

Standardized Patients: Effective Evaluators of Professionalism during an OSCE

Keywords: professionalism, standardized patient, OSCE, feedback

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Institution: University of Massachusetts Medical School

Summary: Identifying and documenting unprofessional behavior in medical students presents great challenges. In addition to assessing data gathering and physical examination skills, UMASS standardized patients also evaluate professional conduct. SPs completed a checklist of global professional competencies across 7 cases during its 2002 End of Third Year Assessment. Behaviors related to: Introduction, Respect for Patient, Verbal / Non-Verbal Behavior, Physical Exam, and Overall Conduct were rated as either "Acceptable" or "Unacceptable". SPs documented the negative behavior for any item rated "Unacceptable". SPs also recorded students' feedback response, rating whether or not the student had "Accepted feedback in a non-resistant, non-defensive manner", extending professional behavior beyond the OSCE encounter to include interaction with colleagues and faculty. There also was a targeted professionalism station involving a medication error caused by student error in writing medication orders. SPs marked checklists evaluating students' professionalism in response to this situation, e.g., admitting the error, taking responsibility, dealing with patient's emotional distress, apologizing, etc. A correlation was noted between SP professional ratings of students on this OSCE and those previously identified as having professionalism problems, and significantly correlated with students' clerkship grades. These initial studies concluded that standardized patients are effective evaluators of professionalism using a checklist. Additional studies are planned as the scale and case was used in UMASS' 2003 and 2004 exams.

The USA Professionalism in Medicine Initiative Ten Years Later

Keywords: Competency Assessment, Physician Licensure, Professionalism, Communication

Authors: Reynolds, MD, PhD, P.

Institution: National Library of Medicine - NIH

Summary: The USA Professionalism in Medicine Initiative was launched a decade ago with the goal of enhancing physician competency in several domains essential to preserving medicine as a profession. These domains include doctor-patient communication, clinical diagnosis and reasoning, quality improvement, and empathic and relationship-building skills. Additionally, the USA Professionalism in Medicine Initiative from the beginning has sought to develop strategies to enhance physicians' commitment to life-long learning. This emerging public priority has surfaced at the state level in legislation mandating physician competency assessment and/or evidence on on-going professional development. This presentation is designed to describe the USA Professionalism in Medicine Initiative and efforts of the National Board of Medical Examiners, the Accreditation Council on Graduate Medical Education, the American Board of Medical Specialties, and the Federation of State Medical Boards to develop and implement competency assessment programs for medical students, residents, and eventually practicing physicians. State initiatives on physician competency assessment pioneered by the Virginia Board of Medicine will be described with a discussion of the role of the Federation of State Medical Boards in expanding these legislative initiatives throughout the country.

Current Situation of Medical Professionalism in the Curriculum of Korean Medical Schools

Keywords: professionalism, curriculum, reform of curriculum

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Summary: Background: The Korean medical educators are trying to introduce and revise new learning materials concerning to the professionalism. The purpose of this study is to analyze the transition of curricula subjects related to the medical professionalism in Korean Medical Schools.

Method: A search for learning subjects was done by reviewing the 'Korean Medical Education Guide' from issues 1998 to present. Subject titles relating to the medical professionalism and the time allocation of these subjects in lectures and laboratories of the 41 Korean Medical Schools were identified. The annual increasing rate of related subjects, the discrepancy of medical schools according to the established year, the discrepancy of student enrollments and the location of the school, and the rate of difference between public and private schools were analyzed.

Result: Subjects teaching the medical professionalism in 1998/99 were twenty eight, in 2000/01 forty eight, and in 2002/03 seventy six. Although the private medical schools outnumber the publics, there was no significant difference between them in the number of established subjects. But schools with fewer students had more programs relating professionalism than the schools with higher enrollments. The relatively newly established schools with fewer students are more ready to be adapted to the curriculum reform than old big medical schools.

Conclusion: The results show that there is a rapid growth of subjects relating medical professionalism in the curricular of Korean medical schools. A further study about the curriculum content and its teaching method is required.

The Teaching and Learning of Empathy in a Rural Primary Care Clerkship

Keywords: professionalism, empathy

Authors: Wessel, K.

Institution: Oregon Health and Sciences University

Summary: Introduction: Little research as to how teaching and learning empathy in clinical setting occurs appears in the medical literature. Considered by ACGME as an essential attribute professionalism, there is a dearth of research empathy education in the clinical setting. The poster will illustrate the dual purpose of the study: to understand the nature and extent of empathy education in a third year rural primary care clerkship, and explore student and preceptor perception of teaching and learning, especially teaching and learning related to empathy.

Methodology: Eleven pairs of preceptors and medical students participated in the qualitative study. The preceptors and students were engaged in a rural primary care clerkship experience in a western state. A maximum variation sample was used. The data were analyzed for consistent and emergent themes.

Discussion: Results from the data indicated: communication was haphazard and inconsistent with the methods suggested for teaching and learning empathy; little time for reflection, discussion and supervised practice were incorporated, student perceived a dichotomy between the empathic treatment of patients and their treatment. The use of analogy/metaphor provided insight as to how exemplary preceptors perceived their own teaching. Areas for future research: an investigation of the efficacy of using of travel time for education and sharing of reflective practice concepts; how technology advances communication and education within the clerkship site; how first and second language

differences between student, preceptor and patients the impact of teaching and learning of empathy.

Becoming a doctor: apprenticeship models for learning a professional role

Keywords: *educational supervision; postgraduate medical education; qualitative methods; apprenticeship*

Authors: *Willis, S.*

Institution: *University of Manchester*

Summary: Study Context Studying how doctors in training learn to become fully qualified doctors involves a focus on the social and distributed nature of professional learning. This study conceptualizes learning as something that occurs through participation in a community of practice and so learning is understood as something which involves a social as well as a cognitive apprenticeship. The study reported here explores how those explicitly involved in the development of doctors in training their educational supervisors understand the ways those they supervise learn their professional role.

Method: 17 semi-structured interviews were conducted with consultant educational supervisors working at a large hospital. Interviews were designed to elicit views on how participants perceived their own role as an educational supervisor and the relationship of this role to the ways the juniors they supervise learn. **Results:** Most participants expressed regret that the social relationship between themselves as a trainer and their trainee was no longer exclusive, since junior doctors often work for many consultants. This was perceived as a weakness of the system since those aspects they believed to be constitutive of apprenticeship learning, such as doing, watching and trying, are taking place within a wider community of practice, rather than under their direct control. This lack of proximity was translated into a perception that, I just don't feel that I'm very much involved with their development. I mean I think they'll either sink or swim irrespective of anything that I do.

Discussion: There appears to be a mismatch between the training models of the educational supervisors and the actual learning and working of their junior trainees. This will be illustrated further in the presentation.

Medical education beyond patient-physician relationship: an experience from the Esteve foundation

Keywords: *medical education, curricula, health personnel, publications, teaching, training*

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Institution: (1) *Esteve Foundation (Barcelona)*

(2) *School of Health and Life Sciences. Universitat Pompeu Fabra (Barcelona, Spain).*

Summary: It is universally accepted that medical education continues after leaving medical school and most would agree that the skills then acquired do include aspects not always contemplated during the school years. We present here the involvement of the Esteve Foundation on three different educational topics relevant to many graduates: a) Acquiring skills to serve in ethical committees (5 workshops), b) Improving the ability to write scientific papers (2 workshops), and c) Refining the skills to act as referees of scientific papers (2 workshops). The details presented here refer to 9 two-day workshops: 243 health professionals attended (51% women/49% men), and 9 professional acted as speakers/leaders (two for each workshop). A mixture of formal lectures, exercises, discussion-groups, role-play, and case-method were used. The attendees' opinion was collected at the end of each workshop by means of an anonymous questionnaire (from 0 "bad" to 5 "very good"). The general aspects of the gathering (mean±SD:4.5±0.6, n=106 at the time of writing this abstract),

and both theoretical (4.4±0.7) and practical (4.3±0.7) approaches were highly accepted. Good teacher skills (4.5±0.6) and the organisation (4.7±0.5) were also appreciated. All workshops generated publications (10 papers and 2 brochures). We submit that non-profit independent bodies such as the Esteve Foundation can contribute to continuing medical education focusing on topics that rarely find a natural sponsor, such as a particular scientific society. In our experience, a mixture of teaching methods is usually well accepted and the format so far adopted seems also to help in spreading the interest for the topics covered among other health professionals.

Professionalism: Instruction, Assessment and Evaluation - Lessons from an Undergraduate Medical Radiation Therapy Program

Keywords: *professionalism, instruction, assessment, curriculum*

Authors: *Moyo, E.*

Institution: *The Michener Institute for Applied Health Sciences*

Summary: Title: Professionalism: Instruction, Assessment and Evaluation - Lessons from an undergraduate Medical Radiation Therapy Program

Rationale: Amidst indisputable criticism for evaluating professionalism without having explicitly taught it, there is insurmountable pressure on educators to haphazardly incorporate fragments of professionalism in curricula whenever and wherever possible. This results in frustration of well intended efforts and further perpetuates the unsatisfactory outcomes voiced by critics. Out of such frustrations was birthed a rethinking of professionalism that requires coordinated and systematic educational approaches, beginning at curriculum mapping, through instruction, assessment and evaluation stages.

Content: The literature, codes of ethics and standards of practice provide sources of educational content. Attempts to define professionalism transcend notions of mere checklists of universally agreed upon behaviors and reflect the sub-scales of compassionate, communicable and socially responsible practices (Wear & Castellani, 2000).

Context: While the curriculum has limited influence on cultural and reward systems prevalent in education and clinical environments, acknowledging and addressing these as potential sources of both support and sabotage proves useful.

Instruction, Assessment and evaluation: Forms of instruction that include modeling and reflective, self-assessment on simulated scenarios or patient cases help form professional attitudes. Started early, continued throughout the course(s) and integrated with technical competencies, the self-assessments can, over time, also serve as performance journals. Coupling the self-assessments with immediate, instructor assessments offer longitudinal and formative assessment with summative evaluations performed periodically and at the end.

Conclusions: Although these approaches have proved helpful, better success is anticipated with improved incorporation in the entire program and the addressing of psychometric questions about the efficacy of the approaches.

Assessing the readiness of students in professional healthcare education for e-learning

Keywords: *Needs assessment, teacher training, e-learning*

Authors: *Lawson M; Bearman M; Jolly B; Kiegaldie D; Roberts*

Institution: *Monash University, University of Sheffield*

Summary: Globally, providers of healthcare education are using a range of e-learning technologies to support the delivery, imple-

mentation, assessment and evaluation of curricula. In courses designed to accredit health professional educators, it is considered essential for participants to be competent in the use of e-learning methods. This would prepare them for their own postgraduate study but also equip them with the skills required to develop and deliver contemporary health professional education. To determine whether participants in two courses for health professional educators possessed these skills and to identify the individual learning needs of participants, a valid and reliable questionnaire was administered to two cohorts of health professional educators on commencement of their postgraduate health professional education programme. The instrument was originally designed to measure the self perceived competencies of beginning undergraduate students in basic and advanced information technology (IT) skills, attitudes to the use of computers and IT related learning needs. The results of the questionnaire were used to construct appropriate educational programmes to acquire e-learning skills. Results also suggested that the majority of participants can meet IT-based learning requirements through self study or with pre-existing skills. For a small number of students however, activities targeted at individual learning needs have been identified as necessary to enable engagement in postgraduate learning and familiarity in contemporary learning methods.

