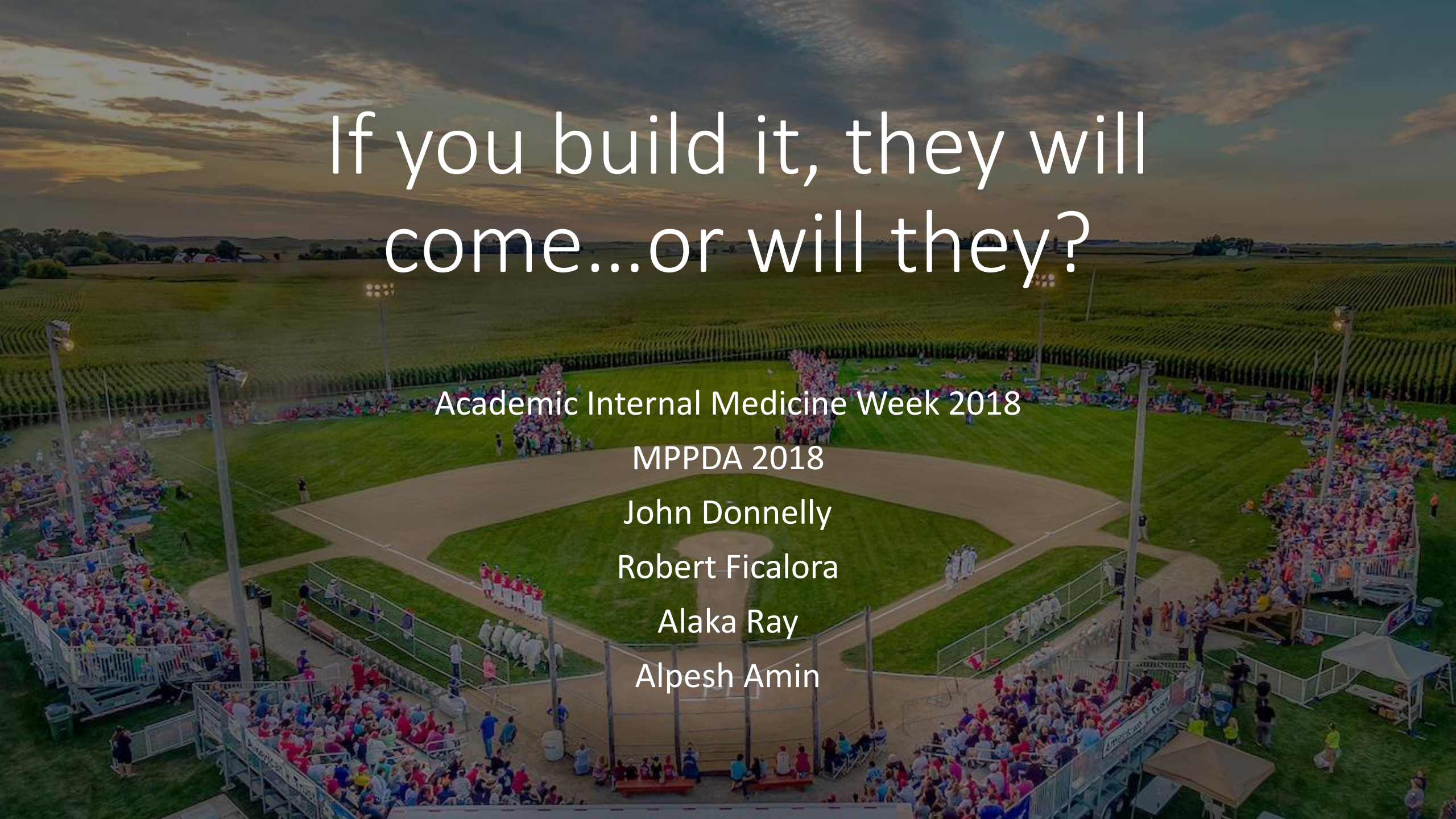


If you build it, they will come…or will they?

Academic Internal Medicine Week 2018

MPPDA 2018

John Donnelly

Robert Ficalora

Alaka Ray

Alpesh Amin

Disclosure

All of the panelist are members of the AAIM Education Committee

None of the panelists / faculty have any relevant financial disclosures related to the content of this workshop.

