Supplemental digital content for Bendermacher GWG, De Grave WS, Wolfhagen IHAP, Dolmans DHJM, oude Egbrink MGA. Shaping a culture for continuous quality improvement in undergraduate medical education. Acad Med.

Supplemental Digital Appendix 1

Focus Group Interview Guide for Study of Continuous Quality Improvement in Undergraduate Medical Education, Maastricht University, the Netherlands, 2018

[OPENING]

A. Based on previous research we know that, despite of the fact that quality management systems and procedures used in different higher education organizations are becoming more alike, differences exist with regard to their experienced effectiveness. Apparently, other elements play a role in quality improvement as well. In this research, we would like to focus on elements that promote a culture aimed at continuous educational quality improvement. We would like to start by asking you to write down what according to you are core concepts related to a culture for continuous quality improvement. Please try to keep these concepts in mind and use them in the discussion.

[PLAN]

- B. The curriculum reform of your bachelor/master program in medicine was initiated in [year] and is by now [partly implemented/fully implemented]. What according to you are the most important factors to be successful in the (re)design phase of a curriculum or a course? What are the most important challenges?
- C. In what way are students involved in the redevelopment or further development of education? What experiences do you have with this? (What are best practices? When didn't this work-out as intended?)
- D. What is the role of the education management/the program management (for example year coordinators, bachelor and master coordinators and directors of education) in the redevelopment and/or further development of education?

[DO]

- E. An important factor impacting on quality of education is the commitment of faculty and the commitment/involvement of students. What elements contribute to creating this involvement and commitment? (Ask for examples and best practices).
- F. Which characteristics of the relation between faculty and between faculty and the higher management are supportive/hampering continuous educational improvement? Why?
- G. Can you elaborate on the contacts between students and faculty (concerning quality improvement of education)? Which aspects in this contact contribute in the most positive (or negative) sense to CQI? Why?

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[CHECK]

- H. Do students and faculty feel that the quality management procedures within the medicine program are effective? Do they contribute to educational improvement? Why (not)? What can be improved?
- I. How do teachers experience the evaluation of education quality by others?

[ACT]

I. What factors contribute to the formulation and realization of improvement plans, which are formulated after a course period?

[CLOSURE]

J. Are there other matters with regard to quality improvement/nurturing a quality culture that were not discussed yet? Are there other aspects which you would like to bring under attention? Are the core concepts you have written down discussed? (Ask all participants individually).