Teaching Professionalism: A New Curriculum

Keywords: *Professionalism, Clinical Skills*

Authors: *Gladys Gonzalez*

Institution: *University of Puerto Rico School of Medicine*

Summary: Purpose: To introduce a curriculum in professionalism at the UPR School of Medicine.

Method: Alpha Omega Alpha honor medical society and the Department of Medicine of the UPR School of Medicine are collaborating to develop a curriculum in professionalism. The first stage was started in the fall with first year medical students, as part of the Introduction to Clinical Skills Course. An anonymous survey in which the students answered questions on professionalism based on short vignettes of difficult situations was given. They then received the "Charter on Medical Professionalism" (1), and watched the film "The Choice is Yours" followed by a reflection and discussion period. In the third activity the students met with preceptors in small groups to discuss vignettes of situations in which different principles of professionalism were exemplified. Finally, students will be given the same survey they received in the first activity.

Results: Student and faculty feedback about the activities has been positive. A comparison analysis of the two surveys will be performed, and student and faculty evaluations of the activities will be examined and used to modify the course as needed.

Discussion: We expect students to develop a heightened awareness of what professional behavior is, evidenced by comparing the surveys; these attitudes should be maintained and reinforced during the rest of their training. For this, the curriculum will be expanded to include formative activities during the other three years. An evaluation instrument to measure student performance on professionalism through medical school will be developed.

Bibliography: 1. ABIM Foundation, ACP-ASIM Foundation, European Federation of Internal Medicine. "Medical Professionalism in the New Millennium: A Physician Charter". *Annals of Internal Medicine* 2002. 136(3), pp.243-246.

A study on the educational needs of pharmacists in Kashan, Iran

Keywords: *Educational Needs, Pharmacist*

Authors: *Mesdaghinia, A. Arbabi, M. Akbari, H. Parvareh, L.*

Institution: *Continuing Medical Education Center, Kashan University of Medical Sciences, Kashan, Iran.*

Summary: The graduates of medical fields (e.g. pharmacy) pass CME courses as a precondition for running their job. Keeping in

view the lack of accurate information, this study was carried in all 42 working pharmacists of Kashan region by a questionnaire designed on the basis of the current CME programs to realize their needs. After mentioning their personal particulars, on the basis of their priorities, they selected the detailed points of the three categories i.e.: A: Social-professional, B: Clinical and C: Industrial pharmacy. Statistic analysis show that 30.9% of this group were female and 69.1% were male with the range of 38.3 ± 9.6 years out of whom 66.6% were working only in pharmacy and 33.3% were having another job in addition. Their field background ranged 12 ± 9.8 years. "The economics and management in pharmacy" had the first priority (46.1%) of all the 15 options of category-A and then "combined medicines" and "computer application in pharmacy" were the second and third respectively. "The pharmacological principles of therapeutics of common diseases" was the first priority (46.2%) among the 27 options of category-B and then "drug interaction" and "drug therapy in neonates" were the second and third choices respectively. They also selected the "formulation of different dosage forms" as their first choice and then "the drug making methods" and "pharmaceutical technical know – how" as their second and third choices respectively among 12 options mentioned in category-C. It is here by recommended to take into consideration the candidates view in designing CME programs resulting into their remarkable satisfaction.

The impact of a modern medical curriculum on students' proposed behaviour on meeting ethical dilemmas

Keywords: *ethics education, curriculum evaluation*

Authors: *Goldie, J, Swartz L, McConnachie A, Morrison J.*

Institution: *Glasgow University*

Summary: Design: Cohort design

Setting: University of Glasgow Medical School.

Subjects: The first intake of 238 students into Glasgow's new curriculum. Main outcome measure: Student answers consistent with consensus professional judgement on the ethical dilemmas posed by the vignettes of the EHCI.

Results: The probability of giving a consensus answer was lowest pre-year 1 and highest post-year 1. It reduced slightly post-years 3 and 5, but remained significantly higher than pre-year 1. The performance of students undertaking a one-year intercalated BSc however appeared to regress.

Conclusions: While the first year of the curriculum had a positive impact on students, the remainder of the curriculum did not impact to the same extent. These findings support the recommendation that small-group teaching, the predominant method in year 1, should be preferred to lecture and large-group teaching, the predominant method of the remaining curriculum years. Full integration of ethics and law with the rest of the curriculum is recommended, particularly during the clinical years. To promote integration it is recommended that ethics be addressed as part of a wider approach to professionalism. Assessment of ethics should be incorporated into all formal examinations.

AN Interprofessional Teaching Qualification for Health Care Professionals

Keywords: *teaching qualification; interprofessional*

Authors: *Lazar, S.*

Institution: *Eastern Deanery*

Summary: Current trends in postgraduate medical education are moving towards the viewpoint that there is an increasing need to professionalize teaching. The days when it was deemed sufficient to attend a 2 or 3 day course on teaching the teachers seem to be numbered. This workshop will chart the development of an inter-

professional 'M' level Postgraduate Certificate of Medical Education for Health Care professionals which will be used as preparation for becoming a trainer in general practice and as a professional teaching qualification for nurse educators. Topics for discussion will include the philosophy underpinning the development of the course; the value of integration with other health care professionals; curriculum development; teaching and learning strategies; assessment issues and course evaluation. Participants will have the opportunity of sharing and comparing their own experiences in training trainers for training.

Professionalism in medicine-individuals' views on what should be measured

Keywords: *professionalism, medicine*

Authors: *Jha, V., Bekker, H. L., Duffy, S. R. G., Roberts, T. E.*

Institution: *School of Medicine Leeds*

Summary: Background: There is increasing emphasis on promotion and assessment of professionalism amongst medical students and there are several examples of appropriate and inappropriate professional behaviour quoted in the literature.

Aim: To evaluate individuals' views on professionalism in the context of medicine.

Method: In-depth, semi-structured interviews were carried out with 23 individuals forming four cohorts: medical students, clinicians, academics and non-medical professionals/lay people. Principles of theoretical sampling were used to obtain validity of findings rather than statistical generalisation. Content-analysis of transcripts was carried out using coding frames and NUD*IST software.

Results: A wide range of views on professionalism was obtained. From this analysis it was possible to derive behaviours, which had a degree of commonality. However it was recognised that there are occasions where it is difficult to clearly distinguish between 'appropriate' and 'inappropriate' behaviour, as they tend to be contextual. A combination of appropriate knowledge, skills and behaviour emerged as the main attributes that define professionalism in medicine.

Conclusion: This paper discusses the attributes that might define professionalism in medicine based on the views of a diverse group of people. Although there are a number of generic features of professionalism such as honesty, probity and integrity, we report differences in the relative importance of some of the attributes as viewed by different professionals and lay people.

New clinical students perceptions of acceptable dress and appearance for students and qualified staff

Keywords: *undergraduate, dress, appearance*

Authors: *Tweed, M.*

Institution: *Wellington School of Medicine*

Summary: What is considered acceptable in terms of dress/appearance may vary with clinical environment and local social custom. Included in the introductory clinical course at Wellington is discussion as to what might be considered appropriate dress/appearance. Students completed a tick-box questionnaire as to whether 17 options of dress/appearance would be acceptable dependant on gender and status (student, junior clinician, senior clinician). This related to non-emergency hospital consultation with an adult. There were differences between the various dress/appearance options. More notable were differences between gender and status that demonstrated patterns of response. For 7 options there was no difference between genders. For 7 options the students felt options to be more acceptable for females, irrespective of status: ear stud/ring, >1 ear stud/ring per ear, nose stud, skirt/kilt (below or above knee), pony tail, nail varnish. For

4 there was no difference between statuses. 6 options were more likely to be considered acceptable for students but not qualified clinicians, irrespective of gender: ear stud/ring, >1 ear stud/ring, tongue stud, jeans, training shoes, casual trousers. For 3 options differences between statuses were male gender dependent: nose stud, shirt no tie, pony tail. Some of the difference between genders may be related to general social acceptability. The difference between statuses raises the possibility that students do not consider themselves to be associated with the same conventions of acceptability of dress/appearance as practising clinicians. Responses from senior students, clinicians, other healthcare professionals and patients/public are being sought.

Does 'mature' mean mature or just older?

Keywords: *mature, integrity, personality, student support*

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Summary: 'Mature' entry to medicine is expanding, partly to provide the doctors that the UK needs, and partly because there is a widespread perception that older entrants will bring maturity to the profession. Can we assume that 'older' equates with maturity? Experience in the new graduate courses shows that while most older students do bring desired qualities: e.g. commitment, perseverance and reflectiveness, some students struggle with adjusting to the loss of status that accompanies becoming a full time student and losing an established role. They appear to have a compelling need to be noticed and special, and may feel they have failed if they appear merely 'ordinary'. Their sense of self seems to depend on being centre stage, which for some is more important than being a knowledgeable, competent student. As a result, they may absorb a disproportionate amount of staff energy, often worrying staff with their lack of professionalism. This paper uses ideas from developmental psychology to explore the nature of self esteem and identity, and postulates that medicine, a high status profession, may attract some psychologically vulnerable individuals. We argue that some people are drawn to socially admired groups where they will be valued and respected. It may be hard to identify these people at selection, but if this immaturity can be identified early in undergraduate training, then vulnerable students can be supported in developing the qualities of quiet integrity, reliability and sensitivity that we want in our doctors. We outline areas where such learning can take place.

Discovering professionalism through guided reflection on critical incidents

Keywords: *professionalism, professional behaviours, undergraduate*

Authors: *Stark, P.; Roberts, C.; Bax, N.D.S.*

Institution: *University of Sheffield*

Summary: Aim: To discover whether medical students can undertake guided reflection on professional behaviours using a critical incident technique in the context of multiprofessional clinical and social care attachments. Subjects: First year medical students (n=250), University of Sheffield, UK

Method: Students were taught about professionalism and reflection and practised guided reflection on a critical incident before the start of the attachments. They undertook brief attachments with a nurse, a doctor and a member of the social services staff, during which they reflected on two critical incidents based on Duties of a Doctor in Good Medical Practice (GMC 2001). Students were expected to demonstrate the full reflective cycle, cite the learning resources used and produce a learning plan. Content analysis using a constant comparative approach was used to analyse the data. A sub-set of data were analysed by a second researcher.

Results: 472 reflections were submitted for analysis. From those, 41 codes were assigned and the codes were merged into eleven sub-themes and five themes.

- Communication
- Professionalism, behaviour and care
- Teamworking
- Institutional issues
- Student issues

Conclusion: First year students can reflect competently and comprehensively on the professionalism that they see in others and relate it to their own professional development. The range of experiences and reflections was wide but all students were able to map their reflections to Duties of a Doctor.

Reference: General Medical Council (2001) Good Medical Practice. London: General Medical Council

Assessing fitness to practice – experience from a new U.K. medical school

Keywords: professional development, fitness to practice

Authors: Leinster S, Howe, A.

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Summary: Introduction. There has been widespread concern that medical training is more effective in developing the knowledge and technical skills of young doctors than in helping them to learn appropriate attitudes and professional attributes. Good practice in professional development requires that educational methods appropriate to attitudinal change are now incorporated in training, and also summatively assessed, so that doctors cannot qualify without gaining specific competences in attitudes that support clinical practice and professional relationships. This paper will describe the practices and two years of outcome data for a new medical school in the U.K. Sample 105 medical students

Methods. Review of assessment procedures, including (1) tutor reports (2) student progress (3) student portfolio reports of attitudinal learning.

Results. All students passed the attitudinal written assessment, 1 in 5 with a distinction mark. Six students had tutor reports causing concern, and 2 of these showed recurrent problems over time, leading to one leaving the course, and one reforming after a formal warning with potential consequences for student continuation in the course. Qualitative data will be presented showing examples of student attitudinal development, and how problems were handled. Recommendations for further development of robust assessment and institutional support will be discussed.

