10P: Short Communications: Faculty Development 2

Location: Darwin, Ground Floor, CCB
Date: Wednesday 29th August
Time: 0830-1015 hrs

10P1 (1601)
Developing health professional education faculty in the Pacific

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Presenter: Louise Young, College of Medicine and Dentistry, James Cook University, Townsville, Australia

Background: Since 2006, students from Pacific island nations have been sent to Cuba to train as doctors in a health system that emphasizes community and primary health care. They are now returning as interns to their home country. It has been found that they are not well prepared for hospital work as interns, and their supervisors have had little experience supervising and educating interns. Faculty development for this role is required.

Method: This paper reports outcomes from a series of health professional faculty development workshops that have been undertaken in the Solomon Islands, Kiribati, Vanuatu, Palau and Fiji. These workshops aim to upskill clinical supervisors in contemporary knowledge, skills and attitudes related to learning and teaching in clinical settings.

Results: The presentation will describe the theoretical basis for the workshops, using action research cycles, as well as the topics and skills covered. Outcomes from the workshops, including participant feedback will be described. A main outcome was the increase in teaching confidence as well as the development of educator skills. Recommendations for faculty development in other low resource countries will be discussed.

Discussion & Conclusions: One week workshops are effective for developing faculty educator skills for clinical supervisors in Pacific Island nations. Core concepts such as learning as opposed to teaching and active rather than passive learning are readily adopted by participants. Whilst a week long workshop is not the optimum time, it works well in time and resource poor nations for developing a positive teaching culture and supervisor skills as educators.

Take-home message: Week long workshops are effective in increasing capacity in health professional education in low resource settings and where there is no previous teaching culture.

10P2 (2073)
The teaching the teachers course "Art of Medical Education": Project work - a new assessment method

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Presenter: Mladenka Vrcic Keglevic, Croatian Association for Medical Education, Zagreb, Croatia

Background: The main activity of the Croatian Association for Medical Education is to organize courses for further development of medical teachers: basic, one-week, designed for young teachers and advanced, two-days, for experienced teachers. The main learning outcomes of basic courses are the acquiring of basic educational competences in the filed of curriculum and educational module development.

Method: Several assessment methods, formative and summative, are used during the courses. Pre-course assessment is performed by essay and MCQ testing. Peer-assessment is used for the assessment of the work in small groups and for assessment of individual performances in lecturing and clinical teaching. Final assessment is provided in three ways: a) MCQ test (100 questions); b) descriptive assessment - essay about the participation and achievement during the course written by the teachers (motivation, participation, constructivism, strengths, weaknesses); c) the Project work, development of an educational module under the support of experienced mentors and within the three month after the course (in a written form assessed by the jury of three teachers and as oral presentation assessed by the peers). At the end, the participants receive a formal certificate and the essay / descriptive grade including the teacher's opinion about their strengths and weaknesses, with the recommendations for the future advancement.

Results: During the 10-years of experience, a specific method has been developed to assess the Project works. The main assessed items are: chosen topic, timeline, general and specific learning outcomes, chosen educational methods and tools, as well as the methods of evaluation and assessment. The items are assessed by Likert scales, from 5 - excellent to 1 - pure.

Discussion & Conclusions: During the presentations it will be also presented and discussed in details the sub-items, criteria to assess them and the dilemmas we were faced in developing this method.

Take-home message: Being the medical teachers is becoming more and more profession by itself. Therefore, the teaching medical teachers, including the assessment of their competences, should include the public responsibility and the guarantee of their capabilities to take such an important role.
10P3 (2139)
Designing and Performing Personal Development Plan (PDP): A Practical Guide for Faculty Members’ Educational Activities

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Background: Personal development plan is a written schedule to meet the professional needs of individuals in their development and promotion. The aim of this study was to increase the self-assessment culture, improve time management skills and promote the reflective thinking in faculty members.

Method: This is a cross-sectional study. First, the plan consisting of 9 steps including: determining and hierarchy of important objectives that faculty members expect to achieve them; determining the most important goal; devoted time to achieve the most important goal; identifying personal strength to achieve the goal based on priority; performing and stopping some activities to achieve the goal; identifying skills and knowledge need to achieve the goal; determining functional measures based on priorities; identifying proponents in order to achieving the goal faster; evaluating and analyzing percentage of progress. The PDP form distributed among 10 faculty members who selected by purposeful sampling. After each 3 months interview with faculty members have been done and the progress and self-evaluation have been assessed.