Workshop Faculty

- John Donnelly, MD – Christiana Care Health System
- Roles
  - Internal Medicine Residency Program Director
  - Med-Peds Faculty
  - Faculty Development Subcommittee Chair, AAIM Education Committee
- Experience
  - Organized Faculty Development and Resident as Teachers curriculum as an Associate Program Director
  - Struggled to find the right place, right time, right format, right material to meet the needs of all faculty

Workshop Faculty

- Alaka Ray, MD – Massachusetts General Hospital
- Roles
  - Associate Program Director for Ambulatory Medicine
  - Member, AAIM Education Committee, Faculty Development subcommittee
- Experience
  - Plunged into faculty development as an APD in 2011.
  - Charged with faculty development for outpatient preceptors, organize annual retreats, review evaluations, plan skills development
  - Participate in faculty development at the department/hospital/medical school level

Workshop Faculty

- Alpesh Amin – University of California, Irvine
- Roles
  - Professor & Chair, Department of Medicine, UC Irvine
  - APM Council
  - Member, AAIM Education Committee, Faculty Development subcommittee
- Experience
  - Focused on Department wide faculty development efforts over the past 9 years
  - Focused on wellness and burnout as Medical Staff President over the past year
  - Developed curriculum on faculty development in my past roles as Associate Residency Director and Medicine Clerkship Director

Workshop Faculty

- Bob Ficalora
- Roles
  - Remitting Relapsing Internal Medicine and Med-Peds Program Director
  - Former Ambulatory VP, Chair Education IT, Happily other admin free at Present
- Experience
  - Started doing faculty development as a new faculty member in 1987 around supporting resident and faculty teaching to teach.
  - Developed asynchronous just in time faculty development curriculum
  - New role of promoting faculty scholarship as the old guy on site

Overview

- Introductions / Welcome
- Sorting
- Defining Faculty Development Needs
- Group work #1 – Defining the needs of your faculty
- Adults as Learners
- Engaging faculty
- Group Work #2 – Tools and engagement
- Report Back and Networking
- Conclusions

Faculty Development Workshop Objectives

1. Participants shall be able to define the faculty development needs within their program
2. Participants will be able to apply the appropriate adult learning tools and methods in the faculty development program they are building
3. Participants will be able define best practice methods to assure meaningful participation in faculty development activities

Faculty Development Workshop

- Will use short, succinct presentations with emphasis on group work and report back
- Will encourage participants to make a faculty development goal
- Will sort participants into groups of varying experience level
  - Encourage networking – since we all struggle with faculty development

If you build it they will come……

Core inadequacy:

Just showing up and letting students/residents “experience” is good enough

Preceptor -- An expert or specialist, who gives practical experience and training to a student.

Faculty - Faculty comes from the Old French word faculté, which means “skill, accomplishment, or learning.”

All faculty can be preceptors, but not all preceptors are faculty

Our Approach is designed to develop skill, accomplishment and foster learning, not just for experts providing practical experience.

Faculty Development Failures - Reflections

- ‘Bolus’ format is ineffective*
  - Concentrated single dose
  - Inability to practice skills
- Lack of support = Time
- Web based only**
- Large group lecture format

*Houston TK, Clark JM, Levine RB, Ferenchick GS, Bowen JL, Branch WT, et al. Outcomes of a national faculty development program in teaching skills: prospective follow-up of 110 faculty development teams. J Gen Intern Med. 2004;19(12):1220–1227.
**Cook DA, Steinert Y. Online learning for faculty development: a review of the literature. Med Teach. 2013;35(11):930–937.

Faculty Development Successes

- Longitudinal Models:
  "small doses with practice"
  - Stanford Faculty Development Program*
  - Senior Medical Resident Teaching (SMR-T)
  - Interactive small groups
- Incentive Based
  - Community of Educators (Guild)
  - Certification for Clinical Teaching
  - Opportunities for Teaching

*Skeff KM, Stratos GA, Mygdal W, DeWitt TA, Manfred L, Quirk M, et al. Faculty development: a resource for clinical teachers. J Gen Intern Med. 1997;12(suppl 2):56–63.