Learning to be a good doctor – what do students think this means?

Keywords: professional development, student centred learning

Authors: Howe A; Leinster S; Miles S; Michalke S

Institution: School of Medicine, health Policy and Practice, University of East Anglia

Summary: Introduction: Modern medical training seeks to develop appropriate attitudes and skills, but the educational challenges are complex, and organisational culture (the 'hidden curriculum') can work against formal teaching. We explore how a new medical school in U.K. supports student attitudinal learning, and present data on how students perceive their own development in early stages of the course.

Methods: Selection of reports from 104 first year medical students. Textual analysis using NVIVO of portfolio reports on the topic 'What have I learned about being a good doctor: and how have I learned it?'

Results: All students achieved the pass level after double marking. 60%+ of significant learning events which had influenced students' views stemmed either from interactions with their peer group or patient contact. Examples showed that strong positive values

towards patients were motivating their aspirations, and students claimed an increasing sense of confidence and self management skills. Few negative incidents or role models were described, but one relatively common (10%+) area of concern was perceived stress in practising doctors in hospital settings, and consequent reflection on how the students would cope with similar circumstances. More detailed examples and quantification will be available.

Conclusions: Students in a problem based curriculum experience high impact learning from peers and patients in their first year, which can be positive in developing their 'professional self'. Reasons why this finding contradicts previous studies showing attrition of positive aspirations and moral values during training will be discussed.

Teaching competence of GP-trainers before and after a short program 'Personal Learning Plans for teaching competence' (PLP)

Keywords: teaching competence, personal learning plans, portfolio, general practice, trainers

Authors: 1. Schol, S. 2. Goedhuys, J.

Institution: 1. Free University of Brussels 2. Catholic university of Leuven

Summary: Introduction. In Flanders an important part of training to become a GP is undertaken in a generalist's practice. This requires a GP-trainer to know how to coach the learning processes of a GP-trainee. We focused on the research question: 'How can a short program of coaching the personal learning plans of the GP-trainer, contribute to his teaching competence?'

Method. The 74 GPs who started in February 2000 as GP-trainers were randomly divided into two groups of a pretest-posttest-control-group-design. After a multiple-station teaching assessment test (MSTAT), the GP-trainers in the experimental group had a short program "personal learning plans to advance teaching competence" while the control group had no specific program regarding teaching competence. One year later, all participants were invited for the posttest.

Results. Starting GP-trainers got a score of 2.04 (scale between 0-5, average = 2.50) on the first MSTAT. In the posttest, the experimental group (median =3.12) scored significantly better on the entire test (U=166.5, p<0.05) compared to the control group (median = 2.84) and on two of six subtests (feedback: U=163.5, p<0.05; intermediate evaluation: U=146.5, p<0.05). Yet the GP-trainers in the control group also appeared to have made progress.

Conclusion. Using a diagnostic test helps to objectify the level of teaching competence of GP-trainers. A tailored, short but highly personal program leads to some progress in teaching competence; however more time and support seem necessary to give GP-trainers the possibility of fully acquiring teaching competence.

What Else Besides Anatomy Are We Teaching in the Medical Gross Anatomy Course?

Keywords: gross anatomy, professionalism, leadership, teamwork

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Summary: The purpose of the ongoing transformation of the US health care delivery system is to achieve a high-quality, accessible, and affordable medical care infrastructure. Attainment of these goals depends largely on physicians who possess not only medical knowledge and clinical skills, but who are also competent in management, information technologies, leadership, and team building. Medical educators are responding to this challenge with

innovative training strategies in these new competency areas. Traditional courses can provide opportunities to teach these new skills. For example, the first-year gross anatomy course is a perfect vehicle with which to address team-building skills and cooperative learning strategies, and to encourage the development of leadership skills. In addition, gross anatomy is the first course in the medical curriculum that provides an opportunity to teach issues related to medical professionalism such as respect, responsibility, confidentiality, self-policing, and interpersonal skills. The gross anatomy teaching faculty at Mayo Clinic College of Medicine has created an environment in which teaching the structure of the human body is accompanied by teaching new skills and competencies. Emphasis is placed on the development of interpersonal, communication, and leadership skills within a small (four students) dissection group. Several anatomical exercises stress the development of peer-teaching skills. Critical evaluation skills are developed through the use of peer- and self-evaluations and course evaluations. In the modern medical curriculum the gross anatomy course should be viewed not only as a basic science course but also as an early opportunity to teach new skills and competencies to tomorrow's physicians.

The present situation and prospect of development trend of medical education in China

Keywords: *medical education, educational system, educational reform, continuing education, China*

Authors: CHEN, X.

Institution: *Tongji Medical College, Huazhong Univ. of Science and Technology*

Summary: With the deepening of the reform and opening-up, the overall national strength of China are continuously strengthened and the medical education has also achieved a great development, but it cannot yet meet the needs of globalization. Medical educational system and schooling system is coexistence of several kinds of different lengths of schooling, including three, five-, six- and seven year programs with three and five years as the main body. Except a few medical universities and colleges, most of them are affiliated to local administration as independent schools. Duplication in running schools. There are two, three, even four medical colleges or universities in a city. Most medical students come directly from high school, but not from the comprehensive university. There are too many courses in a specialty which makes the specialized knowledge relatively narrow. However, under the push of international trend, the Chinese medical education is deepening its reform and creating the new development trend: To pay attention to and pursue actively the international standard of the medical education. The schooling system of medical education is gradually changing from the short to the long. As to the training of medical students, it is changing from enlarging number of enrollment to controlling the scale moderately, adjusting the professional structure and improving the quality and all-round development of students. Not only to strengthen the education of medical students at school, but also to pay attention to the continuing education after graduation.

Using Unannounced Standardized Students to Measure Admissions Committee Performance in the Medical School Interview

Keywords: *professionalism, competencies, admissions, simulated students*

Authors: *Ballinger, S.; Frankel, R.; Means, L.; Leapman, S.*

Institution: *Indiana University School of Medicine*

Summary: Introduction: In 1999 we adopted a curriculum that requires students to master nine competencies prior to graduation:

1) communication, 2) clinical skills, 3) using science to guide decisions, 4) lifelong learning, 5) self-awareness, 6) medicine and society, 7) moral/ethical reasoning, 8) problem solving, and 9) professionalism. The first class to graduate from this curriculum was 2003. To facilitate selection of students with high potential to perform well in the competencies, we designed an interviewing skills workshop for members of the admissions committee.

Methods & Materials: The half-day workshop focused on 4 competencies (# 5, 6, 7, and 9). Participants were videotaped as they interviewed actors posing as medical student applicants. In addition, committee members agreed to interview an unannounced standardized student (SS) (complete with dossier) at some point during interview season. Four SS evaluated 13 faculty-interviewing teams (26 faculty members). All participants signed an informed consent for this IRB approved study

Results: Competencies (# 5, 6, 7, 9), targeted in the workshop, were emphasized by the interviewers: 12/13, 11/13, 13/13, and 11/13 teams respectively. Not emphasized at the workshop were competencies, # 4 (life-long learning) and # 8 (problem-solving), Only 7/13 and 1/13 teams addressed these competencies.

Discussion: Using unannounced, SS to assess the emphasis admissions committee members placed on the competencies is unique. We conclude that a faculty development approach helps admissions committee members focus on applicants likely to succeed in a competency-based curriculum.

Balancing consequences - factors than influence whether to call for senior intervention

Keywords: *risk assessment, calling for help*

Authors: *Stewart, J.*

Institution: *Newcastle University*

Summary: This study explores post-graduate doctors' (PRHOs) understanding of when to seek senior support and intervention. Twenty-one PRHOs were individually interviewed and asked to describe their practices in calling for advice and help. The analysis was based on a grounded theory approach and maps influential factors for this activity on the ward. The study identified multiple factors that PRHOs used in calculating complex 'costs to benefits' for patients, self and the team in their decisions to contact a senior. The PRHOs' conduct stemmed from needing to uphold and demonstrate four important values: 'to act responsibly when dealing with patients', 'to move forward toward independent practice', 'to balance working safely with progression' and 'to be discerning'. These four values placed patient safety and PRHO development at the centre of the decision-making process. The PRHOs were aware that their actions were also being monitored by the team and that they would be judged by seniors on whether they chose the safest as well as the most efficient course of action. Such awareness influenced their behaviour. The PRHOs described their reliance on the cooperation of their seniors and therefore needed to balance their own needs for assistance against the needs of the team and other patients. The positional power and the PRHOs reliance upon the seniors made it uncomfortable for them to challenge seniors or ignore advice when it was given. The PRHOs were therefore 'discerning' about which seniors they would contact and who was best worked around.

Teaching ethics to undergraduates in a multiprofessional setting developing generic teaching material

Keywords: *Ethics, multiprofessional teaching*

Authors: *Parsons J, Lambert J, Murdoch-Eaton D.*

Institution: *Medical Education Unit, University of Leeds*

Summary: Effective clinical practice incorporates delivery of healthcare in a multiprofessional setting. This has implications

for multiprofessional medical education, which can be developed through a series of phases. This study used this phased approach to develop a generic package of undergraduate teaching material suitable for individual adaptation and general dissemination. Contextualised case based scenarios, were designed to illustrate general principals of ethical decision-making, for example justice. Evaluation of our own practice and the ethics curriculum within medicine was initially undertaken. Next, an appraisal of different educational practices was made from 4 individual schools in 3 of the Faculties involved in health and science education within our institution and also from 9 other universities within the United Kingdom. This review incorporated a systematic evaluation of key components of each curriculum (principally defined by national benchmark statements), teaching strategies and learning outcomes as judged by their specialty professional codes of practice. Dialogue within a network from different professions including, medicine, philosophy, law, healthcare sciences, biomedical sciences and dentistry lead to the selection of teaching material. A bank of case scenarios have now been developed for adaptation within the faculties, and 17 of these have been selected and used successfully by our schools of medicine and biomedical sciences for the last two years. Nationwide dissemination will follow later this year when the case scenarios will be made available via the Learning and Teaching Support Network.

The medical student show: a forum for defining professional behavior

Keywords: *undergraduate education, professionalism, the arts*

Authors: *Hayter, C.*

Institution: *University of Toronto*

Summary: Medical student shows are a prominent feature of medical student life around the world. Many schools have an annual variety or talent show whose principal aim is the fostering of communal spirit through collective ventilation of feelings and the puncturing of inflated faculty egos. Following a traditional vaudeville format of skits and songs, the shows are notorious for their exuberance, bawdiness, and lack of political correctness. Their widespread prevalence, the enthusiasm involved in their preparation, and the hostile reactions they provoke suggest they are a phenomenon deserving of closer examination. Review of the literature reveals no previous study of these shows. Focussing on the history of Daffydil (founded 1912) at the University of Toronto, but drawing on examples from many other schools, this presentation will explore their history and content, with particular attention to incidents surrounding censorship and control by university authorities. My central thesis is that these shows are not irrelevant frivolities but serve several important functions such as: the fostering of communal spirit, the development of skills in teamwork, and the collective ventilation of emotional reactions to the process of becoming a doctor. In many universities, there have been recurrent conflicts between faculty and students over content and many attempts at censorship which demonstrate the shows' function as a forum for negotiation of the definition of acceptable behavior of medical students and future doctors. In this way, the shows contribute to ongoing debates about professionalism and professional identity.

