

# AMEE Poster Prize 2008

---

Report of the Poster Prize Committee  
chaired by  
**Herman van Rossum**

presented by  
**Peter McCrorie**

# Poster Prize Procedure

---

## Procedure

ROUND 1	598	-	26
ROUND 2	26	-	10
Rosettes	1	-	10
Rosette top three	1	-	3
Winner	1		

# Poster Prize Committee

---

Janke Cohen-Schotanus	Netherlands	Jadwiga Mirecka	Poland
Allan Cumming	UK	Ineke Molenaar	Netherlands
Anselme Derese	Belgium	Jorgen Nystrup	Denmark
Bogdan Djuricic	Serbia	Sari Ponzer	Sweden
Martin Fischer	Germany	Sebastian Schubert	Germany
Rijk Gans	Netherlands	Linda Snell	USA
Larry Gruppen	USA	Pim Teunissen	Netherlands
Hannu Halila	Finland	Judi Walker	Australia
Sharon Krakow	USA	Danai Wangsaturaka	Thailand
Helena Luginbuehl	Switzerland	Henrique Martins	Portugal
Peter McCrorie	UK	<i>Herman van Rossum,</i>	<i>chairman</i>

# Poster Prize Criteria

---

- **Attraction** *Does it attract the viewer's attention and is it visually appealing?*
- **Design** *Does it meet required the specifications and does it conform to good practice*
- **What was done?** *Is the description clear?*
- **The message itself** *Is the message clear?*
- **Relevance message** *Is the message useful and are the take-home messages clear?*



# Changes in medical event reporting attitudes and behaviours after a 3-month patient safety course for residents.

J.D. Jansma<sup>1,2</sup>, R.W. Ten Kate<sup>3</sup>, C. Wagner<sup>4,5</sup>, A.B. Bijnen<sup>1,4</sup>

<sup>1</sup>Medisch Centrum Alkmaar, the Netherlands; <sup>2</sup>EMGO Institute, VU University Medical Center, Amsterdam, the Netherlands; <sup>3</sup>Kenemer Gasthuis, Haarlem, the Netherlands; <sup>4</sup>NIVEL Netherlands Institute for Health Services Research, Utrecht, the Netherlands; <sup>5</sup>VU University, Amsterdam, the Netherlands.

\*Correspondence to: j.d.jansma@mcz.nl

## Introduction

- In health care, patients are at risk to suffer harm as a consequence of adverse events during their treatment process. (1)
- Event reporting by medical professionals contributes to safer health care in a constructive way, as awareness of the weaknesses of a system is considered a starting point for improvement. (2)
- The effect of a patient safety curriculum on the voluntary event reporting attitudes and behaviours of residents was explored in this study.

## Methods

- Two courses were organised comprising one plenary day, followed by two half-days in smaller groups where discussions and practicing skills were main objectives. The 2<sup>nd</sup> course started two weeks after the 1<sup>st</sup> course ended.
- At three moments data were collected using a questionnaire that included six vignette questions to measure event reporting attitudes.
- A comparable group of residents in another similar hospital functioned as a control group.

Figure 1. Course participants' answers to the six vignette questions in sum.



## Results

- 44 residents attended the curriculum and most of them completed the questionnaires, simultaneously 32 residents participated as controls.
- The first measurement did not illustrate significant differences between the trained residents and the control group ( $p = 0.383$ ).
- Positive changes were found in the attitudes of the trained residents directly after the course, as well as three months later (Figure 1).
- In the control group no significant changes were found between the three measurements ( $p = 0.132$ ).
- 100% increase of reported events by residents was noticed at the hospital incident reporting system eight months after the course had started.

## Conclusions

- After attending the patient safety curriculum participants were able to assess more appropriately which medical events are worth reporting.
- Event reporting improved after the course.

## References

1. El' He Vries, MA Ramrattan, SM Smorenburg, DJ Gouma & MA Bouterlooster (2008) "The incidence and nature of in-hospital adverse events: a systematic review." *Quality and Safety in Health Care*, 17(3):216-23.
2. P Barach & SD Small (2000) "Reporting and preventing medical mishaps: lessons from non-medical near miss reporting systems." *British Medical Journal*, 320(7237):759-763.

