



**THE 1st ASEAN
MEDICAL EDUCATION CONFERENCE (AMEC)
TO CELEBRATE THE CHULALONGKORN UNIVERSITY CENTENNIAL**

Medical Education: PAST, PRESENT & FUTURE

A B S T R A C T S B O O K

AMEC 2017

16-20 May 2017

**Bhumisirimongalanusorn Building, Fl.12
King Chulalongkorn Memorial Hospital**

**Faculty of Medicine
Chulalongkorn University**

Under the auspices of





**The 1st ASEAN Medical Education Conference (AMEC)
To Celebrate The Chulalongkorn University Centennial**

The First ASEAN Medical Education Conference (AMEC-2017)

To Celebrate the Chulalongkorn University Centennial

In Conjunction with

The 18th Thai Medical Education Conference

And

**The 5th Asia-Pacific Medical Education Network (APMENet)
Research Meeting**

16 – 20 May 2017

**Fl.12, Bhumisirimangalanusorn Building,
King Chulalongkorn Memorial Hospital**

**Faculty of Medicine
Chulalongkorn University**

Under the auspices of



Welcome message
from the Dean, Faculty of Medicine,
Chulalongkorn University



The 1st ASEAN Medical Education Conference, in conjunction with the 5th Asia-Pacific Medical Education Network (APMENet) Meeting and the 18th Thai Medical Education Conference will be held in Faculty of Medicine, Chulalongkorn University, Bangkok in May 16th -20th, 2017.

It will be the first time that ASEAN countries form ASEAN forum for medical education. This forum will strengthen collaborations among medical schools in the ASEAN plus countries in terms of knowledge sharing, medical education research, faculty member and student exchange and accreditation.

The meeting is hosted by Faculty of Medicine, Chulalongkorn University and Consortium of Thai Medical Schools. This auspicious event is also to celebrate 100 years anniversary of Chulalongkorn University. The theme of the meeting is “Medical Education: Past, Present & Future”.

On behalf of the Organizing Committee, it is my very great pleasure and honor to invite you to participate in the events.

The meeting will cover various aspects of medical education with emphasis on ASEAN culture to improve medical education for the benefit of health of the people in the region.

I do believe that this meeting will provide great opportunities for colleagues to form collaboration and networking in medical education. It will bring new concept, knowledge, and also progress and advanced impact in medical education to the participants.

We are looking forward to welcoming you and sincerely hope that you will spend a great time in Bangkok. Please join us in making the meeting an outstanding success.

Professor Suttipong Wacharasindhu
Dean, Faculty of Medicine, Chulalongkorn University



Speech

By Associate Dean for Academic Affairs

(Assoc. Prof. Jitladda Deerojanawong, M.D.)

Emeritus Professor Avudh Srisukri, M.D. (Secretariat General of Consortium of Thai Medical Schools, Deans of Medical Schools, honored speakers, Ladies and Gentlemen.

On behalf of the organizing committee, it is an honor of me to welcome you all to The 18th Medical Education Conference and The 5th Asia-Pacific Medical Education Network. In particular, this year is a special year for us, since it is a 100 Year Anniversary of Chulalongkorn University, therefore, to celebrate this event, the organizing committee has initiated this 1stASEAN Medical Education Conference. The main objectives of this conference are:-

1. To celebrate the 100th anniversary of Chulalongkorn University establishment
2. To provide participants an excellent possibility to develop new friendships and to exchange their knowledge in the field of Medical Education.

At this 1stASEAN Medical Education Conference, there are about 35 distinguished international speakers, four-hundred participants (400) from ten countries are joining this conference.

On behalf of the organizing committee, I would like to express our sincere thanks to the Consortium of Thai Medical Schools, to all Medical Education Networks, to all supporting organizations and sponsors. Now, I would like to invite Emeritus Professor Avudh Srisukree, the Secretariat General of Consortium of Thai Medical Schools to give an opening remark.

Please join me to welcome Emeritus Professor Avudh Srisukree.

Opening remark

By Secretariat General of Consortium of Thai Medical Schools

(Emeritus Professor Avudh Srisukri, M.D.)



I am very pleased and honored to give an opening remark for this event.

First of all, on behalf of the Consortium of Thai Medical Schools, I would like to thank Faculty of Medicine Chulalongkorn University for hosting the Thai Medical Education Conference for 3 times after we have started the first conference in 2000 at Songklanakarin University.

I am glad to see that our medical schools have continued to organize this conference annually for almost 18 years.

As we all know, this kind of conference will provide a lot of opportunities for our teachers, students, and all supporting staffs to exchange our knowledge and experience in Medical education. Above of that the ultimate gold of this kind of event will bring us to a sustainable future for the development of medical education.

On behalf of Consortium of Thai Medical Schools, I am delighted to join the celebrations of both 100 Year Anniversary of Chulalongkorn University and 70 Year Anniversary of Chulalongkorn Medical School establishment.

Chulalongkorn Medical School is one of the Medical schools in Thailand that has made a lot of contribution to medical education; for instant:-

- Being the WHOCC representative in Medical Education
- Being a pioneer/initiator for community medicine project which importantly has been developed to be a policy of one doctor one district at present.
- Being the first medical school that has used “**Portfolio**” to follow the achievement of undergraduate medical student individually. And this has been extended to the evaluation method called Multiple Mini-interview.
- Chula is the first medical school that established the outcome-based curriculum. its success is the rational for developing the 2016 Guidelines for Implementation of the National Higher Education Curriculum Framework.
- Chula medical school also plays an important role to encourage all medical school to achieve their international standard according to the criteria of WFME.
- Chula medical school has recently achieved the ASPIRE Recognition of Excellence in Student Engagement from AMEE.

Last but not least, may I express my sincerely thanks to Chula medical school for their continuing improvement in Medical education in addition to their great contribution to Medical education. As you may recognize from the scientific program of this conference. And that the organizer has extended the paradigm of medical education to the interprofessional integration with internationally conceptual framework.

I definitely believe that all participants will enjoy and attain a lot of useful issues from this conference. Moreover, the ultimate achievement of this conference will be the ***bonding*** among the ASEAN members.

Finally, may I take this opportunity to declare for opening the 1stASEAN Medical Education Conference.

Speech
By Dean of Faculty of Medicine
Chulalongkorn University
(Professor Suthipong Watcharasinthu, M.D.)



First of all, I would like to give my sincere thanks to Emeritus Professor *Avudh Srisukree* for his opening remark.

On behalf of Faculty of Medicine, Chulalongkorn University, it is my great honor to be the host of this First ASEAN Medical Education Conference in conjunction with the 18th Thai Medical Education Conference and the 5th Asia-Pacific Medical Education Network Meeting.

Chulalongkorn University is the first university in Thailand which has been established under the vision of King Rama V and VI.

After it was founded in 1947, our Faculty of Medicine has delivered an enormous change to the national educational system both directly and indirectly.

For the next century with supreme vision of Thailand 4.0 framework, Chulalongkorn University aims to serve the country by innovation, and creating research output in order to develop our country with sustainability. In parallel with the policy of the university, our faculty of Medicine has a great objective to develop graduates with academic ability, full of medical skills with good moral, public consciousness, and also leadership.

On behalf of the organizing committee, may I express our sincere thanks to all of our honored speakers, deans, and all distinguished guests for joining this conference. I wish all of you will enjoy, learn, and be able to exchange knowledge and ideas that will be useful for all.

At this moment Thai people are in the morning of the passing of our great and be loving KING Rama IX. However, we will do our best for running this meeting with under our remembrance of the beloved King.

Finally, may I take this opportunity to wish you all a great success with happiness while joining the conference here and also to have a safe journey back to your home town.

Thank you very much.

Consortium of Thai Medical Schools
awards

“ THAILAND’S OUTSTANDING MEDICAL TEACHER AWARD ”

for the year 2017

to

Assistant Professor UAPONG JATURATAMRONG

Faculty Consultant for Academic Affairs

Faculty of Medicine Siriraj Hospital, Mahidol University



ผศ. นพ. เอื้อพงศ์ จตุรตำรัง

M.D. Dip. (Obstetrics and Gynecology)

M.Sc. (Education)

Positions:

2008 – present	Faculty Consultant for Academic Affairs	Faculty of Medicine Siriraj Hospital, Mahidol University
2006 – 2007	Deputy Dean	
1991 – 2006	Deputy Dean for Education	
1989 – 1991	Deputy Dean for Medical Education	
1987 - 1989	Deputy Dean for Education	
1986 - 1987	Assistant Dean for Education	
1982 - 2007	Assistant Professor, Department of Obstetrics and Gynecology	
1976 - 1980	Instructor, Department of Obstetrics and Gynecology	

Award:

2005 Mahidol University Award Winner of Teaching Category

Publications:

1. **Jaturatamrong, U., Laohapand T. Holistic approach and Medicine.** Siriraj Hospital Gazette. 1992; 44(10): 827-30.

2. **Jaturatamrong, U., Laohapand, T., Suwnankool, P. Teaching and Learning Reform, An Example in Pathology Course.** Siriraj Hospital Gazette. 2001; 53(8): 626-380.
3. Auewarakul, C., Downing, S.M., Praditsuwan, R., **Jaturatamrong, U. Item analysis to improve reliability for an internal medicine undergraduate OSCE.** Advances in Health Sciences Education. 2005. 10(2), pp. 105-113.
4. Auewarakul, C., Downing, S.M., **Jaturatamrong, U., Praditsuwan, R. Sources of validity evidence for an internal medicine student evaluation system: An evaluative study of assessment methods.** Medical Education . 2005. 39(3), pp. 276-283.
5. Tipayacharontam, T., Laohapand, T., **Jaturatamrong, U., Thepawal, D. Ethics in Thai Traditional Medicine.** Siriraj Medical Bulletin. 2010; 3(1): 15-22.
6. Poopong, S., Khumsin, S., Gankong, N., Laohapand, T., **Jaturatamrong, U. Preparation of documents related to Thai Qualifications Framework for Higher Education, Advices Derived from Experiences of Research Leading to the Development of Thai Qualifications Framework for Higher Education in Applied Thai Traditional Medicine at Bachelor and Graduate Levels.** Siriraj Medical Bulletin. 2011; 4(2): 57-70.

Assist. Prof. U. JATURATAMRONG, a specialist in the field of Obstetrics and Gynecology by training, has shown interest in medical education since the early years of his career as an instructor in the Department of Obstetrics and Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University. Later on the Faculty granted him a scholarship to study in Master of Science Program in Education at the University of Southern California, USA. When he returned in 1986, he was appointed Assistant Dean, helping with the work on educational administration and development. Later on he was promoted to the position of Deputy Dean for Education. He has been working under the administration of 5 Deans until he retired in 2007. After he retired, he is still working as Faculty Consultant for Academic Affairs giving advices relating to education. During his responsibility in the position of an administrator, he had to look after education of medical curriculum and other curriculums of health professions offered by the Faculty. He found that the work in this position needed a “full-time” administrator, so he decided to leave the opportunity of earning more extra-income from clinical practice of his expertise in Obstetrics and Gynecology. His style

of administration is to build trust from faculty members by acknowledging their important roles of expertise in the curriculum to decide appropriate content for the students and good things they have contributed to the success of administration. When changes have to be done, he usually began with reviewing some related concepts of education before asking them to assess the situation and areas needed to change under the concepts; and make decision of what and how to make changes with the assistance provided from the administration team.

Since his long career in educational administration, he has made significant contribution to the development of education in the field of medicine and other health professions including Applied Thai traditional Medicine, Medical Educational Technology, Nurse Assistant, Prosthetics and Orthotics, Dentistry, Pharmacy, Veterinary Medicine, etc. The development covers both macro-scale or the level of curricular structure and micro-scale or at the level of classroom teaching with emphasis on how to increase students' learning.

Assist. Prof. U. JATURATAMRONG has been the leader in organizing the contents of workshops on medical education and clinical teaching to educate medical teachers so that they are well equipped with “tools” necessary to make teaching and learning in medicine more effective. Later on the workshops have also been provided for teachers in other health professions.

