Short Communication: Faculty Development 1
Location: Carron 2, SECC

Medical educators’ experience of teaching observation and feedback: getting the climate right

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Background: The Clinical Educator Programme (CEP) is a staff development programme which supports and develops clinicians in their roles as medical educators. Individual ‘Teaching Observation and Feedback’ (TOF) sessions are a core component of the CEP. The evidence base for TOF as an effective staff development tool is sparse. It is considered most helpful when conducted in a climate of support, promoting reflection. Previous research has suggested that CEP participants highly value TOF sessions. This study further explores participants’ perceptions of these sessions in order to ensure that the experience meets their needs.

Summary of Work: An anonymous online questionnaire was created to elicit CEP participants’ experiences of their TOF session. All participants were encouraged to complete the questionnaire.

Summary of Results: The information yielded by the questionnaires will be analysed and presented. These results will give an impression of participants’ experience of the TOF process.

Discussion and Conclusions: The results of this study will afford an insight into whether the TOF provides a supportive ‘space’ within which medical educators can reflect upon their practice. This will lead to consideration of why participants experience TOF sessions as they do and how the process can be improved. Conclusions will be drawn which will direct the development of future TOF sessions.

Take-home messages: Reflection upon teaching is recognised as important for the personal and professional development of medical educators. Peer, or near peer, observation and guided reflection may improve standards in medical education.

A Comprehensive Approach to Faculty Development to Support Implementation of a New Innovative Longitudinal Integrated Clerkship in a Large Urban Academic Centre: Key Components and Strategies

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Background: University of Toronto Faculty of Medicine has launched a new longitudinal integrated clerkship (LIC) pilot program in a large urban academic centre in parallel with the current block clerkship. Faculty Development (FD) was identified as a key enabler for implementation success. The available FD literature lacks clarity regarding the key components and strategies required for a successful LIC FD plan.

Summary of Work: Five steps were used to design the FD program: (1) Literature Review; (2) Situational Analysis (Analysis of the new curriculum, Health Care Environment, and preceptor roles and responsibilities); (3) Identification of what will be changing for faculty and other stakeholders; (4) Development, implementation and piloting of a preliminary FD program; and (5) Revision of FD program with intention to transfer to 4 new LIC sites.

Summary of Results: A comprehensive FD Program was developed with key components and multiple strategies including: webinar, workshop, mini-pod casts, just-in-time EduCafes, newsletters, and departmental presentations. Three core areas needed to be addressed: (1) faculty engagement by fostering awareness and desire to participate; (2) providing relevant information for specific roles and responsibilities; (3) supporting faculty to develop new or enhance existing abilities.

Discussion and Conclusions: A systematic approach was used to identify key components and strategies for a comprehensive LIC FD program. Challenges and opportunities experienced when designing a FD strategy in parallel to curriculum development and implementation will be discussed.

Take-home messages: FD is a key strategy for successful new curriculum implementation and needs to be considered early on in the design process.
Innovative medical school-wide Faculty Development program for enhancing bedside teaching and feedback skills - The Bar Ilan University Faculty of Medicine in the Galilee experience

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Background: Most clinical teachers in our new medical school, lack previous clinical teaching experience, and need to effectively acquire relevant skills and attitudes. In collaboration with our National Medical Simulation Center (M.S.R), we developed a two-step approach to address this issue.

Summary of Work: Twenty five train the trainer (TTT) selected facilitators from our 4 teaching hospitals were trained during June-July 2014 in a 3 days simulation-based workshop. Subsequently, a two half days workshop facilitated by the TTT course graduates, featuring a bedside teaching model and a feedback model, using role play and video clips produced in the TTT training was launched for all clinical teachers.

Summary of Results: Through February 2015, 109 clinical teachers were trained in both programs. A self-evaluation (before-after) of skills and attitudes shows positive change and a survey documents high satisfaction rates. By September 2015 most of the remaining 200 clinical teachers are scheduled to take the training too, and the cumulative self-evaluation and satisfaction results as well as students evaluations of these teachers before and after the training will be available.

Discussion and Conclusions: The training is planned to address the needs and constraints of busy clinical teachers. It is reaching its objectives with some difficulty in recruitment and retention of the busy participants for the full training.

Take-home messages: Interactively training 300 clinical teachers of a new faculty of medicine, based on our two-step approach is feasible and acceptable.

The motivational factors for the participation in the course “Art of medical education”: a qualitative study

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Background: «The art of medical education» is basic course for young and un-experienced medical teachers. The course was developed and delivered by the Croatian Association for Medical Education. 220 teachers from the Medical School, University of Zagreb finished the course. A comprehensive evaluation was performed after ten years of experience. We would like to present here the results of qualitative analysis related to the motivational factors for participation at the course.

Summary of Work: Focus-group method was used with pre-defined discussion topics: motivation for the course; positive learning experience during the course; impact on the everyday teaching and suggestions for the course improvement. Four focus groups, with 32 participants, were held. Discussions were audio-taped, verbatim transcribed and analysed using grounded theory. Three researchers were, individually, analysed transcripts, applying open-coding, axial-coding and selective-coding in order to define categories and concepts. Finally, three of them meet together to discuss the results and to achieve consensus.