# Changes in medical event reporting attitudes and behaviours after a 3-month patient safety course for residents

JD Jansma, RW ten Kate, C Wagner  
AB Bijnen

Foreest Institute Medical Centre

Alkmaar, Netherlands

3

# The influence of formal training and multi-source feedback on leader performance in specialist training

B Malling<sup>1</sup>, L Mortensen<sup>2</sup>, T Bonderup<sup>3</sup>, A Scherpbier<sup>4</sup>, C Ringsted<sup>5</sup>

<sup>1</sup>Department of Human Resources, Aarhus University Hospital, Skejby, Denmark, <sup>2</sup>Department of Internal Medicine, the Regional Hospital, Midtjylland, Denmark, <sup>3</sup>Department of Human Resources, The North Denmark Region, Denmark, <sup>4</sup>Institute for Education, Maastricht University, Maastricht, The Netherlands, <sup>5</sup>Center for Clinical Education, Copenhagen University Hospital, Rigshospitalet, Denmark.

Contact: B Malling, MD, MHPE. E-mail: bvm@skj.aaa.dk



## Introduction

Managing postgraduate medical education in clinical departments is becoming increasingly important. Both leadership courses and multi-source feedback (MSF) are widely used developmental strategies for leaders in various types of organizations

## Research Question

What is the effect of a combination of a leadership course with MSF compared to MSF alone on leadership performance among leaders of postgraduate medical education in clinical departments?

## Methodology



The study was an intervention study with a control group. The intervention was participation in a leadership course. Both the intervention and the control groups went through a MSF procedure before (MSF I) and one year after (MSF II) the intervention.

departments, consultants / clinical teachers and young doctors in training. A validated MSF instrument designed for leaders of postgraduate medical education was used. Answers were given on a 7-point Likert scale.

**Intervention group:** Convenience sample of consultants responsible for education, who had signed up for a leadership course.

**Leadership course:** Consisted of two 3-day residential modules and a follow-up day during a 6-month period. The themes in the course were management skills: planning and organising specialist training at department level, evaluation and quality assurance, implementation strategies and change management, and leadership skills: motivating and enabling others, supervision, communication, conflict handling and personal development.

**Control group:** Consultants responsible for education from matched clinical departments.

**The MSF procedure:** The consultants responsible for education in clinical departments chose their respondents from three respondent groups: Heads of

## Results

	Intervention group		Control group	
	CRE	Respondents	CRE	Respondents
<b>Number of participants</b>				
Completed at baseline	27	200	15	131
Completed after one year	20	217	9	72
<b>Total score MSF</b>				
Baseline	76.3 (10.5)	77.6 (7.5)	75.1 (6.9)	76.4 (6.6)
After one year	80.9 (8.9)*	78.8 (7.7)	77.5 (7.4)	79.2 (7.2)
<b>Leadership</b>				
Baseline	22.9 (3.5)	23.1 (2.3)	22.4 (2.7)	22.4 (1.9)
After one year	24.5 (2.3)*	23.3 (2.1)	23.3 (2.1)	23.3 (2.3)
<b>Management</b>				
Baseline	26.2 (3.0)	27.1 (2.6)	26.5 (2.1)	26.4 (2.0)
After one year	27.7 (3.5)	27.3 (3.2)	27.0 (2.6)	27.9 (2.0)

\*CRE = consultant responsible for education in a clinical department.

## Take home message

A combination of a leadership course and MSF leads to self-reported improvement in leadership performance compared to the use of MSF alone.