Assist. Prof. U. JATURATAMRONG helped the Ministry of University Affairs in the early period of establishing Quality Assurance for higher education by providing a self-assessment report of the Siriraj medical curriculum as a learning model for other higher institutions to follow.

Assist. Prof. U. JATURATAMRONG has also been the leader in making reform of the teaching and learning concept of general education for the programs at Bachelor level in Mahidol University. The work puts emphasis on the structure and contents to transform students into graduates who are decent and knowledgeable to live and make contribution to the society.

Assist. Prof. U. JATURATAMRONG helped establish the Center for Medical Competency Assessment and Accreditation and was appointed the Director of the Center during 2004 – 2008.

Assist. Prof. U. JATURATAMRONG has frequently emphasized on three important issues in education:

Education must focus on students' learning: Teachers must choose appropriate learning experiences to ensure that students are actively engaged and students' learning occurred. Since students may learn in different ways and styles, and at different paces, the teachers should adjust the experiences to suit students' preference and facilitate their learning, and consistently monitor that they are actually learned.

Education must promote development of essential skills for the students to be successful in future changing environment: Teachers must put emphasis on not only the knowledge of disciplines, but also on students' abilities to live and work in future changing environment. The most effective measure is choosing learning experiences that provide the opportunities for the students to learn and at the same time practice the skills needed.

Education must transform students into graduates who are able to make a better society. Teachers have important tasks of transforming students into graduates who are able to apply their knowledge and their competencies to solve problems encountered in the society. But society also needs graduates who are decent with morals and ethics, and those who are not self-interested but with altruism. So the tasks of the teachers seems to require not only knowledge of the disciplines they taught, but the teachers need to have certain basic knowledge in education, considered the essential tools to make teaching and learning more effective. Decent and competent graduates are able to help solve problems facing mankind and lead to a better society.

AMEC 2017
Scientific Program

Tuesday 16 May 2017

13.00 – 16.00

Pre-conference workshop

- 1. Soft cadaver workshop** Associate Professor Tanvaa Tansatit
- 2. Standard setting** Professor Lambert Schuwirth
- 3. Reflection & feedback** Dr. Diantha Soemantri
- 4. Team-based learning** Associate Professor Arnuparp Lekhakula
- 5. Workplace-based assessment**
Associate Professor Cherdsak Iramaneerat
- 6. First steps in doing medical education research** (*in Thai*)
Dr. Parinya Chamnan

Wednesday 17 May 2017

08.30 – 11.30

Pre-conference workshop

- 1. Simulation workshop** Assistant Professor Toonchai Indrambarya, Assistant Professor Kanya Kumwilaisuk, Dr. Atikun Thonnagith, Dr. Surunchana Lerdsirisopon, Dr. Wirinda Chiravanich
- 2. Mind-mapping** Professor Indika M Karunatilake
- 3. Student selection** Dr. Gominda G Ponnampereuma
- 4. Student engagement** Dr. Danai Wangsaturaka Mr. Thanakit Pongpitakmetha & Mr. Surachai Leksuwankun
- 5. Social media and health professions education** (*In Thai*)
Dr. Manoch Chockjamsai
- 6. Active learning (Thai language)** Assistant Professor Krishna Suvarnabhumi

11.30 – 12.30

Lunch

- 12.30 – 13.30** **Opening ceremony & the 4th national medical teacher award presentation**
- 13.30 – 14.00** *Break*
- Chairperson: Professor Suttipong Wacharasindhu**
- 14.00 – 14.45** **Transcultural medical education**
Professor Lambert Schuwirth
Professor Vishna Devi Nadarajah
- 14.45 – 16.15** **ASEAN medical education: past, present & future**
Professor Tin Tun, Dr. Dujeepa D Samarasekera, Professor
Jamuna Vadivelu, Dr. Diantha Soemantri, Dr. Melinda M
Atienza, Dr. Chiroj Soorapanth

Thursday 18 May 2017

Chairperson: Professor Emeritus Khunying Kobchitt Limpaphayom

- 08.30 – 09.15** **Student assessment: past, present & future**
Professor Lambert Schuwirth
- 09.15 – 10.00** **Student selection: past, present & future**
Dr. Gominda G Ponnampereuma, Dr. Dujeepa D Samarasekera
- 10.00 – 10.30** *Break*
- 10.30 – 12.00** **Oral presentation, poster presentation & sponsored lecture**
- 12.00 – 13.00** *Lunch*

Room A (in English)

Chairperson: Associate Professor Juraiporn Somboonwong

- 13.00 – 13.45** **Excellence in student engagement: paths of the two ASEAN medical schools in ASPIRE ACADEMY**
Associate Professor Gnanajothy Ponnudurai,
Mr. Surachai Leksuwankun
- 13.45 – 14.30** **Nurturing medical students with extracurricular activities**
Associate Professor Somchai Tanawattanacharoen
Mr. Thanakit Pongpitakmetha

14.30 – 15.00 *Break*

15.00 – 16.00 **Medical professionalism: past, present & future**
Professor Tin Tun, Dr.Diantha Soemantri, Dr. Weerawit
Wateetip

Room B (*in English*)

Chairperson: Associate Professor Prasobsri Ungthavorn

13.00 – 13.45 **International curriculum: why and how?**
Professor Vishna Devi Nadarajah, Associate Professor
Somsak Mitrirattanakul

13.45 – 14.30 **Movement of health professions among ASEAN countries**
Associate Professor Dr. Tassana Boontong
Assistant Professor Suchit Poolthong, Dr. Nilsuwan
Leelarasamee

14.30 – 15.00 *Break*

15.00 – 16.00 **National licensing examination: present & future** (*In Thai*)
Professor Sumon Sakolchai,
Associate Professor Dr.Siriorn Sindhu
Assistant Professor Bundhit Jirajariyavej

Room C (*in Thai*)

13.00 – 13.45 **Teaching in community: past, present & future**
Associate Professor Nantana Sirisup, Dr Chatchawan Sompeewong
Chairperson: Dr Sutida Sumrithe

13.45 – 14.30 **Teaching medical ethics: past, present & future**
Dr Manoch Chockjamsai
Chairperson: Dr Sutida Sumrithe

14.30 – 15.00 *Break*

15.00 – 16.00 **Active learning: present & future**
Associate Professor Cherdsak Iramaneerat, Assistant
Professor Krishna Suvarnabhumi, Dr Suthan Srisangkaew
Chairperson: Assistant Professor Phisit Prapunwattana

Friday 19 May 2017

Room A *(in English)*

Chairperson: Assistant Professor Chaiyapruk Kusumaphanyo

08.30 – 09.15 **Teacher training in health professions: past, present & future**
Professor Pongsak Wannakrairot,
Dr. Supachai Cheunjitwongsa

09.15 – 10.00 **Quality assurance: past, present & future**
Associate Professor Nantana Sirisup, Dr. Chiroj Soorapanth

Room B *(in English)*

Chairperson: Assistant Professor Suchai Suteparak

08.30 – 09.15 **Problem-based learning: past, present & future**
Associate Professor Arnuparp Lekhakula

09.15 – 10.00 **Simulation in medical education: past, present & future**
Professor Indika M Karunatilake, Associate Professor Ruangsak
Lertkhachonsuk

10.00 – 10.30 *Break*

Chairperson: Professor Pongsak Wannakrairot

10.30 – 11.00 **Inter-professional education: past, present & future**
Dr. Dujeeпа D Samarasekera

11.00 – 11.30 **Research agenda in medical education: past, present & future**
Professor Lambert Schuwirth

11.30 – 12.00 **Award presentation & Closing**

12.00 – 13.00 *Lunch*

AMEC 2017 oral & poster presentation

Oral Presentation (Room 1)

- O101 The interesting misconceptions in biochemistry international competition
Ms. Sirimas Prathum
Faculty of Medicine, Chiang Mai University, Thailand
- O102 A new approach in standard setting applying cumulative GPA to form borderline group
Dr. MyoNyein Aung
Faculty of Medicine, Chulalongkorn University, Thailand
- O103 Cross-validation of a learning climate instrument in a non-western postgraduate clinical environment
Dr. Jaime Legaspi Pacifico
De La Salle University College of Medicine and Medical Center, The Philippines
- O104 The initial experience of the first English based medical program in Thailand and its potential impact
Associate Professor Kammal Kumar Pawa
Chulabhorn International College of Medicine, Thammasat University, Thailand
- O105 The proportions of registered nurses of inpatient wards of Srinagarind Hospital towards all five moments for hand hygiene
Ms. Kompreeya Upalananda
Faculty of Medicine, KhonKaenUniversity, Thailand

Oral Presentation (Room 2)

- O201 Perceptions, beliefs and facilitating behaviors of novice facilitators in a newly implemented problem-based learning curriculum in Myanmar
Dr. Ye Phyo Aung
Defence Services Medical Academy, Myanmar
- O202 Reintroducing histopathology teaching to medical students using online resources provided by the BEST network
Dr. Mohit Shahi
University of Queensland, Australia
- O203 One year after ASPIRE award: present and future
Mr. Surachai Leksuwankun
Faculty of Medicine, Chulalongkorn University, Thailand
- O204 A survey of etiquette for teacher-student communication in the 21st century
Ms. Chanatip Rujinam
Faculty of Medicine, Chulalongkorn University, Thailand
- O205 12 tips to be a good clinical student
Mr. Phawat Luangtangvarodom
Faculty of Medicine, Chulalongkorn University, Thailand

Poster Presentation (Group 1)

- P301 Community-based medical learning outcomes in University of Phayao
Dr. Natthinee Nantatong
School of Medicine, University of Phayao, Thailand
- P302 Cultural beliefs and practices of Sri Lankan public as experienced by clinicians
Shamalee Wasana Jayarathne
Faculty of Medicine and Allied Sciences, Rajarat University of Sri Lanka, Sri Lanka
- P303 The effects of the rural developing camp on 21st century skills among medical students
Mr. Pitchayut Wongrachit
Faculty of Medicine, Chiang Mai University, Thailand
- P304 Curricular approach towards development of lifelong learning attitude in outcome-based education
Dr. Srinivasan Ramamurthy
International Medical University, Malaysia
- P305 How can we encourage medical students to do research?
Mr. Kasidis Phongkhun
Faculty of Medicine, Chulalongkorn University, Thailand
- P306 Lessons learned from the first year medical students in student engagement committee
Mr. Kantapat Rattanasombat
Faculty of Medicine, Chulalongkorn University, Thailand
- P307 Effective remediation program for pre-clinical students who struggled to learn in the block system
Colonel Dusit Staworn
Phramongkutklao College of Medicine, Thailand
- P308 Objectively-defined, facilitator-guided case discussion as an innovative learning tool for pre-clinical medical education
Colonel Dusit Staworn
Phramongkutklao College of Medicine, Thailand

Poster Presentation (Group 2)

- P401 Comparison of Siree and ScanTool programs for test and item analyses
Associate Professor Veeravan Lekskulchai
Faculty of Medicine, Srinakharinwirot University, Thailand
- P402 Reliability of item analysis of a multiple choice test among different medical student groups
Assistant Professor Pathama Leewanich
Faculty of Medicine, Srinakharinwirot University, Thailand
- P403 Peer-organized formative assessment: correlation to students' academic performance and effect on perceived stress and academic motivation
Mr. Sorawis Visrutaratna
Faculty of Medicine, Chiang Mai University, Thailand
- P404 The analysis of web-based logbook: a three-year study
Mr. Krittin Pitiseree
Faculty of Medicine, Chulalongkorn University, Thailand

- P405 Effectiveness of the mobile application case-based learning approach as a dynamic influence on learning for the tomorrow's doctors: a pilot randomized controlled trial
Dr. I Made Subagiarta
Udayana University, Indonesia
- P406 Fostering critical thinking & collaborative learning skills among Foundation in Science students through integrated scientific poster presentation project on medical sciences: a pilot study
Dr. Rashmirekha Sahoo
Melaka Manipal Medical College, Malaysia
- P407 Using a database to track learning through social responsibility
Yew-Beng Kang
International Medical University, Malaysia
- P408 Student barometer survey as a quality indicator of the educational environment in medical schools
Norul Hidayahbinti Mamat
International Medical University, Malaysia

AMEC 2017 - ABSTRACTS

Tuesday 16 May 2017

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16 - 20 MAY 2017
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King Chulalongkorn Memorial Hospital

Professor Lambert Schuwirth
Flinders University, Australia

Tuesday 16 May 2017 at 13:00 - 16:00
Pre-conference workshop on “Standard setting”

Setting standards for examinations is probably the most disputed aspect of assessment. At the moment the literature contains reports about roughly 40 different standard-setting methods. The underlying message is that there is no single one method that can be applied to all kinds of assessment. Therefore, a careful consideration of the advantages and disadvantages of each method has to be made for each type of assessment. In this workshop I will discuss the different types of methods: criterion referenced, norm-referenced, compromise methods and human judgement with some practical examples and some considerations in making a choice.

