petencies that every Family Physician must develop during the years of training (communication skills; faculty development; multimorbidity and patient's complexity; curriculum, competencies and assessment and; research on primary care). Those groups work now as departments in the program, helping the coordinators on process management, decentralizing decisions and giving space for new ideas to sprout. After two years of experience some achievements on faculty development were made and the program have a new educational plan, based on the development of skills in Family Medicine, using active methodologies and sharing responsibilities among all faculty members. The idea of implementing a task-based learning for the working groups promoted a safe environment where all preceptors could have continuous medical education and faculty development activities. By making them work on their own manuscripts, it turned the preceptors into a more scholarly, wise and homogenous group of Family Physicians. The result of this endeavor received the name MULTIPLICA, which stands for ''MULTIPLY'', and was published in 2016. With the help of the Brazilian Society of Family Medicine it is now available on line for all residency programs in Family Medicine in Brazil.

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Responsabilidad social en América Latina: camino hacia el desarrollo de un instrumento para escuelas de medicina

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Introducción: La responsabilidad social es la capacidad de responder a las necesidades prioritarias de salud de una sociedad. Además, es considerada un criterio de excelencia en educación médica. El objetivo fue desarrollar un instrumento para evaluar la responsabilidad social en escuelas de medicina de América Latina.

Metodología: Se utilizó metodología mixta. La primera fase (cualitativa) incluyó grupos focales con 29 líderes en educación médica de América Latina, cuya información fue analizada con el software ATLAS.ti. Posteriormente se desarrollaron ítems, que se evaluaron mediante metodología Delfi para alcanzar consenso (fase cuantitativa).

Resultados: La responsabilidad social fue identificada como la dimensión central de la misión de las escuelas de medicina. Se identificaron tres dimensiones asociadas a responsabilidad social: formativa, social y política. Se propusieron 41 ítems basados en el levantamiento de información. Veintitrés docentes de América Latina (tasa de respuesta 51.1%) evaluaron el grado de importancia, refinando el instrumento a 35 ítems, que serán evaluados en una segunda ronda. Los ítems considerados de mayor importancia fueron: 1. la responsabilidad social como parte de la formación integral de los estudiantes; 2. el compromiso social abarcado por instituciones públicas y privadas; 3. la contribución de las escuelas de medicina hacia las políticas públicas de salud y el estado de salud social del país; 4. las estrategias para abarcar aspectos de responsabilidad social en la identidad de sus egresados; 5. las herramientas desarrolladas para evaluar responsabilidad social en el entrenamiento médico.

Conclusiones: Las escuelas deben desarrollar iniciativas en las dimensiones formativa, social y política, para ser responsables socialmente. Este instrumento contribuirá al desarrollo y evaluación de las diversas dimensiones de la responsabilidad social en escuelas de América Latina.

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Promoting an Optimal Clinical Learning Environment for Residency Education and Patient Care (Presented at ICRE 2016 Niagara Falls)

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Promoting an Optimal Clinical Learning Environment for Residency Education and Patient Care (Presented at ICRE 2016 Niagara Falls) Introduction: The Scholar Role in the CanMEDS 2015 highlights physicians' lifelong commitment to excellence in practice through continuous learning, by teaching others, and promoting a safe learning environment. Adapting the AAMC Statement on the Learning Environment (2014) to address the shared accountability for creating optimal learning environments for medical education with the goal of providing safe and effective patient care, we developed a pilot 3-phase strategy to strength residency education and patient care. Method: During 2015 the pilot strategy was designed and implemented with the Surgery Medical Residency. Phase 1 ''Diagnosis and Research'' consisted of initial review of international medical education literature and initiatives regarding the clinical learning environment. Phase 2 ''Residents' Workshop'' was a 2-hour discussion session with 1st to 5th year residents, each group was programmed in a different day to promote peer-discussion, an interactive online educational resource (TedEd Lesson) was used for guided reflection and recommendations. Phase 3 ''Next Steps'' as a result of the information obtained through the previous phases we designed a pilot online report system for critical incidents in the learning environment and the policy to prevent and address clinical learner mistreatment. Conclusions: The implemented strategy with all the surgery residents' allowed us to address that faculty and residents are expected to create an environment free of mistreatment as a first step to promote an optimal learning experience, in which feedback regarding educators' performance can be reported confidentially by residents without concern for reprisal, enabling remediation and disciplinary action when indicated.

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