ABSTRACT NUMBER: OT1

Developing A Corpus Of The Nursing Literature – A Pilot Study

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Aim
The purpose of this project was to develop and analyze a pilot corpus of the nursing literature in order to assess the feasibility of a more ambitious project to analyze the broader biomedical literature.

Methods
Representative nursing journals were used to create a corpus of approximately a quarter of a million words. This corpus was analyzed for word frequency using a concordance "freeware" program. Additionally, representative sections of the corpus were analyzed for readability and certain grammatical conventions.

Results
The process of developing and analyzing the corpus took the equivalent of approximately 2 weeks' work for a single person. Approximately 7,000 unique words were identified and sorted according to frequency.

Conclusions
In terms of time and cost, the development and analysis of a Corpus is an efficient way of identifying the vocabulary which the nursing profession uses in its research publications. Even this brief pilot exercise was able to identify previously unexpected patterns of word usage and sentence structure. These findings have immediate implications for biomedical English teaching and testing.

*The results of this pilot study have been accepted for publication in the Japan Journal of Nursing Science, although this presentation will include additional data and analysis.

ABSTRACT NUMBER: OT2

What Do Tutors Actually Do In The PBL Groups? Part I – Facilitating Group Process

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Introduction: Problem Based Learning as a teaching tool aims at facilitating students' passion and the curiosity for knowledge, embracing problem solving skills and critical thinking, and enhancing responsibility and accountability in team work. Those qualities are expected to be actualized in a well-designed learning group. What are critical elements in PBL tutorial small group process that will facilitate the above qualities? This study aims at exploring the process of PBL tutorial small groups, focusing on the tutorial groups' phenomena and the tutors' behaviors in facilitating group dynamics.

Method: Through convenience sampling, five tutors from Department of Clinical Psychology, Medicine and Nursing, participated in the research. All are content-expert tutors and have PBL tutorial experience for at least 3 years. Interpersonal Process Recall (IPR) was utilized to collect research data. Among 6 tutorial groups (4 clinical psychology, one nursing and one medicine class), 32 valid tutorial group sessions were video taped. Tutor intervention episodes where the tutor made oral interventions or paralinguistic responses, such as smiles, nods or frowns were marked. Utterances with the same intention were counted as one episode. 558 meaningful

episodes were identified and transcribed. Within a week, a trained interviewer reviews each meaningful episode with the tutor on a video and interviews the tutor as to why the tutor chose to intervene at the given moment. All interview contents as well as tutor intervention behaviors were transcribed. Based on discovery oriented research approach, researchers analyze tutor intervention episodes and the interview content by employing Giorgi's (1985) phenomenological method and Greenberg's (1986) hierarchical model of language analysis. Intervention intentions described by the tutor were rewritten based on its meanings and forms. Finally, intervention principles and its theme-based content were drawn from the analysis. Bottom-up content analysis was employed to generate classification. Researchers first, analyze the data separately, and then discuss the differences and similarities between each other until the group reaches consensus on the classification.

Result and Discussion: Results show that tutors' intervention methods regarding group process could be classified into two kinds: (1) maintaining group process procedure and rules; (2) processing group dynamics and group members' interpersonal interactions. The former includes (a) clarifying PLB spirit; (b) guiding case presentation process; (c) facilitating leader to play the role; (d) reminding the recorder to record effectively; (e) assisting time management; (f) and monitoring external environment etc. The latter includes processing (a) silence; (b) non-verbal reactions, such frowning, nodding, smiling or non-responsiveness, show confident or non-confident attitude; (c) facilitating the progress of group discussion ; (d) emotional problems (frustration, conflict, hostilities…); (e) group impasse (f) special cases (e.g. group members too critical) and (g) reinforcing positive group experiences. Analysis of the above group phenomena show that group dynamics and experiences reflect group coherence, group members' interpersonal relations, and affects goal achievement. Future research will explore cognitive process that underlines tutors' personal intervention style and behaviors, and the effective conditions for tutorial facilitation.

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ABSTRACT NUMBER: OT3

What Do Tutors Actually Do In The PBL Groups? Part II – Facilitating Subject Matter Discussion

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Introduction: Numerous tutorial researches had compared expert vs. non-experts tutorial styles and its outcomes, but there is a lack of literature exploring tutor's specific behaviors in a tutorial small group. This research aims at exploring the content of PBL tutorial small group, focusing on the tutors' behaviour in facilitating subject matter discussion.