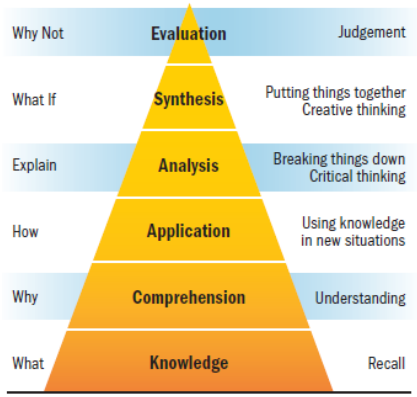
Faculty Development Successes

- Commitment from Leadership
  - Department of Medicine
  - Residency Program
  - GME Administration
- Financial Support

Program Goals:

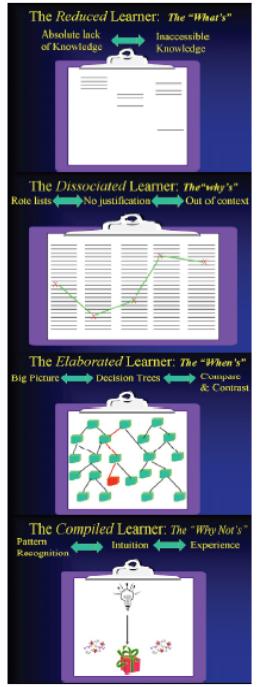
- To enhance versatility in clinical teaching
- To provide education frameworks to analyze clinical teaching
- To measure competency in clinical teaching
- To provide a forum for collegial exchange
- To promote the best education to our future faculty
- To comply with accreditation requirements

Art of Asking a Question



1. Before making a statement — STOP
2. Reword statement as a question — Pause — is it a "What" question?
3. Reword as higher order question
4. Wait > 7 seconds (recall) or longer
5. If no answer:
   – Is your question clear? — reword if needed
   – Learner is unable to answer the question
6. Reword as a lower order question to guide learner to discover

Learner Styles



Formative Feedback

Shapes the direction of progress in professional development

Most effective when goals/objectives are clearly identified.

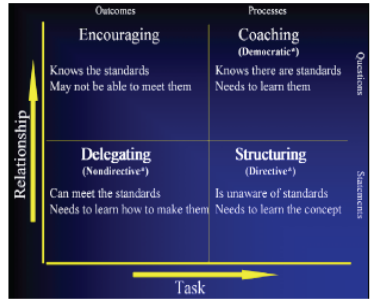
Affirm achievements
Reinforce strengths
Specify what was done **correctly**
Determine areas for **improvement**
Identify adjustments still needed to attain learning objectives
Define plans to address **weaknesses**
Set **deadlines** and **follow up** on plans

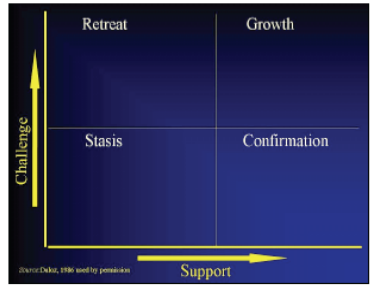
Focus is on the task
The work done (or not done), not the person.
Identify obstacles, in or outside the student, to meeting the objectives and reaching the goals

Summative Feedback

Retrospective documentation of **achievement**
Final judgment of the extent to which the knowledge, skills, attitudes, and performance met the objectives
Catalogue of areas for **improvement**
Vital that it be conveyed to the trainee
Should be presented **along with suggestions** as to how best needed improvements can be accomplished
A showcase for the **outcomes** associated with the educational activity

Clinical Supervision





Case Based Teaching

Diagnose Learner

Get a commitment — Ask the learner to engage the content through analysis, synthesis, reformulation or application. *Examples — How do you explain your patient's symptoms? Why do you think your patient has been noncompliant? What if your patient was HIV positive?*

Probe for supporting evidence — Diagnose your learner. Probe for their conceptualization and understanding of the content. *Examples — Why did you choose that medication/therapy? How might your patient's liver disease relate to the abnormalities found on CBC? What else did you consider?*

