2nd International Conference on Faculty Development in the Health Professions

23-25 August 2013
Prague, Czech Republic

In association with the Association for Medical Education in Europe, 24-28 August 2013, Prague, Czech Republic
Dear friends and colleagues

Welcome to Prague and welcome to the 2nd International Conference on Faculty Development in the Health Professions. We are delighted to be able to build on the success of the first conference held in Toronto in 2011. Led by Yvonne Steinert and Ivan Silver it brought together faculty development leaders and educators from all over the world. This conference, which is associated with the annual Association for Medical Education in Europe (AMEE) meeting, has attracted 370 delegates from over 40 different countries. The growing attraction of this conference demonstrates the increasing importance of faculty development in the education and training of health professionals and the desire for participants from a variety of disciplines and professions to come together to learn more and to share good practice.

We are pleased to be able to collaborate with AMEE in the organisation of this conference and thank Professor Harden, Pat Lilley and Tracey Thompson for all the hard work they have put in behind the scenes. Their expertise in conference organisation has been invaluable and has helped the Steering Group enormously.

The Chairs would like to acknowledge the work of the Steering, Programme and Scientific Committees for contributing towards planning the overall structure and organisation of the conference, receiving, reviewing, categorising and editing the abstracts and workshop proposals and putting together the final conference timetable. Members of the committees were: Jennene Greenhill, Della Freeth, Ron Harden, Karen Leslie, Pat Lilley, Klara Bolander Laksov, Judy McKimm, Clare Morris, Victor Ottaway, Megan Quentin-Baxter, Scott Reeves, Dujeepa Samarasekera, Ivan Silver, Yvonne Steinert, Tim Swanwick, Olle ten Cate and Jill Thistlethwaite.

Thanks to James Outterside and colleagues at Newcastle University for the website.

Finally we hope that all delegates have a stimulating and enjoyable conference in the beautiful city of Prague and have time to enjoy at least some of its many attractions be it architecture, music or beer!

Professor Reg Dennick, Professor of Medical Education, University of Nottingham

Professor John Spencer, Professor of Primary Care & Clinical Education, Newcastle University
## Friday 1200-1800 Registration

### Friday 1400-1410

**Chairs Welcome**
Prof Reg Dennick, University of Nottingham and Prof John Spencer: Newcastle University (Co-chairs)

### Friday 1410-1530

**Session 1**

**Developing the future healthcare education workforce - what is faculty development for?**
Dr Victoria Brazil, Bond University, Australia (Leading and managing change and improvement)

**Chair:** Prof Reg Dennick, University of Nottingham

### Friday 1530-1600 Coffee

### Friday 1600-1730

**Session 2**

**Symposium: Leading and managing change and improvement**
Prof Judy McKimm, Swansea University and Prof Tim Swanwick, Health Education North Central and East London (Leading and managing change and improvement)

- **Comparing educational professional development needs across the health sciences professions**
  - Dr Dieter Schonwetter, University of Manitoba (Interprofessional and team-based learning)
  - Dr Linda Sweet, Flinders University (Leading and managing change and improvement)

- **Using the UK Professional Standards Framework to support individual and institutional CPD**
  - Mr Nigel Purcell, The Higher Education Academy (Developing individuals)

- **Motivation to do faculty development**
  - Dr Patricia O’Sullivan, University of California San Francisco (Developing individuals)

- **Development of a competency-based health professions education curriculum: an innovative use of a competency activity matrix assessing progress towards a Masters in Health Professions Education degree**
  - Dr Caren Stalburg, University of Michigan Medical School (Developing individuals)

- **Using the UK Professional Standards Framework to support individual and institutional CPD**
  - Mr Nigel Purcell, The Higher Education Academy (Developing individuals)

- **Developing teams of multi-professional faculty through human factors serious gaming**
  - Ms Francina Cunnington, Great Ormond Street Hospital (Interprofessional and team-based learning)

- **Mentorship: an essential academic role**
  - Dr Miriam Boillat and Prof Yvonne Steinert, McGill University (Developing individuals)

- **Ask don’t tell: an interactive skills building workshop on evoking change in learners**
  - Dr Peter Selby and Ms Rosa Dragonetti, University of Toronto (Developing individuals)

- **Exposure to student-centred education is the most important predictor of teachers’ conceptions on learning and teaching**
  - Mrs Johanna Jacobs, VU University Medical Centre (Developing individuals)

- **Continuing education as a faculty development: the importance of the role of mediator**
  - Dr Naseer Ahmad, Warrington and Halton Hospital NHS Trust (Developing individuals)

- **A program for professional performance improvement: developing and introducing multiple physician performance assessment systems**
  - Dr Kiki Lombarts, Academic Medical Center, University of Amsterdam (Developing individuals)

- **Comparing educational professional development needs across the health sciences professions**
  - Dr Dieter Schonwetter, University of Manitoba (Interprofessional and team-based learning)

- **Do personality traits distinguish high performing from low performing clinician teachers?**
  - Miss Renee Scheepers, Academic Medical Centre, University of Amsterdam (Developing individuals)

- **Symiotic clinical educators - the future of faculty development for the health professions**
  - Dr Linda Sweet, Flinders University (Leading and managing change and improvement)

- **Advanced training of PBL tutors through communities of practice: encouraging collaboration through the PBL process**
  - Ms Veronique Lisee, Université de Sherbrooke (Interprofessional and team-based learning)

- **Confidence and the self critical surgeon**
  - Dr Naseer Ahmad, Warrington and Halton Hospital NHS Trust (Developing individuals)

- **Continuing education as a faculty development: the importance of the role of mediator**
  - Dr Naseer Ahmad, Warrington and Halton Hospital NHS Trust (Developing individuals)

- **Faculty education program: overcoming barriers to engagement in online activities**
  - Dr Clint Miner, AO Foundation, Switzerland (Leading and managing change and improvement)

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**Chair:**
Prof Jenenne Greenhill, Flinders University

## Friday 1730-1900 Reception in Forum Hall Foyer
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<th>Room</th>
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<tr>
<td><strong>Saturday 0900-1030</strong></td>
<td><strong>Session 3</strong></td>
<td>The scholarship of workplace learning: theoretical considerations for faculty developers (p29)</td>
<td>Prof Stephen Billett, Griffith University with Prof Tim Doman, Maastricht. (Scholarship of workplace learning)</td>
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<td><strong>Chairs:</strong></td>
<td>Dr Clare Morris, Bedfordshire University</td>
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**Saturday 1030-1100 Coffee**

**Saturday 1100-1230**

**Session 4**

- Symposium: Developing individuals - educators, supervisors, trainees, mentors and peer reviewers (p33)
  - Prof Megan Querin-Balear, Newcastle University (Developing individuals)
  - Dr Dujeepa Samaraweera, Erle Lim and Prof Matthew Gwee, National University of Singapore (Developing individuals)
- Show-it-Better: ten techniques to edit and optimize images for presentations (p52)
  - Dr Douglas Wooster and Ms Elizabeth Wooster, University of Toronto (Developing individuals)
- The role of educational leaders in health professions education (p53)
  - Prof Della Freeth, Queen Mary University London (Supporting learning through simulated professional practice)
- The rise of biomedicine: six critical themes for educational leaders (p61)
  - Dr Robert Clarke, Birmingham City University (Leading educational change and improvement)
- The fellows in a educational scholarship program: developing one’s scholarly identity (p58)
  - Dr Leslie Flynn, Queen’s University (Developing individuals)
- Supervisors believe about supervision and remediation of clinical reasoning difficulties: a systematic metaphor analysis (p60)
  - Marie-Claude Audeté, Université de Montréal (Developing individuals)
- Design and effect of a programme for educational leaders (p61)
  - Dr Heema Roebertsen, Maastricht University (Leading and managing change and improvement)
- Biodynamics in simulated learning environments: implications for faculty development (p108)
  - Dr Robert Clarke, London Deanery (Developing individuals)
- Questions used by teachers (p111)
  - Dr Robert Clarke, London Deanery (Developing individuals)
- Preparing for the future during and after the pandemic: a case study of a hospital simulation program (p105)
  - Dr Susan Lief, University of Toronto (Leading and managing change and improvement)
- Building capacity and capability for patient safety education: a train-the-trainers programme for senior doctors (p62)
  - Dr Maria Ahmed, Imperial College London (Developing individuals)

**Chairs:**
- Prof David Irby, University of California San Francisco
- Prof Tarun Sen Gupta, James Cook University
- Dr John Teshima, University of Toronto

**Saturday 1230-1300 Lunch, Poster Viewing from 1300-1400**

**Saturday 1400-1530**

**Session 5**

- **Fun with Field Notes** faculty development strategies for implementing a competency based curriculum in family medicine (p63)
  - Assistant Prof Viola Antao, University of Toronto (Developing individuals)
- Supporting clinical supervisors through a multimedia educational program (p65)
  - Dr Elizabeth McKay, Monash University (Developing individuals)
- The AusSETT and NHET-Sim Programs: a national investment in faculty development for health care simulation educators/technicians (p64)
  - Prof Debra Nestel, Monash University (Developing individuals)
- Biodynamics in simulated learning environments: implications for faculty development (p108)
  - Dr Robert Clarke, London Deanery (Developing individuals)
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- Preparing for the future during and after the pandemic: a case study of a hospital simulation program (p105)
  - Dr Susan Lief, University of Toronto (Leading and managing change and improvement)
- The rise of transprofessional education – educating for task shifting or professional development? (p106)
  - Dr Catherine O’Keeffe, Institute of Education (The scholarship of workplace learning)

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<td><strong>Saturday 1400-1530</strong>&lt;br&gt;<strong>Session 5</strong>&lt;br&gt;(continued from previous page)</td>
<td>Peer support of a medical faculty “Writers’ Circle” increases confidence and productivity in generating scholarship (p67)&lt;br&gt;Dr Catherine Brandon, University of Michigan (Developing individuals)</td>
<td>Supporting master teachers across distributed medical education sites: a blended faculty development program for clinicians (p68)&lt;br&gt;Ms Diana Parisi, University of British Columbia (Interprofessional and team-based learning)</td>
<td>Walking the talk: faculty &amp; educational systems for improving assessment practices in residency education (p66)&lt;br&gt;Dr Susan Glover Takahashi, University of Toronto (Leading and managing change and improvement)</td>
<td>The Teaching Support Environment (TSE) - a bespoke tool supporting clinical teachers at a distance (p89)&lt;br&gt;Dr Tony McDonald, Newcastle University (Leading and managing change and improvement)</td>
<td>An objective structured teaching examination for faculty development: testing the waters for acceptability and utility (p70)&lt;br&gt;Prof Diane Clavet, Center for Health Sciences Education (Supporting learning through simulated professional practice)</td>
<td>Teaching Improvement Project Systems (TIPS) for residents: program evaluation of workshop effectiveness (p71)&lt;br&gt;Dr Kalyani Premikumar, University of Saskatchewan (Developing individuals)</td>
<td>Medical teacher identities: a study in Australian hospitals (p73)&lt;br&gt;Mrs Jenny Barrett, University of Melbourne (Developing individuals)</td>
<td>Understanding the needs of department chairs in academic medicine (p72)&lt;br&gt;Dr Susan Lief, University of Toronto (Leading and managing change &amp; improvement)</td>
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**Saturday 1530-1600 Coffee**

**Symposium: Faculty development for interprofessional and team-based learning (p35)**<br>Prof Della Freeth, Queen Mary, University of London and Prof Jennine Greenhill, Flinders University (Interprofessional and team-based learning)

**Friday 1600-1730**<br>**Session 6**

A change management perspective on faculty development: implementation of an integrated, outcome-oriented curriculum at the Charité Berlin (p76)<br>Dr Aqsa Maza, Dieter Scheffner Fachzentrum, (Leading and managing change and improvement) | Faculty development beyond boundaries: an African prescriptive approach (p77)<br>Prof Juanita Bezuidenhout, Stellenbosch University (Developing individuals) | Should we choose problem-based or team-based learning? (p78)<br>Dr Márcia Bruckner, Stellenbosch University (Developing individuals) | Starting a program for competency development – leading and managing change (p112)<br>Dr Latika Nivula, University of Toronto (Leading and managing change and improvement) | Faculty development for competency-based teaching and assessment (p113)<br>Dr Linda Swat and Prof Yvonne Steinert, McGill University (Developing individuals) | **Collegial conflict: up close and professional (p114)**<br>Mrs Kerry Knickle, University of Toronto (Supporting learning through simulated professional practice) | Communities of teaching practices in the workplace: how do they appear? (p78)<br>Dr Marie-Louise Schreurs, Maastricht University (Scholarship of workplace learning) | The effective factors for teaching competency of nursing faculty in Iran (p80)<br>Mrs Hormat Sadat Emanzade Ghaisem, Tehran University of Medical Sciences (Developing individuals) | Faculty development for enhancing teamwork and interprofessional collaboration (p79)<br>Prof Judy McKimm, Swansea University (Interprofessional and team-based learning) | From colonization to ownership: experiences of practicing physicians as emerging clinical teachers (p82)<br>Dr Julia Blitz, Stellenbosch University (Developing individuals) | Assessing feedback facilitators’ performance in multi-source feedback in specialist training (p81)<br>Dr Bente Malling, Aarhus University (Developing individuals) | Double dose: an interprofessional education curriculum faculty development strategy for facilitators (p83)<br>Prof Susan J. Wagner, University of Toronto (Interprofessional and TBL) | Responses to the professionalisation of medical education: a case study (p86)<br>Dr Clare Morris, University of Bedfordshire (Scholarship of workplace learning) | Development, implementation, and evaluation of a competency-based global faculty education program (p84)<br>Mrs Miriam Uhrmann, AO Foundation (Interprofessional and TBL) | Using team-based learning (TBL) for faculty development (p85)<br>Dr Elizabeth Kachur, Medical Education Development, USA (Interprofessional and team-based learning) | **Chairs:**<br>Dr Klara Bolander Lakssov, Karolinska Institutet<br>Dr Bill Datore, University of Alberta<br>Dr Catriona Bell, University of Edinburgh |
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<th>Sunday 0900-1030</th>
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<tr>
<td><strong>Symposium:</strong> Supporting learning through simulated professional practice</td>
<td>Prof Yvonne Steinher, Miriam Dr-Bolliat and Prof Ronald Gottesman, McGill University (Supporting learning through simulated professional practice)</td>
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<td>Using curriculum renewal as an opportunity to engage preceptors in best practice health professional education</td>
<td>Dr Marcus Law, University of Toronto &amp; St. Michael's Hospital (Developing individuals)</td>
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<td>Students and faculty partnering in innovation: the development of the Accessible Resource for Teaching (ART) program</td>
<td>Dr Kate Hardie, University of Toronto (Scholarship of workplace learning)</td>
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<td>Am I a good teacher? What makes me think so? Transformational learning theory and reflective clinical teaching practice</td>
<td>Dr Ming Lee, University of California Los Angeles (Developing individuals)</td>
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<td>Supervising challenging students: what we encounter and how we act in clinical supervision</td>
<td>Dr Leslie Flynn, Dr Linda Snell and Dr Denyse Richardson, Royal College of Physicians &amp; Surgeons (Developing individuals)</td>
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<td>Supervision on the run</td>
<td>Dr Rukhsana W Zuberi, Aga Khan University (Developing individuals)</td>
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<td>Teaching in the clinical setting: strategies to assist the teacher in difficulty</td>
<td>Prof Jyoti Thistlethwaite, University of Queensland (Developing individuals)</td>
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**Sunday 1030-1100 Coffee**

**Sunday 1100-1230**

**Session 8**

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<th>Plenary: Conversations inviting change: promoting effective dialogue in supervision and teamwork</th>
<th>Dr John Launer, Health Education (North East and Central London; North West London; South London) (Developing individuals)</th>
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<td>Dr John Spencer, Newcastle University (Co-chairs)</td>
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| Chairs: | Prof Rosa Malena Dalbione da Faria, UNIFENAS and UFMG |
| Prof Peder Charles, Aarhus University |
| Dr Mandy Moffat, University of Aberdeen |

**Sunday 1230**

**Closing comments**

| Prof Reg Derrick, University of Nottingham and Prof John Spencer, Newcastle University (Co-chairs) |

**Sunday 0915-1645 AMEE 2013 Pre-Conference Workshops**

**Sunday 1715-1915 AMEE 2013 Opening**

**Sunday 1930 AMEE Reception**
Keynote speakers

We are pleased to confirm an exciting keynote line up in support of the conference themes:

Professor Stephen Billett, Griffith University, Brisbane, Australia

Dr Stephen Billett is Professor of Adult and Vocational Education in the School of Education and Professional Studies at Griffith University, Brisbane, Australia and also an Australian Research Council Future Fellow. Stephen has worked as a vocational educator, educational administrator, teacher educator, professional development practitioner and policy developer within the Australian vocational education system and as a teacher and researcher at Griffith University. Since 1992, he has researched learning through and for work and has published widely in the fields of vocational learning, workplace learning and conceptual accounts of learning for vocational purposes. His sole authored books include Learning through work: Strategies for effective practice (Allen and Unwin 2001); Work, change and workers (Springer 2006) Vocational Education (Springer 2011) and edited books Work, Subjectivity and Learning (Springer, 2006) Emerging Perspectives of Work and Learning (Sense 2008), Learning through practice (Springer 2010), Promoting professional learning (Springer 2011) and Experiences of school transitions: Policies, practice and participants (Springer 2012). He is currently preparing a manuscript entitled the Integration of Practice-based Learning in Higher Education Programs. He is the founding and Editor in Chief of Vocations and Learning: Studies in vocational and professional education (Springer) and lead editor of the book series Professional and practice-based learning (Springer) and lead editor for the forthcoming International Handbook of Research in Professional and Practice-based Learning with colleagues from Germany. He was awarded a 2009-2010 Australian Learning and Teaching Council (ALTC) National Teaching Fellowship that identified principles and practices to effectively integrate learning experiences in practice and academic settings. In June 2011, he commenced a four-year Australian Research Council Future Fellowship on learning through practice, which aims to develop a curriculum and pedagogy of practice.

Associate Professor Victoria Brazil, Bond University, Gold Coast, Australia

Dr Victoria Brazil is an emergency physician and medical educator. She is a senior staff specialist at Royal Brisbane and Womens Hospital, Australia, where she has worked in clinical emergency medicine practice, and at the ‘coalface’ of teaching, since 2002. Dr Brazil is also an Associate Professor within the School of Medicine at Bond University on the Gold Coast, where she is Theme Lead for Doctor as Practitioner. She has special interests in medical simulation, workplace based assessment, and public policy issues in medical education and workforce. Also a fan of technology-enabled learning and social media, she tweets as @Socratic_EM. She is a previous Fulbright scholar (2002) and received the ACEM Teaching Excellence award in 2008. She continues to be taught, amused and motivated by her patients and by her colleagues. She is continually reminded of Mark Twain’s wisdom.... “I never let my schooling get in the way of my education”.

Dr John Launer, Health Education North East and Central London, London, UK

John Launer is a doctor, family therapist and educator. He is Honorary Consultant in General Practice and Primary Care at the Tavistock Clinic, and Associate Dean for Faculty Development at Health Education (North East and Central London; North West London; South London). A GP since 1983, John worked for 23 years in an area of social deprivation in north-east London where he was one of the practice’s GP trainers. He has a particular interest in narrative medicine and clinical supervision. He teaches widely on the use of narrative skills and ideas in primary and secondary health care, including courses on narrative-based supervision for GPs and hospital consultants. He has given presentations and run workshops in many countries, including Norway, Israel, Japan, Canada and the United States. John has written or edited six books, including “Narrative-based primary care: a practical guide” and ‘Supervision and Support in Primary Care’. His book “How not to be a doctor: and other essays” was published by the Royal Society of Medicine Press and commended as a Book of the Year by the British Medical Association. John is an associate editor of the Postgraduate Medical Journal, for which he writes a monthly column on medical humanities and postgraduate medical education.
Steering committee

- Professor Reg Dennick, Professor of Medical Education and Assistant Director of Medical Education, Course Director (Masters in Medical Education), Medical Education Unit, Medical School, University of Nottingham, United Kingdom (Co-chair)
- Professor John Spencer, Professor of Primary Care, School of Medical Sciences Education Development, Newcastle University, United Kingdom (Co-chair)
- Associate Professor Klara Bolander Laksov, Centre for Medical Education, Karolinska Institutet, Sweden
- Professor Della Freeth, Queen Mary, University of London, United Kingdom
- Professor Ronald Harden (honorary committee member), University of Dundee, United Kingdom
- Mrs Pat Lilley, Association for Medical Education in Europe and University of Dundee, United Kingdom
- Professor Judy McKimm, Swansea University, United Kingdom
- Dr Clare Morris, University of Bedfordshire, United Kingdom
- Victor Ottaway, Newcastle University, United Kingdom (secretary)
- Professor Megan Quentin-Baxter, Newcastle University, United Kingdom
- Professor Ivan Silver (honorary committee member), University of Toronto and the CFD - Centre for Faculty Development, Faculty of Medicine, University of Toronto, Canada
- Professor Yvonne Steinhert (honorary committee member), McGill University, Canada
- Professor Tim Swanwick, London Deanery, United Kingdom

Programme committee

- Professor Judy McKimm, Dean of Medical Education/Deon Addysg Meddygol, College of Medicine/Colleg Meddygaeth, Grove Building/Adeilad Grove, Swansea University/Prifysgol Abertawe, United Kingdom (Co-chair)
- Dr Clare Morris, Head of Department, Postgraduate Medical School, Associate Dean BHPMS, University of Bedfordshire, United Kingdom (Co-chair)
- Professor Jennene Greenhill, Flinders University, Australia
- Professor Megan Quentin-Baxter, Newcastle University, United Kingdom (secretary)
- Dr Dujeepa D Samarasekera, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

Scientific committee

- Professor Della Freeth, Professor of Professional Education, Queen Mary, University of London, United Kingdom (Co-chair)
- Professor Tim Swanwick, Dean of Professional Development, London Deanery and Visiting Professor in Medical Education, University of Bedfordshire, United Kingdom (Co-chair)
- Dr Karen Leslie (honorary committee member), MD, MEd FRCPC Director, The University of Toronto’s Centre for Faculty Development at St. Michael’s Hospital, Li Ka Shing International Healthcare Education Centre
- Professor Megan Quentin-Baxter, Newcastle University, United Kingdom (secretary)
- Professor Scott Reeves, Director, Center for Innovation in Interprofessional Education, University of California, San Francisco, USA
- Professor Th.J. (Olle) ten Cate, PhD, Professor of Medical Education, Director of the Center for Research and Development of Education, University Medical Center, Utrecht, Netherlands
- Professor Jill Thistlthwaite, Professor of Medical Education, Director of the Centre for Medical Education Research and Scholarship, School of Medicine, University of Queensland, Australia

Klara Bolander Laksov is an associate professor in Medical Education at the Centre for Medical Education, Karolinska Institutet, with a background and training in sociology and medical education. While working with the enhancement of educational quality at Karolinska Institutet as an educational developer, she has developed an interest in the Scholarship of Teaching and Learning. With an interest in the understanding of how higher education teachers conceptualise and understand teaching and learning she graduated with a thesis titled ‘Learning across Paradigms – towards an understanding of medical teaching practice’ in 2007. The result of this work has fed into the design of an action research project on leadership and the creation of communities of practice (Wenger, 1998) in higher education. Her current research project is investigating the meaning of the clinical learning environment for the quality of student learning in medical and health undergraduate programs.

Professor Reg Dennick BSc PhD MEd FHEA, Professor of Medical Education, University of Nottingham, United Kingdom. Reg is Assistant Director of Medical Education and Course Director for the Masters in Medical Education. His research and development interests are in Faculty Development, medical curricula, problem-based learning, psychometrics and assessment, e-learning and assessment and the neuroscience of learning.
Professor Judy McKimm, Dean of Medical Education/Deon Addysg Meddygol, College of Medicine/Coleg Meddygaeth, Grove Building/Adeilad Grove, Swansea University/Prifysgol Abertawe, United Kingdom. Judy has been involved in faculty development for over thirty years in a range of academic and health professions’ settings in the UK and overseas. Her research and writing interests include educational and clinical leadership/management, the development of professional identities and faculty development (particularly for clinical teachers). Judy is a Senior Fellow of the Higher Education Academy, Fellow of the Academy of Medical Educators, Council member of the Academy of Medical Educators and on ASME’s Executive Committee. She has researched and published widely on many aspects of health professions’ education including (as editor with Tim Swanwick) *Clinical Teaching Made Easy* and *The ABC of Clinical Leadership* and has developed and run a number of postgraduate programmes for medical and health professions’ educators, including co-leading an Academic Foundation Programme in Clinical Leadership and Management in Leicester and the ASME Developing Leaders in Health Professions Education programme. She is currently involved in research collaborations in the UK, New Zealand, the Pacific, Canada and Australia.