Errors and Adverse Events: primary care physicians' perception

Keywords: *Key words.- Clinical error. Clinical security.*

Clinical risk management. Locus of control, Adverse Events

Authors: *Borrell-Carrió F (*), Paez Regadera C. (*), Gil Terron N. (*), Miguel Huguet B. (**), Martí Nogués M. (*), Suñol Sala R. (**)*

Institution: *(*EAP Gavarra, Unidad Docente de MFC, Cornellà de Llobregat, Costa de Ponent, Institut Català de la Salut. (**)Fundación Avedis Donabedian (FAD). Centro de Investigación para la Seguridad Clínica de los pacientes (CISCP)*

Summary: Background.- Clinical security is a social priority. The aim of this study was to evaluate how primary care physicians face clinical errors (CCEE) and adverse events (AdEv). Patients and methods.- Cross-sectional study, (personalized mail survey, anonymous), to 717 Primary Care Physicians from Ambit Costa de Ponent. Two posts where we demand if they had AdEv or CCEE, claims, emotional reaction and clinical security over different medical fields. We compared answers considering age, gender, Family Medicine Residency, "denyers" (never had a mistake), "perceptives" (admitting a mistake in the last year), "hyperperceptive" (more than 28 or more adverse events/year), "internal locus of control", (admitting personal causes for errors), and "hypersecuras" (>7 points over 10 in clinical security) Results.- 33.2% answered with an average of 42.6 years old, and 14.3 years being doctors. 28% were "denyers", 67% "perceptives", 7.4% "hyperperceptives", 45% "internal locus of control" and 23.4% "hypersecuras". Every doctor had 11.8 adverse events yearly, first cause giving a drug instead it was potentially harmful considering other illnesses of the patient (69%), and the delay of complementary tests (68.8%). When the doctors were aware of the mistake, the first reaction was to contact patients (80%) and to comment with the team (41.4%).

Conclusions.-AdEv and CCEE were recognized as frequent, but a third of doctors didn't admit a mistake. Young male physicians, contrary to senior ones, socialize mistakes with the team. "Internal locus of control" and "hyperperceptive" professionals had a trend to greater emotional reactions in front of errors.

Feasibility of the evaluation of professional behaviour in general practice (EPRO-GP) instrument

Keywords: *professional behaviour, evaluation*

Authors: *van de Camp, K.; Vernooij-Dassen, M.; Grol, R.; Bottema, B.*

Institution: *University Medical Centre Nijmegen*

Summary: We recently developed a new measure to assess professional behaviour in general practice trainees: the evaluation of professional behaviour in general practice (EPRO-GP) instrument. The instrument addresses four themes: (a) professional behaviour towards the patient; (b) professional behaviour towards other professionals; (c) professional behaviour towards the public; and (d) professional behaviour towards oneself. To test the feasibility of the instrument, we conducted a pilot study in twelve postgraduate general practice (GP) trainees and their general practice (GP) trainers. All participants filled out the instrument: the GP-trainee to evaluate him- or herself and the GP trainer to evaluate his or her GP-trainee. Subsequently, a one-on-one tutorial was scheduled to compare both evaluations on the basis of which 'professional behaviour learning points' were formulated. These tutorials were video recorded and analysed by examining (a) number of positive and negative feedback incidents; (b) number of formulated learning points; and (c) use of recommended feedback techniques by the GP-trainer. Most couples achieved a constructive exchange of feedback on professional

behaviour. In addition, every tutorial yielded professional behaviour learning points. However, in two tutorials the evaluation of professional behaviour was hampered. These tutorials were characterised by a disrespectful climate, the provision of negative feedback and little use of recommended feedback techniques by the GP-trainer. Our results show that the EPRO-GP instrument provides a useful basis for a one-on-one tutorial on professional behaviour. Furthermore, an unthreatening climate and the use of recommended feedback techniques appear to be important prerequisites for the successful evaluation of professional behaviour.

Qualitative technique for the identification and assessment of key general competences (KGC) in the executives and managers of health care Madrid system

Keywords: *Brainstorming. Pilot study. Managers and executives of health care system. Ranking classification of competences*

Authors: *Rodríguez-Vallejo, J.M*; Moreno Sanchez-Capuchino, M.A*; García Lombardía P.**; Ruiz de Adana R*; Cardona Soriano P.**; Chinchilla N.** y Millán Núñez-Cortés J*.*

Institution: **Agencia Laín Entralgo. Consejería de Sanidad y Consumo. Comunidad de Madrid ** IESE Universidad de Navarra*

Summary: Summary: The objective of our research is to identify and to score the key general competences (KGC) which should have the executives of Madrid health care system

Methods and persons: In this pilot phase of the study, we have used brainstorming, a qualitative research methodology with a sample of 50 managers and executives of the Madrid health care system. The group is composed by two types of professionals 25 managers and 25 executives and we define executive those which are managing director, deputy director and financial director of primary care or hospitals. (33) There are 3 types of KGC : 6 which are strategic, 6 interpersonal competences and 18 competences called of personal efficacy. To identify KGC, the participants have been included in 5 working groups. Every competence has been rated in 4 categories: 1,3,6 and 9 points.

Results: The KGC have been classified reaching an agreement following the definition of each competence. The first top ten competences ranked by all the groups are the following: leadership, creativity, delegation, motivation, communication, organization ability, negotiation, team work and decision making. As initial conclusion we can say that the managers and executives of the health care system of Madrid really know the interpersonal competences like "leadership" and "delegation" but they have difficulties in the identification of strategic competences like "resources management", "customer orientation" and "personal management". These competences are more related to macro aspects.

Study of general management competences in health services : pilot study COM+

Keywords: *Key General competences.(KGC) Pilot study.*

Executives and managers. Competences model used by IESE-Navarra University

Authors: *Rodríguez-Vallejo, J.M*; Moreno Sanchez-Capuchino, M.A*; García Lombardía P.**; Ruiz de Adana R*; Chinchilla N**; Cardona Soriano P.** y Millán Núñez-Cortés J*.*

Institution: ** Agencia Laín Entralgo. Consejería de Sanidad y Consumo. Madrid ** IESE- Navarra University*

Summary: Summary: The objective of our research is to identify and to value the key general competences (KGC) which should have the managers of the health care system of Madrid.(M.H.S.) **Methods and persons:** In this pilot phase of the study, it has been used a qualitative methodology with a sample of 50 health executive and managers of different centers of MHS. From the

whole group,25 of them are health executives .We have called executives as medical and nurse head managers, hospital and primary care health managers and financial head managers. First, we have identified the competences in 5 homogeneous groups composed by both managers and executives, and these competences have been rated in 4 different numerical values. Secondly, we have showed the competences based on the model of Navarra University in 1999 and all competences identified has been classified in 3 main groups : strategic competences, interpersonal competences and personal efficacy competences. Finally, the participants have filled out a questionnaire with these competences and their definition. In order to facilitate this task we have scored the competences in numerical values **Results:** Main results are the following; in strategic competences the first 2 more valued are customer orientation and business vision. From interpersonal competences the first 2 more scored are leadership and communication. Finally in efficacy personal competences the most valued are decision making, time management and credibility. If we compare executives and managers in interpersonal competences, these are more developed in executives.

Professionalism in Practice: Learning in Clinical Contexts

Keywords: *professionalism, qualities,clinical contexts, teaching*

Authors: *Green, K.*

Institution: *Postgraduate Deanery for Kent, Surrey and Sussex, University of London*

Summary: Whenever I ask hospital consultants in the UK to identify the professional qualities they consider most important for a postgraduate doctor, they identify a wide range of qualities including: Honesty, enthusiasm to learn, empathy, integrity, open-mindedness, good interpersonal skills, willingness to engage in dialogue, excellent clinical skills, sense of humour, politeness, thoroughness, a willingness to confront ethical issues, ability to achieve good rapport with patients/relatives, problem solver, willingness to work in a team, perceptiveness etc. etc. These kinds of qualities are ones that we might expect to receive general support throughout the profession and, in that sense, are not contentious. What might be much more problematic is the question 'How might we, through our everyday contact with learners in clinical settings, support the actual development of these important qualities? In this session I will report on some of the work of our hospital consultants who, by researching their everyday practice as educators, are grappling with the difficult terrain of converting their personal statements of underlying personal values into the lived reality of actual practice in real world clinical settings.

The Perioperative Specialist Practitioner - piloting a new surgical role

Keywords: *multiprofessional learning; role redesign; training programme*

Authors: *Kneebone, R.; Younger, J.; Burgess, A.; Darzi, A.*

Institution: *Imperial College London*

Summary: Background. The European Working Time Directive will exert a profound effect upon the UK NHS, and a medical staffing crisis is imminent. This paper describes a one-year pilot project to develop a new non-medical professional role in surgery – the Perioperative Specialist Practitioner (PSP). PSPs will provide holistic, integrated care for patients undergoing surgery in hospital (admission to discharge), assuring continuity as medical staff rotate. Responsibilities include clinical assessment, managing routine complications and co-ordinating the discharge process.

Method. A one-year training programme has 2 components.

1. Formal training (nine intensive 1-week modules) provided key knowledge and skills. An innovative combination of didactic teaching, small group sessions, communication training, scenario

based practice and high-fidelity patient-centred simulations was tailored to the learning needs of the group.

2. Supervised clinical practice in participants' home hospitals allowed PSPs to consolidate their learning and apply it within a clinical setting. All activity was logged in detail, and regular supervision provided by a surgical mentor. All training sessions were evaluated, and regular interviews by independent qualitative researchers mapped the evolution of the role.

Results. Twelve experienced professionals (9 nurses, 2 ODPs and 1 physiotherapist) were recruited from 5 NHS Trusts in England. Response to the training was extremely positive. Overall response to the role was also highly positive, although problem areas were identified. This presentation will summarise the pilot, present key learning outcomes, highlight core issues in training, and discuss both positive and negative factors affecting the introduction of a new role within an existing healthcare structure.

Stress, burnout and workplace learning in doctors

Keywords: *Workpalce learning; personality; learning styles; stress; burnout; longitudinal studies*

Authors: *McManus, Chris [1]; Elisabeth Paice [2] Agni Keeling [1]*

Institution: *[1] University College London [2] London Deanery*
 Summary: Sir William Osler described how medical careers are to some doctors, "a worry, a care, a perpetual annoyance", while to others they are "a daily joy and a life of as much happiness and usefulness as can well fall to the lot of man". Why are some doctors happy and professionally fulfilled, whereas others become stressed and burned out, gaining little reward from their work or their working lives? We investigated this question in a longitudinal study of 1600 UK doctors, aged about 30, who had been studied since they applied to medical school at the age of 17. Stress and burnout were measured with the General Health Questionnaire, and an abbreviated Maslach Burnout Inventory, workplace learning was assessed with the Approach to Work Questionnaire (AWQ), and the working environment with the Workplace Climate Questionnaire (WCQ) [Delva et al, 2002]. Learning style at application to medical school and at qualification were assessed by an abbreviated Biggs' Study Process Questionnaire, and personality was measured on two occasions with an abbreviated Big Five questionnaire. Data were analysed by structural equation modelling using LISREL. Approaches to work were predicted by study habits and learning styles. Approaches to work also correlated with workplace climate, which in turn correlated with stress, burnout and satisfaction with medicine. Stress, burnout and satisfaction correlated with trait measures of personality. Differences in approach to work and perceived workplace climate primarily reflect stable, long-term individual differences in doctors themselves, reflected in measures of personality and learning style. Delva MD, Kirby JR, Knapper CK, Birtwhistle RV. Postal survey of approaches to learning among Ontario physicians: implications for continuing medical education. *British Medical Journal* 2002;325:1218.