Tuesday 16 May 2017 at 13:00 - 16:00
Symposium on “Transcultural medical education”

Is education really that different between Western and Eastern countries? Is one actually better than the other? Or is education always a matter of adapting fundamental principles and research outcomes about human learning to a local context? After all, learning is all about meaning making by the learner; connecting new information to existing information to form a better understanding of the world around them. So what is fundamental and what is cultural in medical education?

Thursday 18 May 2017 at 08:30 - 09:15
Lecture on “Student assessment: past, present and future”

Up until very recently, we have been seeing assessment merely as a psychometric measurement problem. But we have come to understand that numerous aspects important to medical competence cannot be simply measured. Like we don't tell a patient that he or she is 43.7% healthy we may not want to try to tell a student that he or she is 43.7% competent. But, how do we incorporate the many sources of information about a student's competence into manageable feedback and decisions? In this lecture I will explain what have been the boundaries of traditional assessment as measurement and how modern assessment tries to be so much more. For this, I will introduce the concept of programmatic assessment for learning.

Friday 19 May 2017 at 11:00 - 11:30
Lecture on “Research agenda in medical education: past, present & future”

Medical education as a scientific discipline has evolved rapidly in the past decades. From the early start with many publications which were merely descriptive or simple experiments, nowadays research has mature immensely with a huge number of journals.

The discipline of medical education is extremely broad, encompassing quantitative and qualitative research, logical positivist and social constructivist views on the nature of human knowledge. Also it encompasses a plethora of research and development domains such as assessment, admissions/selection, curriculum design, management of change, curriculum evaluation, staff development and capacity building and, of course, human learning and development of expertise.

This rapid development of our discipline is associated with some risks and the challenge for current and future researchers will be to manage those risks. In my lecture I will discuss some of these risks and approaches that I think are useful to mitigate them.

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Contact :
Scientific Conference Center 1st Floor, Aor Por Ror Building, Faculty of Medicine, Chulalongkorn University
Rama 4 Road, Pathumwan, Bangkok 10330, THAILAND Tel +66 2256 4193 Fax. +66 2652 4203
Email : info@mdcuconference.org , mdcuconference@gmail.com



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Cherdsak Iramaneerat
Faculty of Medicine Siriraj Hospital, Mahidol University

Tuesday 16 May 2017 at 13:00 – 16:00
Pre-conference workshop on “Workplace-based assessment”

Assessment has an important role in stimulating learners to learn through many mechanisms. One of them is formative assessment and feedback. Research has indicated that medical students and residents received inadequate feedback during their training. The lack of feedback led to the lack of opportunities to effectively improve their clinical knowledge and skills. Workplace-based assessment is a group of assessment methods designed to help medical teachers to get opportunities to assess clinical knowledge and skills of their learners while they are working in clinical contexts and bring the information observed to give feedback to learners. Some commonly used tools included mini-clinical evaluation exercise (Mini-CEX), direct observation of clinical skills (DOPS), case-based discussion (CbD), and multisource feedback.

In this workshop, participants will learn about the basic concepts of workplace-based assessment, various tools in this group of assessment, the tips for implementation, and practice developing an instrument for assessing learners in a workplace setting.

Thursday 18 May 2017 at 15:00 – 16:00
Symposium on “Active learning: present & future”

Flipped classroom and team-based learning

Among the many forms of active learning strategies, a flipped classroom is a novel approach that has gained popularity among educators over the past decade. In a flipped classroom, the instruction is conducted reversely from a traditional classroom by delivering subject content outside the classroom, but use the time in the classroom for activities that require the application of knowledge to solve problems. Four important steps for a successful flipped classroom are (1) find a topic to flip, (2) prepare learning materials, (3) incentivize students, and (4) plan in-class learning activities.

Team-based learning is one approach for flipping a classroom. In a team-based learning, students actively learn through a series of activities including studying pre-class learning material, working on individual readiness assurance test and group readiness assurance test, participating in the class discussion, acquiring new knowledge from teachers, and taking an in-class application exercise.



Contact :
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Rama 4 Road, Pathumwan, Bangkok 10330, THAILAND Tel +66 2256 4193 Fax. +66 2652 4203
Email : info@mduconference.org , mduconference@gmail.com

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16 - 20 MAY 2017
Bhumisirimangalanusorn Building, floor 12
King Chulalongkorn Memorial Hospital



Dr. Parinya Chamnan
Sanpasitthiprasong Hospital

Tuesday 16 May 2017 at 13:00 - 16:00
Pre-conference workshop on “First steps in doing medical education research”

The aim of this 3-hour workshop is to provide the attendees with an overview of the importance of conducting research in medical education and knowledge on a pragmatic approach to doing this kind of research. First, the rationale for conducting medical education research will be overviewed. Examples of medical education research topics/areas will be discussed. First key steps in starting medical educational research will then be discussed - From ‘a research question’ to ‘a research proposal.’ Tips and tricks for writing a research proposal will be shared and the attendees will have an opportunity to have a hand-on experience on developing a research proposal using a one-page approach. At the end of the session, the attendees should be able to understand first practical steps in doing medical education research, which can further be developed to a full research proposal and a more effective conduct of the medical education research.

Note: Those who bring their research question of interest will benefit the most from the workshop.



Contact :
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Rama 4 Road, Pathumwan, Bangkok 10330, THAILAND Tel +66 2256 4193 Fax. +66 2652 4203
Email : info@mdcuconference.org , mdcuconference@gmail.com

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Wednesday 17 May 2017





THE 1st ASEAN MEDICAL EDUCATION CONFERENCE (AMEC) TO CELEBRATE THE CHULALONGKORN UNIVERSITY CENTENNIAL

Medical Education: PAST, PRESENT & FUTURE

in conjunction with
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The 5th Asia-Pacific Medical Education Network
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Professor Indika Karunatilake
Faculty of Medicine, University of Colombo, Sri Lanka

Wednesday 17 May 2017 at 08:30 - 11:30
Pre-conference workshop on “Mind-mapping”

From teaching and learning to assessment, there are countless opportunities that mind maps offer for medical education. A mind map is a visual way of illustrating links between different areas under a given topic. Within a mind map, the major categories radiate from a central concept or topic, and the other categories are linked as branches sprouting out of this central concept. In relation to clinical teaching, these links can be drawn to show relationships between different areas such as pathophysiology, patient management, socio-economic aspects and ethics and professionalism to suggest how they could be combined.

The benefits of mind maps in medical education include improving learners' competency in problem solving, critical thinking, clinical reasoning, decision making, leadership and teamwork. Through these benefits, mind mapping offer a more holistic and value-added teaching and learning strategy, highly appropriate in the context of health professions education.

This workshop explores how a medical teacher can apply this technique in a practical, useable way giving hands on experience to the participants. Thus, it leads a participant-driven, interactive discussion and presentation regarding the application of mind mapping to utilize its benefits for effective teaching and learning.

Friday 19 May 2017 at 09:15 - 10:00
Symposium on “Simulation in Medical Education: Past, Present and the Future”

Simulation Based Medical Education can be defined as any educational activity that uses simulative aids to replicate a clinical scenario. Simulation is founded on the idea of doing and practicing. Simulation is “a technique to replace or amplify real-life experiences with artificially contrived guided experiences.”

Health care is becoming increasingly complex, making teaching requirements more challenging and sophisticated. The airline industry has often been cited as the example for healthcare to follow in learning to improve safety. Can a paradigm shift in healthcare culture be achieved so that simulation is routinely integrated into education and practice?

SBME enhances patient safety by removing the patient from the student's learning curve. It recreates scenarios that are challenging, but not frequently experienced in routine clinical setup. A range of competencies including clinical skills, procedure-based skills, communication skills, leadership, team work, decision-making, interpersonal skills and professionalism could be trained through simulation. It is unlikely that simulation will replace the importance of key clinical experiences, and learning from them, but an understanding of the cost-effectiveness of simulation shall certainly enable more informed choices regarding SBME.



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Dr. Gominda G. Ponnampereuma
Faculty of Medicine, University of Colombo

Wednesday 17 May 2017 at 08:30 - 11:30
Pre-conference workshop on “Student selection”

Selection of students for medical education, be it undergraduate or postgraduate, has been at the centre of both research and controversy over the past decade. Many methods have been tried; many have been discarded; and still many have been newly introduced. Even the best of methods, if considered individually, have only produced limited success. Hence, it makes sense to use a combination of methods, so that one could be best informed about the applicants’ aptitude to complete a given course in medical education successfully and practise medicine in given field of study. If such a combination of methods is to be used, there needs to be a framework to combine different selection methods. The objective of this workshop is to take the participants through a hands-on process of developing a framework for an ‘assessment system for selection’ by combining different best evidence selection methods in the literature.

Thursday 18 May 2017 at 09:15 - 10:00
Symposium on “Student selection: Past, Present and the Future”

The study and practice of medicine demands a complex and diverse set of abilities. Since the right candidate to study and practice medicine should have the right aptitude to assimilate these complex abilities, the selection of applicants based on such a complex set of abilities has given rise to more questions than answers. The reasons for these unanswered questions were in the past at least partly due to some of the misconceptions that we had about the core concepts of selection, such as the concept of ‘aptitude’.

This symposium will discuss why student selection for medical education in the past has yielded only a degree of success, attempts that are being made at present to make selection more predictive, fair and reliable, and how best such attempts could be furthered to strike an ideal formula to select the best applicants for medical education.



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Tin Tun

Deputy Director General (Academic Affairs), Department of Human Resources
for Health, Ministry of Health and Sports

Wednesday 17 May 2017 at 14:45 – 16:15

Symposium on “ASEAN medical education: past, present and future”

- Brief presentation on History of Medical Education in Myanmar followed by
- National Health Policy for HRD, Myanmar Health Vision 2030: Objective For HRD
- Current Myanmar Medical Education System (Organizational set up, universities and training schools, undergraduate and post-graduate trainings, type of health personnel)
- Current Medical Curriculum in Myanmar including Assessment and assessment criteria, student selection criteria and intake
- Ongoing plan of Medical Education, reasons to change current medical curriculum, progress in developing Integrated Medical Curriculum for undergraduate medical programme, the expected program Learning Outcomes of a graduate doctor
- Draft of New Curriculum Framework, next steps and future plan



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Diantha Soemantri
Faculty of Medicine Universitas Indonesia

Wednesday 17 May 2017 at 14:45 – 16:15
Symposium on “ASEAN medical education: past, present and future”

Medical education journey in Indonesia: the long and winding road
The history of medical education in Indonesia can be traced back to the era of Dutch colonialism, as early as 1849. For 165 years, medical education has evolved from as simple as a course to train vaccinateur to around 80 medical schools throughout the country. The curriculum has moved from community based, to discipline based and eventually outcome based in 2006, with several changes in the minimum years of study.

Many governmental nation-wide projects have been conducted to strengthen the capacity of the human resources, develop the curriculum and improve the learning facilities. Amongst them is the development of a national licensing examination, which has now been transformed to an exit examination for medical students, in the form of MCQ and OSCE since 2013. The regulations for medical education is now stronger than ever with the legalization of Bills of Medical Education in 2014 by the Indonesian House of Representatives.

