

Stanford Developing Faculty Competencies in Assessment



Co-creation

Co-production



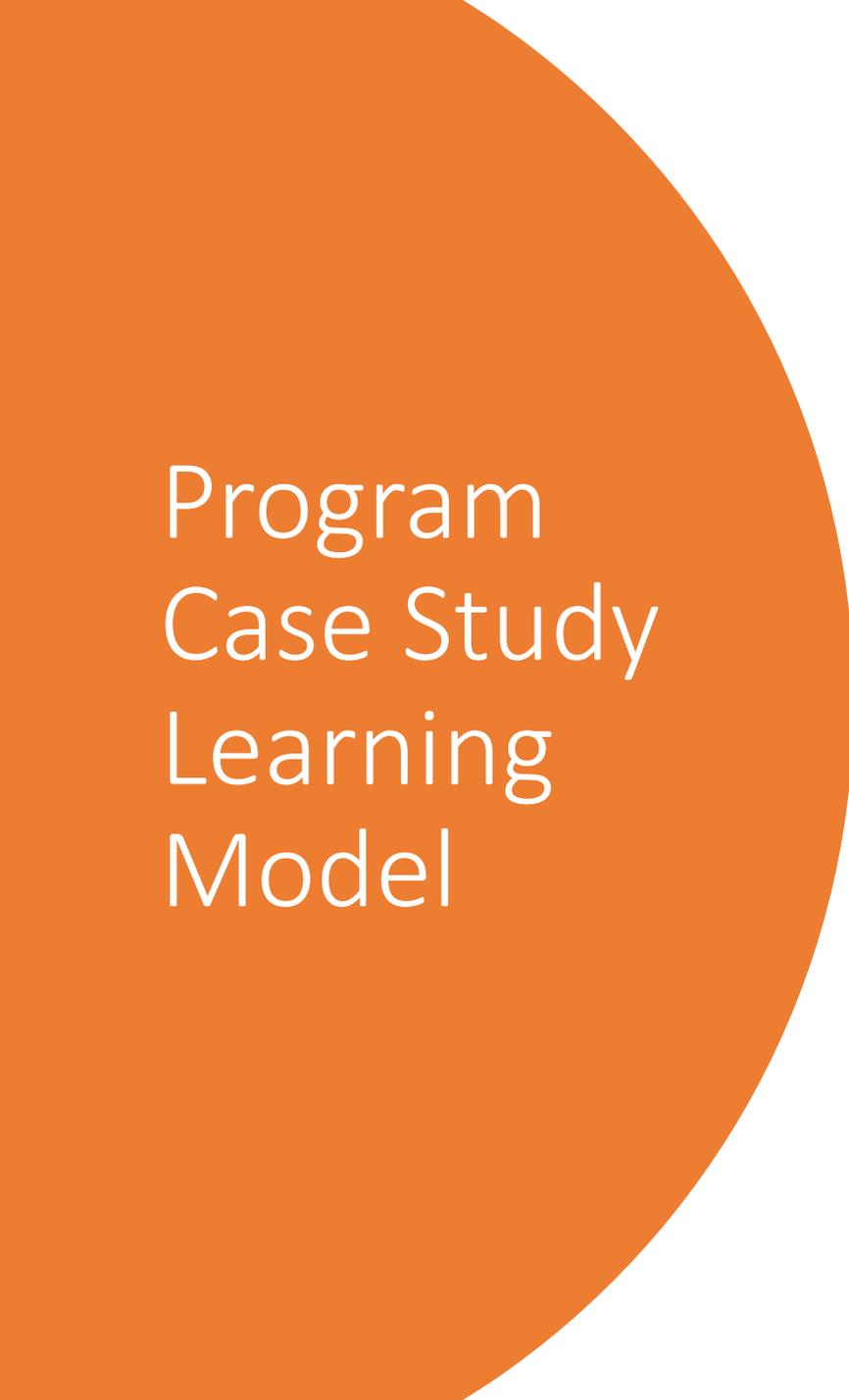
- August 19 and 20, 2022 (Virtual)

<https://stanford.cloud-cme.com/CompetenciesAug2022>



Program Case Study

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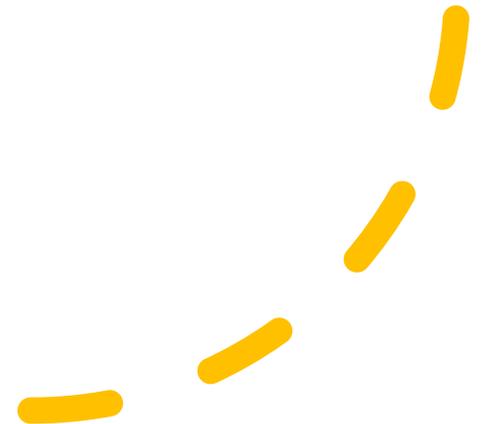
Program
Case Study
Learning
Model

PURPOSE

To create a learning community

To encourage group problem-solving

To develop best practices



INSTRUCTIONS

1) Read case study describing program and its challenges.

<https://docs.google.com/document/d/1lKNpyKGuyp-h97r2fxObTSnk4Bby-gxj/edit?usp=sharing&oid=102815204008610701333&rtpof=true&sd=true>

2) Discuss in breakout rooms what approaches should be used to:

- a. Investigate the problem
- b. Resolve the problem

3) Return to whole group for discussion.

"Once Upon a Time"

BACKGROUND: Programs A, B and C have recently received a citation for faculty interest in resident education.

