Towards a framework for the professional development of health professions educators

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Background: The development of health professionals’ educational qualities is too important to be left to chance. Yet, existing initiatives suffer from a fragmented approach in the absence of systematic research into the conditions necessary to meaningfully support health professions educators in the development of their educational roles.

Summary of Work: We present a framework for the professional development (PD) of health educators which aims to harmonize three central elements: the individual learner/participant in PD programs, his/her working context, and the PD offer. The long-term goal is to create a collegial environment in which teams self-organize their learning in the workplace.

Summary of Results: A guiding theme in the effective realization of that offer is the metaphor of ‘the zipper’. PD initiatives need to zip:
- Individual PD and organizational development
- Theory and principles of education and actual practice
- The content of PD programs and their didactical design

Discussion: This framework involves clear consequences for the actions of facilitators aiming to support the PD of health professions educators. We will illustrate these by opening up the practice of the Taskforce Professional Development in Education of the Faculty of Health, Medicine and Life Sciences (Maastricht University).

Conclusion: It is essential that we build an evidence-based knowledgebase to guide the PD of health educators. Opening up local PD practices (and the assumptions these practices are based on) for presentation on a more public forum is a first important step in that direction.

Take-home Message: The PD of health professions educators matters. So does the context in which they work and develop. PD support that focuses only on the individual educator thus falls short in important ways. Most importantly, it denies the complexity of their work and practice.
5A2 (51)
Emergent curriculum design: A longitudinal interprofessional education scholarship faculty development program

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Background: Education Scholarship (ES) is valued and expected of physicians and health professionals (HP) in community academic affiliated hospitals. However, the context in which these clinicians teach and practice is very different than those in Academic Health Science Centres. The literature doesn’t describe capacity building programs in ES for these clinicians.

Summary of Work: We developed a 16 month faculty development ES program for physicians and HP at a community academic hospital. Participants were mentored through the process from developing an idea to completion of ES project. The program included monthly workshops, coaching and consultations with education scientists. A realist program evaluation was embedded.

Summary of Results: Fifteen participants from 6 different professions enrolled in the program. Participants rated the workshops’ “overall education value” 4.7/5. Themes identified through embedded program evaluation and interviews included: (1) high quality workshops, (2) significant level of support, (3) challenges in developing competence and (4) competing demands creating barriers to success.

Discussion: The goals of the program were to develop basic competencies in ES and create an interprofessional community of practice. The construct of emergent curriculum design was embedded to enhance its success. Insights into the unique nature of the interprofessional cohort in a community academic hospital were developed.

Conclusion: By employing an emergent curriculum design, one that was responsive to the needs of an interprofessional group of participants, we were able to develop a robust ES faculty development program to meet the local context.

Take-home Message: The needs of faculty at a community academic affiliated hospital can be met through a (1) longitudinal education program; (2) significant mentoring and coaching; and (3) a responsive curriculum.

5A3 (53)
Teach together, learn together: An innovative interprofessional faculty development model

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Background: Interprofessional education is a pedagogical approach based on the notion that training health care professionals together results in a collaborative work environment that improves patient care. To fully realize these impacts, there is a need to develop capacity in interprofessional faculty development programming.

Summary of Work: ‘Train the trainer’ (TTT) programs are often utilized in distributed contexts to build the capacity of faculty developers that can then teach faculty they work with. This work involved a process evaluation and needs assessment with faculty across health professions to develop an interprofessional faculty development program model utilizing TTT.

Summary of Results: A traditional TTT model was fraught with challenges including: 1) recruiting people to train the trainers; 3) trainers feeling limited by prescribed slides; 4) trainers not seeing themselves as ‘experts’, and; 5) participants not practicing facilitation skills required to teach. An innovative program model was developed to address these challenges.

Discussion: The new program provides an alternative to a traditional TTT program by drawing upon a peer-to-peer approach to delivering faculty development content. Each participant teaches one topic and receives feedback on their facilitation skills. In this model, participants learn teaching skills using relevant and common content across health disciplines.

Conclusion: Delivering effective faculty development across a distributed health education program involving multiple health disciplines is complex. In this novel program, faculty learn about faculty development content in an interprofessional setting and improve facilitation skills simultaneously. This model can effectively build interprofessional teaching quality and capacity across distributed health education programs.

Take-home Message: Interprofessional health education should target both faculty and learners. Bringing faculty across health professions together to teach and learn will result in increased capacity for effective teaching, and improved delivery of interprofessional education to students across health professions.
5A4 (91)

Recognizing our Hidden Faculty: Integrating and Supporting the Role of Health Professional Educators in Family Medicine

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Presenter: Judith Peranson (Dept. of Family and Community Medicine, University of Toronto, Toronto, Canada)

Background: Internationally, the transformation of primary care teaching units into interprofessional teams has created opportunities for non-physician Health Professional Educators (HPEs) to assume roles as educators in Family Medicine. Historically, the integration of HPEs has been implemented on an ad hoc, informal basis, with negative implications for the cross-profession education experience.

Summary of Work: In 2015, the Department of Family and Community Medicine at the University of Toronto created new HPE Faculty Lead roles housed within its Faculty Development program to identify support needs and implement strategies for optimizing the integration of HPEs within clinical teaching units.

Summary of Results: This presentation will outline the early achievements of the HPE Faculty Leads project using Stufflebeam’s CIPP model of program evaluation (Frye & Hemmer, 2012). Facilitators to role implementation and program deliverables, including results of a needs assessment survey on common challenges and supports required by HPEs, will be described.

Discussion: Alignment with existing program structures, paired MD and HPE champions, administrative support, and opportunities to pilot new initiatives were key project enablers that have lead to improved uptake of faculty appointment applications and the establishment of a new community of practice for HPEs in the department.