Medical Students and Patient Confidentiality: how effective is confidentiality training?

Keywords: *Confidentiality, medical students, training, assessment*

Authors: *Graham, H.Clayden G, Greenough A*

Institution: *King's College London*

Summary: Confidentiality is central to doctor-patient trust and is an essential part of professional training. Medical students should be tested on their understanding of confidentiality issues in clinical context. Breaches of patient confidentiality by medical students led to the introduction in 2001 of an interactive approach to confidentiality training in which formal teaching through-

out the course was supplemented by a requirement for students to sign a confidentiality statement in their course logbooks in discussion with course tutors. An audit of 4th year logbooks prior to the examinations showed that 89.8% of 373 students had signed their confidentiality statement in discussion with their tutor. Compliance for all years of the course was 86.9% (1575/1813). Two years after the introduction of the statement, awareness of confidentiality was assessed in 4th year students using written multiple choice questions containing confidentiality cues, and an OSCE station with an un-cued confidentiality issue. High scores were achieved in the written questions with 86% of 126 students recognising confidentiality issues. In the OSCE question only 14.9% students scored for confidentiality. Despite teaching confidentiality and a requirement to sign a confidentiality statement, medical students are slow to recognise confidentiality issues in clinical context. The disparity in the ability of medical students to identify confidentiality issues in theoretical questions and in clinically applied situations in OSCEs suggest that greater emphasis is needed in confidentiality training.

Taking the first step in designing interprofessional education for staff working on a district general hospital medical ward in the UK: consulting the staff

Keywords: *Interprofessional education, qualitative needs assessment*

Authors: *Lewis S [1], Corbett S[1 2], James P[1] & Welfare M [1 2] Northumbria Healthcare NHS Trust 2 Medical School, University of Newcastle upon Tyne Corresponding author: Dr. S. Corbett, Research & Development Unit, Education Centre, North Tyneside, General Hospital, Rake Lane, Tyne & Wear, NE29 8NH*

Institution: *Northumbria-Healthcare NHS Trust*

Summary: Background: Interprofessional education (IPE) requires careful design owing to differences in professional ethos, concerns about maintaining professional hierarchies and boundaries, and practical barriers such as incompatible timetables. In previous work two successful workplace interventions were designed following extensive consultation with staff 1, 2.

Aims: To carry out a needs assessment to design an IPE programme within a hospital ward team in a General Hospital.

Methods: Sixteen semi-structured interviews were carried out with Doctors, allied health professionals and nurses of various grades, including night staff. They were asked to identify problems in their working practice, how these might be addressed with IPE and the barriers and facilitators to participation. Framework analysis was used to identify themes.

Results: There was concordance about the predominant problems of communication across disciplines and role definition. Specific ward problems related to violence and aggression in confused patients. These and other problems had an impact on work satisfaction and feelings of confidence. A team based approach was preferred where problems were prioritised and interprofessional perspectives shared. To feel included, staff needed to be invited to team meetings, but wanted to opt out where it was not relevant to their practice. Resolution of problems required a linked process of management and education. It was important that the process led to implementation of new procedures and measurable change that could provide positive feedback to staff.

Conclusion: The consultation process suggests a preferred model of work-based problem specific IPE.

A survey of multiprofessional education in a UK NHS Trust

Keywords: *Interprofessional education, survey*

Authors: *Lewis S1, Corbett S2, James P1 & Welfare M1 2 Northumbria Healthcare NHS Trust, 2 University of Newcastle upon Tyne*

Corresponding author: *Dr Sally Corbett, Education Centre, North Tyneside General Hospital, Rake Lane, North Shields, NE29 8NH. Tel: 0191 2596660 ext. 2824*

Institution: *Northumbria-Healthcare NHS Trust*

Summary: Background: Previous surveys of multiprofessional education (MPE) focused on organised training in primary care 1 or interprofessional education nationally 2, 3. There is no published survey of MPE in a UK secondary care trust and no previous surveys have asked about the provision of 'on the job training' (OJT) or patient involvement.

Aims: To acquire descriptive data about participation, barriers and attitudes towards MPE in a hospital trust in the UK.

Methods: 2400 questionnaires were sent to doctors and allied health professionals (AHP) and 1/3 of the nurses in an NHS Trust. The questionnaire replicated a previous survey of a regional health authority 1, but included additional questions from a national survey of interprofessional education 3 and some questions unique to this study about OJT and patient involvement. The data was entered into SPSS via an optically read system which allowed qualitative analysis of written comments.

Results: The response rate was 50%. A disproportionately large number of doctors attended MPE compared with AHP's and nurses. Patient involvement was highly valued. More respondents preferred organised MPE compared with OJT. However, in OJT patients were more likely to be involved and training was more likely to lead to changes in practice. Amongst the advantages of MPE was better teamwork. Disadvantages were the dominance and 'fixed ideas' of specific professional groups, not all groups were represented and lack of relevance of content to all professions. **Conclusion:** There is unequal access to MPE. The greatest impact on practice follows the least preferred educational approach of OJT.

Medical students' perceptions of anatomy

Keywords: *Anatomy, professionalism, reflective reasoning*

Authors: *Wilhelmsson, N.*

Institution: *Cognition, Understanding and Learning (LIME)*

Summary: The present study forms part of a larger on-going research-project aimed at investigating medical students experiences of learning anatomy. The purpose of the study was to describe students patterns of thinking in relation to their anatomy studies, and to explore the ways in which students understand the anatomy of the human body. Interviews were carried out with a select sample of students. These were analysed with focus on how the students had experienced and dealt with their anatomy studies. A qualitative content analysis of the data revealed: firstly, that students made a sharp distinction between learning anatomical details and the human anatomy as a whole. Students sometimes experienced difficulty in on the one hand grasping all the details and on the other hand seeing how all these details would link together and function within a larger anatomical system. Secondly, students' ways of approaching studies in anatomy were largely experimental; they used a variety of learning strategies to cope with their studies both memotechnical strategies and reflective reasoning. Thirdly, the students' experiences indicated that anatomical dissection stands out as an important, recognisable step in becoming a doctor and thus can be seen as an important tool for developing a professional identity. Finally students seemed to view senior students and medical doctors as important role models in their studies, which in turn influenced their perceptions of anatomy as a subject.

Education on bioethics in postgraduate studies. The experience of the Institut Borja de Bioètica/Universitat Ramon Lull

Keywords: *teaching bioethics*

Authors: *Camacho, J.A.; Cambra, F.J.; Cusí, V.; Terribas, N.*

Institution: *Institut Borja de bioetica-Universitat Ramon Lull.*

Summary: The education in medical studies and, more concretely, the task developed by physicians must comprise a series of basic requirements. Besides knowledge, medical skills and the commitment to scientific methods, the medical profession requires a set of essential elements including professional values such as excellence, empathy and responsibility, the capability to apply the principles of moral reasoning and decision-making in controversial situations and the acknowledgement of the importance of the relation to the patient and his/her family based on mutual understanding, respect for his/her autonomy and beliefs. In our country the education in this field is rarely offered, both in pre-graduate and post-graduate studies. One of the objectives of the Institut Borja de Bioètica of Barcelona, established in 1975, is the teaching of bioethics among health care professionals offering courses on bioethics (65 h) and a master on bioethics (400 h). Since 1996 the master on applied ethics has been held 5 times while the course on the foundations of bioethics, 9. A total of 166 students have attended the master (35% physicians) and a total of 119 the courses on the principles (17% physicians). The realization of such courses is crucial and is aimed to meet the needs existing in all fields of the medical education, both in pre-graduate and post-graduate studies. Such education should be followed primarily by medical professionals since it should set up the basis for a more humanized practice of medicine.

Community-based Medical Education Through Community Partnerships: A Viable Model

Keywords: *professionalism; social justice; community partnership*

Authors: *Holt, T., Browne, C.*

Institution: *Monash University*

Summary: Purpose: The purpose of this paper is to present the development and implementation of an innovative component of the new medical curriculum in the Faculty of Medicine, Nursing and Health Sciences at Monash University known as the Community Partnerships Program (CPP).

Method: The new five-year MBBS curriculum is designed to be both vertically and horizontally integrating four themes across the curriculum. CPP addresses Theme 1 which is 'Personal and Professional Development'. As part of this integrated curriculum, all second year medical students are required to complete a placement in one of five key partner social service agencies. The objectives of CPP enable students to explore community responses to social justice, reflect upon their own attitudes and behaviours, and relate these to an evolving understanding of the relationship medicine, medical professionalism, and social justice. The principle of social justice is one of three key features that guide the medical profession, as identified in the Charter on Medical Professionalism (2002). Results of a preliminary evaluation utilising Kirkpatrick's Training Evaluation model at various levels on the impact of the CPP experience of students as future medical practitioners will be presented.

Outcomes: Evidence will be presented on the program planning, implementation, and evaluation. Additionally, a review of key changes that were made to ensure its viability within an integrated curriculum will be presented. Finally, the outcome of these changes in its second year will be compared to the first year of its implementation.

Rekindling the flame of caring in a society undergoing transformation?

Keywords: *Inkathalo* (an isiXhosa word meaning the spirit of caring), professionalism, attitudes, ownership, responsibility, incentive schemes

Authors: Faris, G.

Acknowledgement: Bryant, W. Melane, A.

Institution: Faris Consulting

Summary: The delivery of effective health care in a society undergoing transformation remains a challenge in South Africa. After 10 years of democracy, the socio-political environment is still fraught with workplace violence, high levels of unemployment and crime. It is evident that in this situation many health professionals become disheartened and dispirited, often seen through the unprofessional behaviours exhibited. This paper reports on Inkathalo, the intervention undertaken in three Community Health Centres (CHC'S) in Khayelitsha, a Township in South Africa. The purpose of the intervention was to 'rekindle the flame of hope and caring'. The intervention in the form of workshops brought about a regained sense of self, of purpose, of vision and hope for the future. The workshops gave staff an opportunity to reflect and to take responsibility for their own behaviours. During the workshops, small groups committed to the undertaking of self-selected tasks to assist in taking ownership of their situations to 'make a difference'. As a result there has been a tangible sense of the spirit of caring amongst staff seen through increased team spirit and improved relationships with their clients and management. Incentive schemes were born out of this to act as a reminder of keeping Inkathalo alive. A participant wrote: 'Being here has made me realise that we sometimes take everything for granted and in that you end up blaming other people...but now whenever I encounter a problem be it at work or at home I will always start evaluating myself and think of Inkathalo.'

Learning about professionalism through patient and peer feedback on managing ethical dilemmas

Keywords: *Munnciation skills, ethical decision making, peer assessment*

Authors: Perry M, Boggis C, Richardson H, Wass V

Institution *University of Manchester, School of Primary Care*

Summary: Introduction: To develop professional attitudes and behaviours students must understand the management of ethical dilemmas and the communications skills to handle them.

Hypothesis: Professional competencies for handling ethical dilemmas, including intra-professional tensions, may be best learnt through peer and patient feedback.

Method: In repeated workshops, sixty students rotated through five untutored small group role-plays with simulated patients (SPs). Scenarios were based on real life ethical dilemmas e.g. confidentiality balanced against third party interests, consent and complaints about colleagues. After a plenary on ethical frameworks, the students role played as 'candidates', assessors or observers and evaluated the quality of communication / professionalism experienced in addressing the ethical issues. Immediately after each role-play, students and SPs made written responses to open questions: (a) positive and negative self-evaluation, (b) observations of interventions, (c) the hardest part of the activity (d) the most important learning point. Responses were analysed using comparative analysis to identify themes.