Mrs Pat Lilley, AMEE Operations Director and Managing Editor of Medical Teacher. Pat joined the Association for Medical Education in Europe in 1997 as AMEE Administrator, and now manages all aspects of the Association’s work including conferences, courses and publications. She is also Managing Editor of *Medical Teacher* and Coordinator of the Best Evidence Medical Education Collaboration.
Dr. Steinert also holds the Bijtel Chair in the faculty members. She has written extensively on the topic of faculty development and frequently addresses faculty development on the individual and the organization, and the continuing professional development of settings. Her research interests focus on teaching and learning in the health care professions, the impact of patient safety. He envisions a new centre for discovery and innovation in mental health education and learning, and linking health professional education to the principles of knowledge translation, quality, and CAMH. He is dedicated to the scholarship and practice of inter-professional collaboration, work-based faculties in Canada. He is working to create a learning environment that will draw students and trainees to national award that recognizes outstanding contributions to teaching across all universities and their health professional educator. Amongst his many awards and honors is the 3M Teaching Fellowship, a University of Toronto in the 1990s. Dr Silver has built an international reputation as a skilled clinician and University. She is actively involved in undergraduate and postgraduate medical education, educational Centre for Medical Education and the Richard and Sylvia Cruess Chair in Medical Education at McGill. Dujeepa D Samarasekera MBBS MHPE, Yong Loo Lin School of Medicine, National University of Singapore, Singapore. Dujeepa is a Medical Educationalist with a Master in Health Profession Education from University of Maastricht, Netherlands. He has been involved in curriculum planning, evaluation and student assessment at both undergraduate and postgraduate health professional level courses. Dr Samarasekera provides educational expertise and staff development to the medical faculties and other health professional institutions. His main research interests are in teaching/learning behaviours and in assessment.

Professor Ivan Silver joined the Centre for Addiction and Mental Health (CAMH) in December 2011 as the Vice President, Education. He was the Vice Dean of Continuing Education and Professional Development at the Faculty of Medicine at the University of Toronto (2005-2011) and established a teacher and education training centre for faculty in the Faculty of Medicine (The Centre for Faculty Development) from 2002-2009. Educated at Dalhousie University and the University of Toronto he has been a geriatric psychiatrist since 1981. He received a MEd from the Ontario Institute for Studies in Education (OISE) at the University of Toronto in the 1990s. Dr Silver has built an international reputation as a skilled clinician and health professional educator. Amongst his many awards and honors is the 3M Teaching Fellowship, a national award that recognizes outstanding contributions to teaching across all universities and their faculties in Canada. He is working to create a learning environment that will draw students and trainees to CAMH. He is dedicated to the scholarship and practice of inter-professional collaboration, work-based learning, and linking health professional education to the principles of knowledge translation, quality, and patient safety. He envisions a new centre for discovery and innovation in mental health education and teaching, and the creation of new communities of practice and networks in mental health education. He is also deeply interested in fostering the careers of those engaged in education and teaching.

Professor John Spencer, Professor of Primary Care, School of Medical Sciences Education Development, Newcastle University, United Kingdom. John is a GP who has been involved in health care education for nearly 30 years, mostly undergraduate medical education but also a wide range of other contexts, including faculty development. He is an active researcher in medical education and a former Editor-in-Chief of The Clinical Teacher and Deputy Editor of Medical Education. He was awarded the inaugural President's Silver Medal by the Academy of Medical Educators given annually to "an individual who has made an exceptional and sustained contribution to medical education and who will usually not have achieved recognition previously by other medical education organisations". He was on the Program Planning Committee for the First International Conference on Faculty Development in 2011.

Professor Yvonne Steinert, a clinical psychologist and Professor of Family Medicine, is the Director of the Centre for Medical Education and the Richard and Sylvia Cruess Chair in Medical Education at McGill University. She is actively involved in undergraduate and postgraduate medical education, educational research, and the design and delivery of faculty development programs and activities in a variety of settings. Her research interests focus on teaching and learning in the health care professions, the impact of faculty development on the individual and the organization, and the continuing professional development of faculty members. She has written extensively on the topic of faculty development and frequently addresses medical educators at both national and international meetings. Dr. Steinert also holds the Bijtel Chair in the Faculty of Medicine at the University of Groningen in the Netherlands and she is a Past-President of the Canadian Association for Medical Education. She is the first recipient of the ACMC-AstraZeneca Award for Exemplary Contribution to Faculty Development in Canada and a recent recipient of the CAME-Ian Hart Award for Distinguished Contribution to Medical Education.
Professor Tim Swanwick MA FRCGP MA FAcadMEd, Dean of Professional Development, London Deanery, United Kingdom. Tim has a broad range of experience in medical education and is currently Dean of Professional Development in the London Deanery where he holds a varied portfolio including faculty development, professional support, academic training and clinical leadership. He is a Visiting Professor at the University of Bedfordshire and an Honorary Senior Lecturer at Imperial College, London. A general practitioner by background, Tim has researched and published widely in both his specialty and medical education. Recent publications include the textbook Understanding Medical Education (2010) and the books Clinical Teaching Made Easy (2010) and the ABC of Clinical Leadership (2010).

Th.J. (Olle) ten Cate, PhD. Professor of Medical Education, Director of the Center for Research and Development of Education, University Medical Center, Utrecht, Netherlands. Olle ten Cate studied medicine at the University of Amsterdam and worked as an educational advisor from 1980 at the same medical school. In 1986, he completed a PhD dissertation on peer teaching in medical education. Between 1980 and 1999 he was closely involved with all of UofA's major preclinical and clinical curriculum reforms, educational research, program evaluation and educational development. In 1999 he was appointed full professor of medical education at Utrecht University, and until 2005 program director of medical education at University Medical Centre Utrecht. Since 2005 he leads the Centre for Research and Development of Education at UMCU with responsibilities in research supervision, curriculum development, faculty development, student education, educational technology and quality assurance of education. In 2006 he was elected president of the Netherlands Association for Medical Education to serve until November 2012. Since 2010 he has an attachment as a regular visiting professor of medical education at University of California San Francisco.

Professor J Thistlethwaite is Professor of Medical Education and Director of the Centre for Medical Education Research and Scholarship at the University of Queensland, Australia, and a GP. She trained in the UK. She has a PhD in medical education from the University of Maastricht and has worked at medical schools in both the UK and Australia. She is the author/co-author of 5 books and over 70 peer-reviewed papers. Her research interests include interprofessional education (IPE) and professionalism, and she has presented on faculty development for IPE. She is associate editor for the Journal of Interprofessional Care and the Clinical Teacher.

Reviewers

A special thank you to our huge team of reviewers from all around the world:

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**Chairs**

Thank you to the chairs of sessions for helping us with the smooth delivery of the oral presentations and keynotes:

- Glen Bandiera, Canada  Catriona Bell, UK
- Klará Bolander Laksov, Sweden  Peter Charles, Denmark
- Lois Colburn, USA  Bill Dafoe, Canada
- Jennene Greenhill, Australia  David Irby, USA
- Rosa Malena Delbone de Faria, Brazil  William McGaghie, USA
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- Tarun Sen Gupta, Australia  John Spencer, UK
- Tim Swanwick, UK  Th.J. (Olle) ten Cate, PhD, Netherlands
- John Teshima, Canada  Jill Thistlethwaite, Australia

**Student taskforce**

FDHP is pleased to have a large group of student helpers, both local and International, coordinated by Agostinho Sousa, Suleyman Yıldız and Adam Rosenberg. We are grateful to the following students for their participation.

**Local representatives** Iveta Brošová, Barbora Voglova, Jan Kisa, Jana Petrášeková, Jana Chromiková, Karolína Kučerová, Kateřína Tomanová, Klára Hrušková, Veronika Pargačová, Daniel Suk, Eliška Lašková, Marie Lopourovičová, Petra Tomečková, Ivana Mrázková, Lenka Chaloupková, Lucie Zemanová, Tereza Dvořáková, Petr Kala, Radován Hudák, Lukáš Vincze, Hana Němcová, Jakub Vysocký, Andrea Blašková, imona Marková, Adam Rosenberg, Silva Rukavina, Marie Sejkorová, Jan Houzar, Roman Vašek, Monika Šrámková.


For further information on the student social activities arranged, please visit the student desk in Forum Hall Foyer 1st Floor of Prague Congress Centre or visit the AMEE Student Blog [http://www.ameestudents.org/](http://www.ameestudents.org/).
Travelling to Prague

Prague, the capital of the Czech Republic and situated on the banks of the Vltava River, is a beautiful city with a rich history. Prague is an ideal location for the 2nd International Conference on Faculty Development in the Health Professions 2013 with a wealth of hotels, restaurants and places of interest. Prague can easily be reached by air, train and road. For full details, please see the AMEE website: http://www.amee.org/index.asp?llm=205.

Prague International Airport is situated about 20km west of the city centre. Airport Transfer options are: (1) the bus service to Metro line A and B situated in front of the arrival halls at both Terminal A and Terminal B; (2) the airport Express from Prague Airport to Hlavní Nádraží Train Station; (3) a taxi, which takes approximately 25 minutes into the centre of the city and costs about 24 Euros.

Conference venue

The 2nd International Conference on Faculty Development in Health Professions will take place at the Prague Congress Centre (PCC), 5. Kvetna 65, 140 21 Prague 4, Czech Republic
Tel: +420 261 171 111
Fax: +420 261 172 062
Website: http://www.kcp.cz

See maps at the end of this programme. Prague Congress Centre is about a 20 minute walk from the city centre, with a metro station (Vysehrad) 200 metres away. Delegates should enter Prague Congress Centre using entrance 10.

City centre map

A city layout is given below and a detailed map will be provided in the conference bag.

Local transportation

Travel pass delegates attending the Faculty Development conference will receive a travel pass that can be used on all types of public transport (metro, bus and tram) and does not need to be validated. The travel pass will be issued when you collect your delegate badge at the Prague Congress Centre.

Metro the nearest metro station to the congress centre is the Vysehrad and the Hlavní Nádraží is the central (main) station. A map of the metro system is provided below and can be downloaded from Metro Map.pdf.

The Prague Metro network consists of three lines designated by letters and differentiated in colour:

Interchange Stations: Můstek (B), Muzeum (C)

Interchange Stations: Florenc (C), Můstek (A)

Interchange Stations: Florenc (B), Muzeum (A) The nearest metro station to the congress centre is the Vysehrad and the Hlavní Nádraží is the central (main) station.

For further information regarding metro schedules and connections, please visit the Prague Transport website http://spojeni.dpp.cz/ConnForm.aspx?tt=PID&cl=E5
Taxi: we recommend that if you take a taxi, you check that the company name and registration number is displayed and that the taxi has a meter before travelling. More detailed travel information is available on the AMEE Website [http://www.amee.org/index.asp?llm=205](http://www.amee.org/index.asp?llm=205).

**Useful information**

**For presenters**

**Presentation audio visual arrangements**: A computer with speakers, data projector and internet connection will be provided in all presentation rooms. No additional audiovisual aids are provided for mounted poster presentations. It is not possible to use your own computer for oral presentation sessions to avoid any delay during changeover. Conference workshop facilitators and symposium organisers may use their own computers if they wish. Please note that only wifi internet connection is available which may be slower than fixed network, unless otherwise requested in advance of conference.

Presenters should have powerpoint presentations on a USB and take directly to the room in which they are presenting a minimum of 2 hours before their session. Please test that your presentation works correctly in advance!

**Workshop**: Rooms will be laid out in banquet style (separate tables with chairs around) and can seat up to 30.

**Posters**: should be a maximum of 95 cm wide and 150 cm high (portrait orientation). If it is larger than this, we regret it may not be possible to mount the poster on the boards provided. In addition:

- Please bring your poster with you – do not send it to us in advance
- Posters should be mounted on Friday 23 August from 0900-1700 hrs
- Posters will be mounted in Terrace 1 and will be available for viewing throughout the conference. Please see the programme for the location and time of your poster session. A board will be provided, labelled with the poster number, title and authors. Fixing materials will be provided. Please do not affix posters to any place other than the board to which it has been allocated, and use only the fixing material supplied
- Posters should be taken down between 1030-1300 hrs on Sunday 25 August. Posters not removed by this time will be taken down and may be destroyed

**Presentation, workshop and poster files**: Presenters are politely requested to provide copies of presentation files (ppt, handouts, etc.) in order to make their materials more accessible to others. Please upload them directly to the conference website using your unique code that was generated when you submitted your abstract (sent from enquiries@medev.ac.uk). If you need to generate a reminder please enter the same email address used when submitting your abstract into the form at: [http://www.facultydevelopment2013.com/applications/email_reminder/](http://www.facultydevelopment2013.com/applications/email_reminder/).

**Wifi**: Free wireless access is available throughout Prague Congress Centre. No password or registration is required – just open up your internet browser and start using.

**Certificates of attendance and CME**: Certificates of attendance, indicating the accreditation will be available on-line after the conference.

**Evaluation**: An online evaluation form will be available for completion immediately after the conference. We greatly appreciate your feedback which will allow the conference to improve in future years.

**Nearby restaurants**

**Café Melodie**: located on the Ground Floor of PCC will be open throughout the conference and will serve a selection of cold sandwiches and desserts, tea/coffee and soft drinks available to for purchase.

There are two restaurants located at the Holiday Inn, which is connected to PCC by a covered walkway. **Café restaurant Esprit** serves both modern and traditional Czech cuisine and also offers culinary specialities from France and Italy. **The Délicatesse restaurant** – a shop which is a popular everyday meeting place and offers a wide variety of fresh salads, toasts, sandwiches, home-made desserts and other delicacies. For more information visit: [http://www.holidayinn.cz/en/restaurant/](http://www.holidayinn.cz/en/restaurant/)

The Corinthia Hotel, located 300m (5 min walk) from PCC also hosts two restaurants. **Cafe Praha** offers a large

**Other**

**Currency:** The currency in Prague is the Czech Crown (CZK). Some restaurants, hotels and shops accept Euros as well, but most only take Czech Crowns. For current exchange rates visit: [www.xe.com](http://www.xe.com).

**Banking:** The simplest means of obtaining currency in Prague is to withdraw Czech Crowns from a cash point (ATM). These accept debit and credit cards backed by Visa, Mastercard/EuroCard, American Express and Maestro. You normally receive an excellent exchange rate, although your card provider will probably charge a fee in your home currency.

**Credit cards:** Credit cards are accepted in most hotels, international shops and more expensive restaurants. Many local shops and cheaper restaurants do not accept credit cards. If you have a choice of paying cash or credit card, cash is always preferred.

**Tipping:** Tips are welcomed by staff working in the tourist industry in Prague, and 5%-10% is appropriate.

**Smoking:** Smoking is restricted in some public places but not in restaurants, bars and clubs. **All conference locations being used by Faculty Development will be strictly no smoking.**

**Electricity:** Electricity is supplied at 220v. Electrical sockets take standard European two-pin plugs. British, North American and other non-European tourists are advised to bring adaptors.

**Health care and travel insurance:** It is strongly recommended that delegates arrange their own travel insurance to cover the loss of possessions, money, any health or dental treatment and conference cancellation.

**Weather:** The Prague weather and temperatures vary dramatically between seasons. Prague enjoys long spells of glorious warm and sunny weather, interspersed with dull days and heavy showers. Typical temperatures in August range from 12°C (54°F) to 22°C (72°F). For an-up-to date weather forecast, please visit: [http://www.bbc.co.uk/weather/3067696](http://www.bbc.co.uk/weather/3067696)

**Children:** Children are not permitted to attend any of the academic sessions and should not be left unaccompanied at any time at the Prague Congress Centre. The student taskforce members are unable to supervise any children during the conference. Participants are kindly requested to arrange their own childcare.

**Participants with disabilities:** Please contact enquiries ([enquiries@medev.ac.uk](mailto:enquiries@medev.ac.uk)) in advance of the Conference if you have and questions or special requirements.
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# Personal development plan – sessions to attend

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Please remember that workshops are on a first-come basis. Those arriving late or after the room is full may be turned away.
Keynotes
Dr Victoria Brazil, Faculty of Health Sciences and Medicine, Bond University, Australia, victoria.brazil@gmail.com

#fdhp13 #254

**Biography**

Dr Victoria Brazil is an emergency physician and medical educator. She is a senior staff specialist at Royal Brisbane and Womens Hospital, Australia, where she has worked in clinical emergency medicine practice, and at the 'coalface' of teaching, since 2002. Dr Brazil is also an Associate Professor within the School of Medicine at Bond University on the Gold Coast, where she is Theme Lead for Doctor as Practitioner. She has special interests in medical simulation, workplace based assessment, and public policy issues in medical education and workforce. Also a fan of technology enabled learning and social media, she tweets as @Socratic_EM. She is a previous Fulbright scholar (2002) and received the ACEM Teaching Excellence award in 2008. She continues to be taught, amused and motivated by her patients and by her colleagues. She is continually reminded of Mark Twain's wisdom.... "I never let my schooling get in the way of my education".

**Abstract**

Faculty development has become an established activity within most health professional educational institutions. We aim to improve skills, enhance careers, and inspire academics and clinicians toward teaching goals.

Does it work? Is there ‘evidence based faculty development’? Is the success or failure of these activities completely reliant on organisational culture and context?

This presentation will examine these questions, and focus on the role of culture and tribes in healthcare, and in faculty development for health professional education. We’ll look at these issues through examples drawn from simulation based education, ‘academic health centres’, and medical specialist craft groups.

We'll conclude with a look at the ‘tribes’ outside healthcare – film and TV, business, marketing, organisational psychology - and think about how they might contribute to our faculty development activities.

Theme: Leading and managing change and improvement (Keywords: faculty development, professional identity, organisational learning)

**Keynote (ID: 242) - Saturday 0900-1030 - Meeting Hall 1**

**Plenary: The scholarship of workplace learning: theoretical considerations for faculty developers**

Professor Stephen Billett, Professor of Adult and Vocational Education, School of Education and Professional Studies at Griffith University, s.billett@griffith.edu.au

#fdhp13 #242

**Biography**

Dr Stephen Billett is Professor of Adult and Vocational Education in the School of Education and Professional Studies at Griffith University, Brisbane, Australia and also an Australian Research Council Future Fellow. Stephen has worked as a vocational educator, educational administrator, teacher educator, professional development practitioner and policy developer within the Australian vocational education system and as a teacher and researcher at Griffith University. Since 1992, he has researched learning through and for work and has published widely in the fields of vocational learning, workplace learning and conceptual accounts of learning for vocational purposes. His sole authored books include *Learning through work: Strategies for effective practice* (Allen and Unwin 2001); *Work, change and workers* (Springer 2006) *Vocational Education* (Springer 2011). Stephen is currently preparing a manuscript entitled the Integration of Practice-based Learning in Higher Education Programs. He is the founding and Editor in Chief of Vocations and learning: Studies in vocational and professional education (Springer) and lead editor of the book series Professional and practice-based learning (Springer) and lead editor for the forthcoming International Handbook of Research in Professional and Practice-based Learning with colleagues from Germany. He was awarded a 2009-2010 Australian Learning and Teaching Council (ALTC) National Teaching Fellowship that identified principles and practices to effectively integrate learning experiences in practice and academic settings. In June 2011, he commenced a four-year Australian Research Council Future Fellowship on learning through practice, which aims to develop a curriculum and pedagogy of practice.

**Abstract**

There is growing interest in how experiences in healthcare work settings can be used in the initial preparation and further development of health care practitioners’ capacities. This presentation discusses how these experiences can be organised and engaged in to enhance their potential to assist with these important learning and development processes. It does this by drawing upon a body of research that has examined the processes and outcomes of learning through workplace settings across a range of industries and occupations. The aim here is to identify how this research, its conceptions and its findings are applicable to enhancing the initial preparation of healthcare practitioners through the workplace-based experiences. It seeks to offer a timely and potentially helpful approach through critically appraising the processes of learning healthcare knowledge through experiences in workplace settings. The appraisal is advanced here through a consideration of the knowledge to be learnt for effective medical and dental practice and then aligning the identified strengths and limitations of both the processes and outcomes of those learning experiences in terms of developing this knowledge.

From this appraisal, some propositions for improving learning experiences in workplaces are advanced. These include the use of pedagogic practices appropriate to these settings, including guided learning and exploiting teachable’ moments within clinical practice settings. Then, there is the ordering and enactment of a practice-based curriculum, and considerations for preparing and promoting students and practitioners as agentic learners. Central to these learning processes is the explanatory principle of the duality between the affordances of the workplace setting, on the one hand, and bases by which learners come to engage with these affordances, on the other.

Theme: The scholarship of workplace learning (Keywords: learning through practice, workplace learning)

Plenary: Conversations inviting change: promoting effective dialogue in supervision and teamwork

John Launer is a doctor, family therapist and educator. He is Honorary Consultant in General Practice and Primary Care at the Tavistock Clinic, and Associate Dean for Faculty Development at the London Department of Postgraduate Dental and Medical Education. A GP since 1983, John worked for 23 years in an area of social deprivation in north-east London where he was one of the practice's GP trainers. He has a particular interest in narrative medicine and clinical supervision. He teaches widely on the use of narrative skills and ideas in primary and secondary health care, including courses on narrative-based supervision for GPs and hospital consultants. He has given presentations and run workshops in many countries, including Norway, Israel, Japan, Canada and the United States. John has written or edited six books, including "Narrative-based primary care: a practical guide" and 'Supervision and Support in Primary Care'. His book “How not to be a doctor: and other essays” was published by the Royal Society of Medicine Press and commended as a Book of the Year by the British Medical Association. John is an associate editor of the Postgraduate Medical Journal, for which he writes a monthly column on medical humanities and postgraduate medical education.

Abstract

For the last 18 years a team of clinical teachers based at the Tavistock Clinic and the London Department of Postgraduate Medical Education has offered trainings in practical skills for healthcare conversations, based on ideas and skills from the world of narrative studies. We invite clinicians to see encounters with patients, trainees, fellow professionals and teams in terms of the shared construction of stories. We train them to use techniques of narrative inquiry in order to help others move from stereotypical or 'stuck' stories to more effective and imaginative ones in their everyday work.

We have now delivered courses and workshops to over two thousand clinical teachers in London in a range of health professions, and in fields ranging from surgery and anaesthesia to general practice and psychiatry. We have also taught the model in ten other countries including the USA, Japan and Australia. This presentation will describe ‘Conversations Inviting Change’ including how we teach it, how we train our trainers, and an evaluation of the work.

References


Theme: Developing individuals (Keywords: Narrative, supervision, how to teach health professionals and trainees to move from 'stuck' stories to more effective and imaginative ones in their everyday work)

Symposium: Leading and managing change and improvement

Establishing educational/improvement initiatives in complex organizations can be challenging, many leaders have multiple competing demands on their time. Effective leadership at all levels is needed to make meaningful change. Leadership and management is often learned 'on the job' or taught once in senior positions. Earlier development and succession planning is important, however many traditional (and sometimes unhelpful) ideas around leadership and management prevail and faculty development is often based on a narrow set of theories or models.

Aims
To provide a stimulating, supportive experience for those interested in leadership to grapple with complexities, challenges and some possible solutions to embed leadership development in organisations and develop individuals, teams and groups.

Key questions
- How can we best prepare faculty to lead organisational or system change effectively within service pressures and multiple competing demands?
- How can we assess quality and lead improvements in clinical education and faculty development?
- Is there scope to innovate within promotion and other reward processes?
- What theories are available and what might be most helpful?

Who should attend: Aspiring or current leaders in health and/or education; those developing or delivering leadership and management programmes and anyone with an interest in learning and thinking more about leadership in contemporary organisations.

Outline structure
1. Two short (interactive) presentations
   - What do we know about leadership?
   - What do we know about leadership development?

2. Small group discussions
   - What's unique (if anything) about leadership in your context?
   - What leadership/management development goes on, and for whom?
   - Which models, theories, approaches to development are likely to be helpful?

