An Interdisciplinary Ambulatory Faculty Development Conference

Viju John, M.D.
Jah-Won Koo, M.D.
Lou Rohr, M.D.

Objectives

- Understand the value of an interdepartmental faculty development program.
- Explain the process to develop an interdepartmental faculty development program.
- Formulate a plan to develop an interdepartmental faculty development program.
Outline

- Background
- Developing Our Program
- Small Group Breakout Session
- Evaluation and Feedback
- Create Your Own Program

Background

Lou Rohr, M.D.
Faculty Development

• Any planned activity to improve an individual’s knowledge and skills in areas considered essential to the performance of a faculty member
  Teaching Skills
  Administrative Skills
  Research Skills
  Clinical Skills
  Sheets and Schwenk, Teaching and Learning Medicine 1990

Interdisciplinary Faculty Development

• Reviews of FD suggest striving for collaboration across medical disciplines and professions
  AMEE guide #36, Medical Teacher 2008

• Review of FD programs on teaching effectiveness found only 40% welcomed more than one clinical discipline
  – 10% designed for basic scientists and clinicians
  BEME guide #8, Medical Teacher 2006
Faculty Development at an Institutional Level

- Ensuring proper orientation of all faculty
- Promoting advancement along educational continuum
  - Skilled Teacher
  - Scholarly Teacher
  - Educational Scholar
  - Educational leader
  - Wilkerson and Irby; Academic Medicine 1998
- Promoting academic vitality and preventing burn-out
- Promoting needed changes to entire institution

Other Advantages of Interdisciplinary FD

- Medical curricula increasingly addressing issues larger than individual disciplines such as patient safety, ethics, community responsibility
- As undergraduate medical education becoming more competency-based, need more longitudinal approach to teaching and evaluation
- Pooling of resources and talent allowing for more sustainable programs and a body of local education leaders
- Focus on teaching teamwork and collaboration in medical education and practice
Ambulatory Faculty Development

- More medical practice and education being done in ambulatory setting
- Teachers are more often non-faculty volunteers
- Growth of preclinical and longitudinal experiences
- Unique challenges to teaching in ambulatory environment
  - Faster pace of encounters
  - More complex patients
  - Less direct observation of learner

Ambulatory Faculty Development

- Offsite faculty less likely to be involved in ongoing FD
- More logistical challenges in setting up FD
Developing our Program

Viju John, M.D.

Planning Committee

- Initially Internal Medicine, Pediatrics and Family Medicine
- Office of Medical Student Program (Associate Dean and administrative assistant), OB-gyne and Neurology representatives followed.
- Primary Care and Student Continuity Experience representatives joined last year.
- Psychiatry clerkship director joined the planning committee this year.
Planning Meetings

- Meet about once a month - more frequent meetings closer to the program
- Led by the CME director / Program Chair - rotates
- Decide on the date, topic, objectives, speakers, format, publicity and budget for the conference.
- CME Director fills out the CME application.

Logistics

- Date chosen at least 6 months in advance based on national conferences, school breaks, weather expectations, room availability, etc.
- Half day morning program - Wednesday or Friday mornings
Topics

2009: Immunizations, Evaluation and Feedback
2010: The Millennial Generation
2011: Evidence Based Practice
2012: The Hidden Curriculum
2013: Teaching in the Patient’s Presence
2014: Evaluation

Speakers

• Two to three speakers per year
• Multiple Rush speakers with two local speakers and one national speaker
Program Budget
2013

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>CME application fee</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Food for event and prep sessions</td>
<td>2,000.00</td>
</tr>
<tr>
<td>Amazon gift certificates (6 @ $125/ea) for preceptors</td>
<td>750.00</td>
</tr>
<tr>
<td>Plaques for preceptors (6 @ $75/ea)</td>
<td>450.00</td>
</tr>
<tr>
<td>Mugs (120 mugs @ $2.75/ea)</td>
<td>330.00</td>
</tr>
<tr>
<td>Parking Stickers (50 @ $8.25 ea.)</td>
<td>412.50</td>
</tr>
<tr>
<td>Printing/Laminating Cost for &quot;Tool&quot; (new expense this year)</td>
<td>500.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$5,442.50</strong></td>
</tr>
</tbody>
</table>

Goals and Objectives:
The Hidden Curriculum

- **Goal:**
  - Preceptors teach by role modeling professional behavior, observing students and giving feedback. Participants will have the opportunity to understand the hidden curriculum and how to role model and promote professionalism.

- **Objectives:** After attending the program, I will
  1. Address the hidden curriculum in my interactions with medical students.
  2. Identify areas of medical students’ shortcomings in professional behavior.
  3. Identify my shortcomings in role modeling professional behavior, and make changes.
  4. Discuss how to model exceptional professional behavior in the ambulatory setting.
  5. Give feedback to students regarding professional and unprofessional behavior.
Program 2012

7:30 Introduction
  Thomas A. Deutsch, MD - Provost, Rush University; Dean, Rush Medical College
7:40 The Hidden Curriculum
  Larry Goodman, MD - CEO, Rush University Medical Center, President, Rush University
  Keith Boyd, MD - Senior Associate Dean for Education, Rush Medical College
8:25 How to Role-model Ideal Behavior in a Not-so-ideal World
  Paul Kent, MD - Associate Director Physicianship Program
9:10 Break
9:25 Small Groups
10:50 Lessons Learned
  Paul Kent, MD and Keith Boyd, MD
11:35 Recognition of Outstanding Ambulatory Preceptors, 2011-2012
11:55 Concluding Remarks
  Viju John, MD - Associate Clerkship Director, Internal Medicine
Noon Lunch / Networking Opportunities

Small Groups

► Attending Facilitators from multiple departments
► Student Cofacilitators - Gold Humanism students
Small group sessions

Viju John, M.D., Jah-Won Koo, M.D. and Lou Rohr, M.D.