Method: Through convenience sampling, five tutors from Department of Clinical Psychology, Medicine and Nursing, participated in the research. All are content-expert tutors and have PBL tutorial experience for at least 3 years. Interpersonal Process Recall (IPR) was utilized to collect research data. Among 6 tutorial groups (4 clinical psychology, one nursing and one medicine class), 32 valid tutorial group sessions were video taped. Tutor intervention episodes where the tutor made oral intervention or paralinguistic responses, such as smile, nod or frown were marked. Utterances with the same intention were counted as one episode. 558 meaningful episodes were identified and transcribed. Within a week, a trained interviewer reviews each meaningful episode with the tutor on a video and interviews the tutor as to why the tutor chose to intervene at the given moment. All interview contents as well as tutor intervention behaviour were transcribed. Based on discovery oriented research approach, researchers analyze tutor intervention episodes and the interview content by employing Çfiorgi's (1986) phenomenological method and Greenberg's (1986) hierarchical model of language analysis. Intervention intentions described by the tutor were rewritten based on its meanings and forms. Finally, intervention principles and its theme-based content were drawn from the analysis. Bottom-up content analysis was employed to generate classification. Researchers first, analyze the data separately, and then discuss the differences and similarities with each other until the group reaches consensus on the classification.

Result and Discussion: The result shows that tutors' intervention methods regarding facilitation of subject matter discussion could be classified into the following themes: (1) accuracy of the content and professional knowledge; (2) Clarity of the discussion; (3) Aims of the discussion; (4) depth and preciseness of the discussion; (5) width and richness of the discussion; (6) liveliness of the discussion; (7) relevance (themes and concepts) of the discussion; (6) Critical quality and creativity; (9) accuracy of the rationale and conclusion and (10) integrity and completeness of the discussion. Content analysis of the above themes and the tutorial skills (such as, questioning, clarifying, directing, encouraging…) employed to achieve tutors intentions (such as, clarifies and distinguishes concepts or familiarizing a theory) were further categorized and discussed. Future research will explore cognitive process that underlines tutors' personal intervention style and behaviors, and the effective conditions for tutorial facilitation.

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ABSTRACT NUMBER: OT4

Providing Feedback To Students: Practices And Perceptions Of Teachers

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Introduction: Feedback is a powerful communication technique in which the teacher provides systematic information to the students about their performance in mastering specific skills or achieving learning objectives of a course. Thus feedback is about reinforcing commendable behaviour and correcting or improving inappropriate learning and is intended as a guide to their future behaviour, in a related activity *(Ende 1983)*. Despite the well known association between feedback and improvement in learning, studies have shown that it is seldom practiced. A common reason cited is that, negative feedback damages the rapport between the student and teachers.

Good feedback is descriptive, specific, involves two-way information exchange and addresses the behaviour or action/skill of student (not the character of student). In addition it encourages motivational beliefs and self esteem and provides information to teachers that permit reflection on teaching *(Kaprielian 1998)*.

Objective: To study the practices and perceptions of faculty of IMU on providing feedback to students.

Methods: The study was conducted in January 2007 using a pre-tested self administered questionnaire designed after conducting a focus discussion with students and informal discussion with staff. Additional comments were invited as free text in the questionnaire.

Results: *Frequency of FB:* A total of 51 questionnaires were returned from among 126 tutors with a response rate of 40.5%. Most (75%) respondents were providing FB regularly in summative and formative assessments, clinical skills (CS) and problem based learning (PBL) sessions. Among these, feedback was most regular(90%) in PBL sessions. Assigned independent reading (AIR) is given the least priority.

Type of FB: 89% of faculty mentioned that they suggest ways to improve answer/behaviour/skill when providing FB. 80% explain why an answer is right or wrong, 69% suggest follow up work, 54% provide opportunities for further discussion. When a grade is given only 50% explain the grade.

Who should give FB: In contrast to students expectations, faculty are of the opinion that both content specialist and course coordinator are equally appropriate for providing FB on formal assessments. Similarly in contrast to student views, the FB on AIR module is thought to be course-coordinator's responsibility.

Mode of FB: More than 95% of the faculty preferred oral form of FB in all activities in contrast to student expectations.

Timelines for providing FB: With regard to the time gap between activity and FB, most (85%) tutors felt that it should be immediate, but definitely not later than one week for PBL and CS learning sessions. With regard to selectives, electives and AIR modules the faculty was more relaxed on timelines, but the majority (75%) felt that it should be given not later than two weeks after the activity.