Despite all the efforts made, Indonesia's medical education is still facing a problem, largely due to significant gaps in the quality and resources availability among medical schools. Some medical schools are not yet in a position to think about the kinds of faculty development program the school should undertake, simply because they are still struggling with the very low number of teaching staff in the school.

The future is inevitable, especially with the establishment of ASEAN community, therefore Indonesian medical schools should strive to improve their educational quality and thus, the quality of their graduates. Medical schools, through the curriculum, should aim to equip students with the competency to cope with global requirements, but rooted in local context. Teaching staff in a medical school is also an important stakeholder who need to keep abreast with the advancement of medical education worldwide.

Thursday 18 May 2017 at 15:00 – 16:00
Symposium on “Medical professionalism: past, present and future”

Defining, teaching, and assessing medical professionalism in a culturally diverse setting
Professionalism is the foundation of a profession. Indonesian doctor standard of competency has also put noble professionalism as the number one competency of which other competencies are based on. This warrants medical schools to ensure that their graduates are professional enough to practice as medical doctors. However, some questions remain, for example, what is exactly professionalism, has the definition changed with time, will it be similarly defined wherever a doctor practices, how professionalism can be taught and assessed, and so forth.

Literature has provided many definitions of professionalism and how a medical school may teach and assess it. Some studies have also looked at what professionalism is in the Eastern culture to add to the existing literature, which has been dominated by Western perspectives. Indonesia, a country with a population that consists of more than 1000 ethnicities, may also define professionalism differently. This paper will discuss medical professionalism in a culturally diverse setting such as Indonesia; the definition, teaching and assessment. A clear and comprehensive definition of professionalism is important to help teachers formulate the most appropriate teaching methods and assessment system. In the future, where people are more and more mobile, the world is becoming a global village, and this may also have an impact on the conduct of medical professionalism.



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Dujeepa D. Samarasekera
National University of Singapore

Wednesday 17 2017 at 14:45 - 16:15
Symposium on “ASEAN medical education: Past, Present and the Future”

1. Allopathic medical education in Singapore has evolved over the last century to be one of the most advanced in the region. The presentation will share the journey and focus on strengths as well as the limitations of the present system.
2. The discussion will focus on the development of student selection processes and will share the present selection systems advantages and possible limitations.
3. The discussion will share the rationale behind and the challenges when incorporating IPE in an Asian setting with real-world experiences from the presenter’s educational context.



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Melinda M. Atienza, MD
Faculty of Medicine and Surgery, University of Santo Tomas

Wednesday 17 2017 at 14:45 - 16:15
Symposium on "ASEAN medical education: Past, Present and the Future"

The Changing Landscape of Philippine Medical Education: Past, Present and Future
The advent of globalization and the ASEAN integration has changed the landscape of Philippine Medical Education. From an initial, 7 pioneering medical schools, there are now 46 medical schools all under the umbrella of the Association of Philippine Medical Colleges (APMC). The APMC aims to produce medical graduates competent not only from local standard but also for ASEAN starts. The Commission on Higher Education (CHED) has issued Memo Order #46 which enhances Philippine Higher Education through the Philippine Qualification Framework (PQF) and mandated the shift to Outcome Based Education of All educational program including medicine. There is call for transformative education interprofessional education and social accountability of medical schools. From the traditional content-based education to the competency based education in our medical education system we now shifted to an Outcome-Based Education (OBE). Philippine medical education is faced will several challenges.

1. Do all medical schools in the Philippines deliver quality medical education?
2. Can our Medical graduates compete with ASEAN graduates for ASEAN integrations?
3. Are we preparing our medical graduates to be better citizens of our country, ASIA and the world?



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Gnanajothy Ponnudurai
International Medical University (IMU)

Thursday 18 May 2017 at 13:00 - 13:45
Symposium on “Excellence in student engagement: paths of the two ASEAN medical schools in ASPIRE ACADEMY”

The AMEE ASPIRE initiative allows medical, dental and veterinary schools to be recognised internationally for their excellence in medical education. It is a form of quality assurance that falls outside the formal accreditation process. One of the areas where schools can be recognised as excellent is in student engagement. As a winner of the ASPIRE award, we will share with you our experience in achieving excellence in this area.

Following an introduction of what student engagement is all about, I will discuss the key ingredients for success in achieving excellence. Firstly, it is important to know thoroughly what is required for the submission. It is then necessary to reflect on the preparedness of the school for submission by identifying areas of strength and areas for improvement. The submission has to be written in a clear and concise manner, supported by evidence of excellence. I will also share with you how the International Medical University benefitted from participating in the AMEE ASPIRE submission.



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Surachai Leksuwankun

Thursday 18 May 2017 at 13:00 – 13:45
Symposium on “Excellent in student engagement : paths of the two ASEAN medical schools in ASPIRE ACADEMY”

Faculty of medicine, Chulalongkorn University began to promote student engagement in 1970. Since then, we have carried on with continuous and exponential improvement until we were accredited by ASPIRE recognition of excellence in student engagement in 2015. This session will tell you about paths of Faculty of medicine, Chulalongkorn University, in ASPIRE ACADEMY



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Somchai Tanawattanacharoen
Associate Professor
Chulalongkorn University

Thursday 18 May 2017 at 13:45 - 14:30
Symposium on “Nurturing Medical Students with Extracurricular Activities”

The mission of all medical school is to provide their graduates with broad general knowledge in every field of medicine and the basic skills and clinical competency requiring for practicing as a doctor. The good academic curriculum is certainly an essential tool. However, becoming a good doctor may need more than medical science and clinical skills. The medical students also need to learn to be humanistic and professional. As HRH Prince Mahidol of Songkla, “The Father of Modern Medicine and Public Health of Thailand”, once mentioned to Thai doctors, “I don’t want to be only a doctor, but I also want you to be a man.”

In order to accomplish that quality, extracurricular activities (ECA) have been used as supporting tools in many medical schools all over the world. Some medical schools even use the ECA experiences, such as volunteering, community service, medical work experience, leadership experience, as the criteria for admission selection. Both professional and personal development can be gained from participating in ECA. Moreover, many studies have proved that ECA can help developing clinical achievement, leadership style, and also decreasing burnout and depression rate in medical students.

The Faculty of Medicine, Chulalongkorn University has used ECA to nurture our medical students for decades. The faculty has systematically arranged ECA program corresponding with the academic phases of our curriculum. To make this success, any facility needed for developing their potential should be provided. The students need to have good health, physically and mentally, proper environment, and adequate supports. If the faculty realizes the importance of ECA and makes full effort to promote them, most students would possibly achieve what the faculty expects from them.



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Email : info@mdcuconference.org , mdcuconference@gmail.com

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The image is a promotional poster for a medical education conference. At the top left, there is a black ribbon icon. In the top center, there are three logos: the Chulalongkorn University emblem, a traditional Thai crown, and the AMEC logo. To the right, there is a blue banner celebrating the 70th anniversary (1947-2017) of the King Chulalongkorn Memorial Hospital, accompanied by a red cross symbol. The main title is 'THE 1st ASEAN MEDICAL EDUCATION CONFERENCE (AMEC) TO CELEBRATE THE CHULALONGKORN UNIVERSITY CENTENNIAL'. Below this, a yellow banner reads 'Medical Education: PAST, PRESENT & FUTURE'. The event is held in conjunction with the 18th Thai Medical Education Conference and the 5th Asia-Pacific Medical Education Network (APMENet) Meeting, from May 16-20, 2017, at the Bhumisirimangalanusorn Building, floor 12, King Chulalongkorn Memorial Hospital. A portrait of Dr. Weerawit Wateetip, a young man in a white lab coat with a stethoscope, is shown. The text below the portrait describes a symposium on 'Medical professionalism: past, present & future' on Thursday, May 18, 2017, at 15:00-16:00. The symposium abstract discusses the evolution of physician characteristics and professionalism in Thailand, comparing Thai doctors' perceptions to those in Western and non-Western countries. It mentions five attributes considered important by Thai doctors, including adherence to religion and moral values, a holistic approach, and three newly proposed attributes: IT and social media proper use, seniority and being humble, and being innovative. At the bottom left, there is a QR code and the website www.mdconference.org. At the bottom right, contact information is provided: Scientific Conference Center 1st Floor, Aor Por Ror Building, Faculty of Medicine, Chulalongkorn University, Rama 4 Road, Pathumwan, Bangkok 10330, Thailand. Contact details include Tel +66 2256 4193, Fax +66 2652 4203, and Email info@mdconference.org and mdconference@gmail.com.

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Weerawit Wateetip

Thursday 18 May 2017 at 15:00 – 16:00
Symposium on “Medical professionalism: past, present & future”

The alteration of the physician characteristics has played a big part in the current doctor-patient relationship problem. Professionalism has become the promising solution to deal with the current situation. However, there has been no study exploring the perception of professionalism especially in Thai context so far. By the cooperation of Maastricht University, Dr. Weerawit has conducted such studies revealing that Thai doctors in every generation perceive professionalism in a comparable manner and emphasis regarding the importance of the different professionalism domains and attributes. Both similarities and differences among perception of professionalism in Thailand compared to other Western and non-Western countries are noticeable. Most of the professionalism attributes from the global literatures were also considered important by Thai doctors. Five attributes were considered specifically important to Thai societal context including ‘Adhering to religion and moral values’, and ‘Holistic approach and carry efficacy’, Three new attributes were proposed, ‘IT and social media proper use’, ‘Seniority and being humble’ and ‘Being innovative’



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Associate Professor Nantana Sirisup
 Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

Thursday 18 May 2017. 13:00-13:45 (Room C)
Teaching in Community: past, present and future

Teaching in community has become as a “food of thought” for developing countries since they faced the problems of shortage and maldistribution of doctors in rural areas. As well as the attitude of young doctors towards practicing in rural area. A number of studies indicated that the underling factors caused this problem may involve teacher’s role model, curriculum design and provided learning experiences. The Faculty of Medicine, Chulalongkorn University had an opportunity to work with the Ministry of Public Health to establish “Medical Education for Student in Rural Areas Project (MESRAP)” in 1976. The project aimed to provide a solution to the problem that not only to increase the number of doctors in rural areas, but also to improve the ratio of doctors in urban and rural areas by using “*teaching in community*” approach. After enrollment in our regular six-year medical program, the MESRAP students were assigned to study their clinical years (year 4-6) in the provincial and district hospitals by using the enhanced community-based track. Moreover, the MESRAP students would be strengthened their community practices by spending their compulsory summer courses in the district hospitals during studying premedical and preclinical phases up to 14 weeks. From 1976 to 2006, the MESRAP has produced 706 graduates which 80% of them still working in rural areas after bondage system. By this evidence of success, the MESRAP has been adopted by the Ministry of Public Health since 1995. As then it was officially implement nationwide and became known as “The Collaborative Project to Increase Production of Rural Doctors (CPIRD)” and “One District One Doctor Project (ODOD)”. At present, the idea of “teaching in community” approach has been transformed to a solid foundation of 37 Medical Education Centers distributed throughout our country.

Friday 19 May 2017. 9:15 -10:00 (Room A)
Quality Assurance: past, present and future

In general “Quality Assurance” is known as the systematic process to ensure people’s confidence in a product or service been fulfill with required quality. In Education, the meaning of Quality Assurance is known as the systematic process to buildup confidence for stakeholders (parents, students and the general public) to have desirable quality of graduates. The Principle of QA consists of accountability, self-evaluation and peer review. Thailand, Quality Assurance in Higher Education started after the promulgation of Quality policy in Higher Education in 1996, the declaration of National Education act in 1999. And the declaration of Royal decree has established the office for National Educational Standards and Quality Assessment in 2000. The first phase of Quality assessment in medical schools was performed in the year 2000 using 9 quality standards for Higher Education, Ministry of University Affairs. The assessment team and the assessment process were set up by the Consortium of Thai Medical Schools (COTMES). The QA system and standards were also accepted by the National Committee of Foreign Medical Education and Accreditation (NCFMEA), USA. The second phase of Quality Assessment at faculty level was done during 2002-2007 using integrated QA and Hospital Accreditation (HA) standards. Furthermore, the Office of National Educational Standards and Quality Assessment start doing external quality assurance at both University and Faculty level, the first cycle was done in 2002 then every 5 years. In 2008, the Consortium of Thai Medical Schools (COTMES) decided to use Education Criteria for Performance Excellence for third phase Quality Assessment at the faculty level, the assessment had been used since then until the establishment of the Institute for Medical Education Accreditation (IMEAc). IMEAc decides to use The Integrated Education Criteria for Performance Excellence (EdPEx) with area 9 of WFME.BME.TMC standards.