Results: Consistent themes were:

- Students, whether candidates, observers or assessors, evaluated the communications process effectively.
- Students commonly reported difficulties with ethical management, both in skills and knowledge. Important learning occurred for both professional development and communication.

• Both SPs and students learnt effectively from the exercise in the absence of a tutor.

• Untutored students could give better feedback or focus better on patient feedback.

• Students need help with handling every day ethical dilemmas.

Conclusion: In both communication and practical ethics learning in knowledge, skills and attitudes is inter-wired. Professionalism is effectively learnt experientially through role-play.

MD, PhD

Keywords: *professional behaviour, feedback*

Authors: Van Weel-Baumgarten, E.; Van Spaendonck, KPM

Institution: *Department of Medical Education*

University Medical Centre Nijmegen; The Netherlands

Summary: Teach the teachers using a model for supervision of professional behaviour

Introduction. As a result of the need to prepare teachers better for their role in the new curriculum of the University Medical Centre Nijmegen, a teach the teachers course was developed and started in 2003. One of the important components of the course is giving feedback and supervising students in an effective way, taking into account their development of professional behaviour. **Method:** During this course teachers practice how to identify three dimensions of professional behaviour in their students: dealing with their tasks/work, with others and with one-self. When students show unprofessional behaviour the first step towards change, is finding out what cognition's form the basis for this behaviour. Unprofessional cognition's should then be discussed and substituted with more professional ideas, making the student do the work and not showing your own ideas and imposing your own suggestions too early. A clear agreement should then be reached on what the student is going to change, how and when. This is practised in a workshop using real students as volunteers.

Results: Although a one-day course is too short and not enough to feel completely confident at the end of the course, participants find they now have something concrete to hold on to. They would appreciate a follow-up meeting and feedback after having practised the method during a period of teaching.

Conclusion: The first evaluations and comments indicate that the feedback method and supervision model are helpful. But follow up courses are necessary to further improve teaching skills.

The Professional Competencies of the Speech-Language Therapist

Keywords: *Speech-Language Therapist, professional competencies*

Authors: Dulcet, E. - Grandi, D.

Institution: *Col.legi de Logopedes de Catalunya*

Summary: The Professional Competencies of the Speech-Language Pathologist Speech-Language Pathology is, in Catalonia and the territory of Spain, a health-field profession as specified by the Ministry Order of June 12, 1998. The college of Speech-Language Pathologists of Catalonia, a pioneering organization of Speech-language Pathologists, has created the Document of the Professional Profile of Speech-Language Pathology, which is in accordance with the international and European profiles of the profession. This document establishes the following:

- The field of Speech-Language Pathology is both a science and an art. It is concerned with the processes of human communication and its related disorders as well as ways to prevent, evaluate and treat such disorders.

- Human communication is understood as an array of processes related to comprehension and verbal, written and oral expression. It also includes diverse forms of non-verbal communication used by humans.

- The Speech-Language Pathologist is responsible for the study of the processes of human communication as well as the prevention, diagnosis, prognosis, and treatment of its related disorders. The Speech-Language Pathologist has a series of competences within the health field that as a collective we wish to diffuse. The Professional Colleges have a fundamental role in the certification of the quality of professional competences. As health care providers, we consider that only through the understanding of the different professional fields is it possible to establish the basis of an effective interdisciplinary intervention and develop integral treatment approaches that will benefit patients.

Upraising standards in effective education approach by training workshop for improving nations medical training system

Keywords: *medical education, workshop*

Authors: *Bozorgzad, A.*

Institution: *Islamic Azad uiversity*

Summary: Title: Upraising standards in effective education approach by training workshop for improving nations medical training system.

Authors: Dr. A.A Bozorgzad - R.H. Zahraie

Address: Islamic azad univercity of najafabad

Introduction: Teaching and training should be attended as a system. Thus the organizations needs must be evaluated at first and based on this the educational goals are determined. Therefore all of the employees must be trained for TQM.

Materail and methods: The first upraising standards training work shop was inagurated (introduced) at the School of Nursing. This workshop was composed of nine groups participating part time and full time. A director was appointed for each team and the methods of team works.

Results & conclusion: These groups by applying methods of upraising standards in solving the present difficulties, decided to set up a problem solving method and documented the whole evolving process by using graphs & charts. These teams were obligated to put the results into application while presenting them at the upraising standards training Work shop.

Standardized Patients: Effective Evaluators of Professionalism during an OSCE

Keywords: *professionalism, standardized patient, OSCE, feedback*

Authors: *Gammon, W.*

Institution: *University of Massachusetts Medical School*

Summary: Identifying and documenting unprofessional behavior in medical students presents great challenges. In addition to assessing data gathering and physical examination skills, UMASS standardized patients also evaluate professional conduct. SPs completed a checklist of global professional competencies across 7 cases during its 2002 End of Third Year Assessment. Behaviors related to: Introduction, Respect for Patient, Verbal / Non-Verbal Behavior, Physical Exam, and Overall Conduct were rated as either "Acceptable" or "Unacceptable". SPs documented the negative behavior for any item rated "Unacceptable". SPs also recorded students' feedback response, rating whether or not the student had "#8230;..Accepted feedback in a non-resistant, non-defensive manner", extending professional behavior beyond the OSCE encounter to include interaction with colleagues and faculty. There also was a targeted professionalism station involving a medication error caused by student error in writing medication orders. SPs marked checklists evaluating students' professionalism in response to this situation, e.g., admitting the error, taking responsibility, dealing with patient's emotional distress, apologizing, etc. A correlation was noted between SP professional ratings of students on this OSCE and those previously

identified as having professionalism problems, and significantly correlated with students' clerkship grades. These initial studies concluded that standardized patients are effective evaluators of professionalism using a checklist. Additional studies are planned as the scale and case was used in UMASS' 2003 and 2004 exams.

Barries in applying the results of research in nursing & midwifery school

Keywords: *Key words: barries- research-applying-nursing & midwifery*

Authors: *Abedi, P and Najar-Sh*

Institution: *Ahvaz medical university*

Summary: This descriptive study examined the barries in applying the results in nursing and midwifery school in dec 2001 . The aim of this study was to determine the barries in applying the research results from the perceptive of members of educational faculty in nursing and midwifery school. In this study 50 members of educational faculty were studied. Data were gathered via questionnaire ,which include 17 questions about the barries of applying research results. After statistical analysis of data ,the results were obtaind.

Results: indicated that the mean age of participants was 38.6 years.Participants answers to the questions listed as follow. 56% of them mentioned lack of research space as the highest barries, 82% lack of attention of people to research, and 54% passive attitude of directors toward research, 72% lack of facilities, 62% unvalidity of research results, and 52% of participants mentioned that the results of researchs are not applicable.

Conclusion:based on the results of our study it can be concluded that:attention to researches are n0t enough and results of researchs are not applicable and lack of directions attention or unvalidity of resuls are the most barries of applying the results of research in nursing & midwifery school in Ahvaz university.

The USA Professionalism in Medicine Initiative Ten Years Late

Keywords: *Competency Assessment, Physician Licensure, Professionalism, Communication*

Authors: *Reynolds, MD, PhD, P.*

Institution: *National Library of Medicine - NIH*

Summary: The USA Professionalism in Medicine Initiative was launched a decade ago with the goal of enhancing physician competency in several domains essential to preserving medicine as a profession. These domains include doctor-patient communication, clinical diagnosis and reasoning, quality improvement, and empathic and relationship-building skills. Additionally, the USA Professionalism in Medicine Initiative from the beginning has sought to develop strategies to enhance physicians' commitment to life-long learning. This emerging public priority has surfaced at the state level in legislation mandating physician competency assessment and/or evidence on on-going professional development. This presentation is designed to describe the USA Professionalism in Medicine Initiative and efforts of the National Board of Medical Examiners, the Accreditation Council on Graduate Medical Education, the American Board of Medical Specialties, and the Federation of State Medical Boards to develop and implement competency assessment programs for medical students, residents, and eventually practicing physicians. State initiatives on physician competency assessment pioneered by the Virginia Board of Medicine will be described with a discussion of the role of the Federation of State Medical Boards in expanding these legislative initiatives throughout the country.

Current Situation of Medical Professionalism in the Curriculum of Korean Medical Schools

Keywords: professionalism, curriculum, reform of curriculum

Authors: CHUNG, C.W., KIM, S.

Institution: Department of Surgery, Pochon CHA University, Bundang Cha Hospital, Sungnam / Department of Medical Education, College of Medicine, Catholic University, Seoul, Korea

Summary: Background: The Korean medical educators are trying to introduce and revise new learning materials concerning to the professionalism. The purpose of this study is to analyze the transition of curricula subjects related to the medical professionalism in Korean Medical Schools.

Method: A search for learning subjects was done by reviewing the 'Korean Medical Education Guide' from issues 1998 to present. Subject titles relating to the medical professionalism and the time allocation of these subjects in lectures and laboratories of the 41 Korean Medical Schools were identified. The annual increasing rate of related subjects, the discrepancy of medical schools according to the established year, the discrepancy of student enrollments and the location of the school, and the rate of difference between public and private schools were analyzed.

Result: Subjects teaching the medical professionalism in 1998/99 were twenty eight, in 2000/01 forty eight, and in 2002/03 seventy six. Although the private medical schools outnumber the publics, there was no significant difference between them in the number of established subjects. But schools with fewer students had more programs relating professionalism than the schools with higher enrollments. The relatively newly established schools with fewer students are more ready to be adapted to the curriculum reform than old big medical schools.

Conclusion: The results show that there is a rapid growth of subjects relating medical professionalism in the curricular of Korean medical schools. A further study about the curriculum content and its teaching method is required.

The Teaching and Learning of Empathy in a Rural Primary Care Clerkship

Keywords: professionalism, empathy

Authors: Wessel, K.

Institution: Oregon Health and Sciences University

Summary: Introduction: Little research as to how teaching and learning empathy in clinical setting occurs appears in the medical literature. Considered by ACGME as an essential attribute professionalism, there is a dearth of research empathy education in the clinical setting. The poster will illustrate the dual purpose of the study: to understand the nature and extent of empathy education in a third year rural primary care clerkship, and explore student and preceptor perception of teaching and learning, especially teaching and learning related to empathy.

Methodology: Eleven pairs of preceptors and medical students participated in the qualitative study. The preceptors and students were engaged in a rural primary care clerkship experience in a western state. A maximum variation sample was used. The data were analyzed for consistent and emergent themes.

Discussion: Results from the data indicated: communication was haphazard and inconsistent with the methods suggested for teaching and learning empathy; little time for reflection, discussion and supervised practice were incorporated, student perceived a dichotomy between the empathic treatment of patients and their treatment. The use of analogy/metaphor provided insight as to how exemplary preceptors perceived their own teaching. Areas for future research: an investigation of the efficacy of using of travel time for education and sharing of reflective practice concepts; how technology advances communication and education within the clerkship site; how first and second language diffe-

rences between student, preceptor and patients the impact of teaching and learning of empathy.

Becoming a doctor: apprenticeship models for learning a professional role

Keywords: educational supervision; postgraduate medical education; qualitative methods; apprenticeship

Authors: Willis, S.

Institution: University of Manchester

Summary: Study Context Studying how doctors in training learn to become fully qualified doctors involves a focus on the social and distributed nature of professional learning. This study conceptualizes learning as something that occurs through participation in a community of practice and so learning is understood as something which involves a social as well as a cognitive apprenticeship. The study reported here explores how those explicitly involved in the development of doctors in training their educational supervisors understand the ways those they supervise learn their professional role.