Training needs for faculty: Only 10.5% has had formal training on provision of FB at IMU although 28.6% had received training elsewhere prior to joining IMU. Nearly 60% of them had received this training more than 5 years ago and 80% of all respondents wanted to be trained on this aspect of teaching.

Discussion: Self-awareness of performance is very important for facilitating self-directed learning among students. It develops reflective self evaluation skills and also enhances future professional growth. In the last two decades, a number of innovative methods, including audio and video tapes have been used to provide feed back in addition to the conventional written and verbal methods Paul et al 1998). The results of this study show that the majority of faculty is aware of the essential components of good FB and its importance as a learning tool. However gaps in the FB system were identified by tutors themselves with regard to certain curriculum components. Thus it is important to build up formal FB sessions into all aspects of teaching learning activities in order to establish FB as a generic feature in the IMU curriculum. Furthermore, the need for training on this aspect of course delivery was articulated by most tutors. Thus, it is important that future training programmes on medical education address this requirement.

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ABSTRACT NUMBER: OT5

The Mentor-Mentee System: Knowledge, Practices And Perceptions Of Mentors

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Introduction: Mentoring is a planned relationship between an experienced person and one who has less experience for the purpose of achieving identified outcomes (Dorsey et al 2004). Mentoring process should be positive, facilitative and developmental and should not be part of performance monitoring procedures. The mentoring results in increased productivity and creativity in both mentors and mentees (Thorpe 2003). A formal mentor-mentee system (MMS) was implemented in the International Medical University since 1993. In an attempt to meet the needs of students and to

operate a smooth programme a student support coordinator was appointed to oversee the scheme in 1995. The average number of students per tutor per semester is 6. Electronic format of the MMS was established in August 2006 but appear to be not optimally utilized. The expected role of mentor was to assist students with academic work related problems, provide feedback on performance and counseling prior to remedial studies, offer advice on elective attachments and to refer students with specific emotional or health problems to appropriate services

Objective: To assess the knowledge, practices and perceptions of faculty on mentoring undergraduates.

Methods: The study was conducted in January 2007 using a pre-tested self administered questionnaire and comments were invited as free text. The study did not analyze the utilization of the electronic system of MMS as all tutors were not familiar with this system.

Results: A total of 54 questionnaires were returned from among 126 with a response rate of 42.9%.The respondents comprised of faculty from Medical 77.8%, Pharmacy 13%, and Nursing 2% schools.

Most tutors (96.2%) perceived that the MMS is useful within the overall student support system and believed that mentoring should be targeted to all students as a means of developing students' potential irrespective of academic performance. 84.9% disagreed that mentoring should be for high performers only, and 45.3% disagreed that mentoring should be for those students who did not made the grade.

With regard to implementation of the MMS, 21.2% of the faculty felt that the system was not clearly introduced and 53.1% stated that comprehensive guidelines were not made available.

The faculty (69%) generally agreed that meeting with mentees should be structured leaving room for unscheduled mentoring. Most faculty (85%) have mentored students within the last year, mostly targeting poor performers. 78% were of the opinion that mentors should initiate the first meeting and have meetings at least twice a semester. 72% of the respondents agreed that mentors should not only provide feedback on examination performance and that mentoring should go beyond academic performance. 58% respondents did not agree to meetings being made compulsory, while 49% were not agreeable to mentors releasing the examination results to their mentees. The gender and ethnicity of the mentor or mentee was not a significant issue for the faculty.

With regard to competency and readiness in mentoring, 68% had previous experience in mentoring while 66.7% had learnt about the process from peers. Only 13% had formal training on mentoring at IMU. Interestingly, 7.4% of the respondents had learnt about mentoring from television programs. Most importantly, 71.6% requested training in mentoring.

The data from free text in questionnaires revealed that the busy schedule of work as a limiting factor for maintaining a good rapport with respective mentees. Some felt that attending social activities organized by students had promoted development of good relationship with their mentees. Some also mentioned that students appear not to respond to requests for meetings in spite of having difficulties in academic activities.

Discussion: The MMS of each institution has its own unique features. Insufficient knowledge in mentoring and MMS may lead to underutilization of the system. Thus comprehensive guidelines on the MMS and responsibilities of the tutor need to be provided to tutors prior to assigning mentees to ensure the effectiveness and consistency of the MMS. How actively a tutor seek a meeting with his/her tutees appears to depend upon their degree of commitment and availability of time. Specifically identified time allocation in the academic program may overcome this to a certain degree. This, in addition would provide formal recognition for operation of the mentoring programme in the IMU. A system of recording of meetings in the student academic handbook may place the onus on the student to meet up with the mentor. It is also recommended that tutors make the first contact and actively seek them for future meetings. Active participation of the faculty in social programmes organized by students should be encouraged to foster a meaningful mentoring programme

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ABSTRACT NUMBER: OT6

Accrediting Our Nutrition And Dietetics Programme – The Way To Go?