Contact:
 Division of Academic Affairs, Faculty of Medicine, Chulalongkorn University
 Rama 4 Road, Pathumwon. Bangkok, 10330 THAILAND
 Email: fmednsr@gmail.com



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Assistant Professor Suchit Poolthong
Dental Council, Thailand

Thursday 18 May 2017 at 13:45 - 14:30
Symposium on “Movement of health professions among ASEAN countries:
How to facilitate the movement of qualified dental professionals across ASEAN member states?”

The Association of Southeast Asian Nations (ASEAN) is a political and economic organization that has emphasized regional cooperation and formed ASEAN community in 2003 in three aspects; economic, security and sociocultural. Most progressively, the regional alliance has established an ASEAN Economic Community aiming to make ASEAN to be more dynamic and to become competitive economic community by making it a single market within 2015. The single market comprises five core elements; free flow of goods, services, investment, capital and skilled labor. Those include free flow of qualified dental professionals and services.

This presentation will review the works that have been done by the ASEAN Joint Coordinating Committee for Dental Practitioners to facilitate the movement of qualified dental professionals. The preparation plan for the free flow of dental professionals will also be proposed and one of the key processes is to set up common competencies ASEAN dentists followed by curriculum reform of all dental schools in the region



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Dr. Supachai Chuenjitwongsa
Faculty of Dentistry, Chulalongkorn University, Thailand

Friday 19 May 2017 at 08:30 - 09:15

Symposium on “Teacher training in health professions: past, present, & future”

Faculty Development: Roles and Competences of Health Professional Educators

Effective faculty development requires a clear understanding of what makes a good educator. Based on literature, this session summarizes four major roles and 12 areas of competences deemed fundamental for all health professional educators. Individual educators do not need to be competent in all areas; however, they must possess core competences necessary for the roles they perform. Standards for educators published by several health professional bodies, on the other hand, tend to focus on a more practical approach toward faculty development. This session also presents several UK professional standards, as an example, to demonstrate how health professional educators improve their educational competences and how faculty development is tailored to meet the standards.



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Email : info@mdconference.org , mdconference@gmail.com



THE 1st ASEAN MEDICAL EDUCATION CONFERENCE (AMEC) TO CELEBRATE THE CHULALONGKORN UNIVERSITY CENTENNIAL

Medical Education: PAST, PRESENT & FUTURE

in conjunction with
The 18th Thai Medical Education Conference and
The 5th Asia-Pacific Medical Education Network
(APMENet) Meeting

16 - 20 MAY 2017
Bhumisirimangalanusorn Building, floor 12
King Chulalongkorn Memorial Hospital



Chiroj Soorapanth
Faculty of Medicine, Vajira Hospital, Navamindradhiraj University

Friday 19 May 2017 at 09:15 - 10:00
Symposium on “Quality assurance: past, present & future”

Quality Assurance (QA) has been developed and implemented in all educational levels for many years. There are many QA systems which are accepted and used for curricular and institutional levels. However, there is little evidence of educational outcomes and QA scoring. The presenters will discuss about development of QA in both national and international aspects and give some recommendations for improvement.



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Rama 4 Road, Pathumwan, Bangkok 10330, THAILAND Tel +66 2256 4193 Fax. +66 2652 4203
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**ORAL & POSTER
PRESENTATION**



The 1st ASEAN Medical Education Conference (AMEC)
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O101 The interesting misconceptions in biochemistry international competition

Prathum S1, Chiangpradit T1, Wannasai K2, Chewonarin T3, Chockjamsai M4 1 Faculty of medicine, Chiang Mai University, Chiang Mai, Thailand 2 Department of Pathology, Faculty of Medicine, Chiang Mai University 3 Department of Biochemistry, Faculty of Medicine, Chiang Mai University 4 Department of Forensic Medicine, Faculty of Medicine, Chiang Mai University

Background Biochemistry is essential for medical students. In 2015, the Biochemistry International Medical Challenge (CMU-IMC) was held at Chiang Mai University, Thailand. The examinations are standardized because all questions are from third party committees and are referenced using standard textbooks.

Objective To evaluate common misconceptions in biochemistry among medical students from various countries who participated the International Medical Quiz and to identify the different misconceptions among medical students who get high, moderate and low scores. Summary of Work This is a cross-sectional study of medical students who joined the biochemistry medical quiz, organized by Faculty of Medicine, Chiang Mai University, Thailand and entitled the Chiang Mai University International Medical Challenge (CMU-IMC). The competitors' scores retrieved from 80 standardized multiple choice questions in eight biochemistry topics, and then were analyzed to identify the most common misconceptions in Biochemistry among medical students. In addition, different common misconceptions among high, moderate and low scored group were compared.

Results There were 160 medical students from seven countries who attended CMU-IMC. The average score was 47.1% (SD 11.9). From the total of 100 points, the lowest scores, which reflected the most common misconceptions, were in the topics of molecular biology and technique (35%), carbohydrate metabolism (42%), and chemistry and function of biomolecules (50%). The highest mean score among competitors was the clinical biochemistry (65%). We classified each participant into three groups according to their scores, which were high, moderate and low score group. The most common misconception in each group were molecular biology and technique for high and moderate scored group, and carbohydrate metabolism for low scored group.

Conclusion Molecular biology and technique is the most common topic that medical students from several different countries misconceived. Therefore, more attention and focus in this topic are needed. For the low scored group, carbohydrate metabolism needs more attention when compared to the high scored group.



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O102 A new approach in standard setting applying cumulative GPA to form borderline group

Myo Nyein Aung¹, Vorapol Jaroonvanichkul¹, Juraiporn Somboonwong², Jitladda Deerojanawong³, Pongsak Wannakrairo⁴ ¹ WHO Collaborating Center for Medical Education Faculty of Medicine, Chulalongkorn University. ² Department of Physiology, Faculty of Medicine, Chulalongkorn University, Thailand ³ Department of Pediatrics, Faculty of Medicine, Chulalongkorn University, Thailand ⁴ Department of Pathology, Faculty of Medicine, Chulalongkorn University, Thailand

Background Whenever medical teachers decide whether students pass or fail an examination, it requires a minimal passing level (MPL) of examination scores to specify minimally desirable level of students' competence. Various traditional standard setting methods such as Angoff's method need a few judges and their decisions. Seeking a very objective, and students-centered approach, this study tested a new approach of standard setting.

Objective Objectives were (1) To compare MPL of new standard setting method with MPL of traditional Angoff's method. (2) to identify the best borderline group applying five ranges of previous years cumulative GPA (cGPA) Summary of Work ROC analysis, and area under ROC curve (AUC) were applied to compare the agreement between pass and fail cut-off point decided in the new approach and cut-off point decided by time-honored Angoff's method. New approach used cGPA of the students in the previous year and form a borderline group. Analyses for both objectives were repeated in 4 examination data sets.

Results In all four-examination data sets, the areas under ROC curves ranged from 0.91 and 1.0 when compared to MPL of Angoff's method. The pass and fail decisions made by new method showed high level of agreement with Angoff's method. Among five borderline groups formed by cGPA1.5 to 2.5, CGPA1.6 to 2.6, cGPA1.7 to 2.7, cGPA1.3 to 2.3, or cGPA1.4 to 2.4, the range of cGPA1.3 to 2.3 is the best to sample a borderline group.

Conclusion This new approach of standard setting (Pongsak's method) is very highly agreeing with Angoff's method in deciding MPL. Cumulative GPA of the students in previous year was used to form BGs. Therefore, it is a student-centered approach and it does not require judges. This new approach may replace Angoff's method when experts are not available to be the judges or to avoid experts' subjective decision.



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O103 Cross-validation of a learning climate instrument in a non-western postgraduate clinical environment

Dr. Jaime Legaspi Pacifico¹, Cees Van Der Vleuten², Arno Muijtjens²
¹ De La Salle University College of Medicine and Medical Center, The Philippines. ² School of Health Professions Education, Faculty of Health, Medicine and Life Sciences Maastricht University, the Netherlands

Background In postgraduate training, there is a need to continuously assess the learning and working conditions to optimize learning. Students or trainees respond to the learning climate as they perceive it. The Dutch Residency Educational Climate Test (D-RECT) is a learning climate measurement tool with wellsubstantiated validity. However, it was originally designed for Dutch postgraduate trainees and it remains to be shown whether extrapolation to non-Western settings is viable

Objective The dual objective of this study was to revalidate D-RECT outside of a Western setting and to evaluate the factor structure of a recently revised version of the D-RECT containing 35 items. Summary of Work We invited Filipino internal medicine residents from 96 hospitals to complete the revised 35-item DRECT. Subsequently, we performed a confirmatory factor analysis to check the fit of the 9 scale model of the revised 35-item D-RECT. Inter-rater reliability was assessed using generalizability theory.

Results Confirmatory factor analysis unveiled that the factor structure of the revised 35-item D-RECT provided a reasonable fit to the Filipino data, after removal of 7 items. Five to seven evaluations of individual residents were needed per scale to obtain a reliable result.

Conclusion Even in a non-Western setting, the D-RECT exhibited psychometric validity. This study validated the factor structure of the revised 35-item D-RECT after some modifications. We recommend that its application be extended to other Asian countries and specialties



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O104 The initial experience of the first English based medical program in Thailand and its potential impact

Pawa K K1 Kittipawong P1, Setabutr D1 1 Chulabhorn International College of Medicine (CICM), Thammasat University, Thailand .

Background Faculty of Medicine, Thammasat University was established in 1990. Chulabhorn International College of Medicine opened in 2014. That year, under the approval of the Thai Medical Council, the college has enrolled three groups of student, 30 each year. Currently both separate faculties facilitate the education and enrichment of the medical students under the English program.

Objective To evaluate the initial experience of the first English based medical education system in Thailand and its potential impact on the future of Thai medicine. Summary of Work Review of institutional demographic and academic records from 2014-2017 related to Chulabhorn International College of Medicine, Thammasat University's student body, anonymous survey of current medical students enrolled in the English program and review of the potential impact of an English based program for the advancement of Thai medicine.

Results Upon initial enrollment in 2014, 53% of students had a previously enrolled in a Thai based International Curriculum. Twenty percent of students in the same class had previously been educated in a Thai-based curriculum. 83% of matriculates enrolled were aged 17-19 years of age, while 16% were aged greater than 19 years of age (max. 25). The percent of Thai-based curriculum educated students decreased to 3% by 2017, while International based curriculum enrollees increased to twothirds of matriculates. The matriculates in 2014 achieved a 97% passing rate on summative examination of years 1-3 as administered by Faculty of Medicine, Thammasat University. An overall positive rating was reported when polling students on their satisfaction with the curriculum.

Conclusion The first International College of Medicine has seen a shift in enrollment amongst International school graduates. The pass rate for initial summative evaluation exceeded expectations. Most enrollees had a positive assessment of their current enrollment. The potential impact of these students given their strong English foundation is yet to be determined, yet expected to be significant.