3. Plenary discussion

Thinking about three levels: systems/organisations; teams/groups; self development

Theme: Leading and managing change and improvement (Keywords: leadership, management, change, development)

Abstract

"Professional education has not kept pace with these challenges, largely because of fragmented, outdated and static curricula that produce ill-equipped graduates." (Lancet, 2010, 376: 1923-1958)

In the past few decades, health professional education has undergone major paradigm shifts associated with curriculum design, course content, teaching-learning strategies for the effective delivery of course content, and the philosophy and design of assessment strategies in health professional examinations. Faculty development programmes should be designed to facilitate and enhance a better understanding of such paradigm shifts among all concerned in the education of health professionals. Moreover, the programmes should also be aimed at helping health professional teachers (basic science and clinical) acquire competencies which would enable them to teach in “new” ways so that, at graduation, health professional students will be practitioners equipped with the professional competencies to meet the challenges and demands of 21st century health care needs of the population.

Aims of the symposium

To identify the major paradigm shifts in health professional education

To determine the implications of the paradigm shifts on health professional education

To design appropriate faculty development programmes for health professional teachers to acquire new enabling competencies to educate and equip today’s health professional students to become tomorrow’s healthcare practitioners who are not only competent, caring and ethical, but also capable of delivering 21st Century healthcare needs of the national population

Key questions to be discussed

What are the major paradigm shifts in health professional education?

What are the implications of the paradigm shifts for health professional educators?

How can health professional educators acquire new enabling competencies to align their teaching roles with the paradigm shifts?

Who should attend?

All individuals (educators, mentors, administrators, etc) involved in the education of health professionals should attend this Symposium to gain more educational insights on how shifts in educational paradigms make it imperative for health professional schools to implement faculty development programmes to support the growth and development of all their faculty.

Theme: Developing individuals (Keywords: )

http://www.facultydevelopment2013.com/application/239/view/
Symposium (ID: 238) - Saturday 1400-1530 - Meeting Hall 1
Symposium: The scholarship of workplace learning: theoretical considerations for faculty developers

Dr Clare Morris, Head of Department, Dept. of Clinical Education and Leadership, University of Bedfordshire, UK, clare.morris@beds.ac.uk; Dr Viv Cook, Reader in Medical Education, Centre for Medical Education, Queen Mary, University of London, UK, v.cook@qmul.ac.uk

#fdhp13 #238

Summary

What theories underpin practices of workplace learning and how may these help us with the development of faculty as teachers, leaders, scholars and researchers? How can we evaluate and improve different models of faculty development, such as expert coaching, peer feedback or 'just in time' development models? How can we problematise the issues raised by particular models or underpinning theories, and what research methodologies might help us explore them?

Abstract

This symposium provides an opportunity to review conceptions of workplace based learning that have particular relevance to clinical workplaces. Conceptions of 'reflective practice', ‘restrictive-expansive apprenticeship’ and ‘communities of practice’ will be a focal point, allowing participants to consider the ways in which clinical learning is fostered and supported. This in turn, will lead to an exploration of the ways in which clinical teaching practices can be developed and extended. ‘Live’ examples of the ways in which faculty developers are theorizing and researching their practice with clinical teachers will be provided as a stimulus for discussion.

References


Theme: The scholarship of workplace learning (Keywords: )
Symposia (ID: 255) - Saturday 1600-1730 - Meeting Hall 1
Symposium: Faculty development for interprofessional and team-based learning

Della Freeth, Professor of Professional Education, Queen Mary University, London, UK, d.freeth@qmul.ac.uk
Jennene Greenhill, Associate Dean, Flinders University, Australia, jennene.greenhill@flinders.edu.au

#fdhp13 #255

**Summary**

Working with teams or groups of learners from diverse professional backgrounds presents a unique set of issues for faculty. How do we move beyond an individual focus in faculty development to develop practice across teams and professional boundaries? How can we help faculty to address power in team relationships? How can we support the assessment of team functioning?

**Abstract**

This will be a participative symposium. After brief presentations to provide some context and highlight key issues, the audience will form small groups for lively discussions. The small groups will move around the room and add their insights to a sequence of stimulus questions, such as:

- How does an interprofessional faculty increase understanding of interprofessional practice?
- Do faculty need any particular development to enable them to facilitate high-quality team-based learning?
- What are the benefits and limitations of interprofessional faculty development?
- Does interprofessional faculty development need to be formal or can it arise informally?
- What faculty development strategies work best to enable team-based learning and interprofessional learning to become more accepted?
- Should all health professions’ faculty be prepared to facilitate team-based and interprofessional learning, or should these educational approaches be left to enthusiasts?

Please bring your own insights, experiences and questions, and join in. Collectively, we will create a ‘talking wall’ of brief written responses to each stimulus question as the small groups move from question to question.

We will draw the symposium to a close by examining the talking wall and drawing out the key messages.

**Theme:** Interprofessional and team-based learning (Keywords: Interprofessional education, team-based learning, faculty development)

Symposium: Supporting learning through simulated professional practice

Yvonne Steinert*, Ph.D., Director, Centre for Medical Education, Richard and Sylvia Cruess Chair in Medical Education, Professor of Family Medicine, yvonne.steinert@mcgill.ca; Miriam Boillat*, M.D., Associate Dean, Faculty Development, Associate Professor of Family Medicine, Member, Centre for Medical Education, miriam.boillat@mcgill.ca; Ronald Gottesman*, M.D., Interim Director, Arnold and Blema Steinberg Medical Simulation Centre and Professor of Pediatrics, Member, Centre for Medical Education, ronald.gottesman@mcgill.ca; authors marked * = Faculty of Medicine, McGill University, Canada

#fdhp13 #253

Summary

Simulation - ranging from uncomplicated practice for bounded tasks, to complex and dynamic multi-participant simulation - is increasingly in the mainstream of healthcare professions' education and continuing professional development. What issues does this raise for faculty development and how may we address them?

Abstract

Brief outline: Simulation is increasingly used in health professions education and continuing professional development. What issues does this raise for faculty development and how may we address them?

Aims: To examine how we can prepare faculty to teach students in a simulated environment
- To highlight general principles that guide faculty development
- To describe two faculty development initiatives
- To discuss how supporting student learning in a simulated environment can also support faculty learning

Questions

- How can we prepare faculty members to teach in a simulated environment?
- What challenges and opportunities does teaching in this environment present for faculty development?
- How can these challenges and opportunities be addressed?

- All individuals interested in teaching and designing educational activities for a simulated environment
- All individuals interested in promoting faculty development to support simulation-based education

Outline

- Overview of faculty development to support student learning in a simulated environment
- Faculty development for teaching communication skills in a simulated environment
- Faculty development for teaching Crisis Resource Management (CRM) in a simulated environment
- Principles of faculty development to support learning in a simulated environment

Theme: Supporting learning through simulated professional practice (Keywords: Simulation-based education, faculty development, medical education)

Presentations
Motivation to do faculty development

Dr. Patricia S. O’Sullivan, Director Research and Development in Medical Education, USA, UCSF; Dr. David M. Irby, Professor of Medicine, UCSF, USA, david.irby@ucsf.edu

#fdhp13 #27

Abstract

Introduction: Many faculty development programs rely upon volunteers to help deliver offerings. To recruit future volunteers and retain current ones, we need to understand what motivates them to participate as faculty developers. The purpose of this study was to explore the motivation of faculty who provide faculty development to their peers.

Methods: This was a qualitative study using a structured interview. Participants were full-time faculty who over the past six years periodically volunteered to teach in workshops in a school of medicine faculty development program. After receiving IRB approval in 2012, we invited 30 eligible faculty members to be interviewed. We developed codes from the transcripts and analyzed the transcripts using NVivo 10.0.

Results: All participants agreed to be interviewed; 29 were completed. Four themes characterized their motivations. Duty referred to a sense of “obligation” and “citizenship” to help improve the teaching of the faculty. Purpose described a commitment “to improve the health of people, by helping educators to do a better job,” to be “more aware and mindful of what we’re doing” and to meet curricular needs to have pedagogically skilled teachers. Mastery indicated the desire to develop professionally—“I get better,” “the more I do it the more I learn” and “it keeps me up-to-date.” Satisfaction reflects the fun, enjoyment, relationships and sharing that can occur; “It’s deeply rewarding and satisfying, and kind of at an emotional level...it enriches my life.”

Discussion: These findings are congruent with motivation literature that focuses on mastery, purpose and relationships. Missing in our study is the element of autonomy which centers on the desire for control. Autonomy may be less relevant since faculty development teaching is a voluntary activity. Key to recruiting future faculty developers may include explicitly offering skill development and a network of relationships and a shared common purpose.

References


Rosenberg T 2011 Join the club: how peer pressure can transform the world, W.W. Norton & Company, New York.


Theme: Developing individuals (Keywords: motivation, faculty development)

Using the UK Professional Standards Framework to support individual and institutional CPD

Nigel Purcell, Academic Lead, UKPSF and Recognition, The Higher Education Academy, nigel.purcell@heacademy.ac.uk

#fdhp13 #66

Abstract

Rationale: The revised UK Professional Standards Framework (the Framework) has in general been well received by the sector and in particular the changes which enabled the introduction of the two new categories of Fellowship – namely Senior and Principal Fellow. As a result it is now possible to use the Framework and the associated HEA Fellowship scheme in the context of a comprehensive educational development programme for all staff involved in teaching and supporting learning in HE. This workshop will explore that potential in the context of health care education.

Content: Key content covers:

- An introduction to the Framework including its key elements and the Descriptors
- The HEA Fellowship scheme - including the potential value of gaining Fellowship
- The evidence required for each of the four categories of Fellowship
- HEA Accreditation of CPD provision and schemes through the Framework
- Potential uses of the Framework by individuals, education developers and managers
- Future developments in the scheme

Delivery method: The workshop will be delivered by a combination of presentations, thought shower, group and plenary discussion.

References

The UKPSF 2011 http://www.heacademy.ac.uk/ukpsf
The HEA Fellowship scheme http://www.heacademy.ac.uk/professional-recognition
The HEA Accreditation scheme http://www.heacademy.ac.uk/accreditation

Theme: Developing individuals (Keywords: UKPSF, fellowship, HEA)

Development of a competency-based health professions education curriculum: an innovative use of a competency activity matrix assessing progress towards a Masters in Health Professions Education degree

Caren M. Stalburg*, Clinical Assistant Professor, Department of Obstetrics and Gynecology and Medical Education, carens@med.umich.edu; Antonius Tsai*, Special Projects Manager, Organizational Transformation, anttsai@med.umich.edu; John Burkhardt*, Clinical Lecturer, Emergency Medicine and Medical Education, jburkhar@med.umich.edu; Thomas Fitzgerald*, Professor, Department of Medical Education, tfitz@umich.edu; Hilary Haftel*, Professor of Pediatrics and Communicable Diseases and Medical Education, hils@med.umich.edu; Steven J. Kasten*, Associate Professor of Surgery, skasten@med.umich.edu; Monica L. Lypson*, Clinical Associate Professor, Internal Medicine and Medical Education, mlypson@umich.edu; Patricia B. Mullan*, Professor, Department of Medical Education, pbmullan@umich.edu; Sally Santen*, Clinical Associate Professor, Department of Emergency Medicine and Medical Education, University of Michigan Health System, ssanten@med.umich.edu; Kent Sheets, Professor, Department of Family Medicine and Medical Education, University of Michigan Health System, ksheets@med.umich.edu; Larry Gruppen*, Professor and Chair, Department of Medical Education, lgruppen@med.umich.edu; authors marked * = University of Michigan Medical School, USA

Abstract

Introduction: A competency-based Masters in Health Professions Education (MHPE) will be offered at the University of Michigan beginning in 2013, intended for educational faculty at medical, nursing, dentistry, pharmacy, and public health schools and colleges. Mentored and documented achievement of defined professional educational activities, emphasizing authentic projects in the learner's professional setting, will serve as evidence for attainment of the MHPE. As such, a novel way to measure progress through the competency-based, flexible, community model curriculum is required.

Methods: Ten educational experts at the University of Michigan engaged in an iterative, literature-based process to identify five competency domains defining a medical educator. Performance outcomes were determined for each competency domain and a list of entrustable professional activities (EPAs) of a masters’ level educator created. Experts individually mapped the EPAs to the domains. Results of this exercise provided consensus regarding how the various EPAs mapped onto the five competency domains.

Results: A competency activity matrix was created, encompassing 20 different EPAs mapped to five competency domains including: theory of teaching and learning, teaching practice, assessment and evaluation, research and scholarship, and leadership. For example: the EPA “select and demonstrate acceptable skill in at least three different teaching methods” maps to competency outcomes: “educational methods” and “curriculum development” under the “teaching practice” competency domain. This matrix serves as a curriculum map for individuals pursuing the MHPE degree at the University of Michigan.

Discussion: The challenge of developing a competency-based curriculum provided a catalyst for an innovative approach to faculty and curriculum development. Iterative development of the competency activity matrix resulted in a novel approach incorporating educators’ professional activities into measureable outcomes expected of expert educators. The matrix provides a unique structure for evaluation towards attainment of a MHPE degree, allowing individuals to utilize work-related activities to demonstrate competency as health professions educators.

Theme: Developing individuals (Keywords: competency-based curriculum, entrustable professional activities, master educators)

http://www.facultydevelopment2013.com/application/93/view/
Comparing educational professional development needs across the health sciences professions

Dr. Dieter Schönwetter*, Director of Educational Resources and Faculty Development, Dieter.Schonwetter@ad.umanitoba.ca; Joanne Hamilton*, Director, Educational Development, joanne.hamilton@med.umanitoba.ca; Jo-Ann Sawatsky*, Associate Dean Graduate Studies, joann.sawatzky@ad.umanitoba.ca; authors marked * = University of Manitoba, Canada

Abstract

**Introduction:** As universities cluster their healthcare disciplines into common health sciences units, faculty development (FD) roles evolve with respect to audiences and needs. It becomes imperative that the characteristics of each healthcare discipline’s faculty development needs be understood. To capture these FD needs and identify common and unique areas, we conducted a FD needs assessment study in 2012 at the University of Manitoba in dentistry, dental hygiene, medicine, nursing, pharmacy, and medical rehabilitation.

**Methods and results:** We created and piloted an online FD Needs Assessment. This survey captured important demographics including gender, discipline, type of teaching (i.e., clinic, classroom, etc.), academic rank, and education. The remaining 68 questions focused on four categories of specific FD needs including 28 teaching skills (i.e., PBL, etc.), 8 on scholarship (i.e., understanding the scholarship of teaching and learning, etc.), 10 on technology (i.e., developing on-line teaching, etc.), 12 on administration and career development (i.e., team building, etc.); 10 questions on workshop format (i.e., blended, etc.), and availability to participate in a workshop (i.e., time of week and day). 133 participants (N = 11 dental, N = 9 dental hygiene, N = 62 medical, N = 10 medical rehabilitation, N = 19 nursing, and N = 7 pharmacy) completed the survey. Similarities and differences in terms of FD needs were found based on discipline, gender, type of teaching, and years teaching.

**Discussion:** An important part of delivering FD to a cluster of health professionals is the awareness of both the faculty-specific and the global FD needs. Similar FD needs identified across disciplines provide ideal opportunities to promote interprofessional learning. There are areas though, that may require discipline-specific FD workshops. A framework of these discipline-specific and more global health education FD content areas will be provided to participants for the purposes of guiding FD at their health education facilities and for future research. (20+ references)

**References**


Theme: Interprofessional and team-based learning (Keywords: Faculty Development, Needs Assessment, Interprofessional)

**Acknowledgements**

Supported by a Grant from the Department of Medical Education

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#fdhp13 #72

Abstract

Introduction: The Canadian interprofessional health collaborative competency framework (2010) is now a major
orientation of our MD program at the Université de Sherbrooke. Problem based learning (PBL) is known as a type of
collaborative learning but specific behaviors are not well described in the literature. Our goal is to foster collaborative
learning between students in the context of PBL. One way of achieving this is to ensure that PBL tutors are well versed
in these collaborative competencies. Our 2012-2013 faculty development workshop for tutors was based on this
concept.

Methods: A workshop based on the 6 competencies of the framework (adapted for PBL) was developed. Using the
theory of communities of practice, we encouraged the sharing of tutors’ experiential knowledge of students’
collaborative competencies thereby rendering explicit what was implicit to them and increasing their efficiency in
facilitating the collaborative learning process among students. More than 2/3 of our 300 tutors participated. Based on
their experience, they were asked to identify behaviors related to collaborative learning among students and to imagine
ways of fostering their collaborative skills. Certain tools were provided (group assessment sheets and student
evaluation criteria) to help focus the discussions.

Participants reported a better understanding of the collaborative competencies implicit in
PBL learning. Their experiential knowledge was utilized to adapt current tools to better intervene with students thereby
enhancing their use.

Faculty development using communities of practice is a useful means of sharing experiential knowledge, to enhance
the quality and standardization of teaching. Since the tutors actively contributed to the training content, they feel better
prepared and reassured to apply their knowledge. Through facilitation of the collaborative learning process in PBL they
will help students to better develop their collaborative competencies needed for their future practice.

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Theme: Interprofessional and team-based learning (Keywords: Collaborative competencies, problem-based learning,
tutor training)

http://www.facultydevelopment2013.com/application/72/view/
Do personality traits distinguish high performing from low performing clinician teachers?

Introduction: Residency training is vital in preparing doctors for the responsibility of treating their patients. In sustaining high quality residency training, clinician teachers are widely evaluated to identify excellence in teaching performance. Excellent clinician teachers possess traits such as flexibility, enthusiasm, patience, and self-insight (1), and personality traits have been shown to be related to job performance (2). Given the lack of quantitative research in the specific context of clinician teachers, we empirically studied the relationship of clinician teachers’ personality traits with their teaching performance.

Methods: We conducted a multicenter, cross-sectional study involving 61 different residency programs, covering 25 medical specialties, in two academic and sixteen non-academic medical centres in the Netherlands. Residents evaluated clinician teachers’ teaching performance on a 5-point scale, using the validated System for Evaluation of Teaching Qualities (SETQ), consisting of 21 items. Clinician teachers self-evaluated their personality traits on a 5-point scale using the validated 11-item Big Five Inventory (BFI), yielding the Five Factor Model: extraversion, conscientiousness, neuroticism, agreeableness and openness. We used multilevel regression analyses to study the relationship between personality traits and teaching performance.

Results: In total, 549 (68%) residents filled out 4305 evaluations and 627 (78%) clinician teachers self-evaluated. Clinician teachers’ extraversion was positively related to their teaching performance ($\beta = 0.16, p = < .01$). Other personality traits were not related to teaching performance.

Discussion: Our study findings suggest that extraverted clinician teachers are perceived as better supervisors by residents. As extraversion is a broad personality domain ranging from sociability to activity, future research could be directed at gaining a nuanced view of associations between extraversion and teaching performance, by using extensive instruments for extraversion. Clinical practice could incorporate these insights in formal training programs and coaching by focusing on enhancing interpersonal competences.

References


Theme: Developing individuals (Keywords: Clinician teachers, personality traits, teaching performance)

http://www.facultydevelopment2013.com/application/143/view/
Abstract

Introduction: Our medical school created a Faculty Development Program to aid faculties (tutors) with PBL\(^1\) methodology. This program uses concepts of continuing education (CE), based on Paulo Freire’s\(^2\) theory. It foments and support curricular changes, mainly through reflection of educational practice\(^3\). CE happens weekly, in groups of seven/eight tutors, with two mediators, for all faculties that participate in the course, since 2002. The mediators are faculties, too. The aim of this work was analyze the tutors’ opinion about the mediator role in the CE program.

Methods: Exploratory study with qualitative analysis. The opinion from tutors about the role of CE’s mediators in 2012 was obtained. The qualitative analyze was done using the categorization of speech content second Bardin\(^4\).

Results: The opinions were divided in two categories. The strongholds were: promote the construction of knowledge through listening; guided with high dialog; and engaged and supported by high technical and relational skills. The fragilities were: attendance; difficulty in assuming the role of group coordinator; support group setting when necessary; and formative continued assessment.

Discussion: The results showed that the role of mediator was, in general, well performed, and in accord with an active learning pedagogy. In this way, the mediators had frustrated the occulted traditional view (passive learning) of the tutors. It is possible that the found fragilities were related with the fact that the mediators belong also a tutor’s staff. They had not enough leader performance with their pars. Still exist, among the tutors´ opinions, the main ideas that the CE mediator should: bring solutions and answers instead mobilize the self-involvement of tutors; had an institutional management power to resolve administrative problems. Finally, the mediators reached a good level of development in their groups, although the tutors work with active methodology, they had a wish of a traditional learning for themselves.

References


http://www.facultydevelopment2013.com/application/19/view/
Dr Naseer Ahmad, Specialist Surgical Registrar, Warrington Hospital, UK, naseer102@hotmail.com

#fdhp13 #35

Abstract

Introduction: Losing confidence for the everyday person is bad, for a doctor is worse, however, for the surgeon it is a disaster. Trainees often have confidence issues resulting in or leading to failed assessments. Losing confidence can be triggered by particular events or people but are characterised by occurring when certain factors come together. Outside of these times, the surgeon is a highly functioning individual.

I describe the devastating effects of losing my confidence and how cognitive behaviour therapy helped.

Methods: I describe the process of re-analysing a stressful situation into a more balanced one highlight the role of the trainer and trainee in this process.

Results: I describe how a more balanced view affects clinical decisions and how the trainer must identify and respond to falling confidence of their trainee.

Discussion: Losing confidence as a surgeon can occur at a junior or consultant level. It occurs insidiously and at the most inopportune moment leads to an anxious mind from which bad decisions or actions emanate. Confidence and its relationship to a critical mind is rarely talked about in surgical circles yet it is vital for the personal and professional development of a surgeon. Understanding the process, helps reflection and in moments of extreme stress helps to analyse situations clearly.

Theme: Developing individuals (Keywords: cognitive behaviour therapy, surgery, confidence)

Abstract

Introduction: Developing health professional clinical educators able to meet the shifting health care requirements of this century is a current government and professional priority. To change practises in healthcare delivery, those who teach need to change and that is best achieved by specific curricula designed for faculty development. The symbiotic clinical education model underpins an online postgraduate curriculum, aimed to develop faculty for leading and managing change and improvement in healthcare.

Methods: A two phase approach used an independent researcher to conduct semi-structured interviews and thematic analysis to develop and assess outcomes against an outcome logic model. Five faculty responsible for the curriculum development and delivery and twenty past students from a variety of health professions (including medicine, nursing, paramedics, and pharmacy) participated in the research.

Results: The curriculum is embedded in the notion of complexity and teaches flexible and contextual learning that is 'symbiotic', or adds value to all involved. The key to creating a symbiotic clinical education experience is building relationships across all key stakeholders. Learning about the symbiotic model encouraged most participants to consider the broader context of clinical education within complex health care contexts. Participants reflected on the relationships that matter to their own health practice context, and how much influence they had to change these. Such self-reflection and reframing of experience gives rise to a sense of empowerment and leadership, which are crucial for change, and transformative for the participant and the health care system within which they will work.

Discussion: This research shows the program develops clinicians as committed educators and also as change agents who see building relationships as the key to operating effectively within complex health services and systems. The online environment is successful platform for busy clinicians and accommodates the global community through focusing on local and international issues, leadership and social accountability.

References


Theme: Leading and managing change and improvement (Keywords: symbiotic clinical education; faculty development; work integrated learning)

Exposure to student-centred education is the most important predictor of teachers’ conceptions on learning and teaching

Introduction: Some authors state that changes in teaching behaviour require attention for conceptions of teachers in faculty development (e.g. Postareff 2007). Conceptions of teachers also predict the transfer of faculty development to teaching practice (De Rijdt, 2011). Furthermore, in secondary education a relation was found between schools and teachers’ beliefs. Our research questions were: Do medical schools predict conceptions of teachers? Causes a longer exposure to student-centred education different conceptions?

Methods: Previously we constructed and validated a questionnaire (COLT) to measure conceptions of teachers with the scales: ‘teacher centredness’, ‘appreciation of active learning’ and ‘orientation to professional practice’ (Jacobs et al., 2012). It was sent electronically to teachers (N = 646) in the bachelor programmes of two medical schools with student-centred curricula in the Netherlands, VUMC in Amsterdam and MUMC in Maastricht. We conducted a multiple regression analysis to study the relation between the COLT scales and teachers’ characteristics. We also performed a K-means clustering analysis.

