effective mostly due to the experiential learning activities and the interactive nature of the program. In-depth training courses on leadership and conflict management were suggested by the participants.

Discussion: People are organizations most critical elements since they contribute to competitiveness and to the organisational sustaining. The training of behaviour and organizational competences may influence simultaneously individual and organisational welfare.

Conclusion: The medical doctors who attended this governance training program expressed the need to fill the gap on training experiences in leadership and organizational competences. They also evaluated positively the impact of the course on their immediate practice.

Take-home Message: The development of governance training programs addressed to medical doctors may enhance good performance in healthcare.

Reverse Ward Rounds as a Means of Medical Apprenticeship - a Qualitative Survey

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Background: Ward rounds have long been a cornerstone in patient care and medical education. Whilst hospital culture has become less hierarchical in recent years, there is a steep responsibility gradient for junior physicians upon assuming more senior roles, when they are expected to lead rounds independently.

Summary of Work: To promote high-level decision making in a safe environment and prepare junior doctors for independent practice, we introduced reverse ward rounds, led by trainees and supervised by a single consultant. We evaluated the impact on professional development by conducting semi-structured qualitative surveys which were completed retrospectively by seven participating trainees.

Summary of Results: All survey respondents found reverse ward rounds to be a useful experience. Reasons included improved confidence in diagnostic skills and communication skills, greater understanding of the roles played by other team-members, and the opportunity for direct senior feedback.

Discussion: Most respondents felt that reverse ward rounds were most useful when used alongside traditional senior-led rounds, to complement observational learning. They also give consultants the opportunity to understand individual learning needs and tailor further training, developing a master-apprentice model of learning.

Conclusion: Leading a ward round is a vital skill that is often insufficiently taught to junior doctors. Our qualitative survey study suggested that enabling trainees to practice this skill under senior supervision promoted confidence and prepared them for independent practice.

Take-home Message: Reversing traditional hierarchies enables junior physicians to practice important skills in a controlled environment. It also provides an opportunity to stimulate discussion on leadership style and communication techniques, allowing trainees to develop as a clinical leader.
#4KK03 (1269)
Leadership and Mentoring in Nursing Research (LMNR) programme: expectations and professional identity perception of participants

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Background: Clinician-scientists are crucial for leading connections between care and research. International concern exists about decreasing numbers and lack of diversity among this important category of scientists. To stimulate capacity within the nursing(science) field, a leadership program was developed for postdoctoral nurse-scientists. We have been evaluating the programme influence on participants.

Summary of Work: Open interviews were conducted with all 12 participants in 2016 at the start of the first Dutch ‘Leadership and Mentoring in Nursing Research (LMNR)’ programme, and are repeated annually. The (3 male, 9 female) participants averaged 43 yrs (range 30-54).

Interviews were transcribed verbatim, thematically analysed and member-checked.

Summary of Results: All participants are engaged in postdoctoral research (n=12), frequently combined with education (n=8), patient care (n=4), and/or policy&management (n=3). All express a strong researcher and nurse identity, and aspire to a research career. Programme expectations included career reflection, personal growth, increased visibility, research network extension and broadened research competency.

Discussion: Although literature defines clinician-scientists as researchers active in direct care, only 33% of the participants practice clinical nursing. However, all preserve their nurse identity and passion for nursing, which motivates their research. Leader identity was less well articulated, and programme expectations were very content driven and aimed at collaboration.

Conclusion: Nurse-scientist expectations were aligned with leadership program goals in terms of expansion and depth of leadership (personal and community) and research competency. Although relatively few were practicing clinicians, a strong professional identity as a nurse, and drive to work with and for nurses in practice, clearly influenced their research approaches.

Take-home Message: Passion for nursing is the primary research motivation for Dutch nurse-scientists. Clinical roots are very strong but a current active clinical role is not a prerequisite for a strong clinician-scientist identity.

#4KK04 (1142)
Medical leadership development in undergraduates: Global Physician-Leadership Stream (GPS) of The Chinese University of Hong Kong

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Background: In an era of technology explosion and ultra-specialization, doctors tend to be trained as technicians with specialized skills. There comes a need to nurture a new generation of well-rounded doctors with a global perspective and leadership skills. The GPS was established as the first undergraduate medical leadership programme in Asia.