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O105 The proportions of registered nurses of inpatient wards of Srinagarind Hospital towards all five moments for hand hygiene

Kompreeya Upalananda¹, Napas Srifa¹, Siritwipa Srirubkhwa¹, Chiwanon Pakdee¹, Pomsiri Kerdmalee, Manop Kanato¹, Sompong Srisaenpang¹ ¹ Faculty of medicine, Khon Kaen University, Thailand

Background It is proposed that Healthcare associated infections (HCAs) are stupendously caused by poor hand hygiene. Worldwide hand hygiene compliance according to five moments for hand hygiene is less than 40%. In Srinagarind hospital, there is no study in nurses to date.

Objective The objectives were to examine 1) the proportions of registered nurses of inpatient wards of Srinagarind hospital about hand hygiene compliance; 2) the proportions of the most ignored moment for hand hygiene; and 3) the reasons for hand hygiene ignorance. Summary of Work Descriptive study. The enrolled study population was comprised of 676 registered nurses in inpatient wards of Srinagarind Hospital. The self-administered questionnaires were collected. The personal data, compliance for hand hygiene and reasons for hand hygiene ignorance were analyzed.

Results The response rate was 64.9% (439/676). The proportion of registered nurse in all five moments compliance obtained from this questionnaire-based study was 48.8% (95%CI: 43.4, 53.4). Nevertheless, the proportion of those who performed hand hygiene which met the acceptable criterion of Srinagarind hospital was 83.0%. Before touching the patients was the most ignored moment (56.1%). Furthermore, too many times for hand washing (49.3%) was the most common reason for ignorance, followed by forgetfulness (33.6%) and skin intolerability (32.6%).

Conclusion Half of registered nurses of Srinagarind hospital performed all indicated five moments for hand hygiene. Before touching the patients was the most ignored moment. And factors negatively influencing hand hygiene compliance, mostly too many times for hand washing, are needed to be improved.



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O201 Perceptions, beliefs and facilitating behaviors of novice facilitators in a newly implemented problem based learning curriculum in Myanmar

Ye Phyo Aung , Tun Tun Naing , Zeyar Htun Tin , Tay Zar Hein , Ko Ko Lwin , Yin Yin Zaw & Marlar Than University of Medicine (1), Yangon, Myanmar

Background Problem based learning (PBL) is complex and if not implemented properly, will not result in the expected learning in students. The cross-cultural applicability of PBL has been questioned, because education contexts and learning approaches differ across cultures. This study aims to find out, what the novice facilitators' perceptions of, beliefs and behaviors in PBL sessions in facilitating behaviors in the context of the Defense Services Medical Academy, in Myanmar.

Objective To find out the perceptions, beliefs and facilitating behaviors of novice facilitators in a newly implemented problem based learning curriculum in Myanmar. Summary of Work Cross-sectional descriptive study, from November 2016 to March 2017. All novice PBL facilitators (40) in the foundation year were recruited. Facilitators were regarded as novices if they had acted as facilitator in PBL sessions for not more than two times within two years.

Results Novice facilitators had a high level of agreement on most of the items. Regarding the facilitators' beliefs, show a high level of agreement for items about their roles and responsibilities as facilitators, but agreement was lower for items about students' behavior in PBL sessions related to the context and the culture. In group dynamic problem and coping mechanism, most of the participants were highly motivated to use PBL, not only because of professional duty, but also due to enjoyment and achievement of personal learning.

Conclusion It can be concluded that novice facilitators' perceptions of PBL, including their understanding of its concepts and their attitude regarding their roles and functions and their interest in the PBL group function are positive and encouraging. Most of the participants were highly motivated to use PBL, not only because of professional duty but, due to enjoyment and achievement of personal learning.



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O202 Reintroducing histopathology teaching to medical students using online resources provided by the BEST Network

Mohit Shahi¹, Archana Sudarsan¹, Anthony Brown¹, Peter T Simpson^{1, 2}, Sunil R Lakhani^{1, 2, 3} and Nicholas J Hawkins¹ ¹ Discipline of Molecular and Cell Pathology, Faculty of Medicine, University of Queensland, Brisbane, Australia ² The University of Queensland, UQ Centre for Clinical Research, Herston, Brisbane, QLD 4029, Australia ³ Pathology Queensland, The Royal Brisbane & Women's Hospital, Herston, Brisbane, QLD 4029, Australia

Background Formal histopathology teaching was absent from the UQ medical program for many years. Reestablishment of this element of learning into the curriculum required development of a short module that was computer-based, resource-efficient, and student-accessible.

Objective To provide resources that were easily accessible for students, efficient to deliver, and that improved students understanding of the basic pathological processes. Summary of Work A series of online modules were developed using an adaptive e-learning platform (smartsparrow.com) and virtual microscopic images from Slice (BEST Network). Practical covered key processes in pathology as seen at the microscopic level, and highlighted clinic pathological correlates (inflammation; healing and chronic inflammation; thrombosis, embolism and infarction; neoplasia). These were delivered to a cohort of ~500 medical students. Analysis of student outcomes was available via the eLearning platform.

Results Interim analysis indicated that students valued the opportunities to learn histopathology in a formal setting and to learn/revise at their own pace. They achieved a significant improvement in their understanding of the materials after the lesson, valued online feedback provided within the lesson, and felt that the approach increased their opportunities for individualized learning.

Conclusion An understanding of disease is greatly supported by a simple understanding of pathological processes. Findings suggest that these practical can be introduced simply and successfully into programs where they have not previously existed and with the help of technology, this goal can be achieved. Statement of Contribution This project was developed and implemented by the UQ Discipline of Pathology, and is being presented on behalf of the team by Dr Shahi.



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O203 One Year After ASPIRE Award: Present and Future

Leksuwanakun S1, Luangtangvarodom P1, Pitiseree K1, Pongpitakmetha T1, Lertussavavivat T1, Kulvichit W1, Wangsaturaka D2 1 Year 6 Medical Student, The Faculty of Medicine, Chulalongkorn University, Thailand 2 Department of Pharmacology and Medical Education Unit, The Faculty of Medicine, Chulalongkorn University, Thailand

Background Student engagement at the Faculty of Medicine, Chulalongkorn University can be traced back to 1970. Since then, we have carried on with continuous improvement until we were awarded ASPIRE-toexcellence in student engagement in 2015. After receiving the awards, the dean appointed a committee to continue promoting student engagement (SE) in undergraduate medical education.

Objective This study aims to review the work and the impact of the committee, a year after ASPIRE award. Summary of Work Eleven meeting minutes of the SE committee were reviewed and extracted.

Results During 1 year period, we have continued to fulfill all of ASPIRE-to-excellence awards criteria, 13 of which are under the SE committee's responsibility. In addition to systematic and more extensive course/curriculum evaluation, our engagement has led to the new 2017 curriculum and multiple major changes including course sequence and student grouping in clinical years. At least 4 new projects have been initiated: peer tutoring for those who failed the licensing exam, MDCU call centre, clinical learning guideline and one-stop contact centre. Furthermore, we have welcomed both Thai and international medical schools wishing to improve their SE.

Conclusion Since the ASPIRE award, we have sustained our excellence and innovated more activities. We also have amplified the magnitude of awareness in student engagement among medical schools and other professional education in the country. Hopefully we could contribute to more acceptability and development in student engagement at other institutions – not only in Thailand but also in the region.



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O204 A survey of etiquette for teacher-student communication in the 21st century

Rujinam C¹, Thanasithichai S1, Suwichanarakul S1 and Wangsaturaka D2 1 Year 2 Medical Student, The Faculty of Medicine, Chulalongkorn University, Thailand 2 Department of Pharmacology and Medical Education Unit, The Faculty of Medicine, Chulalongkorn University, Thailand

Background Technology in the 21st century has affected us in many ways including how we communicate with each other. Nowadays medical students have more informal options to contact their teachers but would teachers consider all of these channels appropriate?

Objective This research aimed to study the expectations of medical teachers on students' etiquette when using technology for communication. Summary of Work Ninety teachers from 8 departments, responsible for pre-clerkship teaching at the Faculty of Medicine, Chulalongkorn University were recruited. The questionnaires developed based on the interview result with 20 teachers are composed of 5 parts: preferred ways of contact, preferred contact hours via mobile phone, preferred contact hours via instant messaging, undesired behaviours, and personal information.

Results Meeting with a prior appointment (96%) and e-mail (84%) were the most preferred choices for our respondents. Line and Facebook messaging were both accepted by less than 50%. Instant messaging seemed to be a better option than mobile phone to contact teachers after working hours or at weekends. The three most undesired behaviours of medical students when communicating with teachers were (1) not saying goodbye or thank you; (2) using intentionally misspelled words; and (3) no greetings.

Conclusion Although there was a diversity of teachers' expectation of how medical students should contact them, a general teacher-student communication guideline could be developed based on the result from this study. It would be interesting to further investigate if the studies in other medical schools – either in the country or in the region, would yield similar results.



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O205 12 Tips to be a good clinical student

Luangtangvarodom P1, Leksuwankun S1, Wangsaturaka D2 1 Year 6 Medical Student, The Faculty of Medicine, Chulalongkorn University, Thailand 2 Department of Pharmacology and Medical Education Unit, The Faculty of Medicine, Chulalongkorn University, Thailand

Objective Besides scientific knowledge, clinical learning requires patients trusts in order to facilitate learning process which is built upon each student own conduct and professionalism. However, as a new student entering clinical learning environment for the first time, knowing the “right” things to do in various departments and circumstances can be extremely perplexing. Therefore, we aim to identify issues of significance in professionalism and inform our new clinical students beforehand.

Summary of Work The initial clinical learning guideline data was established by 8 role model clinical students. The draft was then circulated to residents and clinical teachers in 4 major departments and also the academic affair executive board to refine the initial draft.

Results We have extracted the most important issues from the clinical learning guideline into 12 tips which were then classified as 6 DOs and 6 DONTs. 6 DOs were: wearing appropriate costume, knowing your limitation, working together in harmony, being active in learning, being responsibility, and following patient safety goal. 6 DONTs were: don't discuss patient information in public, don't play an electronic device in any serious clinical situations, don't make noise bothering others, don't photograph patients and their information, don't bring food into class, and don't be rude.

Conclusion Knowing what to do and what not to do is a good preventive strategy to lay the foundation in student's conduct and professionalism.



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P301 Community-based medical learning outcomes in University of Phayao
Nantatong N , Tienthavorn V, Yongying P, Juwa S School of Medicine, University of Phayao,
Thailand

Background Situation analytic of Thai health system revealed limitation of health care worker's competency in rural community. The challenge is quality of medical education in rural area because of learning resources shortage. School of medicine in University of Phayao is established in rural community for serve community education. The curricular was designed for improve community-need competency in medical students.

Objective To define learning outcomes of 2nd year medical students (2016). Summary of Work Duration: December 2015 - January 2016 Location: Phayao, Thailand 1. Community curricular was designed and submitted by curricular committee. (community-based medical curriculum and integrated health science curriculum) 2. Inter-professional team was grouped. 3. Medical students and teams were sent to communities in Phayao (Tambon level). 4. Teams learned from health activities under guided by local health care workers. 5. Technology-assistant evaluation was done. Medical students were assigned to post daily Facebook status. Theme of status is teamwork. 6. Summarized activities report. 7. Learning outcomes were analyzed form summarized reports.

Results Thirty IPE teams, 1 MD student and 15 paramedic students: community health science, environmental health science, occupational health science, science of health promotion. All of medical students had completely reflected their activities with e-portfolio. They posted at least 1 picture and 1 status or story everyday. Their technology, art and teamwork competency was trained. Poster presentation included NCD topic 43.33%, HP 23.33%, aging society 6.67%, home visit 6.67%, self-assessment learning outcome 16.67% and others 3.33%. Self-reflection of medical professionalism, this learning activities had developed in all aspects. The greatest issue is humanism.

Conclusion Community based learning combine with interprofessional education strategies developed community competency of medical students; clinical competency, team work and leadership, humanism, communication. Students was learned in real health situation and their action impact with population health.



