

Elevating Ambulatory Education: Faculty Development for Teaching Faculty

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Residency as a Professional Development Process: The Skills of an Intern



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Professional Development: The Skills of a Senior Resident



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Objectives

- Discuss the rationale for Faculty Development for Ambulatory Educators
- Describe a systematic approach to faculty development for ambulatory preceptors using GNOME
- Discuss outcomes assessment for faculty development interventions to promote program improvement

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There is a Broad Call for Faculty Development

- LCME
- ACGME
- ACP
- AAMC

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The call usually reads something like this...

- Change training to include core components and components tailored to career goals
- Base experiences on learning needs
- Improve ambulatory training
- Use team approach to care
- Allow faculty time for teaching
- Conduct faculty development

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Weinberger, Redesigning Training for Internal Medicine, Ann Int Med 2006;144:927-932

*And this call occurs in the context of a
Knowledge Dilemma*

- ✓ There's too much of it
- ✓ It's rapidly changing
- ✓ Some (?) is of little use

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New York Times Sunday Edition holds more information in a single edition than the entire amount of information to which a 17th century person would be exposed to in a lifetime

Wurman, 1989

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√ *It's rapidly changing*

85% of the NIH database is being upgraded every 5 years, available medical information is doubling every 5 years and 90% of information learned will be obsolete in 15 years.

Robinson, 1993

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√ *Some is of little use*

Nine-tenths at least of medical knowledge becomes worthless and of no interest within 10 years after the date of its publication*

Billings, 1877

***and much of it is worthless when it first appears**

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An Approach to Faculty Development in the Land of 10,001 Lakes

- Lake GNOME
- Located near Lake Wobegone



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GNOME: An approach to faculty development

- Goals
- Needs Assessment
- Objectives
- Methods
- Evaluation and Feedback

- Framework can be applied to session,
curriculum, or entire program

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Applying the GNOME to an afternoon of Precepting: “Oh My Aching Back”

- Patient with musculoskeletal back pain for 3 days; resident wants an MRI
- Tells of recent experience in inpatient setting in which 3 patients with back pain had MRI’s and turned out to have cord compression from metastatic disease

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“Oh my aching back”

- **Goal**-Appropriate assessment of back pain
- **Needs**-*knowledge* of differential, *skills* of exam, *attitude* of confidence in assessment
- **Objectives**-demonstrate exam techniques that elicit findings
- **Methods**-modeling, observed exam
- **Evaluation**-techniques observed when modeled, findings elicited

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Getting Buy-In : Faculty Development for Communication Skills and Programmatic Needs Assessment

- Phase One: What should we teach?
 - Identify core (Communication)
Skills=Needs assessment
 - Develop scenarios/situations to allow for
practice of these skills

Lang et al Acad Med 2000 75:1222-1228

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Developing Teaching Skills

- Phase Two: Can we teach this?
 - Attempt to develop consistency among
teachers
 - Review examples of skills practice and
discuss teaching points
 - Look for variation in skills recognition,
feedback techniques, and teaching
style/methods
 - Teaching skills a part of conversation

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Teaching in Action: From Classroom to Precepting Room

- Phase Three: Do we teach this well?
 - Videotape/observe teaching encounters/small groups
 - Self assessment by faculty, assessment by student interviewer and student participant observer, and selected review by peer faculty
 - Conversation creates a community of teachers

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Faculty Development Outcomes: Faculty Development as Scholarship

- Ambulatory Faculty Development
 - Improves Feedback skills (Stone S TLM 2003)
 - Enhances teacher identity (Starr S Acad Med 2003)
 - Improves teaching evaluations (Hewson et al Acad Med 1999)

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However, not everything works: Teaching styles and their use

- Taught preceptors to vary teaching styles depending on identified learning need
- **Observation:** saw teachers predominantly use assertive teaching style/didactic teaching
- Used very little of interactive teaching style requiring discussion/reasoning on learner's part.

Bardella et al Med Ed 2005;39:1036-44

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Why don't things always work

Teaching skills

- In vivo v in vitro
- Environmental factors
 - Preceptor to learner ratio
 - Other tasks
 - Practice environment

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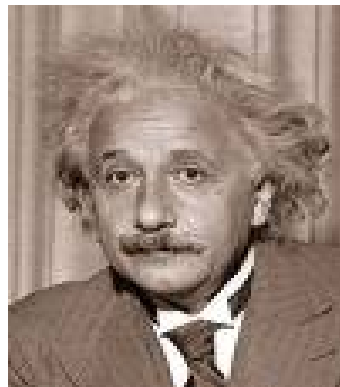
Faculty Development for Ambulatory Preceptors

- Teaching expertise is a quality improvement process requiring measurable outcomes to determine if interventions are effective
- Choose interventions that count twice (DM and P4P, Care for Frail Elderly and PIMS)

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Einstein's Rules of Work

- Out of clutter, find simplicity
- From discord, find harmony
- In the Middle of difficulty, lies opportunity



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