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The launching of the Malaysian Dietitians' Association (MDA) was in 1994, since then there was no move forward in terms of acknowledging and accrediting the profession. Until today dietitians do not have a board, let alone a council. The 13 years has made the profession subject to the discretion of other professionals who made various false claims in nutrition and dietetics and yet there was nothing that could be done about it. Currently there are approximately 500 dietitians in Malaysia. There is a need to accredit the Dietetics Programme and register the dietitians and protect the profession. The way to do it is to ask help from sister organizations, such as the Dietetics Association of Australia (DAA). The Australian Dietetics Standards and Accreditation Advisory Committee (DSAAC) can provide guidance in the accreditation process. The Malaysian Dietitians' Association comprising of members who have overseas qualifications and other members from public and private practice involved in professional development can be elected by DSAAC to form the board. In Malaysia we have not formalized the Dietitians Board and Council as yet.

Materials and Method

The DAA full accreditation process involved various stages.

The first step is for Nutrition and Dietetics program of IMU to prepare a full accreditation report. The report must be comply with the template provided by DAA. DSAAC reviews the report and feedback must be given where clarification is required. IMU develops DSAAC response for further clarification if there are any issues requiring clarification. The next step is site visit by DSAAC and review of report. When all the requirements are fulfilled DSAAC will recommend to the DAA Board that the IMU Nutrition and Dietetic programme be awarded full accreditation.

Result and Discussion

Once the IMU Nutrition and Dietetics program is aware of the requirement set by DSAAC the program must take note of the following. The curriculum must comply to 50% of 1st and 2nd year of undergraduate be composed of bioscience, chemistry, physiology biochemistry, including a minimum of 15% of a full year load of biochemistry and physiology. The philosophy is in dietetics and nutritionist professional in a scientist with a special focus in nutrition and dietetics.

The duration of professional practice program is 20 weeks to produce acceptable graduates, 10 weeks full time in developing competencies in management of individual care. This is for safe practice in nutrition care of individuals. At least 4 weeks in a clinical setting or a hospital – 2 fulltime equivalent dietitians are employed. Placements in private practice are acceptable provided supervision and assessment is done. Coordinators with APD and without APD are acceptable. Use of non APD personnel e.g. food service, dietitians responsible for wards, Public Health Nutritionist are allowed.

The Knowledge and Skills at Professional Levels include :-

1. Interpreting nutrition science as practical information
2. Nutrition Assessment
3. Management of Individual Nutrition Care in Clinical and Community settings
4. Activities promoting a safe nutrition food supply
   - Demonstration of basic skills in research and evaluation
   - Demonstrate an organized professional and ethical approach to work.
   - Competent in quantity food service and therapeutic diets preparation
5. Management of nutrition program in the community
6. Ensuring a safe and nutritious food supply
7. Research and Evaluation

Conclusion

Once the program is fully accredited the more forward is to register our dietitians by forming a Dietitians Board and Council which will be another process which must be done to safeguard the profession.

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ABSTRACT NUMBER: OT7

Educating Tomorrow's Teachers: A Mulitprofessional Case Study

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Introduction: Ensuring there are future leaders and scholars in health professional education requires attention[1]. In the area of health professional education, most academic appointments relate to discipline expertise or research abilities, rather than to educational expertise. With an increase in the number of health professionals in undergraduate education and postgraduate training there are insufficient teaching staff. There is an acute need to develop programmes to increase the pool of health professionals, who have a commitment to teaching and learning[2]. These programmes need to be applicable to the particular setting, flexible enough to meet education and training needs and suitable for those playing a major role in curriculum development and delivery, or in roles as teachers[3].

The University of Western Australia accepted these needs and believed these programmes should be multi-professional. They also believe educating different professions together will cultivate understanding of roles and the capacity to respond to the complex problems facing clinical education in collaborative working partnerships.

The aim of this presentation is to describe, as a case study, the development and implementation of a suite of multi-professional postgraduate courses in health professional education.

Methods: The educational objectives, philosophy, structures, marketing strategies and participants' professional profiles will be discussed as will organisational issues, alignment with the Universities Operational Priority Plans and challenges faced during programme development.