Results: The response rate was 50.2% (N = 324/646). In the multiple regression analysis, medical school was the most important predictor for all three scales (with an explained variance of 11%, 7% and 7%). Cluster analysis resulted in five subgroups of teachers, with different profiles on the three scales, which were distributed differently in both schools. With longer exposure (MUMC 30 yrs longer) to student-centred education, significantly fewer teacher centred conceptions were found, more appreciation of active learning and more orientation to professional practice.

Discussion: Exposure to student-centred education is the most important predictor for changing teachers’ conceptions. Implementation of a student-centred curriculum requires also a change in teachers’ conceptions, but this ‘readiness to change’ requires time. Faculty development can contribute to this e.g. by paying attention to the (partly unconscious) conceptions of teachers. The COLT might be a first step to stimulate reflection.

Theme: Developing individuals (Keywords: teachers, conceptions on learning and teaching, student-centred education)

http://www.facultydevelopment2013.com/application/142/view/
Abstract

Introduction: Physicians usually have multiple professional roles, especially as clinicians and teachers. We report on the development and implementation (in the past five years) of an effective program of professional performance improvement (PPI) that supports, evaluates and enhances their clinical and teaching performance in The Netherlands.

Methods: To facilitate the delivery of high quality residency training and patient care, we developed systems to assess and enhance (1) teaching performance of physicians, (2) learning climate, (3) teamwork among residency supervisors, and (4) clinical performance of physicians. All systems were developed in collaboration with clinician-teachers and residents, using taskforces, consultations, focus groups and Delphi-rounds. The systems included web-based questionnaires for voluntary self-assessment and anonymous assessment by residents, peers, and others, and tailor-made feedback reports, and follow-up strategies.

Results: The PPI program began in 2008 and now consists of four systems in different stages of development and implementation: (i) System for Evaluation of Teaching Qualities (SETQ) implemented in 217 residency training programs in 45 hospitals and published in 9 peer-reviewed articles; (ii) System for Testing Residency Educational Climate (DRECT) used in 219 programs in 40 hospitals and published in one article; (iii) System for Measuring Teamwork (TeamQ) used by 700+ supervisors in 70 residency programs and published in one peer-reviewed article; and (iv) System for Individual Clinical Performance (INCEPT) being piloted in 7 departments. Most participants use more than one evaluation system and repeatedly. Assessment feedback is used to initiate performance improvement.

Discussion: In the Netherlands, a PPI program underpinned by reliable and valid instruments is now available and used nationwide by physicians for professional performance evaluation and improvement. Emerging experience and results suggest that providing physicians with formative performance feedback may facilitate their improvement efforts.

References


Theme: Developing individuals (Keywords: Professional Performance, Assessment, Feedback)

Acknowledgements

The Dutch Department of Health, Welfare and Sports financially supported the SETQ-studies.

Abstract

Introduction: The AO Foundation provides education activities annually to 25,000 trauma surgeons in 86 countries. Teaching is provided by over 2,500 experienced surgeons with demonstrated potential to be effective as faculty. The AO has developed a competency-based Faculty Education Program (FEP) to develop surgeons into successful faculty. The FEP is a blended program. 300 participants from 68 countries have completed the program.

Analysis of the online activities showed differences participant online engagement. Higher participation results in more learning and higher degree of competencies. The need is to foster increased engagement in the FEP online activities. The research question that evolved from this practical need is "what are the main factors that influence participation in online activities in the targeted surgeon population?"

Methods: Evaluation data was collected from 300 participants from 68 countries. Emerging data give indications of culture, efficacy in the online environment, user interface, time, method acceptances, and goals. This quantitative data defined questions for qualitative interviews. Focus qualitative interviews are ongoing (complete April 2013) to explore the emerging themes related to participation barriers. The resultant data will be analyzed; themes operationalized; compared by parameters such as countries/culture, experience, work setting, support system, and demographic data.

Results: The results of this analysis will be defined barriers to online participation. Barriers may be defined as generalizable across the entire population or specific to certain segments. Understanding these barriers will result in specific, implementable strategies to overcome these barriers and increase surgeon online engagement and therefore increasing learning.

Discussion: The online activities are critical to developing the appropriate teaching competencies in surgeons and ultimately the effectiveness of AO’s global education programs. Strategies to increase online engagement will be implemented based on the study findings. Increase engagement will result in higher quality of faculty. Strategies how to overcome barriers may be applicable to other faculty development programs.

Theme: Leading and managing change and improvement (Keywords: Faculty Development, barriers to online engagement, teaching online)

 Oral presentation (ID: 94) - Saturday 1100-1230 - Meeting Hall V

Learning from the Paediatric Simulation Faculty Development Programme (PSFDP)

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Abstract

Introduction: Created by the London Deanery Specialty School of Paediatrics to support training and patient safety, the PSFDP aimed to increase simulation within a range of clinical settings (particularly those with little prior engagement), capture latent errors and enhance clinical skills and teamwork. Our study examined the experiences of two PSFDP cohorts (2011, 2012) and other stakeholders' perspectives.

Methods and results: May 2012-March 2013: brief emailed progress reports and semi-structured reflections were invited from PSFDP candidates (bimonthly). Other stakeholders contributed telephone interviews. Through inductive analysis, experiences, impacts, cultural change and sustainability were probed. The first cohort recruited doctors; the second was interprofessional. Most candidates needed over a one year to complete PSFDP’s five modules: some did not secure initial simulation facilitation training promptly; most found competing demands challenging; several experienced difficulties initiating new simulation activities in clinical areas, although local enthusiasm for in situ simulation grew after people participated and benefitted (capture and remediation of latent errors, clinical skills development, teamwork development). Candidates valued their PSFDP learning, describing wider benefits for their current work and future professional development (e.g. increased appreciation of human factors in safer care, improving clinical teaching and supervision in day-to-day practice, gaining leadership experience). Support from PSFDP mentors was important. Apart from isolated clear examples of improvement, evaluating the clinical impact of learning from simulation is difficult because of confounding quality improvement initiatives.

Discussion: Well-designed and facilitated simulations effectively complement other clinical education [1,2] but depend on an adequate supply of skilled faculty. The PSFDP is increasing the number of paediatric practitioners who can design and deliver high quality simulations in collaboration with colleagues. Much of candidates' learning is transferable to other contexts. Regular in situ simulations improve clinical outcomes [3]; implying the next challenge for PSFDP-prompted innovations is to become regular events.

This study was funded by the London Deanery.

References


Theme: Supporting learning through simulated professional practice (Keywords: Simulation faculty development, paediatrics, patient safety)

Show-it-Better: ten techniques to edit and optimize images for presentations

Rationale: Electronic presentations (eg PowerPoint®) are an important component of scientific communication in the health professions. Supporting materials for teaching and effective communication of knowledge in a variety of settings is augmented by quality visuals. Reviews and audits of short and long presentations by trainees, ‘professional’ presenters and novice and experienced educators show poor skills in preparation of ‘slides’ and image control in up to 60%. There is very little published on optimizing images for presentations in such settings.

Content: This presentation will identify common errors and shortcomings in image preparation and present 10 techniques to optimize images. Participants will be able to apply these techniques to improve their own presentations and train others in applying these skills.

Delivery method: We will present findings from an audit of presentations and the participants will discuss the relevance of these findings to quality presentations. Techniques to optimize images will be presented.

Theme: Developing individuals (Keywords: optimizing images, presentations)

The role of educational leaders in health professions education

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Abstract

Introduction: This action research project was carried out in the context of a medical faculty with 35 undergraduate programmes. Due to the lack of a clear role for directors of the programmes, a seminar series for educational leaders was introduced in 2009. The mid manager level in academic organizations have proven to be key for the creation of positive educational cultures (McGrath & Bolander Laksov, 2012). By regular seminars with a group of educational leaders the aim was for the participants to explore their own context in the light of higher education and medical education literature and develop strategies for working with educational change.

Methods: In the monthly seminars participants (n=18) carried out written assignments according to a certain theme. Each seminar was carried out according to a pre-specified format and ended with a reflective discussion on content, process and ideas raised through the process to be applied in own context as well as opportunities and obstacles for change. The seminar series was concluded by participants' writing of narratives on their journey to become an educational leader. These were collected and collaboratively analysed according to a modified thematic content analysis.

Results: The results of the analysis showed that the participants had expanded their view on their own role as educational leaders to include an active role of building culture and promoting change. This was in contrast to the initial view described as that of an administrator, facilitator or organizer.

Discussion: The acknowledgement of educational leaders in academic organisations is crucial for the building of educational cultures that promote innovation and change. However, the role of these individuals is multi-faceted and we argue that regular support and the building of a community of practice (Wenger, 1998) around educational leadership is crucial for a university that truly strives to create a culture that promotes high quality teaching and learning.

References


Theme: Leading and managing change and improvement (Keywords: educational leadership, faculty development, action research)

Abstract

Introduction: Faculty development is a key barrier in developing and establishing simulation courses. Providing structured feedback and assessment of faculty to facilitate their development is crucial (1). FATS provides a taxonomy of behavioral descriptors to assess faculty’s ability to deliver simulation. The tool may be used to provide continuous assessment and as a method to ensure quality assurance and enhanced learning of faculty providing simulation courses (2).

Methods: Following a scoping exercise with established faculty describing key behavioral markers required for successful delivery of simulation a taxonomy was derived. This was performed in reference to current literature in simulation faculty development and behavioral marker development with regards assessment of non technical skills (3). The proposed tool underwent a process of iterative development seeking input from an extended group of expert simulation faculty. The final tool will be validated to existing standards with regards inter observer validity and rest retest validity. A utility framework will be used to assess the value of the tool design (4).

Results: The proposed tool describes the characteristics of effective delivery of simulation. The presentation would discuss the development of the tool and its resultant taxonomy utility in debriefing faculty following a simulation intervention.

Discussion: FATS facilitates the development of faculty enabling new educators to track progress and identify individual learning needs. Faculty debriefing in simulation should be an integral part any course. The use of the taxonomy enables specific constructive feedback on behaviours observed during the education process. Descriptors enable robust and reproducible assessments by different faculty and as a future development we seek to prove interobserver variability. FATS describes the range of behaviours within the debrief but also in preparation and delivery of the scenario enabling a overview of faculties performance. This enables facilitated debriefing and feedback that enables experiential learning (5).

References


Theme: Supporting learning through simulated professional practice (Keywords: Faculty, Behavioural Markers, Development)

Abstract

Introduction: This study had the twofold purpose of understanding the processes by which faculty members of a private school of medicine in Puerto Rico developed as teachers in addition to identifying the challenges that educational leaders face in their function of promoting the development of faculty members.

Methods: A qualitative study with a multiple-case embedded research design was adopted. Basic sciences and clinical sciences faculty members comprised the cases that were studied. In-depth interviews to experienced faculty members, as well as a faculty development leader, and the revision of institutional documents comprised the main data collection strategies. Two recent faculty development models (O’Sullivan & Irby 2011; Steinert 2011) served as the theoretical frame for the research study.

Results: Basic sciences professors related their development as teachers to their students’ feedback, while clinical professors reported the influence of their ex-professors and the interactions with patients as experiences that contributed to their teacher development. Professors from both cases also ascribed their development as teachers to their self-directed learning through online and traditional sources. Mentorship and structured reflection on their own teaching were not central to the teachers’ development as proposed by both theoretical models analyzed.

Discussion: Faculty development initiatives need to go beyond the traditional workshops, to adopt the non-traditional mentorship models and to enhance the value of reflection of educational practice. Educational leaders are urged to procure the link between the workplace learning community and the community characterized by the faculty development initiatives. Future studies might consider the adoption of qualitative research approaches such as those employed in this study as a reasonable infrastructure to explore the experiences that characterized the evolution of health professionals as teachers and its relation with the theories that underpin this complex process.

References

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Theme: The scholarship of workplace learning (Keywords: faculty development, medical educators, educational leadership)

Acknowledgements

Results of this study were derived from the main author's dissertation, as required to get the doctoral degree in Educational Administration at the University of Puerto Rico (by December 2012).

Oral presentation (ID: 220) - Saturday 1100-1230 - Panorama Hall
Using openly licensed and embedded third party resources in teaching materials

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http://www.medev.ac.uk/ourwork/oer/#fdhp13#220

Abstract

Introduction: The rise in the publication of open educational resources (OER), MOOCs and open access (Watters 2012; UNESCO 2011) has put pressure on individuals and organisations to review their compliance with copyright and related laws, as digital copying makes it incredibly easy to share content that may belong legally or morally to another, leaving the sharer at risk of being sued (The Guardian 2012). Copyright varies world wide (although most countries are signatories to the Berne Convention) with education in the US enjoying the concept of ‘fair use’, not replicated widely in Europe. It is widely recognised that teachers tend to ‘mash up’ content from multiple sources, especially the internet, that are copied to VLEs, and possibly captured for lecture-replay (Yuan et al. 2008). Sources can be derived and transformed (altered) from the original, and insufficiently attributed. Creative Commons (http://creativecommons.org) generally doesn’t permit access to third party published materials, widely used in teaching. This presentation will outline the tools available to support educators, including new developments in embedding third party materials in OER.

Methods: We interviewed stakeholders (staff, publishers, authors, students, policy makers, copyright experts, etc.) and documented the policy requirements for embedding third party resources in OER. We developed a pilot technology to reduce the transaction costs for permission-seeking for third party resources to be used in OER, and tested the approaches using case studies (in veterinary medicine).

Results and discussion: The ‘ten statements’ policy framework developed met publishers’ expectations, such as permission on a ‘case by case basis’ although it is only practical to deliver in practice with a modernised technology architecture involving APIs.

This work is informing the ‘open’ aspects of the development of the ‘Copyright Hub’ in the UK (Business, Innovation and Skills, 2012). New rules are evolving and educators have a responsibility to communicate them to others.

References


Theme: Developing individuals (Keywords: open educational resources, OpenCourseWare, learning resources)

Acknowledgements

The authors are grateful for sponsorship from Jisc and Higher Education Academy on behalf of the Higher Education Funding Council for England. With thanks to the Partners in the PublishOER and other OER projects.

Abstract

Introduction: Currently residency program directors (RPD’s) get little formal feedback on their leadership. The purpose of this research was to evaluate the feasibility and utility of a competency-based multisource feedback (MSF) instrument and process in providing Postgraduate RPD’s with comprehensive, honest and constructive feedback on their leadership. The MSF instrument was developed based on a review of competency inventories as well as an iterative process that involved national and local input.

Methods: RPD’s were invited to participate via email and to provide contact information for 10-20 colleagues (e.g. administrators, faculty, residency committee members, chairs, deans) who would be invited to provide feedback on their leadership skills. RPD’s also completed a self-assessment survey. The identified participants were sent an email invitation and following their consent, surveys were sent out. Responses were summarized and presented in aggregate, anonymized format to RPD’s. An optional debriefing process was offered to RPD’s to offer further information and coaching.

Results: 18 (23%) of University of Toronto RPD’s, from a variety of departments, volunteered to participate in this pilot study. Reports were collated for 15 RPD’s who had >7 forms completed in addition to their self-assessment. The mean number of respondents per RPD was 9.22 with a range of 5-18 following several reminders. 14/15 RPD’s requested a debriefing process.

Discussion: The combination of program directors views of their own performance and the feedback received served as useful tools for feedback on their leadership performance. The interest in participation in this pilot testing was surprisingly high, but the feasibility and utility of the tool was challenged by response rates of assessors. Our findings indicate that formal feedback is welcome, is feasible to collect and share, and that it can both support medical education leaders and provide direction on how to improve their practices.

Theme: Leading and managing change and improvement (Keywords: leadership, feedback, postgraduate)

Abstract

Introduction: The Fellows in Educational Scholarship Program (FESP) was created with the intent of fostering the professional development of a group of clinical faculty in educational scholarship. This was established to advance the long-term goal of developing a community of educational scholars in Queen’s University Faculty of Health Sciences. Educational scholarship encompasses both educational innovation and research. Quality is attained through peer review, dissemination and by providing a platform for others to build upon. This 3-year program was comprised of skill-building group sessions and individualized mentoring to guide fellows’ research projects. Our 2011 developmental evaluation showed the responsiveness of this curriculum to evolving learner needs.

As a follow-up to our previous work, this evaluation focuses on the development of scholarly identity. The ways in which faculty members internalize the concept of scholarship in relation to their own work has implications for advancing a community of scholars who recognize and support each other.

Methods: This study is comprised of individual semi-structured interviews with the fellows. The interviews were established to elicit each fellow’s story of their developing understanding of themselves and their work. Data has been analyzed for themes in terms of scholarly processes and development as well as activities and products.

Results: The findings of this study illuminate the contributions of FESP to both the scholarly engagement of the fellows as well as the development of identity in relation to scholarship.

Discussion: This study goes beyond measuring the “outputs” of a scholar’s program. While we are tracking productivity, we are also exploring the evolution of these faculty members in terms of their understanding of what it means to embark on educational scholarship. This, in turn, can shed light on how to create a sustainable community of educational scholarship.

References


Abstract

Introduction: This is a case study of an interprofessional leadership programme, which supports educators in the health profession, and develops them as leaders in education. The innovation was prompted by a demand for leadership development among health educators. The guiding principles of the programme included its unique focus on leadership through each module. The underlying assumptions and philosophy of leadership development include the need to develop leadership potential in the individuals themselves before they can lead others.

Methods: The programme is in its third year and is a dynamic curriculum, developing according to ongoing evaluation by students, faculty and new teaching initiatives in healthcare education. Evaluations presented here include end of module surveys, Course Evaluation Questionnaires, Document analysis, Programme meetings with Class Representatives and a recent review by an accreditation team.

Results: Some key findings include the developments of the participants themselves. They are now trying different approaches to teaching and learning. Their dissertations comprise a change project which are having a substantial impact back on practice and on their careers. Evaluations have also highlighted where further developments can be made on the programme to ensure a stronger leadership focus throughout.

Discussion: Both the education sector and the healthcare sector require people who do not identify with a formal role of leader to engage in leadership. In both sectors, leadership must be exercised on a continuous basis. The arguments presented suggest that leadership can be developed and that this development needs to be deeply embedded and driven out of the context and challenges faced collectively by leaders in the organisation (Turnbull James, 2011; Huffington et al., 2004). Assumptions about leadership and leaders can shape the way that staff perceive and evaluate leadership. Recommendations for other programme developers include the need to value leadership as a core quality for all faculty development.

References


Theme: Leading and managing change and improvement (Keywords: leadership, education, interprofessional)

http://www.facultydevelopment2013.com/application/59/view/
Abstract

Introduction: Current recommendations regarding remediation comprise systematic procedures to identify learners in difficulty early, diagnose the source of their problem(s), and define a plan of remedial action and follow-up (Hauer et al. 2009; Katz et al. 2010). However real-world supervision often falls short of recommendations (Dupras et al. 2012). According to Fishbein’s integrative model of behaviour prediction (Fishbein 2000), the provision of optimal supervision depends on supervisors being willing and able to perform supervisory tasks. Environmental constraints and supervisor competence are important, as are supervisors’ related beliefs. We sought to uncover supervisors’ beliefs about supervising residents with clinical reasoning difficulties.

Methods: We conducted 4 focus groups with supervisors in various specialties in the French-speaking regions of Switzerland and Belgium. The data were explored using systematic metaphor analysis (Schmitt 2005).

Results: The metaphors used by supervisors revealed an ideal vision of “normal” residency as a spontaneous process with minimal need for input on their part. Only fully-functioning residents seemed to provide a sense of satisfaction by requiring minimal attention and allowing clinical work to “flow”. Most metaphors indicated relationships which were too close (e.g. a parental relationship) and led to frustration with residents in difficulty, or too detached (e.g. quality control metaphor where supervisors’ involvement is limited to checking whether residents conform to standards). Such metaphors indicated low self-efficacy and normative beliefs about taking on residents in difficulty.

Discussion: Our findings suggest that improving practice in managing residents with clinical reasoning difficulties requires significant changes in supervisors’ beliefs in this area. Residents in difficulty appear to challenge supervisors’ dual identity as clinicians and teachers by throwing a spanner in the flow of clinical work. Metaphor analysis has the potential not only to advance research in faculty development but also to be used in reflective workshops aimed at changing beliefs and developing supervisors’ teaching identity.

References


Theme: Developing individuals (Keywords: clinical supervisors, beliefs, qualitative study)
Abstract

Introduction: In 2012 a taskforce at Maastricht University was assigned to design and deliver a track for programme directors which should inspire them for good educational leadership. It should: * include working in teams within the faculty development program and within the workplace; * clarify roles and responsibilities within the educational organization; be tailored to learning needs and achievements in the workplace. This presentation addresses the content and underlying learning principles of the first track of the resulting programme and the evaluation results of the experiences of the first cohort of participants. The following questions will be addressed: [i] How can guiding learning principles for faculty development be translated in an effective programme which inspires programme leaders for their role as leader in an academic learning organization? [ii] Does the delivered programme meet the intended learning objectives? [iii] How is the programme experienced by participating (future) educational leaders? This presentation addresses the content and underlying learning principles of the first track of a programme “Inspiring for educational Leadership” and the evaluation results of the experiences of the first cohort. Questions will be addressed: [i] How can guiding learning principles for faculty development be translated in an effective programme which inspires programme leaders for their role as leader in an academic learning organization? [ii] Does the delivered programme meet the intended learning objectives? [iii] How is the delivered programme experienced by participating educational leaders?

Methods and results: A programme “Inspiring for educational quality” was developed inspired by literature on educational change literature, interviews with experienced and new educational leaders to determine their visions, ideas and needs. This programme can be characterized as tailored; stimulating reflection and collaboration and providing guided participation in the new activities. The programme encompasses seven two-day meetings, spread out over one year for a group of 9 participants. The participants are all working as educational leaders, having roles such as: programme directors and bachelor coordinator. The first track of this leadership programme started in May 2012. Halfway, and at the end, questionnaires and interviews are compiled to invest if chosen educational approaches have met the intended outcomes. The analysis of the answers will be classified into three categories: [ii] Behavioral change; [ii] Change in leadership conception; [iii] Institutional impact (in the sense of a contribution to innovation and change of ineffective practices in the department, faculty or university). We will discuss which learning principles of faculty development are used and how these are translated into the themes of the programme. Secondly we will present how the designed programme is actually delivered and how this is experienced by participants. Although the impact of faculty programmes is hard to determine, an attempt will be done to prove the chosen approach is highly valued by the participants, and positive effects are reached in terms of behavioral change and change in conceptions of leadership.

References


Theme: Leading and managing change and improvement (Keywords: faculty development, educational leaders)

Abstract

Introduction: There have been increasing calls for patient safety to be integrated into the curricula of healthcare professionals. However, universally, the lack of expert faculty poses a significant barrier to widespread implementation of patient safety training. This study aimed to develop, implement and evaluate a training programme for senior doctors to become faculty leaders for patient safety training.

Methods: This was a 2-year prospective longitudinal survey conducted in 2010-2012. Senior doctors were recruited from across 20 hospitals in the North Western Deanery, England, UK. The intervention comprised a half-day course in patient safety theory, root cause analysis and small-group facilitation, following which participants were invited to sign up as faculty for a region-wide patient safety training programme for trainees 'Lessons Learnt: Building a Safer Foundation'. Patient safety knowledge, attitudes and skills were evaluated pre- and post-course and retention further evaluated 8 months post-course.

Results: 216 senior doctors volunteered as faculty of whom 122 were appointed. Participants reported high levels of satisfaction with the course. Objective scores of patient safety knowledge significantly improved immediately post-course (Median Pre-course=70%, Median Post-course =80%, p<0.001) and were sustained at 8 months (Median 8 month post-course=90%). Similarly, measures of attitudes and self-reported safety skills also significantly improved post-course and were sustained. Upon completion of the course, 88/122 (72%) participants facilitated 213 ‘Lessons Learnt’ sessions from January 2011 to July 2012 (mean 2, range 1-8 sessions per faculty member). Trainee satisfaction with faculty was high.

Discussion: There is considerable appetite for senior doctors to engage with training in patient safety both as teachers and learners. Training senior doctors in patient safety is feasible, acceptable and effective as a means of building capacity and capability for delivering training in this rapidly emerging field.