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P302 Cultural beliefs and practices of Sri Lankan public as experienced by clinicians

Chandratilake M1, Jayarathne Y.G.S.W 2, Karunaratne D1 1 Faculty of Medicine, University of Kelaniya , Sri Lanka 2 Faculty of Medicine and Allied Sciences, Rajarat University of Sri Lanka, Sri Lanka

Background Sri Lankan society is culturally diverse. Cultural beliefs and practices impact heavily on health seeking behaviour of the public, their compliance with treatment and the ultimate health outcome.

Objective The aim of this study is to explore the cultural practices of the Sri Lankan public as experienced by clinicians.

Summary of Work The topic warranted a qualitative design. Individual face-to-face interviews were conducted with 26 clinicians, who represented a range of specialties and subspecialties, and worked in teaching hospitals at Ragama and Anuradhapura. They were audio-recorded and transcribed verbatim. The transcripts were thematically analysed using Richie and Spencer framework.

Results Key aspects (themes) of cultural practices among the public were identified. Although they are not exclusive the origin of healthcare-related cultural practices included religious beliefs and societal norms in the community one lives in, personal experiences and traditional medicine. Cultural issues originated from all the above sources were observed across specialties and subspecialties. The existence of beliefs and practices has been influenced by personal conviction, the family and society. The cultural beliefs and practices are related to nutrition, physiological events and disease conditions, which include the origin, the manifestations and the prevention of such diseases. The response of clinicians toward such beliefs and practices appeared to be passive or negative.

Conclusion The origin of cultural beliefs appears to be the community. The collectivist nature of Sri Lankan culture appears to facilitate their existence. Cultural beliefs and practices affect both health and disease which could be dealt with more positively by clinicians for a better patient outcome.



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P303 The effects of the rural developing camp on 21st century skills among medical students

Wongrachit P1, Srisung P1, Jongkontakorn J1, Samhuay C1, Planegun P1, Wisetborisut A2 1 Faculty of medicine, Chiang Mai University, Chiang Mai, Thailand 2 Department of Family Medicine, Faculty of Medicine, Chiang Mai University, Chiang Mai, Thailand

Objective 21st century skills are considered as one of the most essential skills to help medical students become competence physicians in the future. An extracurricular activity for medical students such as Rural Developing Camp (RDC) might improve their 21st century skills. This study aims to identify the short and long term effects of RDC on the improvements of 21st century skills among medical students.

Summary of Work This is a prospective study comparing college students who attended the RDC to those who did not during October 2016. Assessment of 21st century skills was done by self-answered questionnaires on the day before attending RDC, at the end of RDC and five weeks after RDC. Medical students who did not attend this camp were randomly selected and used as a control group. 21st century skills score was measured in Likert scales. Comparison of the mean difference score was performed by unpaired t-test.

Results There were 62 students who participated in this study, 35 attended RDC and 27 did not. From the total 21st century skill score of 5, before attending RDC the scores were slightly higher among students who joined RDC compared to the control group (3.9 VS 3.6). At the end of the activity, the scores of medical students who attended RDC increased significantly compared to those who did not by 0.2 score (0.4 VS 0.2, p-value <0.001). After five weeks, RDC group still had the significantly increased 21st century skills score higher by 0.2 point compared to control groups (0.4 VS 0.2, p-value <0.001).

Conclusion Attending Rural Developing Camp significantly improved 21st century skills among medical students and these effects can be sustained up to five weeks. Providing an extracurricular activity such as Rural Developing Camp for medical students is encouraged in order to enhance these essential skills among them.



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P304 Curricular approach towards development of lifelong learning attitude in outcome-based education

Srinivasan Ramamurthy, Hui Meng Er, Vishna Devi Nadarajah, Ammu Radhakrishnan, Liang Lin Seow International Medical University, Malaysia

Background Lifelong learning is an essential skill of 21st century learners and healthcare practitioners in view of exponential knowledge growth and rapid technology advances. In this study, the lifelong learning attitude of students in two health professional programmes designed based on the university's learning model that is outcome-based are compared.

Summary of Work The questionnaire adapted from the Jefferson Scale for Physician Lifelong Learning (JeffSPLL) was instituted to the medical and pharmacy students in a cross-sectional study. The former curriculum is integrated from early years, whereas the latter is mainly discipline-based (life science, pharmaceutical chemistry, pharmaceutical technology and pharmacy practice). The lifelong learning scores were analysed.

Results Increasing orientation towards lifelong learning with academic progression was generally observed for students in both programmes. There was no significant difference between the scores of both groups in early years. However, the scores of the medical students were significantly higher than those of pharmacy students in Years 3 and 4.

Discussion Self-directed teaching and learning activities are incorporated in both programmes, with research project and clinical attachment in Year 3 of the medical and Year 4 of the pharmacy programmes. These offer opportunities for developing lifelong learning skills. However, the study shows that an integrated curriculum from early years enhances the acquisition of the skills. **Conclusion** Students' lifelong learning skills develop progressively in outcome-based curricula. The difference in both programmes may be attributed to the curricular approach, whereby the medical curriculum is integrated from early years, whereas pharmacy is mainly discipline based to prepare the students for work in diverse domains of clinical, community and industrial pharmacy. **Take Home Messages** An integrated curriculum from early years enhances the acquisition of lifelong learning skills in outcome-based education. Nevertheless, a pragmatic approach in curriculum design and development should be considered in order to ensure the work readiness of the graduates



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P305 How can we encourage medical students to do research?

SavikaminC1, Phongkhun P1, Sricharoensuk C1, Israsena N2 and Wangsaturaka D2 1
Medical Student, Faculty of Medicine, Chulalongkorn University, Thailand 2 Department of
Pharmacology Faculty of Medicine, Chulalongkorn University, Thailand

Background Some medical schools claim that research is a compulsory component of their curriculum, usually in the form of community surveys. However, student engagement in the research is questionable. At Chulalongkorn medical school, the launch of the 2017 curriculum with 32 credits of student-selected components provides ample opportunities for students interested in doing research.

Summary of work As a pilot study, Year 1-2 students in the 2012 curriculum who are interested in doing research were invited to complete an online questionnaire which was not anonymous, yet confidential. It consisted of 3 sections: past research experiences, hindrances in doing research, and research-promoting activities.

Summary of results Of the 84 respondents, 72 were our target as they identified themselves as inexperienced but interested in doing research. Most prominent factors that hinder these students from conducting a research are the lack of information about potential advisors (83%), the incapability to approach them (83%), and insufficient knowledge in research methodology (79%). Suggested solutions include student-selected courses in medical research for Year 3 students (75%), a research clinic (67%), and research workshop (57%).

Discussion The result from this research is beneficial for the undergraduate research committee at Chulalongkorn medical school. Further actions include the development of "introduction to medical research" course, compiling potential research supervisors, and more funding for the research.

Conclusion Many medical students have interest in medical research but they are not encouraged enough to initiate their projects. Conducive environment should be constructed to strengthen their confidence and fulfill their desire to become researchers.



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P306 Lessons learned from the first year medical students in student engagement committee

Rattanasombat K1, Pataradool T1, Trabwongwitaya P1, Rujirachartkul S1, Phuengposop S1, Wangsaturaka D2 1 Medical Student, The Faculty of Medicine, Chulalongkorn University, Thailand 2 Department of Pharmacology and Medical Education Unit, The Faculty of Medicine, Chulalongkorn University, Thailand

Objective Since 2015, Faculty of Medicine, Chulalongkorn University has established Student Engagement (SE) Committee. For the first time, starting in 2016 academic year, we – the first year SE working group – have fully participated in the faculty’s SE committee. This study was conducted to review what we have contributed to and what we have learned from this experience. Summary of Work Seven members of the first year SE working group reflected upon the experience as a group..

Results Throughout the 2016 academic year, we have initiated the solutions to 5 issues, managed 3 projects and participated in 7 activities. All of these cover 7 criteria of ASPIRE-TO-EXCELLENCE award in student engagement. Of the 12 MDCU learning outcomes, we have learned 5 curriculum outcomes: holistic care, critical thinking, roles of doctor & social responsibility, professional & personal development and leadership & teamwork. Furthermore, to guide a future SE working group, we also developed a workflow based on our one-year experience.

Conclusion Even though first year students have just enrolled in the medical school, we have enough potential to contribute to the current student engagement system. Support from teachers and senior students is also crucial for this achievement



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P307 Effective remediation program for pre-clinical students who struggled to learn in the block system

Staworn D1, Souvannakitti D1, Vattanajun A1, Suwan K1, Hattachote P1 1 Department of Physiology, Phramongkutklao College of Medicine, Thailand

Objective To describe the effective remediation program for the second-year medical students who struggled to learn. Summary of Work The block committee was convened after the results of the end-of-the-block examination became available to draw-up the remediation program for those students whose cognitive performance was below the passing level. The students' performance was reviewed based on the learning objectives. Students who did not pass the examination and scored less than 50% in each objective were given a task to write-up a report on the topic that the instructor thought were the most crucial topics. Advisors' name for each topic were provided. After submitted the reports students will be interviewed by the examiners to verify that they had learned that topic. The examiners use the rubric score to assess the students' performance.

Results There is a total of 104 second-year medical students who participated in the learning activities of PCMIT 204 (Cardiovascular and respiratory systems) for the education year 2016. Ten second-year medical students did not pass the cognitive domain of the learning outcomes. These students failed to pass the examination in two to six learning objectives. All ten students submitted the reports and received a passing grade for the report. Most students performed relatively well during the interview. There was one student who had to answer thirteen questions related to the learning objectives. The examiners admitted that before an interview they did not expect that students to do well during an interview.

Conclusion The remediation program designed to reassure that all students achieve the cognitive domains of an integrated organ system-based learning block is feasible and effective.



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P308 Objectively-defined, facilitator-guided case discussion as an innovative learning tool for preclinical medical education

Staworn D1, Vattanajun A1, Hattachote P 1 1 Department of Physiology, Phramongkutklao College of Medicine, Thailand

Objective To describe the objectively-defined, facilitator-guided case discussion as a learning tool for pre-clinical medical education.

Summary of Work The organ-system block of the new curriculum of Phramongkutklao College of Medicine was implemented in 2016. The block committee was convened to design the learning activities of CVS & respiratory system as well as the urinary & reproductive system. The objectively-defined, facilitator-guided case discussion was developed to foster active learning and the learning paradigm as well as helping medical students achieve other learning outcomes. Each case has 10 learning objectives set by the block committee. One hundred and four medical students are divided into 10 groups. Each group is tasked to prepare a 5-min learning activity related to the assigned topics. The students meet with the group advisor twice. The first meeting was to clarify the task and the 2nd meeting was to review & discuss the contents with the advisor. Students were asked to take control of the class especially time management during presentation. Post-test quiz, focus group interview and questionnaire were used to evaluate this learning activities. The block committee evaluated the curriculum at the end of the block.

Results The learning activity was well received by medical students as well as faculty members. Focus group participants affirmed that the students learned better but raised concerns that not all students participated and learned equally. Faculty members agreed that the learning activity help students achieve other learning outcomes, especially interpersonal skills and communication skills. However, they have reservations that not all students is capable of learning this way.

Conclusion Objectively-defined, facilitator-guided case discussion is one of effective learning tools for pre-clinical education.



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P401 Comparison of Siree and ScanTool programs for test and item analyses

Lekskulchai V1, Leewanich P2 1 Department of Pathology. Faculty of Medicine. Srinakharinwirot University, Thailand 2 Department of Pharmacology. Faculty of Medicine. Srinakharinwirot University, Thailand

Background Recently, there are several available computer programs for test and item analyses. To choose a new program, it is necessary to validate if it could give the same or better results for managing the quality of multiple choice tests compared to the currently used.

Objective This study aimed to compare the test and item analytical data derived from Siree and ScanTool programs. Summary of Work A multiple choice test comprised of 64 items was employed for cognitive evaluation of 160 medical students. After the examination, the test and item analyses were performed by Siree and ScanTool programs. The analytical data computed from these 2 programs were compared.

Results For test analyses, both programs gave similar results. Additionally, ScanTool gave mode and KR-21. The difficulty indexes (p-values) from both programs were equal but the discrimination indexes (rvalues) and interpreted qualities of some items were varied. On the summary reports, ScanTool did not only give p and r values of each choice and item, as Siree did, but it also elucidated these values one by one.

