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 2

Key Features of a Quality Culture Contributing to Continuous Educational Improvement: Coding Results of a Written Exercise Performed by Faculty and Students From 6 Medical Schools in the Netherlands, Maastricht University, 2018

At the start of each focus group session, we asked faculty and student members of the Education Committees to write down what according to them are the most important aspects of a culture for continuous educational improvement. The selection and ranking of the listed codes are based on 1) the coding of the written exercises (the top ten most frequently assigned codes to faculty and student data are included), and 2) the assigning of a code to data of at least three different focus groups. There were 5 missing values (faculty or students who did not fill out or hand in their written exercise). We corrected for this based on the focus group transcript. The grey scales represent the code density (frequency of the codes used relative to the total number of participants (N=40), Faculty (F=22) and students (S=18). Abbreviations: N= total number of participants, F= Faculty, S=Students

Code	Ν	F	S
Commitment of faculty			
General communication			
Openness (culture/atmosphere)			
Involvement/representation			
Commitment of students			
Readiness to change and experiment			
Shared goals			
Constructive feedback			
Systematic PDCA			
Clear responsibilities			
Transparency in decision making			
Community building			
Time for development			

>0≤20% >20≤40% >40%