Theme: Developing individuals (Keywords: patient safety, capacity-building)

Acknowledgements

This study was funded by the NHS North West Junior Doctor Innovation Award in Education and Training. Additional event sponsorship for delivery of course and materials was provided by the Medical Protection Society (MPS). Ahmed, Arora, Vincent and Sevdalis are affiliated with the Imperial Centre for Patient Safety and Service Quality (www.cpssq.org) which is funded by the National Institute for Health Research, UK.

Acknowledgements: The authors wish to thank Fizza Ahmed, Matthew Kirkman, Stephenie Tiew and Ana Wheelock for their assistance with data input, course administration and manual design. We also wish to thank all participants in this study.

Assistant Professor Viola Antao,
University of Toronto, Canada
Oral presentation (ID: 80) - Saturday 1400-1530 - Panorama Hall
"Fun With Field Notes" faculty development strategies for implementing a competency based curriculum in family medicine

Rationale:

Content:

Delivery method:

Theme: Developing individuals (Keywords: Faculty Development, Competency Based Curriculum, Field Notes)

The AusSETT and NHET-Sim Programs: a national investment in faculty development for healthcare simulation educators/technicians

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Abstract

Introduction: Health Workforce Australia (HWA), a national government organisation responsible for health workforce development, has funded significant base level simulation-based education (SBE) faculty development programs (Health Workforce Australia 2012). This has entailed a two-stage process. First, the Australian Simulator Educator and Technician Training (AusSETT) Program (www.aussett.edu.au) aimed to provide over 230 experienced educators and technicians with a curriculum and skillset to train others in SBE methodologies by mid 2012. Second, many graduates of this train-the-trainer program are now faculty with the National Health Education and Training in Simulation (NHET-Sim) Program (www.nhet-sim.edu.au).

The NHET-Sim Program aims to train 6000 participants in the foundations of SBE methodologies by mid 2014. Both Programs are designed to cover a breadth of simulation modalities and for all healthcare disciplines. The structure of the Programs are a combination of core and elective e-learning modules and face to face workshops. However, the NHET-Sim Program offers an online only option to 25% of participants. Both Programs are free of charge and take approximately three days to complete, including readings.

Methods: Participants complete end of module and workshop evaluations. Responses are analysed with descriptive statistics and thematic analysis.

Results: 230 participants completed the AusSETT Program; the NHET-Sim Program at time of writing has approximately 40 completions with over 1000 registrations in the first two months of commencement. The AusSETT post-module surveys (n = 230) provide data supporting the success of the Program with favourable responses to meeting of learning objectives. For the NHET-Sim program, initial end of module and workshop evaluations also provide favourable responses.

Discussion: The value of the national faculty development approach to SBE is supported by the success of the AusSETT Program and the current high registration rate for the NHETSim Program. This strategic and large scale approach may serve as a model for addressing faculty development issues in healthcare simulation.

References


Theme: Developing individuals (Keywords: simulation based education, faculty development)

Acknowledgements

This AusSETT and NHET-Sim Programs were possible due to funding made available by Health Workforce Australia

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#fdhp13 #224

Abstract

Introduction: Inadequately trained clinical educators have been identified as a bottleneck in workforce development in Australia¹. The Southern Health/HealthPEER Clinical Supervision Support Program provides a half day face-to-face workshop or equivalent on-line learning module and additional e-learning modules targeting fifteen disciplines, ten practice contexts (such as aged care or paediatrics) and two educational modalities (peer assisted learning and simulation). Case studies and audio-visual recordings of experienced supervisors describing their own practice are embedded within the e-learning materials. This interprofessional program particularly targets health professionals with limited access to education training. It seeks to provide the foundations of supervision and educational practice, and address areas of specific concern, such as managing underperformance.

Methods: The Presage-Process-Product (PPP) methodology² formed the basis for the evaluation strategy. We sought participants’ perceptions through survey and interview, focussing on: factors which promote or inhibit faculty development (presage); improvements to the workshop and/or module structure (process); and changes in supervisory practice (product).

Results and discussion: At the time of writing, 54 workshops have been conducted with over 670 participants drawn from public and private hospitals, community settings and a wide range of disciplines and subdisciplines. Thirteen e-learning modules have been completed. Preliminary evaluation results will be presented, focussing on the presage and product elements. The value of the interprofessional learning experience and the perceived impact of the web-based interface in generating an educational community of practice will be explored. Our previous work has indicated the need for clinical supervisors to better understand educational strategies and for strengthening clinical educators’ links with educational institutions³. The emphasis in this program is in providing theoretical and practical basics to orient clinicians to their roles as educators. The on-line resources promote further development, grounded within particular disciplinary and practice contexts.

References


Theme: Developing individuals (Keywords: Clinical Supervision, online modules, multi modal education)

Acknowledgements

This project was possible due to funding made available by Health Workforce Australia.

Abstract

**Introduction:** In-training evaluation reports (ITERs) are foundational for workplace assessments. While there was some consideration of “minimum standards” more than 70 University of Toronto residency program directors (PDs) design ITERs unique to their programs, creating confusion for users and difficulty in studying trends across programs. Inconsistent practices included: poor alignment between ITER and rotation, excessive length or complexity of items, and unclear scales. For example, most used 3 of 5 as a passing score; others used 1 or 2.

**Methods:** Key steps included: literature review, guideline development, consultation with stakeholders; approval by relevant committees; formal PD coaching, structured ITER review/approval; guideline refinement; and tracking progress and outcomes.

**Results:** Results indicated that PDs needed the most support with: decreasing the excessive number of ratings, linking goals to objectives; developing descriptors for ratings, and mapping of rotations and assessments. Guidelines applied to ‘new’ ITERs, but many PDs also revised existing ITERs consistent with the guidelines. In the first 6 months, 105 ITERs from 27 programs were reviewed. Length varied from 30 -97 ratings per ITER. After review, most ITERs had less than 20 ratings but more than the guideline target of 12. All new ITERs are linked to rotation goals and objectives and also mapped so that different Medical Expert competencies and one or two other intrinsic CanMEDS roles are emphasized.

**Discussion:** ITERs are more explicitly aligned to goals and objectives and, although much shorter, are still longer than ideal. Consensus around guidelines was important but not sufficient to ensure change. Considerable ‘just in time’ faculty coaching and support from PGME educationalists was needed. Further efforts to shorten ITERs will be informed by statistical analysis of updated ITERs after one year, and from faculty and resident feedback.

**References**


Theme: Leading and managing change and improvement (Keywords: Assessment, faculty development, postgraduate medicine)

http://www.facultydevelopment2013.com/application/76/view/
Peer support of a medical faculty “Writers’ Circle” increases confidence and productivity in generating scholarship

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Abstract

Introduction: Scholarly productivity is critical for career advancement in academic medicine. Obstacles may include lack of time or self-confidence, difficulty in writing,[1][2] as well as competing clinical and administrative responsibilities.[3] Initial rejection of manuscripts can be particularly demoralizing.

Our approach to developing a peer-support writing group among clinical faculty in one department was informed by both theory[4] (Self-determination theory, focusing on motivation promoting competency, autonomy, and relationships) and research on medical faculty development[5] and peer writing groups.[3]

Methods: The “Writers’ Circle” goal was to promote members’ scholarly productivity. Each of the five clinical-track members had more than 20 publications and been faculty more than five years. Two members were alumni of the University of Michigan’s Medical Education Scholars Program and one contributed medical illustrations. Members decided to focus on previously rejected manuscripts put aside by the first author. After the initial meeting, interactions have been informal face-to-face during clinical work and on-line. After the first 6 months, an anonymous survey asked members about the status of papers and evaluation of writing group.

Results: Ten previously rejected papers – at least one from each member - were submitted to the Circle. Four manuscripts were accepted for publication and six are in active revision. The number of accepted co-authorships increased by an average of 2.4 (2-3 range). All (100%) participants characterized the program as worth their time, increasing their motivation to write and opportunities to support colleagues, and confidence in their ability to generate scholarship.

Discussion: In our department, a percentage of protected professional development time is dependent on individual scholarly output, especially of peer-reviewed publications. By pooling expertise in editorial proficiencies, all papers submitted benefitted. Our peer support group increased scholarly productivity and provided a collegial alternative to perceptions of writing as a solitary activity.

References


Theme: Developing individuals (Keywords: faculty development, self-determination theory, scholarly productivity) 

http://www.facultydevelopment2013.com/application/81/view/
Abstract

Introduction: The Fred Bryans Master Teacher program is a Faculty Development (FD) program for community-based clinical teachers. This program focuses on the development and improvement of clinical teaching skills across distributed teaching sites at the University of British Columbia. This pilot group of Master Teacher participants, as of March 2013, will have had instruction in both a face-to-face (F2F) session and an online, asynchronous environment. This abstract outlines the comparison of the online and face-to-face learning environment in order to investigate, “What is the impact of technology on participant satisfaction of an FD program?

Methods: A survey instrument with quantitative and qualitative measures will be used to assess the online learning experience and compare it to the F2F learning experience. Outcomes of interest include: motivation to participate, accessibility, acceptability, participant satisfaction, changes in knowledge, and self-reported changes in teaching beliefs and behaviours.

Results: Early analysis of results from Module A workshop evaluations indicate that the collaborative nature of the program is well-received by participants. We will collect and analyze survey results throughout the Module B course offering (begins Feb 2013) to measure the extent to which we have re-created the collaborative-feel of the F2F session in an online forum.

Discussion: Community based preceptors face numerous barriers to participate in face-to-face faculty development sessions. Online learning experiences could enhance and build on face-to-face sessions. Our data will address whether online program development is an effective faculty development strategy.

Theme: Interprofessional and team-based learning (Keywords: technology, online learning, group-based learning)

Acknowledgements

Dr. Fred Bryans was the former Head of the UBC Department of Obstetrics and Gynaecology. He was a renowned clinical teacher who wished to support excellence in clinical teaching. This program is made possible by an endowment from Dr. & Mrs. Bryans.
The Teaching Support Environment (TSE) - a bespoke tool supporting clinical teachers at a distance

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https://ltms.ncl.ac.uk/public/services/teaching-support-environment/ #fdhp13 #176

Abstract

Introduction: Newcastle Medical School has had a bespoke VLE (the Learning Support Environment - LSE) for over a decade, allowing the programme to rapidly adjust to new challenges, such as; increased student numbers, regulatory requirements, an international campus in Malaysia and new teaching methods.

The LSE is explicitly designed to facilitate the learning process of undergraduate students, and most development effort has been expended in this area. It was observed that teaching staff on the programme were finding using the LSE difficult to use, in particular those in the clinical years of the programme who were not so familiar with the pre-clinical content presented to all students in the first two years of the programme.

It was decided that a new environment, explicitly designed for teachers, should be created. This is the Teaching Support Environment (TSE).

Methods: The core of the TSE was built from existing functionality present in the LSE, with components being added or removed to enhance functionality for teaching and administration staff. A program of activity was agreed with teachers, faculty, administration staff and developers and regular focus groups helped to keep this on track.

Results: The initial version of the TSE was delivered in Aug 2011 after approximately 6 months development time. We are now using version 3. It is used regionally by 1500+ users of which 340 are general practitioners and 90+ administrative staff. It is also used in NUMed Malaysia. Requests for new functionality such as GP-specific tools, management of timetabling and use as a hub for staff development have all been implemented.

Discussion: Integration with Dynamic Learning Maps is underway. We are also working on tools to assist with appraisal and re-validation of teachers.

Theme: Leading and managing change and improvement (Keywords: support, online, system)

Acknowledgements

Faculty of Medical Sciences Medical Student Office, Newcastle University

An objective structured teaching examination for faculty development: testing the waters for acceptability and utility

Abstract

Introduction: Faculty development of clinical teaching, essential for family medicine supervisors, has traditionally been given through interactive small group activities. Rarely are these the occasion to assess performance in a simulated teaching context. In order to remedy this situation, an eight station Objective Structured Teaching Examination (OSTE) was developed and proposed in September 2012 to eight clinical teachers at the Université de Sherbrooke, each having at least five years of experience in clinical supervision. This pilot project aimed to document the acceptability of the simulated exercise and its usefulness.

Methods: The script of the stations, as well as the rubrics and the verification lists used for feedback to the participants, stem from faculty development workshop exercises in which they previously took part. Following the circuit, they answered a questionnaire on their perception of their performance in the different stations, completed a guided revision of one of the stations that was videotaped and participated in a group debriefing on the acceptability of an OSTE. A questionnaire regarding any changes they made in their practice following the activity was completed two months later.

Results: More than half of the participants performed below expectations in several of the stations and significant improvements were recommended to everyone. There was a high correlation between the evaluation of the performance by the observer and that by the participant himself when viewing his video. Documentation of the changes in practice will follow.

Discussion: This project provides food for thought on the relevance and potential applications of this type of simulated activity in the development of clinical teaching competence. The results of the self-evaluation exercise following the viewing of the video suggest the possibility of developing less resource-intensive variants of the proposed stations.

Theme: Supporting learning through simulated professional practice (Keywords: faculty development, clinical teaching, simulation)

Teaching Improvement Project Systems (TIPS) for residents: program evaluation of workshop effectiveness

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Abstract

Introduction: The two-day TIPS workshops are designed to improve the teaching skills of our residents. The purpose of this evaluation is to determine the extent to which teaching improves after each day of TIPS and after TIPS when residents are “at work.”

Methods: Microteaching sessions for both days (N=82) as well as pre-TIPS sessions were rated by blinded raters on the following areas: objectives, motivational set, body (main content), and closure (conclusion). Work-related teaching sessions, completed an average of 34 weeks after attending TIPS, have been rated for 17 residents thus far. Paired samples t-tests and effect sizes were conducted to determine the extent to which residents implemented learned skills.

Results: Residents improved significantly in all areas after attending the first day of TIPS (p<.001). Raters identified statistically significant improvements from Day 1 to Day 2 for objectives (p=.006, d=.35) and body (p=.010, d=.32). However, preliminary analyses revealed statistically significant decreases from Day 2 to post-TIPS work-related sessions for objectives (p=.012, d=1.06) and closure (p = .001, d=1.74).

Discussion: Residents improved significantly in all areas after attending the first day of TIPS (p<.001). Raters identified statistically significant improvements from Day 1 to Day 2 for objectives (p=.006, d=.35) and body (p=.010, d=.32). However, preliminary analyses revealed statistically significant decreases from Day 2 to post-TIPS work-related sessions for objectives (p=.012, d=1.06) and closure (p = .001, d=1.74).

Theme: Developing individuals (Keywords: teaching improvement, scholarship of teaching)

Oral presentation (ID: 39) - Saturday 1400-1530 - Meeting Hall IV
Understanding the needs of department chairs in academic medicine

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#fdhp13 #39

Abstract

Introduction: The role of university department chairs in academic medicine is constantly evolving in response to the changing landscape of healthcare and medical education. Adapting to these complex changes presents chairs with new challenges and needs. This paper provides empirical evidence about the complex needs of chairs to provide insight into the design of support and development for them.

Methods: We adopted a qualitative case study approach and employed a critical case sampling strategy. 21 department chairs (84%) consented to participate in semi-structured interviews. An inductive thematic analysis was conducted and through an iterative process of relating and grouping of emerging themes, the team decided on a coding structure that was applied to the entire dataset.

Results: From participant narratives about their roles, responsibilities and challenges we highlighted five interrelated themes that were viewed as essential to their success: (1) a network of support for strategic reasons, advice, information sharing and emotional support; (2) effective interpersonal skills; (3) infrastructure development such as departmental growth and collaboration, creative revenue generation and the cultivation of leaders; (4) cultural awareness of their department, hospital and university; (5) the ability to enable change including having a clear vision, the courage to take risks; the ability to engage others and enlist various sources of power.

Discussion: While the department chair has been identified as playing a key role in today’s universities very little is known about what their needs are to perform their responsibilities. Furthermore, the competencies and training opportunities for this role are ill defined. Our findings illuminate essential capabilities, infrastructure and supports that should inform the selection, orientation and support of chairs in order to maximize their opportunities for success. Providing chairs in academic medicine with access to orientation, mentorship, development and communities of practice may facilitate smooth transition and successful leadership.

Theme: Leading and managing change and improvement (Keywords: chairs, academic medicine, leadership development)

Medical teacher identities: a study in Australian hospitals

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#fdhp13 #103

Abstract

Introduction: This doctoral study aimed to generate a better understanding of the teacher identities and pedagogical perspectives of hospital-based medical teachers.

Methods: The research was conducted with 25 medical teachers in large hospitals associated with The University of Melbourne in 2011. The study aimed to answer three questions: How do these medical teachers think about teaching? How do they go about teaching? How do they think about themselves as teachers? Audio-recordings of interviews with and observations of teachers with medical students in both clinical and classroom settings were analysed in the interpretive tradition of research.

Results: The study has shown four elements of these medical teachers’ ways of thinking about themselves as teachers. First, central to their teacher identities is their belief that they possess a particular form of clinical knowledge that is at the heart of being a doctor and that contrasts starkly with textbook knowledge. Secondly, they see being a teacher as enjoyable and natural and, as just part of being a doctor. Thirdly, the ways teaching is regarded in the community affect their sense of themselves as teachers. Fourthly, they place importance on relationships and enjoy relationships with the students while feeling disconnected from the university.

Discussion: This understanding of hospital-based medical teachers’ identities has implications for medical education more broadly. In particular, if their distinct conception of clinical knowledge were more explicitly appreciated and acknowledged by universities, these teachers may be more likely to engage with the universities' medical education goals. At the same time, the notion of teaching as natural for doctors may in fact be restricting rather than facilitating their development as teachers, and better pedagogical support for them requires sensitivity to their values and identities.

References


Theme: Developing individuals (Keywords: Medical teachers, teacher identity, clinical teaching)

http://www.facultydevelopment2013.com/application/103/view/
Abstract

Introduction: Background: Over the past few years, students' requests for enhanced curriculum mobility in Health Sciences have increased pressure to develop internationalization. As UCL's central administration is 35 km away from Health Sciences' Brussels campus, its Vice Rector proposed in 2009 to create a new unit of International Relations for Health Sciences.

Guiding principles were encouraging greater communication between schools and faculties, consolidating successful exchanges, building on long-standing international collaborations, welcoming and coordinating foreign delegations. Underlying assumption was that every school/faculty would find its own interest in collaborating.

Methods: A part-time coordinator was appointed with a small budget. Missions and objectives for the new unit were developed with professionals from Human Resources, and were proposed and accepted by Health Sciences authorities in March 2012. Six priorities and 32 related actions were identified, along with principal stakeholders and their specific role(s). A small steering committee was founded to help the unit achieve monthly smartgoals. Progress evaluations were to be made bi-annually.

Results: Internationalization priorities of the 6 schools and 5 research institutes were defined, all started student and staff mobility

- EU projects participation guaranteed one part-time assistant and an actual office
- About 80-100 foreign delegations and visitors were welcomed by the new unit in 2012
- Bi-annual meetings with all stakeholders ensure best-practice and reviewing of exchange contracts, which have doubled overall
- An annual International Evening was set up for students.

Discussion: Difficulties included exponentially increased demands from faculty, researchers and students, time needed to train both steering committee and assistant, poor communication between faculty, unclear stakeholders’ roles. Evaluation after 6 months suggested closer follow-up and clearer role definitions. Strengths are the office’s central location, personnel, availability, encouraging enhanced communication with students and staff. Full assessment is expected in May 2013 and will be presented at the conference.

Theme: Leading and managing change and improvement (Keywords: innovation, international relations, health sciences)

Should we choose problem-based learning or team-based learning?

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Abstract

Introduction: Continuous improvement of curricula is crucial to optimally prepare medical students for their job. Nowadays, team-based learning (TBL) is introduced as a solution to adequately prepare students for teamwork. In the previous century, problem-based learning (PBL) was advocated and implemented all over the world. This raises questions: What are the differences and similarities between PBL and TBL? What are the unique strengths and weaknesses of PBL and TBL? How can PBL and TBL benefit from each other’s unique strengths?

Methods: First, the main characteristics of PBL and TBL will be explained. Thereafter similarities and differences will be summarized and how both approaches fit with Merill’s first principles of instructional design (2012). Finally, it will be explained how both approaches can benefit from each other.

Results: PBL and TBL, although their implementations in practice may vary, fit well with current first principles of curriculum design (Merill, 2012). Both have common strengths, but also unique strengths. Peer evaluation and feedback is a unique strength of TBL (Parmelee et al., 2012) that can be implemented in PBL. Encouraging students to generate their own questions and discussion to activate prior knowledge, instead of testing and lecturing, is a unique strength of PBL that could be implemented in TBL.

Discussion: By combining the unique strengths of PBL and TBL and using varied instructional approaches, we can make students benefit from both worlds. In sum, think win-win when designing curricula in order to optimize student learning and use varied instructional approaches that fit well with current instructional design principles. Further research is needed. Do the approaches differ in terms of costs? What are the effects of reducing teacher support in PBL? What are the cognitive effects of focusing on decision-making problems in TBL versus reasoning problems in PBL? What about the difference in group size?

References


Theme: Interprofessional and team-based learning (Keywords: problem-based learning, team-based learning)

A change management perspective on faculty development: implementation of an integrated, outcome-orientated curriculum at the Charité Berlin

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Abstract

Introduction: In 2010, the Charité - Universitätsmedizin Berlin replaced a traditional medical curriculum by modular integrated and outcome-orientated one. To date, 28 of 40 modules have been planned in a standardised and transparent process, 20 modules have been implemented. The entire faculty has been involved in planning and implementation of the curriculum. Teaching and learning subjects have been designed interdisciplinary by members of the various basic science, clinical-theoretical and clinical science departments and student representatives along a continuous moderation of curricular experts.

Methods: Strengths and weaknesses of the change management process were analysed and intervention strategies were developed by conducting a analysis of Strengths, Weaknesses , Opportunities and Threats (SWOT-analysis).

Results: The whole Charité faculty has been involved the interdisciplinary planning and implementation process and experienced a fundamental change which was associated with change management-related resistance: they have had to deal with the challenge that their departments have to redefine their traditional identity in order to teach interdisciplinary right from the beginning of the curriculum. Furthermore, the faculty has been facing the challenge to reduce teaching time for specific subjects to allow more exemplary teaching and learning. The reduction also enabled promotion of social skills training and problem solving competencies. Overall, the faculty development process has been found to be determined by structural, financial and human resources.

Discussion: Successful transformation from a traditional to an integrated, outcome-orientated medical curriculum requires a high level of professional exchange and cooperation between all relevant departments and faculty members. It is essential that a relevant number of key faculty members actively support the transformation process.

Theme: Leading and managing change and improvement (Keywords: change management, transformation process, traditional to integrated curriculum)

Abstract

Introduction: The Foundation for the Advancement of Medical Education and Research (FAIMER) institute established in 2001 in the USA, offers fellowships to health profession educators from resource constrained environments, focusing on health professions education (HPE) and leadership skills to implement change in their institutions. In 2008 the Southern Africa FAIMER Regional Institute (SAFRI) was established, offering similar fellowships to educators from sub-Saharan Africa, to create an environment that fosters the development of networks and communities of practice with a cross-disciplinary, cross-cultural social identity.

The two year fellowship includes two on-site sessions with a distance learning component. Fellows are required to design and implement an educational innovation. Scholarly outputs linked to this project include an abstract, poster presentation and an article. This study aims to highlight the reach of the programme in Africa; the type of innovation project and the scholarly output by fellows.

Methods: A document analysis for 2008 to 2011 was conducted using the annual abstract booklet. A survey was administered to all fellows, requesting scholarly output information. Data was analysed by two reviewers.

Results: SAFRI reached ten countries and 61 participants, with projects focusing on undergraduate programmes including needs assessment, impact and curriculum development; thirty percent community-based. Sixteen percent are pursuing a postgraduate degree in HPE directly as a result of SAFRI. Publications increased from 2.55 to 3.34 per respondent.

Discussion: This initiative has clear impact geographically, across disciplines and in terms of education projects. It provides a safe environment to novices engaging in educational research, as fellows and supervisors. The community of practice creates an environment for collaborative research and access to multi-national resources of international quality. This study highlights the enabling potential of such programmes to move beyond institutional, discipline and regional boundaries, to foster scholarship, and to facilitate the commitment to advanced studies needed in the region.

Theme: Developing individuals (Keywords: interprofessional, fellowship, scholarship)

Acknowledgements

We acknowledge FAIMER and the ECFMG for the funding of the SAFRI programme

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Abstract

Introduction: The University Teaching Qualification (UTQ) have started in 2007 at Maastricht University. Already more than 100 teachers successfully passed this program. As an increasing number of faculty members is UTQ certified, we may expect an impact on the departmental level of the organization. Do the UTQ certified teachers act as educational advocates in their department?