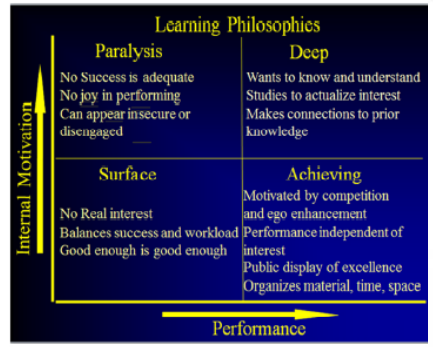
Teach

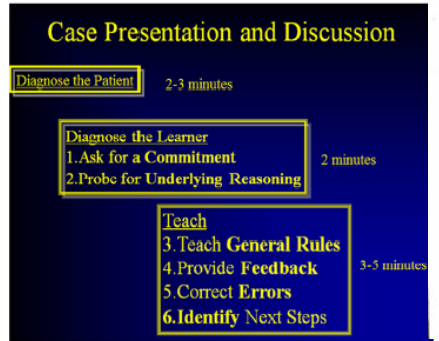
Teach general rules — Provide the learner with a clinical pearl. *Examples — when this happens, do this ... If the patient has cellulitis, incision and drainage are usually not possible. However, an abscess, which can be drained, is typically heralded by the development of fluctuance.*

Reinforce what was right — Provide specific reinforcing, behavioral and criterion based feedback. *Specifically, you did an excellent job of ... I like how you considered the patient's finances in your selection of therapy.*

Correct mistakes — Provide specific corrective, behavioral and criterion based feedback. *Next time this happens, try this ... You might consider checking the ears as otitis media is often overlooked. When you have a difficult discussion with a patient, you should sit down instead of standing, as patients percieve this to be more caring.*

Identify next learning steps — Mentor your learner through identifying their next learning steps. *Here's a review article that I found helpful when approaching this disorder. I tend to use _____ as a first step in looking up information. Let's agree to meet (set a time) to discuss what you've reviewed.*





The R.I.M.E. Evaluation Framework

A Vocabulary of Professional Progress

Reporter
The learner can accurately gather and clearly communicate the clinical facts on his/her own patients, and can answer the "what" questions. This step requires a sense of responsibility, and achieving consistency in "bedside" skills in dealing directly with patients.

Interpreter
At a basic level, a learner must prioritize among problems they have identified. This step requires a higher level of knowledge, more skill in stating the clinical findings that support possible diagnoses, and in applying test results to specific patients.

Manager
Managing patient care takes even more knowledge, more confidence and more judgment in deciding when action needs to be taken, and to propose and select among options; to answer the "how?" questions. An essential element is work with each particular patient's circumstances and preferences, that is, to be patient-centered.

Educator/Expert
To be an "educator" in the RIME scheme means to go beyond the required basics, to read deeply, and to share new learning with others. Defining important questions to research in more depth takes insight. To share leadership in educating the team (and even the faculty) takes maturity and confidence.

Faculty
Enhancement
Education
Development

Program Outcomes*

Results For all participants combined, the adjusted MTE scores (mean; standard error) improved from baseline (3.80; 0.04) to completion (3.93; 0.04; $P < .001$). However, the bottom 20% had a significantly greater improvement in scores than the top 80% (score-change difference = 0.166, $P < .001$).

Conclusions We describe a low-intensity faculty development intervention that benefited all clinical teachers, but was particularly effective for underperforming teachers in internal medicine. The approach may be suitable for adoption or adaptation in other graduate medical education programs.

*Success of a Faculty Development Program for Teachers at the Mayo Clinic; Journal of Graduate Medical Education December 2014, Vol 6, No 4

Summary

- It Works
- Some folks even think its fun Fifty thousand Frenchmen can’t be wrong?
- Success of a Faculty Development Program for Teachers at the Mayo Clinic; Journal of Graduate Medical Education December 2014, Vol 6, No 4

Break Out

What are your faculty development needs?
- Are there specific topics?
- Are there differences for different types of faculty?
  - Location of work
  - Experience level

What has been tried in the past?
- What worked?
- What didn’t work?

What are the barriers to effective faculty development?
- Who in your group has a solution to overcome those barriers?

Who sets expectations for faculty development?