Summary of Work: GPS aims to prepare students to become future medical leaders for local and international communities. Through personalized mentorship, medical leadership workshops, supervised projects and overseas internship, they are equipped with basic skills of medical leadership and enhanced capacity of intellectual curiosity, critical thinking, social intelligence and sense of social responsibility.

Summary of Results: Since the establishment in 2013, GPS students have outstanding achievements in various fields. These include student-initiated research training and medical humanitarian service platforms, first-authored papers in leading journals, international young-investigator awards, prestigious local and international scholarships, collaborative research and humanitarian projects with international institutions.

Discussion: In addition to the core curriculum of medical studies, GPS offers individualized extra learning opportunities for talented students with aspiration, which allows earlier and personalized career development for these future leaders in various fields of biomedical research, clinical service, healthcare administration and medical education.

Conclusion: GPS is an innovative medical leadership program which combines personal mentorship, structured leadership workshops, practical field experience under supervision and international learning experience for budding medical leaders with talents and aspiration.

Take-home Message: GPS is the first medical undergraduate leadership program in Asia with pedagogical innovations and mission of developing well-rounded medical leaders with global perspective.
Background: Leadership is needed in the dental profession to obtain success. Dental students are exposed to multiple situations with new challenges, developing accomplishments based on past experiences. There is a shortage of papers published about students’ perceptions of leadership importance along with their interest in developing leadership skills as an undergraduate.

Summary of Work: The aim of this study was to explore dental students’ perception regarding leadership development. Data were collected through an online questionnaire composed of 12 questions and distributed to 74 dental students, and 58 were returned. The data were statistically analyzed using SPSS.

Summary of Results: The majority of responders (92%) reported that they agreed the significance of leadership skills, (94%) believed it can be learned. (97%) assumed that they will expect to lead in their dental practice and (87%) will lead non-dentistry roles in community. Almost all students agreed that they benefit from leadership courses.

Discussion: The results of the study were in agreement with other studies. Dental students showed a great interest in learning leadership and believed that leadership skills can be acquired. They also reported the desire to improve their confidence, assertiveness and to be able to influence others.

Conclusion: The dental students at Qassim University showed an interest in developing leadership skills. They assume they are expected to be leaders in their own practice. Perceptions from students from this research can help in the design of leadership skills course.

Take-home Message: Dental students value the acquisition of leadership skills for their future role as dental surgeons. They accept that leadership skills can be taught and learned. More leadership courses are needed to meet the dental students’ interests in Qassim University. Results of this study will help in their design.

Background: In community settings, leadership skills are essential in medical education to prepare effective physician leaders. However, there are a few empirically validated measures to assess implementation of leadership. This study describes the development, factor structures, and initial reliability of a self-evaluation questionnaire for medical leadership in community medicine.

Summary of Work: The total of 67 medical students participated in the study project. Initial 30 items of the self-perceived competence were developed to support important leadership skills. The exploratory factor analysis (EFA) was performed by using principal component analysis with varimax rotation. Items with low factor loadings (<0.50) were excluded.

Summary of Results: The EFA extracted 27 item scales into 4 components of leadership skills (74.76% of cumulative Eigenvalues; KMO=0.90, M=3.99±0.58) representing risk management and conflict resolution (Eigenvalue=6.56; 22.66%, M=3.96±0.75), management principles (Eigenvalue=5.81; 20.05%, M=3.91±0.61), community health promotion (Eigenvalue=5.40; 18.61%, M=4.04±0.60) and communication skills (Eigenvalue=4.04; 13.50%, M=4.18±0.62). The questionnaire reliability coefficient was 0.97.

Discussion: The scale demonstrated excellent internal consistency reliability. Communication skills and community health promotion were higher order implementation leadership factors correlated with the learning objective of Community Medicine program for medical cadets in Phramongkutklao College of Medicine. There is no significantly different item functioning between genders and position within the group.

Conclusion: The MLQ is a reliable and efficient measure of leadership skills in Community Medicine and can be used without significantly different item functioning. This study suggests that effective medical leaders should be properly skillful in risk management and conflict resolution, management principles, community health promotion and communication.