Research on faculty development mainly focus on the individual level. In a review of O’Sullivan et al. research on professional development of teachers on a group level is promoted. A new framework is presented, in which the faculty development community and the workplace community are distinguished. Key components as coaching and relationships and networks are associated with concrete processes which take place in the work environment of teachers.

In this study the framework from O’Sullivan is used and elaborated to what extent the teaching commons from UTQ are actually practiced in the workplace community.

The main research question is: What is the impact of the UTQ-program on teachers’ educational workplace environment?

Methods: A combination of qualitative and quantitative research methods is used: the focus group methodology supported by a questionnaire.

Respondents are 24 teachers, randomly sampled from the total group of teachers who attended and successfully finished UTQ recently. Four focus groups will be conducted to discuss the relevant themes, facilitated by a moderator.

Results: As the focus groups will be conducted in January and February the results are not available yet.

Discussion: The relevance of this study is to find out how coaching by colleagues occur at the workplace. How do relationships and networks develop in the university and how do they influence continuing professional development? To obtain information about supporting and hindering factors in the work environment will be of practical relevance for tailor made faculty development activities.

References


Theme: The scholarship of workplace learning (Keywords: workplace learning, coaching, relationships and networks)

http://www.facultydevelopment2013.com/application/30/view/
Abstract

Introduction: The literature identifies the lack of a conceptual underpinning to interprofessional education and collaborative practice, linking this to the failure of many initiatives to improve practice in these areas (Lingard et al, 2004, 2012). Much of the reported educational response relates to teaching non-technical skills (such as teamwork, leadership and communication) where the inability of professionals to work together is manifested in practice (Barrow et al, 2010).

Methods and results: 40 f2f, individual, semi-structured interviews with senior doctors and nurses working in two clinical settings in a large urban hospital in New Zealand were carried out in 2011-12. Data generated were analysed with a framework developed using activity theory (Engestrom, 2008) to enhance understanding of interprofessional teamwork. We found that health professionals work in multiple teams. Loyalty to the professional team typically overrides all other considerations leading to dysfunction and sabotage. However patient advocacy is actively used to challenge other professionals and enable collaborative practice.

Discussion: Contemporary teaching of ‘teamwork’ or ‘communication’ in uni-professional training may enhance understanding but is unlikely to improve interprofessional ‘collaboration’ in practice, as it fails to address how health professionals actually work in contemporary health services. Using the activity theory based framework, we consider how the broader context of care provision might affect clinicians’ conceptualisation of collaboration with other professionals, both members of their own profession (intra-professional working) and members of other professions (inter-professional working). The nature and interviewees’ perceptions of ‘collaboration’ in different specialties is also explored. Faculty development is required to help health professionals achieve greater understanding of the complexity of interprofessional teamwork and the loci of power, control and authority to achieve improved patient care. Such development requires changing ways of thinking about identity formation, how different professionals perceive healthcare, the influence of the specialty and the location of professionals’ healthcare work.

References


Theme: Interprofessional and team-based learning (Keywords: teamwork, interprofessional learning, leadership)

Acknowledgements

Unitec New Zealand Research Committee

The effective factors for teaching competency of nursing faculty in Iran

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#fdhp13 #223

Abstract

Introduction: Nursing competent teachers have an important effect on success of nursing student and improving the quality of nursing care. Acquiring teaching competency has a dynamic process that depends on variety of socio-cultural contexts.

Methods: A grounded theory approach was used and took place in universities of Tehran. Data collected through 14 in-depth individual interviews were conducted with purposeful and theoretical samplings from nine participants of nursing teachers to better understand about their experience. Interviews were taped, transcribed and analysed using the constant comparative method.

Results: Two categories of internal and external factors that influenced to acquiring teaching competency for nursing teachers were emerged that included: Internal factors such as: 1) Personal characteristic 2) individual performance 3)Teaching experiences, and external factors such as 1) organizational factors 2) Socio-cultural factors. “Personal characteristic” guarantees nursing teachers to acquiring teaching competency.

Discussion: Understanding the factors that influence acquiring of teaching competency for Iranian nursing teachers is important as it broadens prior knowledge and confirms the factors that are important to facilitate attaining competency and to success in faculty development strategies.

References


Theme: Developing individuals (Keywords: teaching competency, factors, nursing, grounded theory, faculty development)

Assessing feedback facilitators’ performance in multi-source feedback in specialist training

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#fdhp13 #71

Abstract

Introduction: Personal feedback in multi-source feedback (MSF) processes in specialist training entails medical doctors acting as feedback facilitators (FF). In this study the doctors’ performance as FFs was explored.

Methods: Video-recordings of 16 feedback sessions were analysed and scored by two independent coaches using a previously developed criteria list for FF-performance. 1) Setting, 2) Presentation of report, 3) Analysis of data, 4) Development plan, 5) Language and means and 6) Overall impression.

Results: The FFs were novices in regard to giving feedback in MSF processes, but had participated in a one-day course for FFs. The global mean score for the FF’s performance was 71% of the maximum obtainable. Overall the feedback facilitators created a pleasant atmosphere for the conversation. The physical frames, however, seemed less important. The presentation and analysis of data in the MSF report and the flow of the conversation was dependent on how well prepared the FF was. Overall the FFs seemed uncomfortable with the facilitating style and often adopted a more deductive style, thus placing the trainee in a passive listening rather than an active performing role. Learning situations were often postponed or even bypassed and the developmental plans for the trainee seldom worked out. Trainees, however, felt content with the FF’s performance.

Discussion: The global mean score achieved by the novice FFs was considered a good performance. Although the FFs seemed more comfortable using a deductive communication style rather than a more facilitating style which fosters reflection, the trainees reported having benefitted from the personal feedback. Despite the good performance, further training or more experience in the use of a more facilitating conversation style might contribute to higher benefits from MSF in specialist training. The results of this study could be used to design future training for FFs.

Theme: Developing individuals (Keywords: Faculty development, multi-source-feedback)

Acknowledgements

The study was financed by the Central Region Denmark from the fund for quality improvement in specialist training.

Abstract

Introduction: Studies that investigate the impact of long term rural exposure for undergraduate medical students often focus largely on the student’s experience and perspectives. Research focusing on the clinical teacher experience in rural clinical exposures appears to be limited.

This is part of a study which evaluated the first year of implementation of a rural clinical school (RCS). We explore what the implementation meant for the practice of the physicians at the site of the newly created RCS and the extent to which the shift from fulltime practicing physician to clinical teacher required them to adapt and change.

Methods: The sample comprised all practicing specialists who were responsible for teaching the students.

Data from semi-structured interviews conducted with the specialists for the RCS evaluation study were analysed. Through an interpretive approach, a thematic content analysis was performed to obtain a clearer understanding of how these practicing physicians had experienced their first year as clinical teachers in the RCS.

Results: Four overarching themes were identified from the interviews with the practicing physicians: attitudes towards the implementation of the new medical education model; uncertainty and insecurity as a teacher; emergence of the identity of clinician teacher; the community of practice and shared sense of responsibility.

Discussion: Understanding this journey may be a valuable addition to faculty development initiatives. These results depict in part, the journey that was travelled by the physicians during the first year of implementation of the RCS, a sense of having been colonized by the university to a sense of ownership of their role as teachers.

Existing physicians at newly adopted training sites are agents of change who have the potential to develop a supportive and enabling community of practice where constructive relationships between students and teachers develop with a mutual sense of responsibility for improvement in clinical practice – instructional reform resulting in institutional reform.

Theme: Developing individuals (Keywords: continuity, responsibility, )

Acknowledgements

We gratefully acknowledge funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through HRSA via the Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI)

We acknowledge the contribution of Prof Ben van Heerden, Dr Therese Fish and Ms Norma Kok from Stellenbosch University who were part of the initial research study which served as the catalyst for this subsequent study.

http://www.facultydevelopment2013.com/application/105/view/
Double dose: an interprofessional education curriculum faculty development strategy for facilitation

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#fdhp13 #210

Abstract

Introduction: Effective interprofessional education (IPE) requires relevant content built on core competencies that is taught by knowledgeable and skillful educators and then assessed and evaluated. Key to the education process is the educator or facilitator and their skill in facilitating interprofessional groups. As part of a large longitudinal, innovative IPE curriculum, a two-pronged faculty development strategy for facilitation was designed to engage academic and clinical faculty, develop competencies and build capacity.

Methods: Interested participants engage in a half-day interactive workshop that is given several times annually. This workshop acts as an introduction to facilitation and focuses on defining IPE facilitation, key foundational theories and concepts, describing IPE facilitation competencies using a unique self-assessment tool, applying these to common facilitator situations and developing a learning plan for ongoing development.

Following this, faculty volunteer for facilitation experiences within the IPE curriculum where they participate in a second facilitator faculty development workshop specific to a learning activity. In this way, they learn the design, goals, objectives and methods employed in the session, including those for facilitating, and apply their learning from the introductory workshop.

Evaluation of both the half-day workshop and learning activity is conducted through the use of a survey form that addresses content, methods and the individual instructors. The compiled results are fed back to the instructors for review and ongoing development.

Results: Both qualitative and quantitative evaluation data are very positive for the introductory workshop and subsequent specific learning activity workshops. Both academic and clinical faculty find that this faculty development meets and often exceeds their expectations.

Discussion: This faculty development strategy demonstrates that a double dose or two-pronged strategy for faculty development in IPE facilitation is effective. This has critical implications for all institutions engaging and developing a competent cadre of facilitators for an IPE curriculum to enable quality interprofessional facilitation and learning.

References


Theme: Interprofessional and team-based learning (Keywords: Interprofessional Education, Facilitation, Self-Assessment)

Abstract

Introduction: The development of AOTrauma's 2,500 faculty members is a challenge. This global organization provides CPD to about 25,000 trauma surgeons in different parts of the world to address regional needs, cultures, and languages. The existing faculty training was reaching only a small number of faculty, its effectiveness was in doubt, and it lacked an assessment process. An innovative new global Faculty Education Program (FEP) firmly based on sound adult learning theories was initiated.

Methods: Using an adapted backward planning process (Moore et al) starting with teaching problems, we identified teaching gaps in knowledge, skills and attitudes, which were formulated as competencies. To achieve the desired outcomes, we structured the FEP curriculum around the predisposing-enabling-reinforcing instructional framework as developed by Green and Kreuter. Several studies have shown that this approach was associated with improved CPD outcomes. The Faculty Education Program consists of 5 weeks of preparatory online activities, a 1.5-day event, and 3 weeks of follow-up online activities.

An evaluation/assessment process based on the four levels of outcomes of adapted from Miller was developed with the following instruments: pre- and postcourse self-assessment, formative evaluation with feedback, summative evaluation at the end of the program, commitment-to-change contract, assessment (peers, participants) on teaching performance.

Results: The program was implemented globally in 2011 and 2012—a total of 350 faculty members have since been educated. The results demonstrate that a competency-based approach is ideal for designing and implementing faculty development programs of global scope to provide standardized but adaptable curricula that can be delivered by a diverse body of faculty to meet the needs of an equally diverse body of learners.

Discussion: The FEP can be used as a model for developing faculty programs in medical education organizations confronted with increasingly complex educational methods, the implications of new technology, and a global faculty and student composition.

References


Theme: Interprofessional and team-based learning (Keywords: CPD, competency-based, global)

http://www.facultydevelopment2013.com/application/164/view/
Oral presentation (ID: 200) - Saturday 1600-1730 - Meeting Hall V

Using team-based learning (TBL) for faculty development

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#fdhp13 #200

Abstract

Introduction: Team based-learning (TBL) is an up-and-coming educational strategy that could, before long, surpass Problem-based Learning (PBL) in popularity. Through advance preparations, readiness assessments, longitudinal small group work and application exercises, TBL promotes independent learning and peer teaching. A deep engagement of learners is not just desirable for undergraduate and postgraduate training, but also for faculty development. Over the past three years a guest lecturer ran six half-day faculty development workshops on “Current Trends and Future Directions in Medical Education” at Vienna Medical School (Austria). One of the five trends presented was TBL. To go beyond just talking about TBL, the entire program was structured in this fashion, albeit with some modifications. Faculty often cannot be motivated to prepare in advance, they are greatly concerned about saving face in front of colleagues and they have a rich through variable fund of experiences to draw from.

Methods: To adjust the program to the specific needs of the learners, the following modifications were made: 1) The Readiness Assurance Test (a 5-item multiple choice test) was administered only after additional information was provided in the first half hour of the program. 2) The application exercises focused on the other four themes of the workshop (Core Competencies, Curriculum Integration, Computer-based Learning and Clinical Skills Labs/Simulation). 3) The end-of-program peer-feedback about each other’s contributions to the group work was anonymous.

Results: Participants evaluated the program highly although very few had prior TBL experience. “Demands on participants” were viewed as “just right” by the large majority. Overall satisfaction ratings typically were between 5 and 6 on a 6-point scale (6=very good).

Discussion: Using TBL strategies for teacher training seems acceptable to the target group and will provide participants with a hands-on experience of this rich educational technique.

References


Theme: Interprofessional and team-based learning (Keywords: team-based learning, faculty development)

Abstract

Introduction: Significant reform of postgraduate medical education in the U.K. has placed doctors in a position where they are expected to adopt training practices antithetical to their own learning histories and the literature on work-based learning. New forms of activity, framed as ‘faculty development’, have emerged as a response. The policy and practice literatures frame faculty development as the means to professionalise medical education, signalling a particular type of response, where certain teaching and learning practices are advocated and accreditation of educational roles has been instigated. This study explores the ways in which the medical profession are responding to this agenda, tracing a range of responses from the conforming to transforming.

Methods: This paper arises from a case study of faculty development across a large, postgraduate deanery in the UK. The case study involved desk based policy analysis and indepth biographical interviewing with members of the newly emerging faculty development workforce in Deanery, NHS and Higher Education Institution contexts. Three metaphors for learning (after Sfard, 1998, Engestrom 2001) were used as heuristic devices to trace a wide range of responses to the professionalisation agenda, from conforming to transforming.

Results: The study reveals a range of responses to the professionalisation of medical education, going beyond those typically presented in the literatures. Ideal-typical features of the identified conforming, reforming and transforming responses are elaborated. It is suggested that these responses are closely aligned to the theoretical and biographical tools faculty developers draw upon.

Discussion: If faculty development is to move beyond ‘teaching the teachers to teach’, the faculty development community needs to re-think its practices and expand the range of resources it draws upon in its work. This involves valuing the rich cultural heritage of medical apprenticeship, problematising reform and developing new ways of developing practice through practice.

References


Theme: The scholarship of workplace learning (Keywords: Professionalisation, Faculty Development)

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#fdhp13 #99

Abstract

Introduction: Health professional faculty are increasingly challenged by time and geography in their ability to access faculty development (FD) to support their teaching roles and responsibilities. Existing FD methodologies may be enhanced by the availability of a range of new technologies. However, faculty are often unaware of and/or uncomfortable about the role of emerging technologies in teaching and learning. It is imperative that accessible resources for educational programming are developed for utilization by both individual and groups of faculty. The Centre for Faculty Development (CFD) initiated the development of a program to address the faculty development needs of diverse faculty by creating a collection of electronic resources that can be utilized in a flexible manner.

Methods: The CFD convened a team of learners and faculty from Medicine, Rehabilitation Sciences, and Pharmacy. They worked collaboratively to design the curriculum and develop videos for incorporation into short e-learning modules. In addition, a brief quantitative evaluation survey was developed for each module. Further evaluation involved collection of qualitative data regarding use by groups of teachers.

Results: The developed program is called ‘ART: Accessible Resource for Teaching. It consists of 16 e-learning modules that are focused on specific teaching and learning issues and can be used by both individuals and groups of teachers. Each module incorporates teaching videos and reflection questions; and can be completed within 15 minutes. To date 329 teachers from six countries have registered for ART. Program evaluation is ongoing.

Discussion: ART provides additional means for participation in faculty development. Involvement of learners in program development brought the learners’ voice into faculty development. Thus ART can enhance faculty’s access to learner-centred teaching by providing opportunities for enriched teaching and learning interactions between students and faculty. Students are also exposed to learning approaches that inform their development as learners and future teachers.

Theme: Developing individuals (Keywords: Faculty Development, E-learning)

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#fdhp13 #144

Abstract

Introduction: While orientation and training programs for clinical teachers in health care professional programs acknowledge clinical expertise as an essential requirement for this role, there has been inadequate attention to the importance of providing teachers with understanding of critical pedagogies associated with facilitating experiential learning in situated contexts.

Methods: In response to identified needs to provide novice instructors (Abromowitz, 2008) with a conceptual framework from which to understand the complexities and often conflicting responsibilities associated with clinical teaching a two day workshop was designed and implemented on two occasions for groups of health care professionals interested in learning about the philosophy, scholarship and pedagogy underpinning this central role in health professional curricula. Content was shared through didactic presentation, interactive discussion, simulation and role playing.

Results: Summative evaluations from attendees indicated particular appreciation of the essential process of reflecting on their own effectiveness as a teacher and the usefulness of practical strategies for accessing feedback from a variety of sources. Key learning was identified in relation to consideration of how the exercise of power often benefits the teacher rather than promotes student learning.

Discussion: Of the six core elements articulated by Mezirow (2000) in transformational learning theory emphasis is given to the process of critical reflective practice which involves ongoing examination, questioning, validating and revisiting of taken-for-granted assumptions. If it is accepted that learning occurs not through experiences but by actually thinking about experiences, it is proposed that this notion is as equally significant for the teacher as learner as for the student. Reflective teaching practice is a skill that can be learned through honest self-appraisal of teaching experiences and efforts to see oneself through the student’s eyes. Reflection becomes “critical”, in the political sense, when teachers self-consciously consider how power and hegemonic discourse influence and shape teaching and learning practices (Brookfield, 1995).

References


Theme: The scholarship of workplace learning (Keywords: Clinical teaching, transformational learning theory)

http://www.facultydevelopment2013.com/application/144/view/
Using curriculum renewal as an opportunity to engage preceptors in best practice health professional education

Abstract

Introduction: As part of a university wide curriculum renewal project at James Cook University in Australia the postgraduate coursework program for clinical educators was reviewed and updated to reflect current directions in health professional education. It also provided an opportunity to introduce and model innovative teaching and learning approaches. Previous evaluations of preceptors in the Medical School identified that obtaining formal academic qualifications in health professional education was difficult and time consuming. Many preceptors also believed that professional development of teaching skills was unnecessary, yet student evaluations did not always reflect this view. This paper explores how we went about renewing the clinical educator curriculum to encourage participation by more preceptors.

Methods: Curriculum renewal was achieved using a multi-faceted approach involving 1. organisational issues (interprofessional vs medical practitioners only), 2. logistical changes (online vs face to face), 3. technology (use of discussion boards, Camtasia, and Collaborate and 4. innovative teaching and learning (self-directed and individual learning plans and online modules containing information, links to references and websites and practical activities).

Results: Results from the early stages in our curriculum renewal process will outline the successes and limitations to date. Feedback from our students has been positive and indicates active engagement with the content, technology and each other, an appreciation of flexible learning opportunities and the development of skills which are being transferred to their work with undergraduate students.

Discussion: Health professional education needs to deliver learning and teaching using formats and approaches that model best practice and are easy to access and engage with, as well as being attractive for the students for whom they are designed. Academic health professional educators need to deliver contemporary teaching that takes advantage of innovative methods and flexible, self-managed learning that accommodates the need for "just in time" learning (Harden, 2009).

References


Theme: Leading and managing change and improvement (Keywords: curriculum renewal, medical education, preceptor teaching)

http://www.facultydevelopment2013.com/application/133/view/
From feedback to action: explaining how faculty act upon residents’ feedback to improve their teaching performance

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http://www.professionalperformanceonline.nl #fdhp13 #34

Abstract

Introduction: The goal of residency training is to provide training while ensuring patient safety. This requires excellent performance from teaching faculty. Multiple feedback systems are being used to support faculty to remain or become high-quality teachers. However, there is a lack of knowledge on how faculty react to and act upon feedback received from residents. This multi-specialty, multi-institutional interview study was conducted to (i) gain insight into how teaching faculty proceed after they have received residents’ feedback on their teaching performance and (ii) what influences their progression.

Methods and results: Between August 2011 and December 2011 twenty-four faculty who had received formative feedback on their teaching performance through a valid and reliable evaluation system (SETQ system[1-4]) participated in this study. They reflected upon their (re)action(s) during individual semi-structured interviews. The interview protocol and analysis were guided by Prochaska’s comprehensive trans-theoretical framework describing and explaining stages and processes of behavioural change[5].

Faculty involved in residency training used residents’ feedback to different extents to adapt or improve their teaching performance. Important tipping points in the processes of change for faculty to put feedback into practice were: experiencing negative emotions for themselves or residents from not acting upon the feedback, realising that something should be done with or without support from others, and making a strong commitment to change. In addition, self-confidence to act upon feedback and recognizing benefits of change were found to stimulate faculty to change their teaching behaviour.

Discussion: New knowledge is now available on the various ways faculty continue after they receive residents’ feedback. This study provides insight in the stages and processes of change faculty proceed through. Since faculty use feedback to improve their teaching performance, organising residents’ feedback for faculty in a systematic way is strongly recommended for continuous improvement of teaching performance, and consequently the quality of residency training.

References


Theme: Developing individuals (Keywords: faculty development, teaching performance, feedback)

http://www.facultydevelopment2013.com/application/34/view/
Can aggregated data from multi-source feedback be used to improve specialist training at hospital level?

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Abstract

Introduction: Multi-source feedback (MSF) is widely used in specialist training. Data can be aggregated at departmental and hospital level. The question is what aggregated MSF data show and how data can be incorporated in organizational initiatives to improve specialist training.

Methods: MSF was performed at 38 departments at a University Hospital. Data collected electronically included self-evaluation and feedback from specialists, peers and nurses/staff. The 46 items addressed the roles collaborator, communicator, manager and professional. A 5-point Likert-scale from 0 (almost never) – 2 (now and then) - 4 (always) was used. Acceptable score was >2. Data was analysed as percentages of no answer (N/A) cut-off 15% and answers ≤ 2/total number of given answers (cut-off 10%).

Results: Data was obtained from 324 trainees. The overall response rate was 85.6% with 7.5% of scores ≤ 2 (N/A 12.6%). The percentage of N/A was collaborator (7%), communicator (9.5%), professional and manager (16%). For the manager role scores ≤ 2 comprised 14.5% compared with < 5% for the other roles. In manager 14.5% of specialist and nurses/staff scored the item ask for help when heavy workload occurs ≤ 2 (self-evaluation 30%). When asked “delegate work” 46% of specialists, 30% of nurses/staff and 33% of peers scored ≤ 2 (self-evaluation 60%). If asked “gives feedback” the score ≤ 2 was 38% (N/A; 16%) in all respondents groups (self-evaluation 66%).

Discussion: Aggregated MSF data showed that doctors and coworkers add different learning perspectives to trainees and to the organization. At organizational level initiatives towards trainees should focus on the manager role which could contribute to increased learning, patient safety and effectiveness in patient treatment. Aggregated data emphasized the need for faculty development in respect to give and receive feedback. Further analysis of MSF data at department level might increase the usefulness of MSF as a tool to design faculty development initiatives.

Acknowledgements

Central Denmark Region, Health Education, HR, Viborg

http://www.facultydevelopment2013.com/application/84/view/
Adequate supervision in residency training benefits the quality of residents’ provided patient care (1), affirming the significance of clinician teachers’ high teaching performance. Work engagement benefits job performance (2), but it is unknown whether work engagement results in high teaching performance of clinician teachers, who typically perform their work in their roles as physicians and teachers. In this study, we investigated (i) the levels of clinician teachers’ work engagement in both their roles as physicians and teachers, and (ii) their relations to teaching performance.

We conducted a cross-sectional survey involving 61 residency programs, covering 25 medical specialties, in 18 medical centres in the Netherlands. Residents evaluated clinician teachers’ teaching performance on a 5-point scale, using the validated System for Evaluation of Teaching Qualities (SETQ), consisting of 21 items. Clinician teachers self-reported their work engagement on a 7-point scale, separately in their roles as physicians and teachers, using the validated 9-item Utrecht Work Engagement Scale (UWES-9).