Method 17 semi-structured interviews were conducted with consultant educational supervisors working at a large hospital. Interviews were designed to elicit views on how participants perceived their own role as an educational supervisor and the relationship of this role to the ways the juniors they supervise learn. **Results:** Most participants expressed regret that the social relationship between themselves as a trainer and their trainee was no longer exclusive, since junior doctors often work for many consultants. This was perceived as a weakness of the system since those aspects they believed to be constitutive of apprenticeship learning, such as doing, watching and trying, are taking place within a wider community of practice, rather than under their direct control. This lack of proximity was translated into a perception that, I just don't feel that I'm very much involved with their development. I mean I think they'll either sink or swim irrespective of anything that I do.

Discussion: There appears to be a mismatch between the training models of the educational supervisors and the actual learning and working of their junior trainees. This will be illustrated further in the presentation.

Medical education beyond patient-physician relationship: an experience from the Esteve foundation

Keywords: medical education, curricula, health personnel, publications, teaching, training

Authors: Fèlix Bosch (1,2), Josep-E. Baños (2), Sergio Erill (1)

Institution: (1) Esteve Foundation (Barcelona) (2) School of Health and Life Sciences. Universitat Pompeu Fabra (Barcelona, Spain).

Summary: It is universally accepted that medical education continues after leaving medical school and most would agree that the skills then acquired do include aspects not always contemplated during the school years. We present here the involvement of the Esteve Foundation on three different educational topics relevant to many graduates: a) Acquiring skills to serve in ethical committees (5 workshops), b) Improving the ability to write scientific papers (2 workshops), and c) Refining the skills to act as referees of scientific papers (2 workshops). The details presented here refer to 9 two-day workshops: 243 health professionals attended (51% women/49% men), and 9 professional acted as speakers/leaders (two for each workshop). A mixture of formal lectures, exercises, discussion-groups, role-play, and case-method were used. The attendees' opinion was collected at the end of each workshop by means of an anonymous questionnaire (from 0 "bad" to 5 "very good"). The general aspects of the gathering (mean±SD:4.5±0.6,

n=106 at the time of writing this abstract), and both theoretical (4.4±0.7) and practical (4.3±0.7) approaches were highly accepted. Good teacher skills (4.5±0.6) and the organisation (4.7±0.5) were also appreciated. All workshops generated publications (10 papers and 2 brochures). We submit that non-profit independent bodies such as the Esteve Foundation can contribute to continuing medical education focusing on topics that rarely find a natural sponsor, such as a particular scientific society. In our experience, a mixture of teaching methods is usually well accepted and the format so far adopted seems also to help in spreading the interest for the topics covered among other health professionals.

Prof.

Keywords: human biology, professional tracks, problem-based learning

Authors: Banos JE, Aramburu J, Bosch F, Pérez J, Sentí M.

Institution: Department of Experimental and Health Sciences. Universitat Pompeu Fabra.

Summary: The efforts to favor the contact of students with their future professional targets should be a high priority of modern universities. In this way, the curriculum of Human Biology at Universitat Pompeu Fabra of Barcelona comprises an initiation to professionalism in its fifth year that we call professional tracks (PT). There are three PT: biomedical research, clinical analysis laboratories and health industries (mainly pharmaceutical and biotechnological firms). Students choose one of them and then they follow a full trimester on specific topics of the PT using lectures, and problem-based learning approaches. In the following six months they work full time in their assignments in public or private centres. We already have two cohorts of graduates and we consider this experience as very positive in many ways. We would like to emphasize the high level of satisfaction of students and teachers with the PT approach. From the professional point of view, more than 80% of the first cohort of graduates have a grant to follow PhD studies, master courses or are employed in private companies. Furthermore, the tutors in the health industries or in the research labs consider that the students are more mature than expected in their everyday work. In conclusion, we consider that enhancing a long contact with the professional world before graduation may help students to be more prepared towards their postgraduate careers and improve their possibilities of being hired. This approach may help to reduce the high level of unemployment in Spanish biology graduates.

Opinions of the people liable to CME program in medical society of Ahvaz, Iran

Keywords: CME programmes-Opinion of physicians

Authors: Shakurnia, A. Elhampoor, H

Institution: Ahvaz University of Medical Sciences

Summary: in the 1974, the continuing medical education law was established at the 27th world health meeting. All the members were requested to consider the accomplishment of CME law as an urgent need. The CME law, in Iran has been approved and applied in 1990. Looking back, passing a decade, we decided to make a survey on the opinions of the participants in CME programs to find out the strengths and weakness to develop. In this descriptive study 661 people liable to CME law including general physicians, specialists, dentists, pharmacologists and laboratory sciences were randomly selected. The data was collected by a questioner of 63 closed questions. The research findings were statistically analyzed by relative frequency and t-test and ANOVA. The results show that 65% of studied population believed in necessity of CME and 67.14% were satisfied with administrative management of CME programs, while 60% found the content of programs and lecturing useful. The major areas of dissatisfaction were incompatibility of CME programs with profes-

sional needs (50.6%). They believed that the content of the program is irresponsive to then needs. A significant difference between the opinions of young's participant and the older (p=0.01). Significant differences were also noticed between the opinions of general practitioners and pharmacologists, respectively as p=0.001 and p=0.008 m but no difference from the gender issues or the graduates of different years. There is a conclusion that about 2/3 of the medical population believed that content and procedures of CME programs needs to be reformed.

Effectiveness of CME programs in opinions of liable participants in AUMS

Keywords: CME-participant opinion-iran

Authors: Afshari, P.

Institution: dezful azad university

Summary: Effectiveness of CME programs in opinions of liable participants in AUMS Author: Afshari, P Address: dezful Azad university-Iran

Introduction: In recent decades, a world-wide attention has been paid to Continuance Medical Education (CME). To raise up the update knowledge of professionals in Iran nearly, a decade of CME programs is passed. To survey the effectiveness of efforts put forward, so far, and also having participants feedback for a more appropriate educational service, this research has been carried out. **Methods:** In this descriptive study, eight organized CME programs held before, were studied. The opinions of 400 participants were questioned by a questionnaire. Validity was tested by content validity and reliability, by test-retest. The questionnaire is routinely used. The collected data was analyzed by SPSS.

Results: The participants studied in this survey were GPs, specialists and Laboratory Sciences specialist liable to CME programs. 16% believed the sessions were "very good" organized, 68/7% "good", 15%"average". From the scientific part of programs, 9% "very good", 50%"good" and 41% "average". Quantitatively, the scientific contents were evaluated as; 6/14% "very much", 37/5% "much", and 56/36% "average". The linking between the proposed materials at CME courses and the professional-needs was credited as: 10% "very much", 50/4% "much" and 39/7% "average". The consequence of lectures: 5/1% "very good", 50/7 "good", and 44/2% "average". Utilization of audio-visual aids 2/3% "very good", 53/3% "good" and 34/4% "average". On the part of lecturers, mostly believed the younger lecturers presented more update information and also instructionally more effective.

Discussion: In overall, the research findings indicate that the effectiveness of CME programs was appropriate and there is also a tendency to the presentation of materials by more skillful lecturers with up-to-date knowledge.

Immunology in Continunce medical education (CME)

Keywords: CME -immunology

Authors: Haghizadeh, M.

Institution: Gondishapoor medical sciences university

Summary: Introduction: About 3000 years ago, the mankind found that within some diseases, one attack could prevent the later onesprevention of this disease. Until 1950, immunology was presented as a chapter of microbiology textbook, while it is a branch of medicine in regard to the vital rld of immunology in prevention, diagnosis and treatment of diseases, it is known as the intersection of medicine. Owing to the fact that this knowledge is involved with constant changes, in-service traning should be well-paid attention. This survey has been carried out to find out "how important immunology" is considered in-service training of ahvaz medical sciences university.

Methods: In this descriptive study, files on CME program from (2001-2003) were studied. The total number was 320.

Results: This investigation showed that in this period of time no

CME training has been held in relation to immunology while today, the diagnosis and treatment of diseases are based on immunology more than 60% habitual abortion, pericarditis different cases of infertilities, collagen vascular disease Rheumatoid Arthritis and ... are all immunology related. And also 5% of participants in CME training courses have pointed out immunological issues as the major concern. To search the reason of lack of such courses, some of academic number were interviewed and the reason came out as some of the members were studying at ph.D degree and some others were involved with many official positions. Conclusion: immunology roles in medicine known and academic member of this group have ability to training the physicians in CME for this reason supervisor of CME program must use from immunology in their programs .

Professionalism: Instruction, Assessment and Evaluation - Lessons from an Undergraduate Medical Radiation Therapy Program

Keywords: *professionalism, instruction, assessment, curriculum*

Authors: *MOYO, E.*

Institution: *The Michener Institute for Applied Health Sciences*

Summary: **TITLE:** Professionalism: Instruction, Assessment and Evaluation - Lessons from an Undergraduate Medical Radiation Therapy Program

RATIONALE Amidst indisputable criticism for evaluating professionalism without having explicitly taught it, there is insurmountable pressure on educators to haphazardly incorporate fragments of professionalism in curricula whenever and wherever possible. This results in frustration of well intended efforts and further perpetuates the unsatisfactory outcomes voiced by critics. Out of such frustrations was birthed a rethinking of professionalism that requires coordinated and systematic educational approaches, beginning at curriculum mapping, through instruction, assessment and evaluation stages.

CONTENT The literature, codes of ethics and standards of practice provide sources of educational content. Attempts to define professionalism transcend notions of mere checklists of universally agreed upon behaviors and reflect the sub-scales of compassionate, communicable and socially responsible practices (Wear & Castellani, 2000).

CONTEXT While the curriculum has limited influence on cultural and reward systems prevalent in education and clinical environments, acknowledging and addressing these as potential sources of both support and sabotage proves useful.

INSTRUCTION, ASSESSMENT AND EVALUATION Forms of instruction that include modeling and reflective, self-assessment on simulated scenarios or patient cases help form professional attitudes. Started early, continued throughout the course(s) and integrated with technical competencies, the self-assessments can, over time, also serve as performance journals. Coupling the self-assessments with immediate, instructor assessments offer longitudinal and formative assessment with summative evaluations performed periodically and at the end.

CONCLUSIONS Although these approaches have proved helpful, better success is anticipated with improved incorporation in the entire program and the addressing of psychometric questions about the efficacy of the approaches.

Assessing the readiness of students in professional healthcare education for e-learning

Keywords: *Needs assessment, teacher training, e-learning*

Authors: *Lawson M; Bearman M; Jolly B; Kiegaldie D; Roberts C*

Institution: *Monash University, University of Sheffield*

Summary: Globally, providers of healthcare education are using a range of e-learning technologies to support the delivery, implementation, assessment and evaluation of curricula. In courses designed to accredit health professional educators, it is considered essential for participants to be competent in the use of e-learning methods. This would prepare them for their own postgraduate study but also equip them with the skills required to develop and deliver contemporary health professional education. To determine whether participants in two courses for health professional educators possessed these skills and to identify the individual learning needs of participants, a valid and reliable questionnaire was administered to two cohorts of health professional educators on commencement of their postgraduate health professional education programme. The instrument was originally designed to measure the self perceived competencies of beginning undergraduate students in basic and advanced information technology (IT) skills, attitudes to the use of computers and IT related learning needs. The results of the questionnaire were used to construct appropriate educational programmes to acquire e-learning skills. Results also suggested that the majority of participants can meet IT-based learning requirements through self study or with pre-existing skills. For a small number of students however, activities targeted at individual learning needs have been identified as necessary to enable engagement in postgraduate learning and familiarity in contemporary learning methods.