Summary of Results: The four categories describing the motivational factors emerged from the analysis: 1) obligation, requirements for the academic advancements; 2) personal interest, intrinsic desire for a new knowledge and skills; 3) combination of obligation and intrinsic motivation; 4) Coming together and accompanying with the colleagues.

Discussion and Conclusions: Different motivational factors should be appreciated in the development and delivering any staff-development activities. A naturalistic and narrative codes coming from the analysis will be present and discussed.

Take-home messages: How to transform obligation into the intrinsic interest?
Leveling the Playing Field, Online Faculty Development for a New Course in a Geographically Dispersed Medical School

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Background: Indiana University School of Medicine (IUSM) is honored to be one of 11 schools selected to receive a $1 Million grant from the American Medical Association, Accelerating Change in Medical Education (AMA-ACE) grant program. Working with the Regenstrief Institute (a medical informatics research organization) and with enthusiastic support from our health systems partners (Eskenazi Health and Indiana University Health), we have created a teaching electronic medical record (tEMR) populated by 10,000 misidentified patient records to use as a learning lab. It is critical to provide high quality faculty development as this material will be taught at 9 distinct campuses and traditional medical school faculty are ill prepared to teach about systems based practice.

Summary of Work: The Jump Start curriculum is delivered through two daylong retreats, a series of 12 online educational modules and a project in which the faculty (Quality Systems Coaches) are embedded within their local healthcare systems. Faculty will learn about small group facilitation, student development, ethics, healthcare finance, health disparities, population health, quality improvement, patient safety and other elements of systems based practice in addition to being trained in the use of the tEMR. Health systems leaders across the state have agreed to mentor the QSCs.

Summary of Results: 33 QSCs are engaged in the Jump Start program

Discussion and Conclusions: Faculty enthusiasm for the curriculum is evident by requests to starting using the tools provided in their current teaching roles

Take-home messages: A hybrid approach can overcome distance barriers in faculty development

The Evaluation of Mentoring as a Faculty Development Strategy: A Preliminary Study

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Background: There have been increasing literature on mentoring as a formal faculty development strategy, mostly in western countries. Very few were discussed within Asian contexts. National Cheng-Kung University, College of Medicine initiated a mentoring program for junior faculty in 2011. This study is to evaluate its efficacy and understand the experiences of the mentor and the mentee.

Summary of Work: We adopted a mixed-method design. Questionnaires with five-point Likert scale were sent to the faculty/mentee to anonymously examine their level of satisfaction and perceived helpfulness with the program. 93 surveys were sent out and fifty were returned, with a response rate of 50%. Descriptive statistics and Chi-square were used to examine the distribution and relationship of personal characteristics and responses to the questionnaire. Six faculties participated in in-depth interviews via convenient sampling. It was to understand the mentor and the mentees’ experiences with mentoring. The interview were transcribed in verbatim and analyzed with content analysis, with the assistance of Atlas.ti (Mac OS V1.0.11).

Summary of Results: The results of the questionnaire survey showed an overall high level of satisfaction and perceived helpfulness. The data revealed not only the benefits perceived by the mentee, the characteristics of a mentor appreciated by the mentee, but also the challenges junior faculty faced. A surprise finding was that lack of prior familiarity with the academic life and the university negatively affected the experiences of new faculty and their adjustment.

Discussion and Conclusions: The allocation of mentoring resources needs to consider the level of experiences the faculty has with the academic system and the university.

Take-home messages: Mentoring program needs to be individualized.
Clinical teaching of undergraduate medical students: how do clinicians do it?

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Background: Much clinical teaching is conducted by clinicians primarily employed for patient care. Many of these clinicians have not been formally prepared for their teaching role. A situational analysis of clinical teaching could serve as a starting point for designing faculty development activities to support clinicians in strengthening their role as teachers in the clinical context. We sought to understand current pedagogical strategies used by clinical teachers in the clinical teaching environment.

Summary of Work: Ethics approval was obtained for audio recording of bedside clinical teaching encounters of undergraduate medical students at an academic teaching hospital. Clinicians gave consent to be recorded over a period of time, but were not informed of exactly when the recording might occur. The recordings were transcribed and the data then plotted against Nilsson’s framework of pedagogical strategies.

Summary of Results: Of the seven strategies, those employed predominantly were “question and reply”, “prompting” and “lecturing”. Occasionally “demonstration” was used as a teaching strategy. The data revealed rich information about the nature of clinical teaching. This included teaching opportunities unrecognized by the teachers; limited involvement and recognition of the student role; infrequent deconstruction of clinical reasoning.

Discussion and Conclusions: The practice of teaching in the clinical area is not yet well understood. There seems to be a wide variation in teaching skills and approaches. The information provided by this research has enriched our understanding of the current status of clinical teaching.

Take-home messages: We will be able to use this new understanding to inform the design of more specific faculty development activities directed towards strengthening clinical teaching skills.