Conclusion: Creative and relatively low cost structural and process supports utilized by this program have enabled in the development of improved faculty development offerings for HPEs in Family Medicine, thus strengthening the foundation for more effective integration of these teachers within primary care teaching units.

Take-home Message: The HPE Faculty Lead model is an initiative that could inform other training programs looking to purposefully enhance the integration of HPEs into medical education settings.

5AS (97)

An Interprofessional Peer Teacher Training (PTT) program for senior health professional students

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Background: In 2016 we developed a new blended learning, inter-professional Peer Teacher Training (PTT) program for health professional students. The PTT program is designed to provide opportunities for students to develop skills in teaching, assessment and feedback, in preparation for peer assisted learning activities, and future health professional practice.

Summary of Work: The purpose of this study was to evaluate the new PTT program, and consider its strengths, and needs for improvement. In total, 80/90 (89%) of participants completed pre- and post-course questionnaires, and 35/90 (35%) attended focus groups. Descriptive statistics and thematic analysis were used to analyse data.

Summary of Results: Students felt online resources, including pre-reading, discussion boards, videos, and activities enhanced their face-to-face learning experience. In class, students valued opportunities to practice teaching skills in small-groups, and receive feedback. Students reported increased confidence to plan and deliver teaching activities, and an increased understanding of roles of other health professionals.

Discussion: Two unique aspects of this program are that it is inter-professional, and delivered via blended learning. Students perceived both of these aspects could be further developed. Students indicated a preference for less large group teaching, with more theory delivered online, and requested wider participation across the health care disciplines.

Conclusion: The PTT program provided students with a useful basis for developing and implementing peer teaching strategies. Development of teaching skills, and inter-professional communication skills were enhanced by small group, inter-professional activities with provision of feedback.

Take-home Message: Both the inter-professional and blended learning aspects of the program were innovative, and well received by students, and should be enhanced. The PTT program has helped to shape students’ professional values as they move towards healthcare practice, where teaching, assessment and feedback skills are required across the health disciplines.
**5A6 (106)**

**Putting the ‘self’ back into competency, awareness and regulation**

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**Presenter:** Susan Glover Takahashi (University of Toronto, Toronto, Canada)

**Background:** Understanding and maintaining competence is an expectation of health professionals and important to faculty developers who support them. This study examined risks and supports to competence discussed in the literature related to occupational therapists, pharmacists, physical therapists, and physicians, using epidemiology as an analytical model.

**Summary of Work:** This work reports on over 900 article review on epidemiology of competence about 4 health professions and their professional or clinical competence and noted risks or supports to their competence. Work included descriptive and regression analyses, potential associations between risks and supports to competence across professional life-cycle.

**Summary of Results:** 3572 abstracts reviewed, 943 articles analyzed. Most on physicians (810/86%), “practice” (642/68%). Risks to competence (418/44%) less reported than supports (750/80%). Top 4 risks to competence reported: transitions in practice, being an international graduate, lack of experience, and age. Top 2 supports reported: continuing ed participation and educational program features.

**Discussion:** A large growing research interest on risks and supports to professionals’ competence. Practitioners, educators, faculty developers, regulators and health systems need to understand the evidence about risks and supports to competence that highlights individual, educational, regulatory and health system factors and roles to support health practitioners’ ongoing and continued competence.

**Conclusion:** The majority of articles were written in the last decade and more discussed supports than risks to competence. An epidemiology-based analytical model offers a helpful approach to enable professions and professionals to understand factors affecting competence and consider how to mitigate or moderate risks and develop needed supports to competence.

**Take-home Message:** An evidence informed understanding of the risks to competence and supports to competence is important so that individuals, systems and organizations can develop the ‘self’ strategies to manage risk and enable supports as well as build broader approaches to monitor and mitigate risks and the needed systems supports to competence.

**5A7 (111)**

**Be a part and not apart from the team in debriefing: How the use of TeamGAINS can enhance team psychological safety**

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**Background:** Research has shown that Team Psychological Safety (TPS) is essential for interprofessional learning but is often absent in hospitals. The debriefing method TeamGAINS has shown to increase TPS in debriefing. However, it has not been investigated if TeamGAINS can enhance TPS when used in situ; i.e. in the clinical encounter.

**Summary of Work:** This study explores how TeamGAINS can support faculty, i.e. the instructor, to establish TPS in debriefings of interprofessional teams in an emergency department. Method: Thematic analysis of video recordings using theoretical framework of Edmondson1. Additionally, the study used the Dreyfus’ theoretical frame of intermediate-, advanced and expert level of faculty.

**Summary of Results:** TeamGAINS may support faculty’s establishment of TPS because this debriefing technique mitigates staff’s eventual defensiveness towards simulation. Furthermore, TeamGAINS makes the instructor a part of the team if he takes on the different debriefing roles embedded in TeamGAINS, and is aware of his own and the participants’ defensive strategies.

**Discussion:** Hospitals are characterized by interprofessional ad hoc teams which challenge the achievement of common experiences of TPS. This study suggests that TeamGAINS in situ is feasible and may enhance TPS. We pose that TPS should be an overall goal when instructors facilitate in situ simulation for interprofessional ad hoc teams.

**Conclusion:** Further research is required to describe how TeamGAINS can support faculty’s establishment of TPS in debriefing of ad hoc teams. Furthermore, there is a gap to identify which competencies and development faculty need to perform this advanced debriefing method1. Take-home Message: • Be aware of (your) defensive strategies and why you may struggle to establish TPS in debriefings • Be a part – and not apart – from the team if you want to establish TPS.