Repeat after me: “Faculty are Adults…”

Pedagogy vs. Andragogy

- Term coined by Malcolm Shepherd Knowles
- ***5 Assumptions*** of Adult Learners

1. **SELF-CONCEPT**: dependent to self-directed
2. **ADULT LEARNER EXPERIENCE**: personal experience is a resource
3. **READINESS TO LEARN**: driven by developmental tasks of social roles
4. **ORIENTATION TO LEARNING**: immediacy of application, problem-centered
5. **MOTIVATION TO LEARN**: internal motivation

Knowles MS. The ASTD training and development handbook: A guide to human resource development. 4th ed. New York, NY: McGraw-Hill; 1996.

Andragogy: 4 principles of application

1. Adults need to be involved in the planning and evaluation of their instruction.
2. Experience (including mistakes) provides the basis for the learning activities.
3. Adults are most interested in learning subjects that have immediate relevance and impact to their job or personal life.
4. Adult learning is problem-centered rather than content-oriented.

Knowles MS. The ASTD training and development handbook: A guide to human resource development. 4th ed. New York, NY: McGraw-Hill; 1996.

Self-Directed Learning

- Set their own learning goals
- Locate appropriate resources
- Decide on learning methods
- Evaluate their own progress

The Teacher is a Facilitator, not the Purveyor of Knowledge

Brookfield, S. Adult Learning; and Overview. In: A. Tuinjman eds. International Encyclopedia of Education. Oxford, Perhamon Press; 1995

Experiential Learning

- Games, simulation, case studies, role play
- Experience is a resource.
- Evaluating one's own experience is a form of learning.
- Dwell time is not proportionate to quality of learning.

Kolb D. Experiential Learning: Experience as the source of learning and development (Englewood Cliffs, Prentice Hall, 1984)
Brookfield, S. Adult Learning; and Overview. In: A. Tuinjman eds. International Encyclopedia of Education. Oxford, Perhamon Press; 1995

Be Aware of Your Audience

- The Characteristics of Adult Learners matter.
  - Learning environment
  - Culture and Background
  - Gender
  - Stage of Life

Cross, K.P. (1981). Adults as learners/K. Patricia Cross. San Francisco: Jossey-Bass, 1981.

Two more concepts…

- Transformational Learning and Critical Reflection
  - Examine assumptions and challenge them
  - Find a new perspective
  - Reflect on previous experiences in new and critical ways

- Problem Based Learning and Multiple Intelligences Teaching Approach
  - The group finds a question that is of interest
  - The group determines the learning goal
  - The group (facilitated by faculty) pursues the broad learning goals
  - Reflection on how/why goals were/weren't achieved

Mezirow, J. (2000). *Learning as Transformation: Critical Perspectives on a Theory in Progress*. San Francisco: Jossey Bass.
Weber, retrieved 9/19/17.
http://www.tp.edu.sg/staticfiles/TP/files/centres/pbl/pbl_weber.pdf

Characteristics of Effective Adult Learning Programs

1. Safe and supportive environment
2. Encouragement of experimentation and creativity
3. Treatment of adult learners as respected peers
4. Self-directed learning
5. Optimal pacing (challenging just beyond current abilities)
6. Active learning, interaction, and dialogue
7. Regular student-to-faculty feedback mechanisms

Billington D.D. Seven Characteristics of Highly Effective Adult Learning Programs. Retrieved on September 19, 2017. http://www.umsl.edu/~henschkej/henschke/seven_characteristics_of_highly_effectiv

“Learning is a human activity; training is for dogs and horses.” (Knowles)

Thoughts from the Chair…

- Department wide faculty development efforts in teaching and research
  - How to get started?
  - Who to involve?
  - What to measure?
  - How to ensure sustainability?
  - Tools to develop
  - Use of Annual Retreats in faculty development

Break Out

- Who are you trying to engage?
  - All Faculty – or just a subset
    - Med-Peds faculty
    - Ambulatory
    - Hospital
    - Specialists
- What methods will you use to help faculty learn?
- Start small:
  - What is one thing you want to accomplish?
  - What resources do you have that can help you with?
    - Content
    - Delivery
  - Who do you want to collaborate with?
- How will you engage your faculty?

Conclusions

- What ideas do you want to take home today…
  - Needs
  - Approach
  - Engagement
- Plan
  - Start small
  - Identify target audience
  - Commit to the plan now
  - Make a deal with someone in your group to share experiences

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- Alaka Ray – aray2@partners.org
- Robert Ficalora – rficalora@billingsclinic.org
- Alpesh Amin – anamin@uci.edu