OSJSM introduces North American undergraduate medical education to China.

**Summary of Work:** Faculty development support is required to implement culturally sensitive forms of long distance medical education. As part of the OSJSM initiative, an electronic portfolio (eportfolio) program, with a novel faculty development initiative is being shared with OSJSM. Shadow coaching involves a trans-Pacific pairing of coaches supported by local faculty development.

**Summary of Results:** The reflection eportfolio platform has been mirrored at OSJSM. Highly engaged University of Ottawa eportfolio coaches were recruited to serve as shadow coaches to:

- Serve as a mentor, resource and 'silent partner'
- Check in via email or WeChat (Chinese messaging app) after group meetings
- Advise on cross-cultural issues
- Maintain confidentiality

**Discussion:** Student reflection and the sharing of posts during group meetings is a new paradigm for Chinese medical students and faculty. Shadow coaches encourage and challenge new coaches to explore concepts in ethics and professionalism. On-line eportfolio Faculty development sessions are being held to support University of Ottawa and OSJSM coaches.

**Conclusion:** Shadow coaching facilitates the adoption of eportfolios to promote student reflection, reinforces debriefing skills and coach feedback competencies. In addition to shadow coach support, online modules are available for orientation to the portfolio program and how to conduct face to face group sessions.

**Take-home Message:** Shadow coaching can be successful even when a 12 hour difference in time zone limits real time communication. A strong and situationally appropriate faculty development program is vital to the success of portfolio programs. This is an example of a novel initiative to provide distance faculty development across cultural distributions.
2A3 (40)
Critical Realist Synthesis of Faculty Development Initiatives in Undergraduate Medical Schools in Asia

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Presenter: Wico Hartantri (University of Nottingham, Nottingham, UK)

Background: Medical education reform has been an emerging issue in Asia. Although many investigations were conducted to document the process of curricular reform, little encompassed the individual, institutional, and national influences to faculty development (FD). The aim of this study was to critically explore the FD in Asian medical schools.

Summary of Work: Critical realist approach was used in this appraisal to explore FD in Asia and elaborate what works for whom, in what context, and why. Context, mechanism, and outcome (CMO) framework was used to develop hypothesis and appraise evidences from research paper to develop refined programme theory.

Summary of Results: Extensive literature search yielded 1034 papers. Application of inclusion criteria resulted in 51 articles eligible for review. Four contextual levels were found to impact on FD: 1) national factors (e.g. health system/medical education policy), 2) organizational factors (e.g. international collaboration/resource allocation), (3) programme factors (sustainability/programme type), 4) individual factors (e.g. motivation/capacity to change).

Discussion: The study findings nuance the complexity of FD that is integrated in the Asian education reform. The wide-variety of FD design faced both constructive and detractive factors that are illuminated in this study. We also make recommendations to all FD stakeholders (educators, FD developers, universities and policy makers).

Conclusion: The realist framework enables cased-based causal analysis that explain the multifaceted FD process. Due to its nature, FD should not be developed in isolation from the specific context in which it is embedded. Stakeholders are informed to a better FD design by articulating the contextual educational factors.

Take-home Message: Explicitly acknowledge the factors that could foster and challenge the empowerment of medical teachers is essential to promote the implementation and impact of FD. Contextually tailoring and establishing a strong support for each FD program is critical to improve FD in an institution and general medical education quality in Asia.

2A4 (92)
Initiating faculty development in the Pacific

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Background: Since 2006, students from Pacific island nations have been sent to Cuba and Taiwan to train as doctors. They are now returning as interns to their home country but are not ready for hospital work. Their supervisors have little experience educating interns. Faculty development for the educator role was required.

Summary of Work: Outcomes from a series of health professional faculty development workshops undertaken in the Solomon Islands, Kiribati, Vanuatu and Palau will be described. These workshops aim to upskill clinical supervisors in best practice knowledge, skills and attitudes related to learning and teaching in clinical settings.