Results: Most teachers seriously were monitoring their activities, and tried to resolve the problems to achieve their goals. In relation to the promotion of teachers’ time management skills, the study led to the majority of teachers planned and implemented their activities based on the sequence of time. It also played a significant role in determining the impact of teachers’ reflective thinking on their own activities and abilities.

Discussion & Conclusions: PDP is not just for determining current situation of faculties professional progress but, as a practical guide for performing educational activities. It means that faculties by implementing plan, determine objectives and functional steps of personal plan to achieve the developmental goal and during deadline for time, and they continuously analyze percentage of progress and self-thinking toward actions had been done in the past.

Take-home message: Personal Development Plan (PDP) can be used as a practical guide for the implementation of educational activities based on specific goals, time management and teachers reflection on his/her own activities.

10P4 (3378)
Evaluation of a train-the-trainer (TTT) program to improve patient centred communication (PCC) in treating patients with adherence problems in a rural hospital in Tanzania

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Background: Communicable diseases pose a major health problem in SSA especially, when patients have problems to follow treatment recommendations: non-adherence increases the likelihood of resistance. Patient-centred communication encourages patients to talk about adherence problems (Erb et al.; 2017), it helps identify patients’ concepts that jeopardise his/her willingness to adhere. We conducted two TTT workshops at the Centre for Infectious Diseases (CID) in Ifakara, Tanzania.

Method: Two TTT workshops, two days each, were offered to 7 medical doctors, 10 registered nurses, 2 health counsellors and one nutrition advisor. During the workshop participants presented ‘problem cases’ from their clinical practice, principles of PCC were presented and applied to problem cases in role-play sessions. Before and after the workshop participants filled in two versions of a questionnaire presenting 5 case vignettes of patients with adherence problems (Basel Communication Inventory-HIV; Kiswahili version). Case descriptions end with patient utterances, professionals respond with free text in 3/5 and with multiple choice options in 2/5 cases. Cases have in common that patients’ behaviour or emotion is unclear, rendering it problematic for professionals to move forward without any input from the patient. Instead, PCC is recommended inviting the patient’s perspective. We report on the free text responses that were categorised using a variant of the Roter Interaction Analysis System (RIAS).

Results: Before the intervention participants wrote down lengthy statements, the most common communication strategies being giving information (N=52), giving advice (N=45), praising the patient for his opinion (N=8), and giving reassurance (N=22; other=12). After the intervention responses were shorter, the most common strategies being mirroring (N= 38), giving information (N=16), reassurance (N=7), and advice (N=12), echoing (N=8) and summarising (N=5; other=1).
Discussion & Conclusions: After a two day TtT workshop participants are less likely to give information or advice or to use reassurance statements in face of a patient with unclear adherence-problems. Instead, they prefer PCC strategies in line with the gist of patient-centred communication – inviting the patients’ perspective.  
Take-home message: Training local professionals from SSA in the use of PCC skills is feasible and successful after two days of training.

10P5 (2896)  
Evaluation of the Train-The-Trainer Program for Basic Communication Skills in Context of a University Hospital

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Presenter: Ozlem Surel Karabilgin Ozturkcu, Ege University Faculty of Medicine, Department of Medical Education, Izmir, Turkey

Background: Train-The-Trainer Program for Basic Communication Skills-TTP-BCS was implemented with the aim to prepare new trainers for basic communication skills courses-BCSCs. The ultimate goal was, by means of those new trainers, dissemination of BCSCs throughout Ege University Medical Faculty Hospital-EUMFH.

Method: TTP-BCS consisted of two consecutive parts. The first part was combination of Train-The-Trainer Course-TTC and Basic Communication Skills Course-BCSC. The second part required participants to deliver BCSCs at EUMFH similar to BCSC delivered within the program. TTP-BCS was implemented with volunteer participation of 44-EUMFH-staff. 18-participants continued the second part.

Evaluation of the TTP-BCS was guided by Kirkpatrick's- 4-Level-Model. Quantitative data collected with Session Evaluation Form-SEF, Training Program Evaluation Questionnaire-TPEQ were used ‘reaction’ evaluation; ‘learning’ was evaluated with PreTest-PostTest scores. Qualitative data from in-depth interviews with eight TTP-BCS participants were used for evaluation at ‘behaviour’. SEF, TPEQ, PreTest-PostTest were also used during the second part as 360-degree feedback on 18 new trainers’ performance to evaluate third level. Outputs of TTP-BCS were considered for ‘results’ evaluation.

Results: Participants were satisfied with TTC/BCSC sessions; they found the program valuable in their preparation for BCSC trainer.