Take-home Message: The EFA resulted in a 27-item scale with four medical leadership skill components and demonstrated excellent reliability. In the future, we will provide the same questionnaire to fourth-year medical cadets to prove the constructed validity and evaluate the factor structure identified in the EFA above by confirmatory factor analysis.
Informal education as a tool to foster leadership in medical students: IFMSA-Québec’s case study

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Background: IFMSA-Québec, the international branch of the Québec Medical Student Federation, offers numerous leadership opportunities. We wonder how medical students contrast experience of leadership gained in their curriculum (MC) versus IFMSA-Québec (IQ) to ultimately help shape their medical practice. To our knowledge, such an impact assessment has never been undertaken.

Summary of Work: A survey, in which student volunteers (n=55) were asked scaled (1-5) questions about leadership skills was sent by email and social media. Participants were recruited on the basis of present and past involvement in IFMSA-Québec. This survey was based on the CanMEDS Competencies Framework and the NHS Leadership Framework.

Summary of Results: Overall, students consistently rated the organization higher in terms of leadership skills acquisition (MC mean 2.92 vs IQ 4.11; mean difference +1.18), regardless of their campus and year of study. Students were also more confident in their leadership skills (MC mean 3.19 vs IQ 4.33; mean difference +1.14).

Discussion: The analysis conducted highlights the positive impact of IFMSA-Québec on leadership skills and self-confidence. Recurrent themes were the autonomy and support given by the Executive Board for local and national projects. Alumni also credit the organization for their sustained community involvement, be it in a medical capacity or not.

Conclusion: Evaluation of student-led initiative is rather uncommon and we hope that this study will benefit medical education and show that students can have a positive impact on their own skills and capacity building with activities created by them and for them.

Take-home Message: This study demonstrates that students can have a positive impact on skills development via capacity building, outside of the classic curriculum. Through its leadership opportunities, IFMSA-Québec remains a source of inspiration and skill acquisition for future health leaders, empowering them to take an active role in their communities.

Management in Health Care - a Field Approach

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Background: Healthcare delivery in the Philippines has evolved from the traditional clinical and specialist oriented care in tertiary care hospitals to a more public health care approach where doctors assume a leadership role in developing effective programs to address relevant health care concerns.

Summary of Work: Health Management Course is an introduction into Healthcare Delivery Systems. Objectives are to discuss principles particularly, leadership, controlling, planning and organising. The field work is where the undergraduate students apply the management theories and concepts. Several institutions visited are Health Ministry and Food and Drug Agency, pharmaceutical and non-government organisations.

Summary of Results: The approach in the course has produced leaders who have a more public health orientation. A growing number of medical graduates have volunteered to take on healthcare provider roles in far flung areas and those in most need. A number have continued into masters in health administration.

Discussion: The undergraduate medical students have expressed an appreciation of a bigger view of health care and roles beyond clinical service delivery. An emphasis on the role of the doctor as a social mobiliser, health educator and effective advocate has been reinforced through this course.

Conclusion: The Medical Curriculum has benefited from this course offering because this has empowered the medical student in the multi-potential roles each can assume - as a public health advocate, mobiliser and provider. This has prepared the medical graduate to assume bigger roles after graduation.

Take-home Message: Medical graduates are destined to be leaders in health care in the country. This course prepares the student in four aspects needed to become effective managers, particularly in leadership, organising, controlling and planning. This has made students appreciate better their roles as health care providers.
#4KK09 (3315)
Surgical Residents’ Perceptions of Leadership Education in Specialist Training

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Background: Practicing clinicians require leadership and management skills to deliver high-quality, cost-effective care. Competent clinical leadership contributes to efficient teamwork which improves clinical outcomes. In University of Helsinki, we introduced leadership education for the residents in 2009. This work surveyed the attitudes and perceptions of our department’s residents towards leadership training.

Summary of Work: For this survey in our Department of Abdominal Surgery, six residents were interviewed. A questionnaire was sent to ten residents and six replied. These fourth to sixth year residents were questioned about perceived problems and challenges in the training, but also about possible benefits and implications from this education.

Summary of Results: Many declared lack of motivation for the leadership education, only surgical training was considered to be important. Reflection was considered challenging, as was time management. The benefits were that the education had broadened the view of underlying processes in healthcare system, and had helped in self-evaluating personal practices.

Discussion: The residents failed to see the leadership education as part of their professional development in becoming a specialist. The attitudes towards leadership training were rather negative which may be also a reflection of the attitudes of the senior specialists. The current leadership education was regarded to be too time consuming.

Conclusion: The results of the survey will help in formulating a further strategy in advancing the leadership training, improving the attitudes, and promoting the importance of leadership skills in delivering superior patient care. Patient safety, healthcare quality and job satisfaction are important factors for all of us in the medical profession.