Summary of Results: The theoretical basis for the workshops as well as topics and skills covered will be discussed. Outcomes from the workshops, including participant feedback, will be described. Increased confidence in clinician ability to teach was an important outcome.

Discussion: The use of effective and timely faculty development workshops to increase capacity in health professional education in low resource settings, where there is no previous teaching culture, was both time and cost effective. Recommendations for faculty development in other low resource countries will be discussed.

Conclusion: Pacific island faculty development workshops have upskilled clinical supervisors in contemporary knowledge, skills and attitudes about learning and teaching in clinical settings in a time and cost effective manner. Hospitals in each country now have a core of clinicians with both confidence and expertise to supervise interns and medical students.

Take-home Message: A five day workshop covering the principles of learning, teaching, assessment and evaluation in clinical settings provides a sound basis for faculty development. Workshops introduced educational concepts to a wide range of clinicians and increased teaching confidence. Faculty development workshops helped create a community of practice in Pacific Island nations.
Barriers and factors influencing engagement in global faculty development online activities

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Background: Engaging physicians in online activities for faculty development is difficult. Most existing research was conducted in North America and is not specific about possible barriers for participation and the influence of cultural aspects. This study investigates the factors and barriers that influence participation in global online faculty development activities.

Summary of Work: A mixed methods approach was used. Quantitative engagement data from 600 surgeons attending AO’s global faculty education programs were analyzed to identify differences across regions and age groups. Based on the findings, a grounded theory approach (20 semi-structured interviews with surgeons from Europe, North America, and Middle East) was conducted.

Summary of Results: Analysis of the online activities showed significant regional differences in participant engagement. No differences were found across age groups. The interviews showed that lack of interaction with peers and moderators (including social bonding) and technological issues were barriers. Contributing factors include the blended approach, relevant content, and clear structure/sequence.

Discussion: Learners from different parts of the world have different needs based on their context and culture. With any adult learning intervention, faculty development should be designed in order to fill the gaps of its learners and should therefore be based on evidence-based adult learning principles.

Conclusion: It is important to consider contextual and cultural aspects when developing global online and blended faculty development activities. Moderators play an important role in engaging participants and need to be trained adequately. Technology should be easy to use and support a structured learning approach.

Take-home Message: Global programs need to be designed based on sound adult learning principles and allow for regional/local adaptation. The suggested framework of barriers and contributing factors can help faculty developers around the globe to successfully develop and implement global online and blended faculty development programs for cultural diverse learners.

Lost in Translation? Transferability of student support training across diverse settings

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Background: Inter-relationships between student stress, well-being and learning are widely accepted, creating expectations to provide student support. Approaches to student support are, however, context dependent. To identify commonalities and differences, we tested the transferability of evidence-based training resources [1,2] developed in Australia across medical schools in Malaysia and Sri Lanka.

Summary of Work: Brief videos of students presenting with concerns, were used as discussion triggers in workshops at 4 campus sites. Anonymous evaluations and standardised field notes were collected from 66 (95% response rate) academic and professional staff participants. Two-thirds were female, directly provided student support but had no prior training.

Summary of Results: Except two, all agreed the workshop was relevant. Video-triggered discussions and shared experiences were the most useful components. Participants identified similar student concerns – depression, anxiety, doubts about continuing, sexual harassment and adjustment to living away - within their settings, but responses to the video scenarios varied greatly between sites.

Discussion: Students have similar problems, but present differently in different contexts, affecting responses to scenario based training. Responses varied more between sites than between institutions and countries. Curricular structures, organisational hierarchies and cultural differences were cited as affecting how students present and how staff provide support.

Conclusion: Despite contextual variations, students in different countries share common problems affecting well-being and learning. Highly localised and site-specific practices can influence participant engagement with scenario-based training. Negative participant responses may nevertheless be used to identify what is actually different or similar across settings, and culturally appropriate local support processes.

Take-home Message: Scenario-based training resources can be used effectively across diverse settings. Their transferability can be enhanced with signposting, attention to language and “presenting symptoms”, and contextually sensitive guidance from trainers.