Results and Discussion: These courses were developed over a period of two years. Initially, similar courses being offered in Australia and the United Kingdom were reviewed and market research in the form of surveys to potential students was conducted. From this work it was determined that multi-professionalism would be the premise of the courses. It was anticipated that offering them to a broad range of professionals would foster a number of opportunities for interdisciplinary discussion and collaboration among participants. This has the potential to facilitate learning both within (disciplinary) and across disciplines (multidisciplinary) that may contribute to the development of new perspectives (transdisciplinary)[4].

Importantly, the educational objectives of the courses were

aligned to the Universities Operational Priorities Plan 2006-2008[5]. These priorities formed the basis of arguments substantiating the need for implementation. Marketing of the courses began eight months before the first classes. A range of media were used, but the most effective method was in person presentations by Academic staff to health professionals in health service settings. All four courses (Graduate Certificate, Diploma, Masters by coursework and Masters by research) have the same three core units and articulate with each other so that a student may first enroll in a Graduate Certificate and progress to complete a Masters degree. The only real challenge with curriculum development was marketing and developing the courses with a limited budget.

The courses in Health Professional Education aim to produce graduates who will be able to apply educational principles and theories in health related contexts; have an understanding of the role of assessment used in the education of health professionals; apply the principles of research design and skills in educational research and develop knowledge and skills in particular areas of interest. Hybrid teaching methods are currently used with facilitation of classroom and applied or online learning through reflection; small group discussion and expert guest lecturers. Units will be available for learning by distance education from 2008.

In the first cohort of students, all 20 available places were offered with fourteen accepting a place and enrolling. One doctor, one social worker, three physiotherapists, four nurses and five midwives enrolled. All chose to study part-time as they were working, mostly in clinical settings with daily responsibility for teaching and practicing as health professionals. Five students enrolled in the Graduate Certificate, one in the Graduate Diploma, one in the Master's by coursework and seven in the Master's by research. Two held academic appointments in Universities and only one of the first cohort had published in the area of education previously. At this early stage, the benefits of bringing together different professional skills in cultivating collaborative solutions to issues in the education of health professionals are already becoming obvious. The challenge remains to evaluate the impact of the courses on participants' future academic productivity and leadership skill development.

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ABSTRACT NUMBER: OT8

Recognition Of Teaching Excellence

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There is a general agreement that excellence in teaching and teaching-related activities should be taken into account in retitlement and promotion exercise on par with research. However, in practice it hardly happens - unless conscientious efforts are made by the medical faculties to recognize the teaching excellence.

Li Ka Shing Faculty of Medicine, HKU introduced Teaching Portfolio for all academic staff since 2003. Portfolio of individual staff is evaluated in five main domains: Act of Teaching, Art of Teaching, Scholarship and research in medical education, Leadership in education; and Continuous Professional Development (CPD).

Recognition and reward for excellence is determined at four levels:

Level 1: All teachers must reach a level of quality teaching supported by Staff development programme by medical education unit (now Institute of Medical & Health Sciences Education) of faculty.

Level 2: Student recognition of good teacher leading to provision of grants to attend and make presentations at regional and international meetings.

Level 3: Student and peer evaluation of excellent teacher for three years leading to award of faculty teaching medal and nomination for university teaching fellowship.

Level 4: Retitlement/ promotion based on peer review of teaching portfolio.

The University of Hong Kong has also now taken important step to include 'Scholarship of Teaching' as an important component of assessment of all academic staff.

The author will highlight the process with examples of assessment and recognition of teaching excellence.

ABSTRACT NUMBER: OT9

Measurement Of Teaching Excellence: Mission Impossible?!!

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Introduction

Although many schools the world over proclaim their vision to be centres of teaching excellence, the excellent teacher goes largely unrewarded, often overshadowed by staff with more publications, as these are readily measured compared to the elusive "teaching excellence". A shift towards rectifying

this malady has begun in the developed world (Skelton, 2005), although the Asia-Pacific region has been much slower in taking this important step. This is not surprising, given the intangible nature of some crucial qualities of an excellent teacher. Attempts to quantify teaching excellence by complex equations (Harden, 2006) have been made, but are yet to have not been adopted widely. This study was aimed at examining existence, measuring tools, awarding mechanisms and faculty perceptions of reward systems for excellence in teaching in some randomly selected institutions in the region.