Take-home Message: The practicing clinicians today should have not only medical knowledge, but also competency in leadership and management, as well as the ability to continuously evaluate and improve on how care is delivered. Leadership can be taught, but the main obstacles seem to be the negative attitudes of the physicians themselves.

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#4KK10 (1098)
A Comprehensive Leadership Development Programme for an Entire Postgraduate Specialism

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Background: In 2010, the General Medical Council (GMC) required Medical Schools (undergraduate) and each specialty Royal College (postgraduate) to incorporate leadership development into the training of doctors. Implementation has been uneven with some institutions doing rather more than others and various approaches being adopted.

Summary of Work: A detailed, comprehensive and systematic leadership programme was developed for all postgraduate doctors (N=350) in a particular specialty within the West Midlands. Training was provided to educational supervisors and tutors so that work-based opportunities and reflection sessions could be provided to support the acquisition of leadership skills.

Summary of Results: A leadership development programme was provided across all hospital sites in the region. All tutors in the specialism received appropriate training and an independent evaluation has recommended a roll-out to other regions; a guide is being developed to support this implementation.

Discussion: Although leadership development for doctors has been advocated for sometime, most provision has taken the form of short-courses, which are typically for volunteer or funded individuals, thus creating an elite subgroup. The new systematic approach ensures all trainees are exposed to common leadership skills, creating a critical mass of doctors.

Conclusion: Lack of appropriate leadership training for educators has been a major obstacle to implementation of leadership provision for postgraduate doctors. This comprehensive training programme increased knowledge of relevant leadership skills and also promoted greater confidence. An independent evaluation has identified greater awareness and communication about leadership between trainees and tutors.

Take-home Message: A systematic, comprehensive and unified programme to develop leadership skills would provide relevant training across all sites and years for junior doctors. Training of educators is essential and provides a cost-effective model as the tutors can offer training to future postgraduate medics for many years ahead.
#4KK11 (3322)
Outcomes-based education deserves outcomes-based accreditation: Canadian Residency Accreditation Reform (CanRAC)

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Background: Accreditation is a quality improvement process that evaluates programs against national standards. In 2013, the Royal College, the College of Family Physicians of Canada and Le Collège des médecins du Québec partnered to develop a new postgraduate accreditation system, based on leading practices and a competency-based approach to medical education.

Summary of Work: The three colleges’ collaboration, known as CanRAC, undertook consultations with key stakeholders. Multiple expert committees were struck to oversee this work over several years, resulting in the development of a blueprint for a 21st century accreditation system balancing both continuous and episodic elements, and comprised of 10 key components.

Summary of Results: The proposed new system emphasizes outcomes focused on residency program quality, strengthens the evaluation of the learning environment, aligns with the principles of competency-based medical education, introduces a digital platform and embodies the values of efficiency, consistency, and continuous quality improvement (CQI).

Discussion: CanRAC has developed a roadmap to transform Canadian residency education accreditation, promising an enhanced system for programs, institutions, residents, surveyors, and ultimately, patient care. The implementation plan is a multi-year, iterative approach to allow for robust evaluation and testing, prior to widespread implementation anticipated for July 1, 2019.

Conclusion: The Canadian residency accreditation system has not undergone a comprehensive review and reform in more than 20 years. The new system will ensure residency programs are accredited in a system that is outcomes-oriented, aligned with competency-based medical education principles, digital, and CQI driven.

Take-home Message: As medical education worldwide moves towards a competency-based model, there are implications for how programs are accredited to ensure standards, processes and systems emphasize the right markers of quality and encourage quality improvement.

#4KK12 (3145)
Have Canadian medical schools developed a culture of continuing quality improvement?

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Background: Accreditation aims at ensuring the quality of medical education and at promoting continuous quality improvement (CQI). The degree of CQI implementation at medical schools, a proxy measure of their adoption of a CQI culture, was assessed by the Baldrige ‘Are we making progress’ questionnaire, adapted to the Program education framework.

Summary of Work: In 2015-16, leaders and teachers at 16 of the 17 Canadian medical schools were invited to electronically complete the questionnaire; one school was excluded due to ongoing accreditation activities.

A Rasch modeling evaluated the survey measurement properties. CQI implementation was determined for each program (means/standard errors) and compared between programs.

