# Engaging and Developing Faculty as Educators from Entry to Teaching the Teachers

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### INTRODUCTION

- BACKGROUND: Medical education and health care continue to undergo intense and inter-dependent transformation<sup>1</sup>
- 1997 ACGME's Outcome Project shifting GME to a competency-based education, current and future NAS<sup>2</sup>
- 2001 IOM's Crossing the Quality Chasm report
- Clinical evolution (e.g., ACO quality measures)
- **NEED:** These complex transformations require physicians to constantly learn about education (and medicine) as new evidence, teaching, learning and assessment strategies and accreditation standards emerge<sup>3</sup>
- **CHALLENGE:** A "1-size-fits-all" approach to education-focused faculty development does NOT take into account the varied roles and expertise needed to support our educational programs:
- Teacher
- Evaluation & Assessment Guru
- Presenter
- Program/Clerkship Director

Advisor

- Simulation Director
- Curriculum Developer
- Education Scholar

# AIM

To implement a staged, education-focused faculty development (Edu-FD) strategy in an independent, academic medical center

# NEEDS ASSESSMENT

- Workgroup: Senior medical education leaders
- CHARGE: Outline Edu-FD strategy to support development and recognition of education/educators
- **SURVEY:** All core faculty in Aurora's University of Wisconsin Medical Group (AUWMG) to identify needs/strategies
- **NEEDS ASSESSMENT RESULTS:** 
  - \( \bullet\) Visibility of physician education within Aurora Health Care
  - Seek opportunities as educators to interact/collegiality (> CCC, GMEC)
  - Desire to continue to learn and grow as teachers/educators
  - Limited time
  - Teaching Awards seen as limited in "value"
- PLAN: Use multiple-level strategy to support educators with flexible time commitments
- Teacher/Educator Academy to parallel AHC Leadership Academy
- Offer faculty development with "academy" branding
- Obtain budget for supplies/expenses

## METHODS

A 4-LEVEL APPROACH was implemented to meet various education related role/responsibility needs.

# ALL (AUWMG) CLINICIANS

#### ORIENTATION TO MEDICAL EDUCATION

- 60-90 minute (1-on-1 or sm grps) for new physician teachers
- Overview medical education programs UME-CME-GME
- Highlight our initiatives, expectations, and associated support resources for their roles

# ACTS: TEACHERS

#### CLINICAL TEACHER — ACADEMY OF CLINICAL TEACHERS (ACTS)

- 30-60 minute hands sessions held 8-12 times/year during the noon hour, faculty meetings, or retreats
- Focus on skills as teachers and advisors
- ✓ Providing feedback to learners
- ✓ Assessing milestones
- ✓ Interactive small group teaching with technology
- ✓ Education as scholarship (ACGME common prog req)



#### CLINICIAN EDUCATOR – ACADEMY OF CLINICIAN EDUCATORS (ACE)

- 2-hr/mo for 18-24 months for physicians who have/are expected to have major education roles
- Shared-project focus → curriculum design, learner assessment, evaluation, professional development<sup>4</sup>
- Educational scholarship



#### CLINICIAN EDUCATOR — COACHING

- 1-on-1 Coaching specific to roles, goals and challenges
- Foci include:
- ✓ Teaching: Direct observation with feedback
- ✓ Assessment: Milestones, Difficult Learners, IST exam
- ✓ Evaluation: Instruments
- ✓ Career: Prioritization
- ✓ Scholarship: Conference, Publications

#### **EVALUATION PLAN**

- Use a combination of data sets
- Incorporate common metrics across offerings when possible
- Participation & Session evaluations
- (Co-)authors of materials and/or as instructors for Clinical Teacher faculty development
- Educational Scholarship
- Data analyzed using descriptive statistics

# RESULTS

#### PARTICIPATION: 2014 - PRESENT

- Orientation: 100% all new teaching physicians completed
- ACTs: Participation in teacher sessions ranges from 5 (noon sessions) to 20 (faculty meetings/retreats)
- ACE: Averaged 75% across sessions (2 participants withdrew due to new clinical roles/expectations)
- Coaching: Faculty initiated requests average 4-6/ wk since Jan 2015

#### **SESSION EVALUATIONS**

COMMON ITEMS ACROSS PROGRAMS (1=Strongly Disagree to 4=Strongly Agree)	ACTS CLINICAL TEACHER	ACE CLINICIAN EDUCATOR
Session was evidence based/data driven	3.4	3.8
Session was a "safe" learning environment to "try/experiment" (colleagues)	3.0	3.9
Overall: Quality Presenters (SCALE 5=Excellent 1=Poor)	4.3	4.7
Overall: Value of Session to You (Scale 5=Excellent 1=Poor)	4.2	4.6

#### **EDU-FD TEACHING & SCHOLARSHIP**

- Co-teachers: Clinical Teacher Edu-FD sessions at established faculty meetings (N=2)
- Instructional Materials: Feedback Tool
- Presentations: AAMC, ABMS, ACGME AIAMC, AMEE, STFM
- Journals: J Patient Ctr Res & Reviews, FM, J Med Educ & Cur Dev

# Conclusions

- A staged Edu-FD strategy can be effectively implemented in an independent academic medical center yielding
  - High participation & satisfaction results
  - Establishment of educator colleague networks
  - Educational scholarship
- As these are "new initiatives" long-term results are needed to determine if perceived visibility of education within AHC occurs

#### SELECTED REFERENCES

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