In total, 549 (68%) residents filled out 4305 evaluations and 627 (78%) clinician teachers self-evaluated. Clinician teachers reported higher work engagement in their roles as physicians than in their roles as teachers (mean difference = 0.97, p<0.01). Their work engagement as teachers was positively related to teaching performance ($\beta = 0.31$, p<0.01), while their work engagement as physicians was not ($\beta = -0.05$, p=0.30).

Clinician teachers are less engaged as teachers than as physicians. Residents evaluated clinician teachers with high work engagement in their teaching role as better teachers. Generally, job resources, such as job autonomy and performance feedback, benefit work engagement (3). Increasing these resources for clinician teachers could facilitate improvement of their work engagement, and ultimately, teaching performance. Future research will have to show which job resources could be adjusted in the specific context of clinician teachers.

References

Abstract

Introduction: Career planning in the academic medical context is largely focused on early career stages. Clinical faculty tend to have little guidance on how to plan for the later phases of their careers and/or prepare for potential retirement. Researchers need to further understanding on these issues in order to better inform both individual career planning, and academic institutions’ management of talent and human resources.

Methods: A mixed methods approach was utilized with 2 phases of data collection. Phase one involved the completion of a quantitative survey by full time clinical faculty in the Faculty of Medicine at a Canadian university. The mean age of the (N=377) participants was (M=51.45, SD= 9.98) Phase two involved three separate focus groups (N = 19) with clinical faculty to facilitate in-depth discussion of issues identified in phase one.

Results: Quantitative survey data revealed that faculty’s late career and retirement plans were significantly influenced by several variables including: financial security, feeling valued by students, psychosocial planning, and retirement anxiety. Qualitative focus group data validated survey findings, and presented additional concerns at both individual and organizational levels. At the individual level, clinical faculty expressed concern about financial insecurity as well as loss of identity, activity, and continuity of their work. At the organizational level, clinical faculty expressed concern about poor succession planning by both hospitals and departments. Lack of trust within work units, and fear of losing resource allotments emerged as major obstacles to late career and retirement planning.

Discussion: These research findings shed light on critical issues for late career and retirement planning in academic medicine, and generate insight on individual and organizational strategies that are necessary to address them. Implications for faculty development will be discussed.

Theme: Developing individuals (Keywords: Late Career, Retirement)
Abstract

**Introduction:** In the UK specialist trainees are a major source of clinical teaching for junior doctors. Medical education and teaching skills are core competencies included in the generic curriculum for specialist training. Hence, there is a need for a validated assessment instrument that can measure the attributes of specialty trainees as effective teachers.

**Methods:** The study was conducted in two phases. In the first phase, the content of the instrument was generated from the literature and tested using the Delphi technique. In the second phase, the instrument was field tested for validity and reliability by calculating factor analysis, Cronbach alpha and Generalizability coefficient. The attributes of specialty trainees were assessed by clinical supervisors, peers and students.

**Results:** The Delphi study produced a consensus on 15 statements for the final draft of the instrument. In the field study a total of 340 instruments were completed. The instrument exhibited internal consistency (Cronbach’s alpha 0.90) and the Generalizability coefficient was 0.92. Factor analysis demonstrated a three factor solution (learning-teaching milieu, teaching skills and learner-orientated).

**Discussion:** The instrument demonstrates robust validity and reliability. This new instrument, specifically designed to test the teaching attributes of doctors-in-training, can be useful for providing formative and summative assessment of clinical teaching.

Theme: Developing individuals (Keywords: teaching, assessment, junior doctors)

Impact of a formal mentoring program on academic promotion of department of medicine faculty: a comparative study

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http://www.deptmedicine.utoronto.ca/Page11.aspx #fdhp13 #183

Abstract

Introduction: Purpose: To evaluate the impact of a formalised mentoring program on the time to promotion of individual faculty members and to explore if there are any differences in outcome based on gender.

Methods: Methods: In 2003, a formal mentoring program was implemented in an academic department of medicine. We used case controlled comparisons to analyse time to promotion (i) before and after program implementation and (ii) between mentored and non-mentored faculty. Faculty were matched based on academic job descriptions, gender, age at appointment, specialty division, and initial level of faculty appointment. Using analysis of variance (ANOVA), we explored the effects of gender on time to promotion.

Results: Results: Longitudinal promotional data from 1988 to 2010 for 382 (62%) faculty appointed before 2003 were compared with 229 (38%) faculty appointed in 2003 or after. More faculty received mentorship in the 2003 or after cohort (89% versus 14%, p<0.01). Faculty appointed in 2003 or after were promoted, on average, 1.2 years sooner than their counterparts appointed before 2003 (M=2.49 years, SE=.28, M=3.73 years, SE=.24, t(52)=-5.16, p<0.01, r=.58). Regardless of year of appointment, mentor assignment appears to be significantly associated with a reduction in time to promotion (M=3.44 years, SE=.42, M=4.42 years, SE=.46, t(31)=-2.72, p<0.05, r=.44). No gender effect on time to promotion is apparent for either Lecturer-to-Assistant or Assistant-to-Associate promotions (F(1,201)=.475, p>.05; F(1,257)=3.49, p>0.05).

Discussion: Conclusions: Mentoring was a powerful predictor for one measure of academic success; promotion, regardless of year of appointment. Time to promotion for faculty members was faster for faculty members participating in a formal mentoring program.

Theme: Developing individuals (Keywords: targeted faculty development, strategic evaluation, faculty outcomes)

Acknowledgements

This project was funded by the Department of Medicine, Faculty of Medicine at the University of Toronto

http://www.facultydevelopment2013.com/application/183/view/
Abstract

Introduction: Since most of the research in faculty development in health professions education have been conducted mainly based on Western values, Asian countries in Confucian Heritage Cultures (CHC) such as Japan are getting started the research on cultural differences and its implications. The purpose of this pilot study is to describe the Japanese clinical teacher’s portrayal through the Maastricht Clinical Teaching Questionnaire (MCTQ) to develop the hypothesis for future research in the era of globalization.

Methods: MCTQ, consisting of five domains based on cognitive apprenticeship with 5-point likert scale and 10-point global rating for over all judgment, is recognized to elicit evaluations of clinical teacher’s performance by the learners. MCTQ in Japanese was modified for self-assessment and distributed to the clinical teachers who participated in faculty development programme in 2012 to reflect their teaching style. The mean score of each items were compared and the correlation with over all judgment was analyzed by SPSS. The result was evaluated through the literature describing CHC to develop the hypothesis of the common and different theme.

Results and discussion In general, although Japanese clinical teachers reflect that they seldom encourage learners to set an individual goal and self-evaluation, they may embrace the interactivity with the learners. Whereas having individual goals are emphasized in Western value such as individualism, different approach which facilitates an effective interaction might exist in CHC such as collectivism. Further studies on learning process are needed to understand the common/different teaching view in West and East to elaborate the explicit implication.

References


Theme: Developing individuals (Keywords: Confucian Heritage Culture, goal setting, medical education)

Acknowledgements

Grants-in-Aid for Scientific Research allocated by Ministry of Education, Culture, Sports, Science and Technology (MEXT), Japan

http://www.facultydevelopment2013.com/application/77/view/
Abstract

Introduction: There is an international move to recognise the needs for effective, sustainable faculty development in the health professions (Steinert 2000; McLean et al, 2008) yet there is little accredited education for developing the faculty developers themselves. The partnership between NHS Tayside and the Centre for Medical Education (CME), University of Dundee (UoD) has created a centre of excellence in faculty development (GMC, 2009). This paper discusses the development of a new 15-credit online module resulting from this partnership, offered as part of CME’s Masters in Medical Education (CME, 2012).

Methods: The course outline and content were developed by synthesising an extensive literature review and the experiences of faculty development within Tayside. A series of tasks was developed that would provide a blueprint for participants to lead a faculty development initiative in their own context. A pilot workshop was run face-to-face with 20 international health-educators to test the flow and content of the course. The workshop was run by the two module leads, with each noting feedback on parts run by other tutor.

Results: The workshop was well-received and tasks rated useful. Tutor-feedback and participant verbal feedback and written evaluations were analysed and used to inform the module specification, rationale and assessment for the UoD’s module approval. The 10-chapter module was developed for online distance learning (ODL) or blended delivery (combining one-week intensive instruction on-campus with ODL).

Discussion: Using CME’s experience of producing masters-level online modules we believe we have developed an innovative and highly relevant product for supporting health professionals leading faculty development. The next stage is to evaluate not only the participants’ satisfaction but also the course’s impact. Participants will be invited to participate in a longitudinal study to investigate both course utility and application in their own institution, and peripheral benefits, for example networking and peer knowledge exchange (Tiwana, 2003).

References

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Theme: Leading and managing change and improvement (Keywords: ODL (online distance learning), synthesis, leadership)

A pilot study of ABEM newly implemented nationwide program: promoting active learning and replication of teaching faculty

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http://www.abem-educmed.org.br/ #fdhp13 #196

Abstract

Introduction: The Brazilian Association of Medical Education (ABEM), in a mission to “develop medical education (…) capable of meeting the health needs (…), contributing to raise a more just (…) society”, built a network of 12 Collaborating Centers for Medical Education (CCME) - focused on training medical residency preceptors (MRP). The program, named Pedagogical Competence Development for Preceptorship was developed for training of trainers. During a blended learning strategy, tutors were qualified in order to prepare them to replicate the experience in the training of MRP. We wonder if this model was successful in increasing the teaching skills of them.

Methods: The pedagogical concept guiding both courses was problematization and andragogy, including active teaching learning methodologies. The educational planning of tutors’ course, after experimentation and validation by them, was the pattern replicated in MRP courses. They worked in a team setting, in which a couple of tutors were supported by a learning mentor and a supervisor. We regard that as tutors learn to teach, they exchanges places and actively experience the methodology implemented along with their MRP.

During the course, various teaching strategies were used: educational planning, “up down overview”, “living together agreement”, e-learning, video mediated learning, games and group dynamics, Wordle®, profile building and “what they know about?”. MRP were assessed by answering an identified questionnaire to know which teaching strategies they knew and employed before and after the course.

Results and discussion: Through experimentation, implementation and reflection tutors incorporated and validated strategies demonstrating immediate usability. All of the strategies were used after the course (specially Wordle®, “up down overview”) despite there being some that were easier to use.

The strategy of developing pedagogical competence based on real problems by practicing active teaching methods proved to be effective by extending and embedding learning resources in teaching practice of tutors and preceptors.

References


Theme: Developing individuals (Keywords: Preceptor and Tutor, Active Learning , Faculty development)

Acknowledgements

Ministry of Health of Brazil - Department of Labor Management and Health Education (SGTES); Pan American Health Organization (OPAS); Brazilian Association of Medical Education - ABEM

Workshops
Mentorship: an essential academic role

Abstract

Rationale: Mentorship, an essential feature of the broad development of faculty members, is recognized as a valuable approach to guidance and support of new faculty members. Mentorship can enhance the effectiveness and enjoyment of day to day work while building on career development. Many faculty members feel they receive insufficient mentorship.

Faculty members are sometimes hesitant to take on the role of mentor because they lack knowledge of key mentorship concepts and lack confidence in their mentoring skills. This workshop on mentorship is designed to assist potential mentors who are taking on this essential academic activity to understand the benefits, identify mentoring opportunities and develop approaches to dealing with challenging mentoring situations.

Content: By the end of the workshop, participants will be able to:

- List the potential positive outcomes to both mentors and mentees in mentoring relationships
- Recognize opportunities for the development of a mentoring relationship
- Define the roles and responsibilities of mentors and the mentees Identify potential challenges and their solutions in mentoring relationships

Delivery method: The workshop includes a brief interactive plenary wherein key concepts are presented, small group discussions of case vignettes that exemplify issues that arise in the different phases of a mentoring relationship and the opportunity to work in pairs on one’s individual mentoring challenges.

References

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Theme: Developing individuals (Keywords: Mentorship, concepts, challenges)

http://www.facultydevelopment2013.com/application/42/view/
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Abstract

Rationale: Peer observation of teaching has emerged in literature and practice as a strong contributor to and facilitator of the development of teaching skills and strategies (1,2) both for the observed and the observer. However, little detailed attention has been given to the role of peer observation in developing the reflective practitioner, particularly in relation to identifying faculty learning needs in relation to their teaching practice. The workshop will model a pilot system in an Irish medical school designed to support and enhance the developmental potential of peer observation of teaching.

Content: The workshop will consider peer observation according to the developmental model outlined by Gosling (2009)3 which has as its focus a mutual and reciprocal process, whereby both parties observe each other's teaching and provide feedback which prompts dialogue and reflection. The model adopted in the trial system encourages a sense of ownership of the process, and the involvement of teaching faculty in the design of the process. Key to this is shared decision making regarding criteria for observation, feedback, and reflection. Participants will thus work through the process of decision making regarding selection of the focus of the teaching observation, the creation of a mutually agreed observation feedback template, post-observation feedback, and reflection. To strengthen the reflective practice perspective in the process, a critical incident analysis method(4) will be utilised to assist the selection of focus of a teaching observation.

Delivery method Brief presentations on peer observation of teaching models, and critical incident analysis
  ● Facilitated small group work on decision making regarding the structure of a peer observation of teaching cycle. Participants will be supplied with sample feedback templates, critical incident analysis templates and any additional documentation
  ● Large group discussion and feedback regarding general implementation of the process in an institution

References


Theme: Developing individuals (Keywords: peer observation, reflective practice, critical incidents in teaching)

http://www.facultydevelopment2013.com/application/69/view/
Abstract

**Rationale:** Aims:

To present a case study of a human factors serious game as a solution to the challenges faced in developing a multi-professional faculty.

**Learning outcomes:**

- Understand what human factors are and their impact on workplace performance.
- Understand the advantages of using a serious game as a faculty development tool.
- Identify the need for inter-professional learning opportunities in faculty development, to refine skills and improve confidence in working across professional boundaries.

**Content:** Delegates will learn how the development of a human factors serious game by a multi-professional faculty has helped develop new faculty members and achieve greater inter-professional understanding in our workplace.

**Delivery method:** The facilitators will use a range of multimedia (including video footage) to give an introduction to human factors and their impact on our workplace performance.

This will be followed by a group discussion on “What are the characteristics of a successful team?” initially thinking broadly and then focusing on healthcare.

We will present our case study of the challenges we faced in delivering human factors training to many different staff groups and how we designed a serious game to help develop our multi-professional teaching faculty.

Participants will then have the opportunity to play an excerpt from our serious computer game called “Defining Moments – when things go wrong”. This will be an interactive session using game play to give learners a lived experience and help them consider development of a serious game for their own staff. The game is played in multi-professional teams of six and challenges hierarchy, power and communication skills within and across professional boundaries. It will be followed by a structured debrief.

**Theme:** Interprofessional and team-based learning (Keywords: Inter-professional, serious games)

**Acknowledgements**

London Deanery (STeLi team) funded the serious game production.

Rationale: The traditional educator in the workplace seeks to instill knowledge, i.e. we tell our learners what they need to know. However, the changing dynamic between learner and teacher requires us to develop effective communication skills. In other words, we need to adopt a communication style that empowers our students to be self-directed learners. Motivational Interviewing, a person-centered collaborative conversation about evoking change, has demonstrated small to medium effect sizes in a variety of behaviors. It includes several adult learning principles and therefore might make it especially attractive to educators when interacting with learners and patients alike.

This participatory workshop will engage the attendees in the co-creation of the learning objectives on how to motivate change. They will leave with an actionable plan on how they might use these skills to enhance workplace learning either themselves or through others.

Content: By the end of the workshop, attendees will understand the spirit of motivational interviewing, list the 4 processes of motivational interviewing, and practice the use of open-ended questions, affirmations, reflective statements, and summarizing to evoke change talk. They will be able to recognize change talk and sustain talk and have options to respond effectively. This includes a 5-step pathway for effective motivational conversations including practicing “ting” (the Chinese word for listening wholeheartedly) to motivate change.

Delivery method: By modeling motivational interviewing in the conduct of the workshop, learners will observe how the facilitator demonstrates the spirit, processes, principles, and skills of motivational interviewing. Using a combination of kinesthetic, cognitive, and affective techniques, learners will co-create the agenda for the workshop in the first 10 minutes, engage in a personalized real play of motivating workplace learners guided by a script and conclude with a personalized plan for implementing change in their own practice as educators and or clinicians.

References

Theme: Developing individuals (Keywords: motivational interviewing, behavior change, communication)

Acknowledgements
Supported by CAMH

http://www.facultydevelopment2013.com/application/201/view/
Creating and implementing a faculty peer review process

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#fdhp13 #43

Abstract

**Rationale:** All too often we rely on student evaluation comments as the sole source of feedback to our educators. Although not commonly used, peer review is necessary as it expresses the view of another stakeholder group and contributes to creating a balanced view of the teacher. (Bingham and Ottewill, 2001) In this workshop we will address using peer feedback as a part of the educator feedback ecosystem and explore implementation strategies that mitigate the potential barriers to success.

**Content:** By the end of the workshop participants will be able to:

- Explain the importance, benefits, and challenges of implementing a peer review process;
- Analyze the elements of an effective peer evaluation form;
- Design a peer review implementation process and detect potential barriers to implementation

**Delivery method:** We plan to use a variety of learning techniques to accomplish our learning objectives, including: small group work, trigger videos, facilitated group discussion, and presentation.

Introduction

- Mini-Presentation regarding the background, importance, benefits and challenges of peer evaluation;
- Watch trigger videos and use a sample peer evaluation form to rate the presentations. In small groups, compare the results and create a single “group” peer evaluation rating. Debrief of the exercise, discussion of challenges and importance of inter-rater reliability training;
- Small group work to identify the stages of implementation, potential barriers, and ways to mitigate resistance using case studies. Debrief of small group exercise through facilitated discussion;
- Conclusion and questions.

References


Theme: Developing individuals (Keywords: peer evaluation, program evaluation, formative feedback)

http://www.facultydevelopment2013.com/application/43/view/
Leading educational change: the missing piece

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#fdhp13 #96

Abstract

Rationale: Medical education, on all levels, seems to be a continuous process of improvement, innovation and change. In this process, leadership is an essential component of success. During this workshop, we will introduce a framework that includes important aspects of change processes (e.g., resources, incentives, vision) as well as organizational responses to change (e.g. uncertainty, passivity, inefficiency). This framework, which leaders can use in their work as change agents, allows for a careful analysis of the change process and offers a variety of starting points for interventions and solutions. In this session, participants will have an opportunity to use this framework as it applies to their own educational challenges and context.

Content: In the first part of the workshop, the suggested framework will be introduced and participants will become familiar with it by applying it to different examples of educational change processes. This analysis will also help to provide a variety of interpretations and starting points for the subsequent phase of finding solutions. During the second part of the workshop, participants will work in small groups on their own change initiatives and try to formulate effective interventions and solutions for implementation, looking for the “missing piece” in their own contexts.

Delivery method: This interactive workshop will include: an introduction of the framework, using examples of educational change processes; small group discussions; and small group exercises related to the use of this framework in leading educational change.

Theme: Leading and managing change and improvement (Keywords: Leading, change, framework)

http://www.facultydevelopment2013.com/application/96/view/
Better judgement: improving assessors’ management of factors affecting their judgement

Abstract

Rationale: Competency-based education is becoming ever more popular, but its assessment is not easy. Human judgement plays a necessary part in all assessment programmes. However, human judgement is vulnerable to judgement biases (Plous, 1993). This workshop focuses on improving the validity of human judgements in observation-based assessment (e.g. orals, Work-Integrated Learning assessment).

The aims are: to raise awareness of judgement biases; and to introduce delegates to a package of training materials for the management of factors affecting assessors’ judgement.

By the end of the workshop participants will be able to: name some biases that affect assessors’ judgement; recognise an opportunity for bias to occur in an examination setting; and access training materials for use with faculty in their own institution.

Content: Biases that typically need to be addressed are: primacy effects (influence of first impressions), recency effects (influence of last impressions), confirmation biases (unwillingness to change one’s mind), halo effects (inability to separately evaluate different aspects of one person), selective perception (for example the influence of hobby horses of the examiner), cognitive dissonance (justification of unfavourable own actions to the extent of self-believing it) and memory failure (errors of omission and errors of commission). While this workshop cannot address all of these in this time, you will learn to name and recognise some of these biases that can impact on the judgement of assessors. You will also experience some of the training materials developed to help assessors manage these influences and will also learn how you can transfer these materials to your institution.

Delivery method: This practical workshop will include information on judgement biases in assessment with examples, video vignette exercises for the recognition of biases in action, and discussion of some strategies to avoid biases.

References


Theme: Developing individuals (Keywords: assessment, judgement, strategies)

Acknowledgements

Support for this activity has been provided by the Australian Government Office for Learning and Teaching. The views expressed in this activity do not necessarily reflect the views of the Australian Government Office for Learning and Teaching.

http://www.facultydevelopment2013.com/application/159/view/
Collaborative Teams2: team faculty development on collaborative healthcare teams

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#fdhp13 #208

Abstract

**Rationale:** Interprofessional collaboration has become critical to academic institutions and workplaces to advance team-based learning and practice. Skilled, knowledgeable interprofessional educators are required to prepare individuals and teams for collaborative practice; therefore, faculty development leaders are key to the success of these initiatives. The Educating Health Care Professionals for Interprofessional Care (ehpic) faculty development course, consisting of five modules, was developed at the University of Toronto in 2005 to address this need.

The focus of this workshop will be on the newly revised Module 2: Collaborative Teams of this faculty development program. Participants will be engaged in experiential team learning while learning about the design and methodology of this module. Learning outcomes:

1. Describe the value of utilizing a play within a play or lived experience approach to collaborative team faculty development
2. Describe methods and techniques that enhance this approach
3. Discuss how they might advance these principles in their own contexts

**Content:** Snowden’s theoretical framework will situate collaborative teams as complex entities. Then, an overarching conceptual framework for the session will guide participants through a series of activities that focus on narrative and experiential learning. Principles, challenges (including power and hierarchy), benefits and the value of reflection of collaborative teams will be illuminated as part of this parallel faculty development process. Important design and logistical considerations in utilizing collaborative teams to best facilitate learning will also be highlighted.

**Delivery method:** Brief didactic teaching and interactive small and whole group discussion, as well as experiential learning in the moment, will be utilized to share lessons learned and techniques used over the years of this faculty development module on collaborative teams. Participants will also be engaged in reflection and discussion around the application of these techniques in this situation and the application to their own contexts.

**References**


Theme: Interprofessional and team-based learning (Keywords: collaborative teams, experiential learning, IPE)

The rise of transprofessional education – educating for task shifting or professional development?

Rationale: Frenk et al (2010) use the term ‘transprofessional teamwork’ to acknowledge the need to involve ‘non-professionals’ such as ancillary staff, administrators, managers, policy makers, and community leaders in interprofessional education. Thistlethwaite (2012) argue that ‘systems’ approaches to healthcare and shared responsibility across boundaries are implicit in transprofessional work. The associated wide range of non-professional roles, varied training and support received along with blurred boundaries between traditional and emerging roles such as physicians’ assistants, and nurse practitioners can create a complex web of identities and agendas. A key challenge for the design of educational initiatives is to move beyond limited task shifting to genuine task sharing and collaboration across health systems recognising the valuable contributions each role makes to patient care, even if this may appear distant or rudimentary. This workshop will draw on participants’ experiences exploring the nature of transprofessional education locally and globally, and associated challenges and opportunities in the light of relevant research.

Content: The workshop will map current practice in participants’ countries and localities in terms of the roles of transprofessional team members, new emerging professional roles, approaches used to support professional development and implications for the design of related education initiatives. Findings from research on the sociology of professionalization, workplace based learning and interprofessional education will be used to frame the discussion and enable participants to identify strategies to address arising issues.

Delivery method: A ‘World Café’ exercise will enable participants to map experiences of supporting professional development amongst transprofessionals applying a systems approach to healthcare provision. Case studies of transprofessional education from the UK and internationally will be used to introduce theories of identify formation in the workplace across professional boundaries. The final part of the workshop will use guided activities to enable participants to identify strategies for effective transprofessional education within their setting.

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Preparing faculty for competency based curricula

Rationale: Competency based curricula are being introduced internationally across the health professions and at all educational levels. As a result there is a growing need to assist educators from all learning contexts in implementing a competency-based paradigm. Skilled, knowledgeable faculty and clinical preceptors are integral to the successful implementation of new curricula in university and practice placements. Faculty developers have commonly been tasked with facilitating this educational paradigm shift. In response, a group of faculty developers from across Canada collaborated to identify an organizational framework to guide faculty development programming.