Invitees/Attendees

Internists
Family physicians
Pediatricians
Obstetrician-gynecologists
Neurology
Emergency medicine
Surgeons
Dermatologists
Clerkship coordinators
Education specialists
Program Evaluation

- Attendance: 70-118 (14-23 Internal Medicine)
- CME evaluations: Meeting objectives consistently rated above 4/5 and multiple positive comments
- Six month follow-up survey (EBM): The majority of respondents agreed or strongly agreed that they were more often formulating clinical questions (23/33), doing literature searches (24/33), analyzing the literature (19/33) and integrating evidence based medicine (25/33) while precepting students in the office.

Benefits of Program

- Faculty Development - LCME requirement and important for our faculty and students
- Networking
- Recruitment of New Preceptors
- Interdepartmental Collaboration/ Sharing Resources
- Scholarship/ Promotion
- Offshoots - RAT Curriculum
Challenges/ Shortcomings

- Time (Planners and participants)
- Funding/ Resources (Classroom availability)
- Keeping it “fresh”
- Attracting more community faculty
- Targeting those with needs
- Measuring impact on faculty skills

Creating an Interdisciplinary Faculty Development Conference

JAH-WON KOO, MD
Kern’s Six Step Model for Curriculum Development

Problem Identification and General Needs Assessment

- Health Care Problem
- Who does it affect?
- Current Approach
- Ideal Approach
Problem Identification and General Needs Assessment

- Health Care Problem
  - Improving ambulatory teaching of medical students
- Who does it affect?
  - Medical educators, students, patients, society...
- Current Approach
  - Preceptors use experience to inform teaching style and content
- Ideal Approach
  - Effective faculty development of ambulatory preceptors

Targeted Needs Assessment

- Learners
- Learning Environment
  - List stakeholders
- Gather data
Targeted Needs Assessment

- Learners (our preceptors)
  - What is the difference between the ideal and actual practices?
- Learning Environment Considerations (of the preceptors)
  - Preceptor specific: prior training, existing knowledge, and perceived role
  - Consider the many stakeholders (students, preceptors, CDs/PDs, deans, institutions, accrediting bodies, etc.)
- Data gathering
  - Strategic planning sessions, informal polling, surveys, literature, student comments

Goals and Objectives

- Broad Goals
- Specific Measurable Objectives
Goals and Objectives

» Broad Goals: purpose
  » Improve ambulatory teaching related to... (TIPP, hidden curriculum, EBP, Millennials, Evaluation/Feedback)
  » Brain storm, speaker first, national meetings, hot topic lists, informal/formal surveys

» Specific Measurable Objectives: can be for individuals, aggregate, or program
  » Who
  » Will do
  » How much (how well)
  » Of what
  » By when?

Goals and Objectives: Domains

» Cognitive
  » Basic knowledge to clinical decision making

» Affective
  » Attitudes and perceived role

» Psychomotor
  » Clinical skills (i.e. physical examination)
  » Communication
  » Professionalism
Educational Strategies

- Content
  - Aligned to your objectives
- Method
  - Small groups
  - Didactic (targeted to audience, theater in the round)
  - Skits/Role play
  - Audio/Visual
  - Panel (Gold Humanism Society)
Implementation

- Obtaining Political Support
- Securing Resources
- Addressing Barriers
- Introducing the Curriculum
- Administering the Curriculum

Implementation

- Obtaining Support and Securing Resources
  - Accrediting bodies, allies, internal/external support
  - Enthusiastic planning committee / CME director / Administrative FTE
  - Speakers
  - Logistics: rooms, food, CME application fee, handouts/gifts, parking, advertising
Implementation

- Addressing Barriers
  - Financial: dispersing cost amongst departments
  - Time: FTE
  - Attendance: Broad and early advertisement, surveying for ideal time, avoiding national conferences

- Rolling out the Curriculum
  - Piloted and now an expected yearly event

Evaluation and Feedback

- Close the loop
- Individual Learners
- Program
Evaluation and Feedback

- Individual Learners
  - Pre- and post- surveys (self-reporting)
  - Conceivably in student evaluations
- Program
  - Data collection
    - Pre- and post-surveys (aggregate)
    - Evaluation and feedback
    - Informal polling/observation
  - Curriculum Maintenance and Evolution

Now Let’s Try to Plan Your Own CME!

- Choose an institution and problem
- Go through the six step process
- Use the two sided worksheet
Acknowledgements

- Sharon Sholiton, M.D. Pediatrics Core Clerkship Director
- Maria Brown, D. O. Family Medicine, Primary Care Clerkship Associate Clerkship Director
- Keith Boyd, M.D. Senior Associate Dean Office of Medical Student Programs
- Madhu (Mona) Soni M.D. Neurology Core Clerkship Director
- Cynthia Waickus, M.D. Family Medicine, Student Continuity Experience Director
- Joseph Maurice, M.D. Obstetrics and Gynecology Associate Clerkship Director
- Ria Majeske, M.S. Administrative Assistant, Office of Medical Student Programs

Thank You for coming!
Questions?

Please e-mail Viju John at viju_t_john@rush.edu if you have any questions or comments. Please let us know if you do implement an interdepartmental faculty development program.