Summary of Results: Thirteen (82%) schools participated, with 57 to 256 respondents/school (for a total of 491 respondents). Response rates cannot be calculated as total numbers of teachers/leaders were unknown at each school. Means and standards errors, using Rasch-person measures, varied from 0.36 to 2.32 (0.22 – 0.49), with significant differences between programs.

Discussion: Although the degree of CQI implementation differed between schools, all scored low, suggesting incomplete CQI culture adoption. Schools had all gone through several accreditation cycles. This implies that current accreditation does not promote CQI, schools are not receptive to CQI promotion, or the instrument does not appropriately capture CQI implementation.

Conclusion: Despite their participation in many cycles of accreditation over the years, Canadian medical schools have not fully adopted a CQI culture, as measured by the perceived degree of CQI implementation on the Baldrige survey. Additional studies are needed to further explore the link between accreditation activities and promotion of CQI.

Take-home Message: Accreditation does not appear to promote the development of a CQI culture within medical schools, when using the Baldrige survey as proxy marker. Additional studies are needed to further explore the link between accreditation activities and the promotion of CQI at Canadian medical schools.
#4KK13 (1301)
How about having your training center accredited?

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**Background:** After graduating the medical professional steps into an educational era known as “continuous professional development (CPD)”, but, how to identify good educational quality here, in Europe? As from 2015 NASCE (Network of Accredited Skills Centers in Europe) has begun to provide accreditation service for medical training centers.

**Summary of Work:** The NASCE accreditation, a European quality system, is a good guarantee for premium education. The accreditation process along with the criteria also aids the center itself in further developing its operations. Knowing about the quality of the educational provider helps the trainee in selecting between various options.

**Summary of Results:** The NASCE accreditation provides the key criteria and an international evaluation process on which to base high quality skills training operations. In Finland only the Centre of Medical Education, Central Hospital of Central Finland, Jyväskylä, is accredited and our two years experiences are in agreement with the NASCE narration.

**Discussion:** In our experience the NASCE accreditation is a tough process to go through, but rewards by offering an internationally noticed quality certificate and most importantly, a reliable proof of high quality educational services. This is what the medical trainees and professionals in CPD phase are ultimately looking for.

**Conclusion:** The thorough NASCE accreditation criteria covering: governance, administration, teachers, learners, competencies and research are all issues to be addressed when running a high quality medical skills training center. The Centre of Medical Education, Jyväskylä, Finland, has so far alone accomplished the accreditation process in Finland and is offering national collaboration.

**Take-home Message:** If you are offering medical skills training services, do go for quality and get accredited! The trainees and the patients deserve it. The NASCE organization (https://nascenet.org/) is a European accreditation organization tailored for European demands.

#4KK14 (291)
Experience of the Clinical Audit Training Program in Taiwan

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**Background:** It has been a trend that hospitals enhance the quality of healthcare via third-party accreditation. Such accreditation usually causes extra workload for staff. By developing a training program that introduces the British Clinical Auditing to Taiwan, we hope that the auditing becomes routine self-check reducing the paper work during accreditation.

**Summary of Work:** The program aims to enable staff to design and prepare a clinical audit, and to analyze and act on the findings. Each trainee acquires a reference book on clinical audit. The book contains clinical audit designs and structures, the practical work, and guidance for leading clinical audit in a service.

**Summary of Results:** The program involved 27 hospitals. Feedbacks were collected through a questionnaire with a recovery rate of 89.4%. The results show that the trainees were unanimously satisfied with the workshop. The most welcome courses were how to design a clinical audit (21%) and draw up measures for a clinical audit (15%).

**Discussion:** This program offers a complete package of clinical auditing. The trainees particularly appreciated clinical audit design. They also identified problems, drew up measures, and extracted findings. They planned to make such auditing a routine to deliver quality healthcare in hospitals. The program turned out to have fulfilled its original objective.

**Conclusion:** The program primarily focuses on practical operations and case exercise. With group discussions and coaching from the instructors, the trainees—the potential internal auditors in the clinics—could quickly pick up the auditing essentials that would be applied to the clinic management and accreditation preparation.

**Take-home Message:** Medical staff may have had some concepts of clinical auditing. The program reinforces the concepts by providing trainees more cases that are practical. An updated program will adopt diverse experience sharing regarding clinic auditing. It’s expected that all the participants can effectively learn how to design a clinical audit.