Materials and Methods

There were 6 responses from Malaysia and 10 from other countries. The responses were collated and analysed using Exploratory and Graphical methods, integrated with SPSS statistical software. To compare the mean score of Malaysia and other countries for characteristics of Excellent Teacher, the following assumptions were made: (i) Dependent variable is normally distributed. (ii) Two groups have approximately equal variance. (iii) Two groups are independent of one another.

The questionnaire addressed whether a reward mechanism was present and if so what the form of reward was in; the tools used for measurement of teaching excellence; whether "teaching only" faculty get weightage equal to staff whose forte was research; and who decides on the award. Questions dealing with style of teaching were also included (Competencies, Approach and Personal & Professional Development (PPD)). The qualities of an excellent teacher were also identified.

Results

Responses were from seven countries - Malaysia, Singapore, Brunei, Myanmar, Thailand, Hong Kong and Japan. Five out of 17 schools replied that a reward system was not in place in their institutions. In the schools where a mechanism was indeed in place, teaching excellence was measured as listed in Table 1:

Table 1: Assessors, assessment tools & forms of reward

Who decides?	What tool is used?	What is the form of reward?
Management (5)	Faculty portfolio (2)	E-mail/ verbal encouragement (0)
Students (5)	Student feedback (7)	Certificate (3)
Peers (3)	Peer evaluation (6)	Cash award (4)
Administrators (2)	Duration of teaching experience (3)	Promotion (3)
	Medical education publications (3)	Teaching Excellence Award (5)
	Research publications (lab/clinical) (2)	Inclusion in Honour Roll (3)
	Innovations in teaching (4)	

On the status of "teaching only" faculty, twelve schools stated that they are at a disadvantage in getting promotions compared with faculty strong in lab/clinical research.

A consensus was reached that all three aspects of teaching (i.e. Competencies, Approach and Professional Development) should be considered in identifying the excellent teacher. Assigning point scores to each, Competencies obtained 35 points, Approach 22 points and Personal & Professional Development obtained 17 points.

Of the nine characteristics of an excellent teacher (Punctuality, Passion for teaching, knowledgeable, Effective delivery, Interaction with students, best evidence medical education used, IT application, Professionalism and Motivation of learners), Effective delivery ranked highest, followed by Passion for teaching and both Knowledgeable and Motivation in third place.

Discussion

The results indicate that formal mechanisms for rewarding teaching excellence are not yet in place in the Region although there was unanimous agreement that these should be adopted. The diffidence may be partly due to the subjective nature of assessment of largely intangible parameters. Efforts of arriving at concrete formulae have been attempted and one such formula (Harden et al) designed taking into consideration teaching competencies, Approach to teaching and Personal Development and attempts at assigning numerical values to them has been tried with some success in Europe.

Robust mechanisms for the identification and rewarding of teaching excellence in medical education still seem to be lacking in many institutions and needs to be given more importance if high quality medical education is expected to be delivered by teachers in medical schools. Educational institutions need to priorities and evaluate the importance it attaches to teaching and ensure that suitable rewards systems are in place to motivate teachers and encourage quality teaching if teaching is to be considered at par and as important as research activities and clinical services.

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ABSTRACT NUMBER: OT10

Obstacles To Implementation Of FOCUS-PDCA For Improving Medical Services: The Kermanshah University Experience (2006)

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Introduction

Iranian health ministry has chosen total quality management (TQM) and FOCUS-PDCA as tools for improving medical services. Kermanshah University of Medical Sciences had

conducted several workshops on TQM and FOCUS-PDCA for staff and managers. It was expected that those who attended these workshops would apply what had been gained in the training to their work. But this expectation was not met. Therefore this research was carried out to find out the trainees' opinion in this regard.

Methods

All 400 trainees participated in the study by completing the questionnaire which comprised 2 parts: the demographic information and the obstacles for using FOCUS-PDCA in terms of 5 variables: money, system, method, management and officers. A pilot study had been carried out to test the reliability and validity of the questionnaire. ANOVA, X2 and Benferoni post hoc tests were employed in data analysis.

Results

Out of 390 respondents who completed the questionnaire, 88.5% were familiar with the FOCUS-PDCA, and 45.5% attended the progressing process. There was no significant relationship between the knowledge and the practice in their work. Management variable ranked highest (45.3%) among the hindrances to using FOCUS-PDCA. Significant differences were also noted for other variables.

Conclusion

Despite having a good knowledge about FOCUS-PDCA, trained staff did not utilize it appropriately because of the lack of support from their managers and lack of money. The administrators should therefore choose enthusiastic and efficient managers who are concerned about TQM

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