2021

Program A: ACGME resident survey indicates resident dissatisfaction to items related to faculty interest and inquiry.

Program B: The ACGME Resident Survey demonstrated only 57% of residents felt there was an appropriate amount of teaching in all clinical and didactic activities.

2022

Program C: Although faculty development activities have been provided to improve teaching, teaching is perceived poor currently.

**Faculty interested in
Education/Appropriate
amount of teaching**

2019-2020

2020-2021

2021-2022

Program A

92%/86%

61%/57%

42%/29%

Program B

83%/83%

100%/57%

88%/88%

Program C

56%/67%

56%/70%

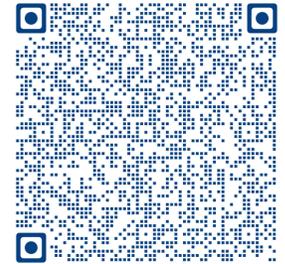
89%/91%

What should the programs do?

In breakout rooms with other PDs, you will discuss the following questions:

- ***What should Program A, B and C do to investigate this issue?***
- ***What solutions could Programs A, B and C implement to resolve this issue?***

You will have 10 minutes to discuss in breakout rooms. We will then return for a whole group discussion. The case study can be accessed for your reference at the link in the chat or using the QR code.



The Clinician Educator Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

The Accreditation Council for Continuing Medical Education

The Association of American Medical Colleges

The American Association of Colleges of Osteopathic Medicine



Educational Theory and Practice 1: Teaching

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Identifies various techniques for teaching</p> <p>Discusses lessons implicitly learned (e.g., hidden curriculum)</p>	<p>Delivers instruction in unidirectional manner resulting in passive learning</p> <p>Identifies that own behavior (role modeling) is part of the hidden curriculum</p>	<p>Teaches in a way to invite active learning and encourages critical appraisal</p> <p>Intentionally role models desired behaviors to aid the learner</p>	<p>Uses scholarly teaching techniques for varied levels of learners across settings</p> <p>Intentionally role models desired behaviors to aid the learner across settings</p>	<p>Coaches an educator with teaching</p> <p>Works collaboratively to develop educator's ability to demonstrate desirable teaching behaviors</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments: Not Yet Completed Level 1 <input type="checkbox"/></p>				

Educational Theory and Practice 1: Teaching

Overall Intent: To provide effective teaching and facilitation of learning across the continuum of medical education in various settings

Milestones	Examples
<p>Level 1 <i>Identifies various techniques for teaching</i></p> <p><i>Discusses lessons implicitly learned (e.g., hidden curriculum)</i></p>	<ul style="list-style-type: none"> ● (U/G/C): Identifies small group methods, large group techniques, and didactic methods, ● (U/G/C): Identifies synchronous and asynchronous methods ● (U/G/C): Recognizes there are lessons not explicitly in the curriculum; knows the definition of hidden curriculum
<p>Level 2 <i>Delivers instruction in unidirectional manner resulting in passive learning</i></p> <p><i>Identifies that own behavior (role modeling) is part of the hidden curriculum</i></p>	<ul style="list-style-type: none"> ● (U/G/C): Provides prepared lectures without first understanding learner needs ● (U/G/C): Recognizes that using consistent language with a patient and within the team huddle is modeling the hidden curriculum of professional education ● (U/G/C): Avoids contradictory behaviors to what they taught
<p>Level 3 <i>Teaches in a way to invite active learning and encourages critical appraisal</i></p> <p><i>Intentionally role models desired behaviors to aid the learner in familiar settings</i></p>	<ul style="list-style-type: none"> ● (U/G/C): Provides bi-directional teaching for learning ● (U/G/C): Explores the limits of the learner's knowledge and works with the learner to expand it ● (U/G/C): Maintains professional communications in conversations with the patient and with the team ● (U/G/C): Demonstrates respect for all members by soliciting opinions of the team ● (U/G/C): Role models appropriate professionalism and communication behaviors ● (U/G/C): Role models what is taught, while respecting the formal education curriculum

What could Programs A, B and C do to investigate this issue?
What could Programs A, B and C do to resolve this issue?



Comments from breakout rooms

- To investigate the problem
- Need to have more information. What type of teaching? In person? Didactics? Need to debrief with trainees.
- How to address teaching in different sites. One program relies on self cycle where all residents will have to go through that site.
- Incentive
- Programs have teaching as part of their metric bonus
- Improvement plan for faculty
- Based on evaluations program offer feedback for faculty which involves teaching modalities and how to engage with your learners.



Comments from breakout rooms

- Faculty Development
- Pediatrics offers workshops (2.5 hs) for how to provide feedback, create a safe learning environment and how to provide autonomy to your trainees. Those were based on ACGME survey results.
- Here are what my group talked about:
- Program A needs the most intervention and an easier solution is to mirror what was done back in 2019-2020.
- Investigate into faculty turn over rate in the past few years.
- Recognize and identify the disconnections between trainees and faculty on what is considered as “teaching”. Better to have everyone on the same page. Having a session of residents only with the PD could be a good way to try to understand what is considered as “appropriate” by the trainees.
- The format of teaching, such as switch from most in-person to most virtual, might be the reason for the declining scorings in Program A.
- Compare the resident survey to the faculty survey to identify discrepancies or commonalities.
- Very often, the issue on teaching is not only about teaching, it may related to other issues in the program.
- Different cohort may have different perceptions and expectations. Understanding the change would be important.

