Background

- Hospitalists’ teaching skills are often developed from tacit experience over formal training, resulting in opportunities to improve feedback and evaluation skills.
- Formal faculty development programs improve teaching skills but are often not feasible for hospitalist clinical faculty who are geographically scattered, work on alternating schedules, and face increasing time pressure to meet clinical productivity targets.
- Multimedia instruction offers portability, flexibility, affordability, and convenience to overcome challenges faced by Hospitalist faculty.

Methods

- Two 10-minute video scripts were created based on needs-assessment with clerkship directors and residency program director for Internal Medicine.
- The videos were uploaded to YouTube™.
- The videos were shared with intervention hospitalist faculty.
- Faculty performance was rated in the domains of feedback and evaluation by residents and students in end-of-rotation evaluations, using items drawn from the Mayo Teaching Evaluation Form, scored on a 1-5 Likert scale.
- Pre and post intervention scores were collected for hospitalist faculty in a control group, our intervention group, and a subgroup of intervention faculty who chose not to view the videos.
- Means were calculated. Due to skewing of scores towards higher numbers, the % faculty receiving high scores (4-5) was also calculated.

Participation

- Intervention Group: 20 (14 VA + 6 MH) Faculty teaching during Intervention period SEPT-DEC 2017
- Control Group: 29 EH Faculty teaching during Intervention period SEPT-DEC 2017

Impact on Teaching Scores

- Evaluation Skills: videos viewed: 70% of faculty. All groups had modest improvement in scores for feedback and evaluation, but the trend was greatest for the intervention group.
- Feedback Skills: Faculty who chose not to view videos had higher baseline teaching scores.

Findings

- Videos viewed by 70% of faculty.
- All groups had modest improvement in scores for feedback and evaluation, but the trend was greatest for the intervention group.
- At the item level, improvements trended higher for Feedback than Evaluation skills.
- Post-intervention surveys from Faculty indicate they felt the videos improved their confidence with their feedback and evaluation skills, and they would recommend them to colleagues.
- Faculty who chose not to view videos had higher baseline teaching scores.

Conclusions

- Multimedia online instructional technology is an effective tool for improving the feedback and evaluation skills of hospitalist faculty, as well as their confidence with these skills.
- Such introductory videos may have greater value for hospitalist faculty with lower baseline teaching scores.

Future Steps

- Dissemination of TELEVITE across all IUSM clinical campuses for hospitalist faculty before and during their teaching rotations.
- Analysis to identify effects of videos on narrative evaluations provided by faculty.
- Integration of the videos into a workshop format for educational leaders to boost benefits on hospitalist teaching skills.
- Online tools to facilitate faculty’s direct observation of learners.