# The influence of formal training and multi-source feedback on leader performance in specialist training

*Bente Malling, Lene Mortensen, Thomas Bonderup, Albert Scherpbier, Charlotte Ringsted*

*Aarhus University Hospital*

*Aarhus, Denmark*

2



# Interprofessional Education (IPE) Faculty Development Advancing the Future of Healthcare Through Learning A Certificate Course for Health Professionals



## Background

- Changes being made to health professional curricula/continuing education activities to encompass IPE
- Skilled, knowledgeable interprofessional (IP) healthcare educators required to prepare individuals for collaborative practice; therefore, faculty leaders in IPE urgently needed

## Goal



- To develop education leaders in IPE and IP practice through the development of an IPE program

## Methodology

### Curriculum

- 40-hour (five-day) certificate course developed by IPE faculty in 2005
- Consists of five modules (one on each day)
- Focus on knowledge, skills and attitude development related to IPE; collaboration and reflective practice
- Utilizes didactic/experiential learning, DVD vignettes, case discussion and standardized learners
- Faculty development involves regular meetings before, during and after the course to maximize integration of material and enhance communication

### Participants

- Recruited from across Canada and USA, including health care professionals, academics, researchers and administrators
- Encourage individuals to apply as teams
- Need to submit a short discourse with application on role of a potential project in home institution
- Participant teams organized by faculty into new balanced interprofessional groups

## Module Descriptions

### Module 1: Professional and Collaborative Roles

- Development of the professional and their identity through role understanding, burning and stereotypes
- Didactic, small group exercises utilized

### Module 2: Collaborative Teams

- Theoretical/conceptual framework for collaborative/team practice with its challenges and benefits
- Case presentation of consumer experiences with an interprofessional team
- Conflict resolution strategies

### Module 3: Collaborative Teams and Facilitation

- IP facilitation skill development to resolve conflict
- Feedback skills
- Video vignettes to demonstrate interprofessional education and practice-in-action
- Experiential learning through facilitation of simulated interprofessional teams

### Module 4: Assessment, Evaluation and Change Management

- Effect of assessment/evaluation and driving change
- Definition of outcomes and their measurement and the effect on institutions

### Module 5: Putting it All Together

- Poster presentation of an IPE initiative developed during the program
- Group reflective feedback process to peers by participants and faculty

## Students:

- Individual, team and small group reflection resulted in greater insight of material and depth of learning

## Institutions/Teams:

- Development of IPE project and reflective practice for improvement, some

## Faculty:

- Due to nature of reflective practice, curriculum modified to meet needs of students within each and across each iteration

Although challenging for faculty, an adaptive course of this nature allowed more participation by students for development of institutional projects

## Assessment and Evaluation



- Reflective practice integral at end and beginning of each module
- 1000-word reflective discourse, required at completion of course for certification
- Demonstrate knowledge of course material (reflective essay focused on understanding of IPE in participants' own institutions)
- Participant completion of satisfaction evaluation following each module (i.e. at the end of each day) immediately informs next module
- High degree of satisfaction reported by participants for all modules

## Participants indicate most powerful teaching/learning tool:

- Parallel process of reflecting on:
  - One's actions
  - Self-disclosure
  - Reflection-on-action
- Discussion of its implications for teaching interprofessionally

## Next Steps



- Evaluation of impact of course through longitudinal prospective study
- Change leadership course to be launched in January 2009

## Lessons Learned



### Faculty development planners:

- Recognize importance of good course instructor facilitation skills
  - Turn 'aha's and surprises into learning moments
- Anticipate conflict
- Normalize the surprises by encouraging the sharing of different perspectives
- Use reflection as a learning tool
- Consider roles of gender and health discipline representation
- Blend content and process - 'checking-in'
- Choose a team with experts in all key curriculum areas as well as IPE content, curriculum development, group process and simulation education

## Conclusions

- This IPE faculty development course is well-received by participants who strongly agree that the framework could advance IPE in their own institutions

# Interprofessional Education Faculty Development: Advancing the Future of Healthcare Through Learning a Certificate Course for Health Professionals

*Ivy Oandasan, Susan Wagner, Brian Simmons, Lynne Sinclair, Debbie Kwan, Ivan Silver, Molyn Lescsz, Keegan Barker, Mandy Lowe, Scott Reeves, Denyse Richardson*

*University of Toronto*

*Office of Interprofessional Education*

*Toronto, Canada*

