**Background:** Whilst the strategic idea of centralized FD that separate out individuals from their colleagues and contexts is questioned among FD researchers, studies of alternatives are rare. The objective of this study was to explore the possibilities and challenges of workplace-situated FD among physicians supervising medical students in clinical rotations.

**Summary of Work:** Longitudinal, action research was conducted. In cycle one, 34 clinical supervisors from four departments participated in collaborative learning-groups. Cycle two involved collaboration with managers and physician staff (n=70) in two departments, contextualized FD-activities and systematic feedback from students. Data was gathered in focus groups, in-depth interviews, participant-documentations and questionnaires.

**Summary of Results:** Among possibilities of the collaborative learning-model was a potential to create a sense of togetherness empowering participants to lead change. In cycle two, the system-oriented FD drew attention from individuals’ supervision behaviors to work-structures and disciplinary cultures influencing supervision. Among challenges were ‘groupthink’ and a re-orientation of the disciplinary cultures influencing supervision. Among possibilities were ‘groupthink’ and a re-orientation of the disciplinary cultures influencing supervision.

**Discussion:** The findings support recent suggestions to view FD as a workplace social practice. It provides an example of how workplace situated FD, placing an emphasis on value for students, collaborative, self-directed learning and tools for systematic feedback, may play a role for enhancing medical student learning environments.

**Conclusion:** The workplace situated FD-activities enabled colleagues to exercise relational agency, the capacity of working collaboratively and thinking systematically together to shape supervision practices and so influence the environment.

**Take-home Message:** Workplace situated FD in collaborative learning groups, underpinned by social practice theory, may contribute to a collective, whole department strategy to enhance the overall student learning environment in a clinical department. However, the involvement and engagement of department managers is vital.
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Multisource feedback in faculty development – why involve the Heads of Departments?

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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. As 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.

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**284 (99)**

Reflections, Actions, and Transformations: An Action Research for Improving Teaching Strategies in a Mini-CEX Workshop

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**Background:** Workplace-based assessment is fundamental for developing competencies in medical education. A mini-CEX workshop was designed for teaching faculty members how to use formative assessment within a faculty development program. Action research was adopted to investigate how a faculty developer can improve the workshop through the research of his teaching practices.

**Summary of Work:** Through four sessions of workshops, different data (reflective journal, filed notes, written feedback and reflections) were collected and analyzed. In cyclic processes of action research, which comprised ‘act, observe, reflect, and plan’, the action plans created based on the identified areas for improvement were executed in the following session.

**Summary of Results:** By doing action research, the design of the workshop was transformed from didactic to dialogic; the focus was shifted from knowledge transmission to practice of giving feedback. While the faculty developer was cognizant of adaptive practice, faculty members were empowered in collaborative inquiry through facilitated discussion and encouraged participation.

**Discussion:** Through action research, a faculty developer was able to make a commitment to critical reflection on teaching strategies; meticulously counting every step as an opportunity for making changes, formulating action plans, and transforming with adaptive practice as a life-long learner. In so doing, a workshop is evolving with continuous improvement.

**Conclusion:** Faculty developers can improve teaching strategies through action research, in which the processes of developmental phases are investigated, rectified, and transformed. Action research is a useful approach for enhancing faculty developers’ practice of teaching and introducing change in faculty development programs.

**Take-home Message:** As faculty development aims to prepare faculty members for promoting learner transformation through delivering educational programs, it is particularly valuable for faculty developers to investigate their own teaching practices in action research as a self-reflective inquiry and to persistently make improvement through self-change.
Using a Design Research Approach to Explore Learning Processes in a Short Course on Giving Effective Feedback

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Background: Providing feedback is a complex task involving interactions between feedback content and processes, the teacher-learner relationship, and the learning environment. Faculty development contributes to developing a learning environment that values feedback. We used a design research approach to explore how a faculty development course enhances participants’ capabilities in giving feedback.

Summary of Work: We designed a two-day course grounded in current research on feedback, principles of effective faculty development, and our expertise in standardized patient education and faculty development. We recorded debriefing conversations with each other. Content analyses of debriefings were compared with analysis of narrative comments from continuing medical education (CME) evaluations.

Summary of Results: All nine participants completed evaluations. Participants valued peer-learning and the facilitators’ role-modeling. Forty-four statements about intention-to-change reflected application of learning, twelve described new conceptual understandings, and two described sharing learning with others. Debriefing themes explored observations about participants’ abilities and attitudes during skill acquisition. Both content analyses provided complementary perspectives.

Discussion: Interaction between activities, participants, and facilitators contributed to the course’s learning climate. Participants reported acquiring skills in providing task-level feedback and engaging learners in a reflective conversation. Some reported acquiring persuasive knowledge. We enriched our appreciation for building on participants’ prior feedback experiences, and of the impact of our role-modeling.

Conclusion: Using a design research approach has allowed us to reflect deeply on facilitators’ and participants’ experiences. The course has been refined to include additional role-playing and reflection on learning. Future investigation on the application of learning, persistence of attitudes, and participants’ conversations about feedback in their own settings is planned.

Take-home Message: Using a design research approach has yielded several benefits: 1) deliberate design using current evidence in health professions education, 2) approaches to examining elements and processes by which learning occurs, 3) focusing our efforts in course improvement, and 4) advancing scholarship about the contribution of faculty development to improving feedback.