Teaching Professionalism: A New Curriculum

Keywords: *Professionalism, Clinical Skills*

Authors: *Esther A. Torres MD, FACP and Debora Silva MD, FAAP*

Institution: *University of Puerto Rico School of Medicine*

Summary: **Purpose:** To introduce a curriculum in professionalism at the UPR School of Medicine.

Method: Alpha Omega Alpha honor medical society and the Department of Medicine of the UPR School of Medicine are collaborating to develop a curriculum in professionalism. The first stage was started in the fall with first year medical students, as part of the Introduction to Clinical Skills Course. An anonymous survey in which the students answered questions on professionalism based on short vignettes of difficult situations was given. They then received the "Charter on Medical Professionalism" (1), and watched the film "The Choice is Yours" followed by a reflection and discussion period. In the third activity the students met with preceptors in small groups to discuss vignettes of situations in which different principles of professionalism were exemplified. Finally, students will be given the same survey they received in the first activity.

Results: Student and faculty feedback about the activities has been positive. A comparison analysis of the two surveys will be performed, and student and faculty evaluations of the activities will be examined and used to modify the course as needed.

Discussion: We expect students to develop a heightened awareness of what professional behavior is, evidenced by comparing the surveys; these attitudes should be maintained and reinforced during the rest of their training. For this, the curriculum will be expanded to include formative activities during the other three years. An evaluation instrument to measure student performance on professionalism through medical school will be developed.

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A survey on the process and scale of CME in Ahwaz Medical Sciences University

Keywords: *cme-process*

Authors: *malayeri, a.*

Institution: *Goondishapoor medical sciences university-ahwaz-ira*

Summary: Introduction: Scientific findings are amazingly daily or even hourly increased. Consequently, the learned sciences through academic year can not be responsive, therefore the universities all around the world, have to organize insect-training courses for these graduates to increase the quality, there is always a question we are faced to, "Weather this education is update." or if these education is modified according to the if the CME program held, are qualificatively appropriate? To answer this questions we had to look back at the process and scale of held insect-training in the past seven years in Ahwaz Medical University.

Methods: We surveyed in 582 files of CME participant from 1997-2000. this descriptive research. The data was analyzed and following results were obtained.

Results: In above years (1997-2003), 582 educational programs entitled as organized education programs, seminars, conferences and weekly workshops has been held, started with 64 in total number and increased respectively in 403, 68, 89, 114, 110, ... in later years. The highest scale of CME programs were held as seminars and weekly conferences totally 38/8% including general practitioners, education with 18/2%, workshop, the 14/6% pharmacologists 3/8% and specialists 7/8%. Reviewing the process of CME programs of general practitioners and pharmacology and dentists so that the scale has been increased from 5/17 to 28/4 while in seminars, congresses and weekly conferences a consistency is observed. With no significant difference. The scale "workshops" has been elevated up to 31/88% and now descended to 7/3%.

Discussion: There is a conclusion that there is an increasing demanding from physicians, pharmacologists, and dentists for CME programs founded on needs assessment achievements. Accordingly, the related workshops are also found useful to promote their update information.

A study on the educational needs of pharmacists in Kashan, Iran

Keywords: *Educational Needs, Pharmacist*

Authors: *Mesdaghinia, A. Arbabi, M. Akbari, H. Parvaresh, L.*

Institution: *Continuing Medical Education Center, Kashan University of Medical Sciences, Kashan, Iran.*

Summary: The graduates of medical fields (e.g. pharmacy) pass CME courses as a precondition for running their job. Keeping in view the lack of accurate information, this study was carried in all 42 working pharmacists of Kashan region by a questionnaire designed on the basis of the current CME programs to realize their needs. After mentioning their personal particulars, on the basis of their priorities, they selected the detailed points of the three categories i.e.: A: Social-professional, B: Clinical and C: Industrial pharmacy. Statistic analysis show that 30.9% of this group were female and 69.1% were male with the range of 38.3 ± 9.6 years out of whom 66.6% were working only in pharmacy and 33.3% were having another job in addition. Their field background ranged 12 ± 9.8 years. "The economics and management in pharmacy" had the first priority (46.1%) of all the 15 options of category-A and then "combined medicines" and "computer

application in pharmacy" were the second and third respectively. "The pharmacological principles of therapeutics of common diseases" was the first priority (46.2%) among the 27 options of category-B and then "drug interaction" and "drug therapy in neonates" were the second and third choices respectively. They also selected the "formulation of different dosage forms" as their first choice and then "the drug making methods" and "pharmaceutical technical know – how" as their second and third choices respectively among 12 options mentioned in category-C. It is here by recommended to take into consideration the candidates view in designing CME programs resulting into their remarkable satisfaction.

Discoveing, developing and maintaining professionalism: linking assessments through the continuum of medical education

Keywords: *professionalism, professional behaviour, assessment*

Authors: *Southgate, L.(1); Hilton, S.(2); McCrorie, P.(2); Davies, H.(3); Stark, P.(3)*

Institution: *(1) University College London (2) St. Georges Hospital Medical School(3) University of Sheffield*

Summary: There is a growing international consensus that assessing professional behaviours and professionalism should be an inherent part of all phases of medical education: undergraduate studies, postgraduate training and as part of the recertification process for practitioners. Currently each part of the educational continuum devises its own methodologies. The risk is that poor professional behaviour may escape detection as students and doctors move between the stages. In the UK, the development of the Foundation Programme (the first two years after graduation) offers the opportunity to re-consider how all the educational activities and assessments can be linked. The aim is to form a continuous programme where poor performers are identified early and remediation, followed by reassessment, provided. The ultimate sanction may be expulsion from the profession, but longitudinal assessments using a standard "toolkit" of assessment methods will at least provide more robust evidence. In this workshop participants will: Be introduced to the current international perspectives on professionalism Use the UK's General Medical Council's guidelines (Good Medical Practice) as a framework for discussion Consider whether students should be required to demonstrate the same professional behaviours as doctors and what happens if they breach the boundaries. Consider how professionalism can be incorporated into undergraduate curricula Plan appropriate assessment strategies Discuss peer rated assessments for residents/trainees. Are they appropriate and deliverable? Use a professionalism self-assessment rating tool designed for practitioners Devise a longitudinal assessment programme that fulfils the requirements for each stage of professional life.

Teaching and Assessing Professionalism in Medical Education

Keywords: *Professionalism, teaching, assessment*

Authors: *Krackov, S.*

Institution: *Albany Medical College*

Summary: Background: Dramatic societal changes over recent years have threatened traditional values of professionalism. Recognition of this erosion has promoted strong agreement about the critical importance of ensuring a deep understanding of professional principles and the skills to apply these ideals. This interactive workshop will focus on fostering and assessing medical professionalism Goal, purpose: At the conclusion of this workshop, participants will be able to:

- Describe fundamental characteristics of professionalism
- Develop ideas to teach and reinforce professional values

- Select assessment tools to measure professional behaviors and determine whether they have made a difference.

Methods:

- We will begin with an interactive dialogue centered on the fundamental characteristics of professionalism. We will discuss various attributes of professionalism, and identify some places where professional or unprofessional behaviors are demonstrated
- Next, we will develop ideas for teaching and reinforcing professional behaviors. We will discuss the challenges and agree upon some strategies for teaching professionalism to both learners and faculty
- Then, we will deliberate on assessing professional behaviors and evaluating the outcomes of initiatives designed to promote medical professionalism. We will discuss how to identify professional and unprofessional behaviors and build an assessment system. We will consider both conventional methods and newer approaches like self-reflection. We will talk about methods to assess outcomes and determine if the intervention has made a difference
- During the concluding portion of the workshop, we will reflect on lessons learned, and consider unexpected outcomes of activities to foster and assess medical professionalism.

Integrating Communication Skills Teaching into the Surgery Clerkship

Keywords: *communication skills, curriculum development*

Authors: *Hopkins, M., Kalet A, Chase J, Riles T*

Institution: *NYU School of Medicine*

Summary: Doctor-Patient communication skills have been correlated with a number of important health outcomes. It has also been shown that effective communication skills can be taught and assessed. For these reasons the AAMC and ACGME have recently published reports outlining Communication Skills as a core competency that students and residents must master in order to become effective physicians. Most medical schools have curriculum in this area during the pre-clinical years, but few continue any formal curriculum into the clinical years. In order to address this need, the Josiah Macy Junior Foundation awarded 3 medical schools, including NYU School of Medicine, a grant to develop, implement and evaluate a communication skills curriculum for the clerkship year. At NYU 33 hours of new curriculum addressing communication skills were incorporated into the 3rd year, including 3 2-hour sessions during the Surgery Clerkship. Medical educators across disciplines collaborated in the design and implementation of the new curriculum. The topics of the surgery sessions are Patient Education, Informed Consent and Breaking Bad News, utilizing videotape, role-playing and standardized patients. During this workshop we will present and discuss how the curriculum was implemented at NYU; materials from all 3 sessions will be made available. At the conclusion of the workshop, participants will know the rationale behind teaching communication skills, understand how organizational change strategies can increase "buy-in" for new programs, and be able to design a plan for developing a communication skills curriculum at their own institutions.

Designing and implementing a remediation plan using the ACGME competencies and/or Program Goals

Keywords: *Professionalism, remediation, conflict resolution*

Authors: *Wessel, Kristen, Ph.D., Education Program Coordinator, Assistant Professor, Wiggins, Charles, JD, Professor of Law*

Institution: *Oregon Health and Science University University of San Diego*

Summary: Program Directors (and their lawyers) will tell you remediation of resident and fellow performance is anxiety producing and legally precarious. Given new mandates from ACGME requiring instruction in and remediation of deficient performance in the competency areas, the need to develop and successfully implement remediation plans is increasingly common. Of particular concern for many Program Directors is the creation of remediation plans that effectively address professionalism and interpersonal and communication skills. Their concern often stems from a lack of familiarity with the process of designing a plan with activities and interventions for successful implementation.

The workshop leaders will take participants through the process of creating a remediation plan. These plans will be designed to use the ACGME competencies, specifically those related to professionalism and interpersonal and communication skills and/or the individual program's learning goals and objectives. The remediation plan will name the appropriate goal or competency, identify the remediation issues, prescribe remediation activities and create a summative evaluation of achievement. The workshop will also give the participants the opportunity to walk through the process of sharing a remediation plan using conflict resolution and negotiation strategies to encourage, and ultimately ensure, buy-in by the participant. In this workshop participants will engage in the process of: Developing individualized remediation plans; Providing effective feedback; Overcoming resistance and rigidity; Monitoring progress; Measuring accomplishments

Judgment as a Critical Medical Skill

Keywords: *Judgment, residency education*

Authors: *Armson, H., Crutcher, R.*

Institution: *University of Calgary*

Summary: Participants will explore the meaning of judgment in both clinical and teaching settings. The group will be asked to consider the question of whether good judgment can be taught and if so how? A brief overview of the literature will provide a basis for the subsequent discussion. The work of Eraut and duBoulay will be used to frame the discussion on attributes of good and bad judgment. The role of expertise, experience, reflection and feedback will be examined for their contribution to the development of judgment. The challenges in applying this material to the clinical/teaching setting will be explored in a role-play based on a clinical case in which judgment figures prominently for both the teacher and the learner. This workshop will be interactive and the group will be encouraged throughout the workshop to contribute their experiences, challenges, and strategies about clinical judgment and the role of the teacher in promoting the development of judgment. Participants will be asked to consider the specific application of the material discussed to their clinical/teaching practice.