Conclusion As a newer program, ScanTool could be performed easier and gave more details than Siree. Since both were relied on statistical analyses, they gave similar results when all items were analyzed as a set of test. However they calculated the discrimination index by different formula on different theories, they indicated the qualities of some items differently.



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P402 Reliability of item analysis of a multiple choice test among different medical student groups

Leewanich P1, Lekskulchai V2 1 Department of Pharmacology. Faculty of Medicine.
Srinakharinwirot University, Thailand 2 Department of Pathology. Faculty of Medicine.
Srinakharinwirot University, Thailand

Background Ideally the test items of a multiple choice test should be analyzed manually prior to be used. Since the item analysis is a time-consuming process, it is practically performed by a computer program after the items have been utilized. Therefore, the results may not be reliable as expected.

Objective The objective of this study was to evaluate the reliability of item analyses of a test employed in different examiner groups. Summary of Work A set of 50 selected MCQs was combined with other test items and the created tests were used to examine the second year medical students in 4 successive years. The items were analyzed yearly by Siree program and the results were compared for the quality of items; their difficulty index and discrimination power.

Results The test analyses of these 4 student groups were similar. However, the quality of some items indicated as easy, difficult, satisfied or unsatisfied were inconsistent among the student groups.

Conclusion As a set of test, the reliability of the test items was acceptable since different student groups still gave the similar test analyses. But the quality of each item was inconstant which may rely on the student oneself, the teaching efficacy, or other factors. To select items for a qualified item bank, the difficulty index and the discrimination power may not be reliable indicators. In order to gain valid test items, other circumstances particularly the learning objectives of certain lectures should be put into account, as well.



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P403 Peer-organized formative assessment: correlation to students' academic performance and effect on perceived stress and academic motivation

Visrutaratna S1, Chaiyamahapurk S1, Wisetborisut A2, Laowatthanaphong S3 1 Faculty of medicine, Chiang Mai University, Chiang Mai, Thailand 2 Department of Family Medicine, Faculty of Medicine, Chiang Mai University, Thailand 3 Department of Anatomy, Faculty of Medicine, Chiang Mai University, Thailand

Background Failing the exam in medical school can bring poor consequences to students such as depression and anxiety. Peer-organized formative assessment (POFA) was created in order to help them prepare for summative examination and enhance their motivation. However, POFA may increase stress.

Objective To measure the capability of POFA in predicting students' score in the summative examination and the effect of POFA on students' stress and academic motivation. Summary of Work This is a prospective study of the second year medical students. Senior students arranged POFA two week before the summative examination. POFA is the mock examination composed of 35 questions. Then POFA and summative examination scores were analyzed with multiple logistic regression. Online self-answered modified Thai Perceived Stress Scale-10 (T-PSS-10) and 28-item Academic Motivation Scale (AMS-28) were used to evaluate students' stress and academic motivation respectively. Students were assessed before and after attending the POFA.

Results From 246 students, 70 attended the formative assessment and 34 of them completed the questionnaire. Out of 176 students who did not attend, 65 completed the questionnaire. The mean of POFA score was 24.1 out of 70 (S.D. = 8.1). The mean of participated students' summative examination score was 39.6 out of 70 (S.D. = 11.3) while the control groups' was 38.7 (S.D. = 11.0). There was a correlation between POFA score and students' summative examination score ($r^2 = 0.58$). Compared to medical students who attended, those who did not had the indifferent scores on stress (16 vs. 18.2, $p = 0.1$) and academic motivation (128.6 vs. 129, $p = 0.9$).

Conclusion Peer-organized formative assessment showed an amount of capability, which help predict the students' performance in summative examination. Neither medical students' stress nor academic motivation was affected by this type of assessment.



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P404 The analysis of web-based logbook: a three-year study

Pitiseree K1, Manasatitpong P2, Wangsaturaka D3 1 Year 6 Medical Student, The Faculty of Medicine, Chulalongkorn University, Thailand 2 Academic Affairs, The Faculty of Medicine, Chulalongkorn University, Thailand 3 Department of Pharmacology and Medical Education Unit, The Faculty of Medicine, Chulalongkorn University, Thailand

Background Inadequate exposure to clinical experience is deleterious to clinical student's competency. By monitoring themselves, students could be aware of their achieved competency. Consequently, webbased logbook is introduced as a self-assessment tool to help students track their progress.

Objective Our aim is to review and identify trends of students' clinical experience during 3-year period. Summary of Work We acquired data recorded by fourth and fifth year medical students at the Faculty of Medicine, Chulalongkorn university from 2013-2015, which were categorized into 2 groups: patient care as symptoms and diseases they had encountered, and procedures. Data were combined and calculated for mean in each year.

Results Among 19 groups of disease, the least reported in every year were (1) certain conditions originating in the perinatal period, (2) congenital malformations, deformations, and chromosomal abnormalities, and (3) external causes of morbidity and mortality. In terms of basic procedures, (1) excision of benign tumor and cyst of skin and subcutaneous tissue, (2) biopsy of skin, superficial mass, and (3) gastric irrigation in children were least performed by our students.

Conclusion Using these data, curriculum committee should modify student's rotation and learning activities to ensure that students are fully experienced before graduation.



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P405 Effectiveness of the mobile application case-based learning approach as a dynamic influence on learning for the tomorrow's doctors: a pilot randomized controlled trial

Dr. I Made Subagiarta Department of Medical Education, Udayana University, Indonesia

Background Medical education is rapidly evolving. Technology-enhanced active learning (TEAL) is a growing trend in higher education. Today's learners have progressively embraced more technology as learning tools, and have advanced past traditional forms from the twentieth century.

Objective This study aimed to compare between the effectiveness of mobile application based multimedia-style and traditional-style materials for medical student. Summary of Work A total of 30 enrolled 4th year medical student were recruited and randomized using a computer randomization list to receive either an intervention group (n=16) or a conventional power point style learning (n=14). Knowledge was evaluated primarily based on the mean score from the post-test of 100 multiple-choice questions and the secondary outcome was the proportion of students who had read $\geq 75\%$ of the assigned handout content in each group, measured by self-rated 5-point Likert scale of reading completion. Motivation to learn using the allocated learning materials was also measured with further examination of knowledge retention and learning transfer 3 months later.

Results The experimental groups were homogeneous in the baseline knowledge scores. Following the intervention, the experimental group showed significant improvement knowledge ($p < 0.001$) at the post-test. The experimental group displayed higher motivation ($p = 0.001$) than the control group. Significant differences on knowledge ($p = 0.001$) and learning transfer ($p < 0.05$) were also found in the 3 months later. A significantly higher proportion of $\geq 75\%$ reading completion was found in an intervention group (p -value 0.01). The levels of reading completion were correlated with post-test scores (p -value < 0.001).

Conclusion A case-based approach was used in the study intervention to integrate the physiology concepts with a clinical scenario. The integration of real life situations and interesting audio visual in the experimental group were attract student to learn further and increase their knowledge retention



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P406 Fostering critical thinking & collaborative learning skills among Foundation in Science students through integrated scientific poster presentation project on medical sciences: a pilot study

Dr Rashmirekha Sahoo 1, Prof Dr Soumendra Sahoo 2, Prof Adinegara 2 1 Foundation in Science, Melaka Manipal Medical College, Melaka, Malaysia 2 MEU, Melaka Manipal Medical College, Melaka, Malaysia

Background A poster presentation is as an experiential learning activity that stimulates curiosity and interest among the students. It also encourages exploration and integration of concepts and provides students with a novel way of demonstrating understanding of scientific principles. The Foundation in Science program at MMMC conducts poster presentation competition in small groups in the 1st semester of Fis program. It emphasis on retrieval of scientific information on certain medical technologies where the principles of basic science has been incorporated.

Objective This pilot project was aimed to analyse the views of participants on the academic benefits of poster presentation. Summary of Work This interpretative research study used a mixed methods approach for gathering data. This included the use of quantitative module results as well as qualitative data derived from semi-structured interviews and questionnaires. Total of 59 students participated in a questionnaire survey focussing on academic benefit to the Foundation in Science learners who would proceed to Medical or Dental stream after completing the course. The questionnaires were designed in 5 Likert scale from strongly disagree to strongly agree to the statements in questionnaires followed by semi structured interviews.

Results The findings from this study supports the hypothesis that the posters do in fact promote student learning and enjoyment when studying to integrate foundation science knowledge during their subsequent Medical or Dental professional training. Majority have opinion that the posters preparation were found to promote enjoyment when undertaking the assignment as well as providing opportunities for promoting deep learning. Majority expressed the teamwork gave an insight to collaborative learning.

Conclusion The study has revealed that a poster presentation, used effectively as an assignment can facilitate the learner's critical and reflective thinking thereby promoting active learning. The prior generic guidelines in making the poster was found to be an important step in bringing systematic scientific approach among the learners.



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P407 Using a database to track learning through social responsibility

Yew-Beng Kang International Medical University, Teaching and Learning, Malaysia

Background The International Medical University defines social responsibility as how we make a difference to the social and economic well-being of our communities through teaching, research, community events and other services. Capturing and monitoring all these activities in a university community of staff and students was achieved via a relational database that was designed for the staff and students to selfadminister.

Summary of Work The relational database comprises of several tables that captured information on individual projects, participants, and community affiliates. The project leaders submit their project details online to the database where the students/staff can sign up. Each participant/student have a personal space to reflect on their roles, amount of time spent, as well as impact of their participation. All reflective feedback can be analysed for common themes and mined for self-improvement.

Results The analytics displays the participation of various groups of students/staff and enables the administrators to identify where interprofessional learning takes place. Additionally, analytics mines over 100 separate fields for discrete textual and numerical data for periodic monitoring. Project leaders are able to list out all participants in their project and all students can print out their list of projects that they have participated during their lifetime in the university.

Conclusion Analytics on the social responsibility projects allowed the university to track all projects and generate reports on the participation, feedback and monitor the level of involvement of both student and staff. Take-home message Student learning through service/experiential learning can be captured using a relational database.



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P408 Student barometer survey as a quality indicator of the educational environment in medical schools

Vishna Devi Nadarajah, Srinivasan Ramamurthy, Norul Hidayah binti Mamat International Medical University, Malaysia

Background Student perception of the educational environment is a useful basis for modifying and improving its quality. The 'ideal' educational environment best prepares students for their future professional life and contributes towards their personal development, psychosomatic and social well-being. Many medical schools have used Dundee Ready Environment Education Measure (DREEM) as a tool to evaluate the educational environment as it provides a diagnostic analyses based on five domains (perception of learning, perception of teaching, academic self-perception, social self-perception and perception of atmosphere)

Summary of Work At our institution, DREEM has been used since 2008; however results have remained stagnant for the last five years, irrespective of academic programmes or student seniority. Concerned that we may have missed other dimensions of educational environment to improve upon, we explored the use of student barometer and compared the results with DREEM. The student barometer is a global survey conducted across institutions based on the domains of arrival, learning, living and support. We participated in the autumn 2013 and 2015 cycles of the survey with a response rate of 29% and 63% respectively.

Results Student satisfaction scores for both 2013 and 2015 were similar, whereby an overall satisfaction score of 80% and above were obtained for all four domains across all programmes, with the highest percentages identified for arrival and support. Lower satisfaction scores were related to the domain of learning whereby feedback, marking criteria and assessment were areas of concern. Benchmarking and ranking of our institution were also provided based on domains at the international, Asian and national level.

Discussion Similarities between DREEM and the student barometer exists although the domain names may differ. However there were additional information from the student barometer which includes the arrival experience for year 1, benchmarking against other institutions, propensity to recommend institution to others and differentiation between international and local students

Conclusion The student barometer is a useful tool for evaluating the educational environment and serve as a quality indicator of the education environment. Take home message triangulating the use of evaluation tools to evaluate the educational environment is deemed crucial to establish complementary information of the domains affecting the environment.