Content: This workshop will present the core components of competency-based curricula including the essential elements of a competency based evaluation framework. It will describe a possible framework to organize existing faculty development strategies that support competency based curricula. It will engage participants in populating the provided framework with existing faculty development strategies for competency-based curricula. Once populated, the participants will be able to compare and contrast their identified strategies, and identify and address any gaps in faculty development programming for competency-based education.

Delivery method: This workshop will employ a variety of teaching methods to actively engage participants. A brief didactic presentation will set the stage for the workshop. Small group work followed by large group reporting back and discussion will take the majority of the time. A brief summary of future directions for faculty development for competency-based curricula will conclude the workshop.

Theme: Developing individuals (Keywords: Faculty Development, competency-based)
Rationale: The role of emotion in learning and performance is not a new idea (Posner, Russell, & Peterson, 2005) yet it is not always given adequate attention in faculty development/training in simulation or in the actual planning and facilitation of simulated learning sessions. Of course there are many exceptions yet considering “emotion, feeling and biological regulation all play a role in human reason [and decision making]” (Damasio, 2006), it seems essential within health professions education.

Learners often arrive to simulation sessions experiencing a variety of emotions & feelings. Common feelings seem to be fear and anxiety yet some learners seem calm or without emotion. It is clear that emotional activation is a desired state in simulated learning yet it needs to be an in optimal zone to enhance learning & performance (Posner, et. al., 2005). Whether emotions & feelings are acknowledged or not, present or absent, within the learning environment, they will have an effect on the experience. The aim of this session is to explore implicit factors, which are essential in attending to the biodynamic complexities of individuals in groups and creating an environment which enhances the opportunities for “deep learning” (Entwistle, 2005) within a simulated learning session.

By the end of the workshop, participants will be able to:

- Identify their perceptions and developmental needs regarding emotion and biodynamics in simulated learning.
- Articulate implications and practical considerations of applying biodynamic principles and factors in simulated learning.

Content: This workshop will define & explore:

- Biodynamics in the context of simulated learning.
- The role of primary & secondary emotion (Damasio, 2006) in pre-briefing, simulation, and debriefing.
- The skills and awareness faculty need for attending to biodynamic factors within simulation.

Delivery method: Interactive introduction to content, including individual self-assessment/reflection

- Small group work & simulated activities
- Large group debrief

References


Theme: Supporting learning through simulated professional practice (Keywords: Biodynamics, Emotions, Simulation)
Questions used by teachers

Rationale: Most educators have had the unrewarding experience of asking and being asked “Guess what I’m thinking!” questions, yet teachers know that questions can be used in much more productive ways. This workshop will explore questions used by teachers to identify learning needs, stimulate learning and promote reflection. By the end of the session participants will have experienced and practised different types of questioning and will have reflected on the use of questioning techniques in Faculty Development.

Content: Delegates will learn about the use and abuse of questions, the didactic/ Socratic ratio (DSR) in a developmental conversation, the appropriate use of counselling interventions and systemic approaches to questioning in faculty development.

Delivery method: This workshop includes a number of interactive exercises to increase the range and depth of questions used by educators. The methods reflect some of the teaching styles employed on London Deanery faculty development courses. There will be protected time within the session for personal reflection.

Theme: Developing individuals (Keywords: socratic teaching methods, systemic approaches, counselling interventions)

Acknowledgements

Conference attendance has been supported by the Professional Development Department of the London Deanery

http://www.facultydevelopment2013.com/application/90/view/
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#fdhp13 #88

Abstract

**Rationale:** Rationale: Starting a faculty development program can be a challenging, yet exhilarating experience for health professional educators, administrators, staff and faculty members. A systematic approach that is based on theoretical assumptions, trends in health professional education, adult learning principles, clear goals and objectives, and a change and design strategy, will address the many challenges inherent to the journey of initiating and implementing a program. The purpose of this interactive workshop is to provide participants with a stimulating environment for the exchange of ideas; whether it is initiating a single department-based program addressing a focused faculty development issue within a hospital, specialty society or college, or starting a multi-faceted program that is faculty-wide, national or international.

**Content:** Content: Guided by change theory, other theoretical approaches and related models and guidelines, we will describe and explain the steps required for initiating a faculty development program. The authors will draw from their previous experience of leading the design and development faculty development in different contexts and describe a new hospital-wide inter-professional faculty development program in North America's largest mental health and addiction hospital – the Centre for Addiction and Mental Health in Toronto, Canada. The analyses, results and lessons learned from a competency-based framework for faculty development in a mental health and addictions hospital will be shared.

**Delivery method:** Delivery methods: Workshop participants will be guided by brief didactic presentations outlining a framework for leading and managing change related to the initiation of a faculty development program. They will be asked to reflect on how this framework might be applied to their situation/setting using a variety of interactive activities including a novel ice-breaker, write-pair-share, table talk, and a new method for enhancing Q and A and discussion – the use of bouncing balls.

**References**


Theme: Leading and managing change and improvement (Keywords: Change theory, systematic planning)

Abstract

**Rationale:** 21st century health professions education is moving towards integrating competency frameworks into teaching and learning. Teaching and assessing the core competencies within these frameworks implies that teachers need to incorporate new or more explicitly-taught content areas such as leadership, teamwork or professionalism. In addition, faculty may need to gain skills in using potentially unfamiliar teaching and assessment strategies. To achieve these goals, faculty development is essential. A 3-dimensional model consisting of (a) contemporary competency frameworks and content areas, (b) innovative educational and assessment approaches for these competencies, and (c) diverse strategies for faculty development, will help education leaders and staff developers plan programs to assist faculty with the transition to a competency-based model, and to effectively teach and assess core competencies in learners.

**Content:** By the end of this workshop the participants will be able to describe current competency frameworks; outline innovative teaching and assessment strategies for specific competencies within these frameworks; address the challenges that faculty may have in using these new approaches; and use a model to start to build a faculty development program for their own setting.

**Delivery method:** This highly interactive workshop will include a combination of brief interactive lectures, individual work, small group discussions and exercises to assist the participants to identify needs in their own setting and build an action plan for implementing a faculty development program for competency-based education in their own institutions.

**Theme:** Developing individuals (Keywords: competency-based approaches)

Collegial conflict: up close and professional

Abstract

Rationale: Effective dispute resolution in our world of global communication requires skill and dexterity. It is essential in ensuring productive transactions, inter professional teamwork and in turn, patient safety. As difficult as the practice of effective face to face communication is in our daily interactions, there are also an escalating range of E-communication hazards to contend with as social networks and off site working relationships expand across organizations.

Do the tenets for resolving conflict differ across mediums? How do we judge and respond to volatile responses, whether texted or audibly vented? The implicit assumption that practitioners innately possess these conflict resolution skills and abilities is visible in vision and mission statements and best practice standards. The literature is comprehensive in its coverage of result oriented outcomes and lofty ideals for the professional, but often lacking in the means for operationalization. Navigating resolution through the essential skills of communication predicts pedestrian, satisfactory or inspiring outcomes in working relationships.

Content: Participants will:

- Compare and discuss challenging communication triggers across social mediums.
- Examine personal and professional issues that arise in conflict.
- Understand the role of power and emotion in conflict
- Gain an understanding of attribution theory as it applies to judgments and assumptions
- Review and practice a range of communication skills and strategies.
- Actively engage in group problem solving

Delivery method: Integrating learner centered educational principles with communication and debriefing practice

- Interactive exercises which promote reflection and exchange of ideas
- Problem solving exercises
- Voluntary participation and facilitated feedback in a collegial environment
- Question and answer opportunities

References


Theme: Supporting learning through simulated professional practice (Keywords: conflict resolution, communication, judgment)

http://www.facultydevelopment2013.com/application/121/view/
Faculty development through teaching observation schemes: how can we promote reflective practice and teacher development?

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#fdhp13 #146

Abstract

**Rationale:** Observation of teaching is a recognised tool for teaching quality assurance, teacher training and teacher professional development and many institutions now require or advocate its use. Observational models described include those for evaluative, developmental or peer review purposes (Gosling, 2002). In 2011 we ran a peer observation of teaching programme followed by a small focus group study in our institution and we observed that the additional group discussion step was seen as beneficial by participants, helping them focus on their on-going development as teachers. Other reflective steps described in the literature have included group feedback sessions (Pattinson et al, 2012), online focus groups (Swinglehurst et al, 2008) and reflective emails (Sullivan et al, 2012).

This interactive workshop will consider models of teaching observation (TO) and explore ways to encourage teachers to focus on professional development and reflective practice, perhaps through adding an additional step to the traditional observation process.

**Content:** Frameworks for teaching observations will be introduced, followed by discussion of approaches to establishing TO programmes and engaging colleagues, with suggestions for effective practice generated by the group. The ‘additional steps’ described in the literature which have been found to promote teacher development and reflective practice will be described and participants will share their own experiences and discuss what could be put in place to encourage peer observation of teaching as a teacher development tool within their own local context.

**Delivery method:** There will be a mix of small group and large group discussions, introduced by short plenary sessions. Participants will have the opportunity to learn from other participants, discuss their own experiences of TO schemes and consider developments that might be relevant for their own context. A summary of the different teaching observation models discussed and the suggestions for encouraging teacher development generated during the discussion will be circulated after the workshop.

References


Theme: Developing individuals (Keywords: teaching observation, teacher development, reflective practice)

http://www.facultydevelopment2013.com/application/146/view/
Supervising challenging students: what we encounter and how we act in clinical supervision

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#fdhp13 #56

Abstract

Rationale: Supervision plays a crucial role in medical education and clinical training. Observing trainee performance and providing constructive feedback fosters individualized education and translates classroom knowledge to clinical competency. Supervising with inadequate or improper feedback may lead to negative role modeling, low patient satisfaction, and medical errors. This workshop will provide delegates an opportunity to explore a variety of issues and techniques in clinical supervision with the main goal of enhancing their supervisory skills, especially when encountering difficult trainees.

Upon completion of the workshop, delegates will be able to:

- Set expectations for trainees' performance and effectively communicate such expectations;
- Identify and analyze trainees' difficulties in oral case presentations;
- Provide constructive feedback to correct inappropriate behaviors and attitudes of challenging trainees;
- Recognize and correct their own improper and/or ineffective supervising behaviors and attitudes.

Content: Three video cases and triggering questions will be used to illustrate educational challenges frequently encountered in clinical settings and engage delegates in discussion and exchange of experiences in supervising difficult trainees. The video cases feature three types of challenging students: 1) the over-achieving student, 2) the disorganized student, and 3) the disinterested student. Each delegate will receive a free copy of the DVD shown at the workshop and associated materials that will allow them to replicate the session at their home institutions.

Delivery method: The workshop will be delivered through the following steps:

- Introduction of the workshop purpose, design, and presenters;
- Delegate introduction with a focus on experience in supervising or providing feedback to medical trainees;
- Introduction to principles of clinical supervision;
- Demonstration and discussion of three video cases. A set of pre-determined questions related to each case will be used to facilitate the discussion;
- Discussion on other challenges in supervision and take-home lessons.

Theme: Developing individuals (Keywords: Faculty development, clinical supervision, providing feedback)

Teaching in the clinical setting: strategies to assist the teacher in difficulty

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Abstract

Rationale: Front-line clinician-teachers are essential to medical education; yet most do not have formal training in teaching. Qualities of excellent clinical teachers are well described but a gap exists in the literature on how to address individuals at the opposite end of the spectrum – the ineffective teacher.

Content: The focus is on teacher performance in the clinical setting. Remediation strategies can be tailored to meet the participants’ own educational environment.

Delivery method: Using archetypal cases and a systematic educational plan, this interactive workshop will assist faculty developers and clinician educators to develop and implement a remediation program for the clinical teacher in difficulty.

Theme: Developing individuals (Keywords: Clinical Teacher, Medical Education, Teaching)

Developing faculty for multidisciplinary teaching that is truly interprofessional

Rationale: An explicit interprofessional education (IPE) curriculum in our medical school started several years ago, at first exemplified by a number of didactic presentations by colleagues from various professions. It has since evolved into a range of activities including 4th year small group sessions where students from multiple programs learn together, with the support of tutors of varied professional backgrounds. Student teams now conduct a discharge-planning meeting with a standardized patient; medical and pharmacy students work together on medicine reconciliation tasks; and students commit to a collaboration agreement for their 4th year project. This has made learning more active and representative of future collaboration; however, faculty development is critical.

The goal of this workshop is to improve the ability of faculty developers to support those who create and/or deliver IPE sessions. We will address challenges and opportunities that faculty members encounter in:

- engaging other programs and negotiating cross-professional objectives and schedules,
- creating learning activities where relevance and ability to contribute is balanced across the participating students,
- recruiting and preparing tutors of varied backgrounds to teach in these more complex settings, and
- securing the additional administrative supports required to deliver programs of this nature.

Content: Participants will become more aware of IPE evidence, successful IPE approaches, and logistical considerations. Participants will be better able to offer relevant faculty development opportunities to those who are charged with providing truly interprofessional teaching.

Delivery method: A short didactic presentation will ensure that all participants share a common understanding of IPE. Small group work will then use the experiences of the moderator and participants to reflect on successful ways of teaching students to be effective members of the care team. Participants will consider cases in which faculty developers can plan, implement and evaluate effective faculty development programs that lead to effective IPE.

Theme: Interprofessional and team-based learning (Keywords: Interprofessional tutors, standardized patients, medical reconciliation)

http://www.facultydevelopment2013.com/application/89/view/
Rationale: Supervision is a critical skill for supervisors at all levels, be it in the undergraduate, postgraduate or continuing education program. Helping supervisees identify their own strengths and areas of growth enables them to be responsible for their life-long development both as practitioners and future supervisors.

Studies show that the behavior of supervisors change as supervisees gain experience, and the supervisory relationship also changes. Thus, it becomes imperative for the supervisor to match his/her supervision to the stage and developmental needs of the supervisee.

In this workshop we will apprise the participants to the systematic manner in which supervision can be provided on the run in a busy patient care setting using the “Stoltenberg and Delworth’s Developmental model”.

Using this model, supervisors will be able to enhance their supervisory skills by customizing supervision according to the varying levels of supervisee’s behavior and ensure optimal supervisee satisfaction and growth in terms of self-and-other awareness, motivation, and autonomy.

Intended Learning Outcomes: By the end of the session, the participant will be able to:

- Identify the developmental level of the supervisee using the “Stoltenberg and Delworth’s Developmental model”
- Demonstrate effective techniques of supervision according to the needs of the supervisee in various healthcare scenarios.

Delivery method: This half-day (90 minutes) workshop is structured around interactive presentations on the “Opportunities & Models for Supervision” and “Principles of Feedback” followed by role-play of real-life scenarios highlighting issues with supervision.

Critique and discussions on the role-plays will engage the participants in reflecting on how to deal with the situations in an effective manner helping them improve their supervisory skills.

Theme: Developing individuals (Keywords: faculty development, supervision, clinical teaching)

Posters
Abstract

Introduction: In response to pressures to professionalise clinical teaching, the London Deanery launched a series of 20 open access e-learning modules on all aspects of clinical teaching and educational supervision. The modules were designed to enable busy clinicians to update their knowledge and understanding of clinical teaching and its application to practice at a time and location convenient to them. It was assumed that this mode of learning would be attractive to and engage with a wide spectrum of clinicians. On completion of a module a certificate is issued and can be used as supporting evidence for the relevant domains of the London Deanery Professional Development Framework for Supervisors.

Methods: The modules were designed by experienced medical educators using established distance learning methods ensuring content is clearly focused, interactive, and presents key concepts with opportunities to reflect on application to practice. Feedback from participants, and statistics regarding geographical location of users and completion rates have been analysed to evaluate the intervention.

Results: Feedback from users highlighted the relevance and utility of these modules. Equality and Diversity, Assessing Educational Needs and Workplace Based Assessments are highly accessed. From January to December 2012 the Faculty Development website received 1.5 million page views, with the elearning modules accounting for 75% of this activity. For the modules themselves a total of 37,945 participants have enrolled on a module since they were launched in October 2007 with 19,291 having completed by December 2012.

Discussion: This initiative demonstrates that elearning modules are a popular and useful medium through which to engage clinicians in faculty development. Work is currently underway to formally accredit the modules enabling users to study for a postgraduate certificate in clinical and educational supervision in line with moves towards requirements for formal clinical teaching qualifications in the UK.

Theme: Developing individuals (Keywords: elearning, educational supervision, professional development)

Acknowledgements

Funded by the London Deanery
Technology enhanced faculty development for distributed medical education programs

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http://thischangedmypractice.com/category/teaching/ #fdhp13 #31

Abstract

Introduction: Faculty Development in distributed medical education programs faces significant challenges in terms of delivery, uptake, and community development. The University of British Columbia Department of Family Practice has over 1,700 Clinical Faculty distributed across an area of over 900,000 square kilometers. This paper outlines the development of two complementary, accredited on-line faculty development initiatives that target individual preceptors to enhance their teaching skills.

Methods: The presentation will describe the process of designing and implementing a two-part on-line Faculty Development initiative in a distributed medical education program across British Columbia, Canada. We will outline our approach to the simultaneous development of an accredited "one-time" on-line educational module focused on teaching and feedback basics for community preceptors and an ongoing accredited quality improvement initiative integrated with an established Continuing Professional Development program for preceptors to incrementally build on the teaching skills developed in the one-time module.

Results: While we are still gathering results and refining our outcome measures to assess success, some preliminary analysis suggests that while this approach has had significant uptake, individual preceptors would be further engaged in faculty development through the inclusion of on-line group sessions (especially webinars) with designated faculty as facilitators.

Discussion: We will present both the challenges faced with development and implementation and the solutions identified. Finally we will outline the process for ongoing quality assurance of the two faculty development initiatives, and how they may be enriched in the future by including moderated, webinar-based group sessions and further integrated with Continuing Professional Development.

Theme: Developing individuals (Keywords: technology enhanced learning, distributed education, faculty development)

Acknowledgements

This work was partially funded by the University of British Columbia Faculty of Medicine's 2012 Faculty Development Initiatives Grant

http://www.facultydevelopment2013.com/application/31/view/
Abstract

Introduction: Since the 1990s, clinicians have been increasingly interested in programmes in medical education. In 2006, we developed the MSc ‘Medical Education’, appropriate for clinicians. The aim was to provide a strong foundation in educational principles which would enable participants to readily apply a scholarly approach to a wide range of activities in medical education within their day-to-day practice. We wanted them to be cognisant of a range of teaching, learning and reflection theories and the knowledge to apply them to practice. The study was undertaken to ascertain whether there had been an affect on their education practice.

Methods: Educational practices that enhance student learning, teaching and assessment that clinicians are routinely involved in were considered when designing the programme. We recognise the benefits to us and others when we are actively engaged, interested and share our learning, delivery methods and wished to engender the same approach in the clinicians on our programme. In this study we undertook an anonymised survey of the students on our MSc ‘Medical Education’ (Pg Cert Yr 1, Pg Diploma Yr 2, MSc Yr 3) to ascertain whether they were putting into practice what they had learnt on the programme and what differences there were between the different cohorts.

Results: The programme is accredited by the UK Higher Education Academy, and recognised for its innovative and flexible approach, and robust quality assurance system. Responses to a recent survey of year 1 (12/18 responders) and year 2 (6/15 responders) participants illustrates the consistently positive experiences, perceived benefits and affects upon educational practice.

Discussion: This programme has transformed clinicians’ understanding of the educational process, promoted their professional development and enabled them to better support student learning. It offers clinicians exciting opportunities both to build an accredited academic education portfolio and enhance excellence in student teaching.

Theme: Developing individuals (Keywords: excellence, medical education, accredited programme)

Abstract

Introduction: In 2010, a North (University of California San Francisco (UCSF))-South (Muhimbili University of Health and Allied Sciences (MUHAS)) collaboration introduced MUHAS faculty to innovative teaching methods required to introduce competency-based curricula. Key was the development of MUHAS peer educators, known as the Health Professions Educators Group (HPEG). In 2011-2012, the HPEG conducted faculty development at MUHAS that ensured faculty could introduce the new curricula.

In 2012, three Ethiopian medical universities facing similar challenges requested assistance from UCSF and MUHAS. This request allowed the HPEG to continue working with UCSF and to initiate partnership with other universities in East Africa. We describe the process and outcomes of the offering.

Methods: Four UCSF faculty and two members of the MUHAS HPEG delivered a five-day workshop for 35 Ethiopian faculty members from three schools. All workshop sessions modeled HPEG and UCSF collaboration. Materials consisted of resources from the MUHAS-UCSF project with additional material to meet specific requests from the Ethiopian universities. We assessed the workshop using evaluation and university reports.

Results: The majority of the five days of sessions were taught collaboratively as planned. However, several new sessions were added conducted solely by the two HPEG members to describe their experiences at their university. Participants cited the “team teaching” as strength in their evaluations and noted the need to create a HPEG at their own universities in their reports. They called for a “South-to-South” collaboration with MUHAS.

Discussion: The findings of this workshop indicate that the traditional north-to-south approach can facilitate a transition to a south-south peer-assisted learning model. The approach created a comfortable environment in which UCSF faculty and MUHAS HPEG could learn from and with each other, while transferring their knowledge and experience to three other African universities.

Theme: Developing individuals (Keywords: south-south, peer assisted, faculty development)

Acknowledgements

Funded by International Training and Education Center for Health (I-TECH)- ETHIOPIA

Abstract

Introduction: Mentoring is a core component of academic medicine; the mentor helps the mentee in developing his or her own ideas leading to personal and professional development. Formal mentoring in postgraduate medical education is relatively new in most parts of Africa including Ghana. This study was designed to estimate the need for mentoring and identify barriers to mentoring among resident doctors in a Ghanaian teaching hospital.

Methods: A cross sectional descriptive study with a mixed method research design was carried out in two stages using a questionnaire survey and a semi-structured telephone interview. Resident doctors from five departments with the largest resident doctor population in Korle Bu teaching hospital, Accra, Ghana. Purposive sampling was used to select participants for the survey while convenience sampling was used to select participants for the interview. Analysis of qualitative data was carried by content analysis.

Results: Almost 40% of resident doctors had mentors while over 80% felt they needed mentors. Barriers to a successful mentoring relationship included: Not being assigned a mentor; Lack of interest by mentor; Mentor not available; Respondent does not know how to get a mentor, and Age of mentee.

Discussion: There is a largely unmet need for mentoring and a low prevalence of mentoring among resident doctors. Non-assignment of mentors was the most common barrier against establishment of mentoring relationships. Overcoming these barriers may lead to more resident doctors getting mentors as well as improving the quality of the mentoring relationships.

Theme: Developing individuals (Keywords: Barriers, Mentoring, Residency)

Defining the identity of the rural academic physician: faculty development tour hits the road

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Abstract

The Department of Family and Community Medicine University of Toronto is known for its robust “Teaching Practice” program which administers the mandatory two-month rural rotation for urban residents. This amounts to almost four hundred months of rural training each year in thirty Ontario towns and is supported by over eighty rural faculty. The faculty is as diverse in its teaching experience as it is dispersed in its geography spanning over 1500 km across the province. There are obvious challenges in the provision of quality Faculty Development for this teaching population, among them is the difficulty in having rural faculty self-identify as academic and scholarly.

With this in mind, a Faculty Development Tour was designed and executed in 2011-2012. A team from University of Toronto including the Teaching Practices Program Director, Faculty Development Representative and administrative support travelled to 16 different community sites bringing a customized program to attendees. Each site participated in a needs assessment for future Faculty Development events, curricular updates and opportunities for research were discussed and finally an interactive accredited workshop was presented. The option of future cost effective “virtual” workshops was also introduced.

Results of the needs assessment and tour evaluations will be discussed as well as a photo journal will be presented.

This Faculty Development Tour proved to be an effective outreach tool for relationship building and educational support for Rural Family Medicine Preceptors and was instrumental in helping our program define these teachers’ identities as scholars and academics.

Theme: Developing individuals (Keywords: Rural Family Medicine, Preceptor Development)

Acknowledgements

The Faculty Development Tour received funding from the Ontario Ministry of Health under funding for Community Faculty Development as well as funding from the Department of Family and Community Medicine, Faculty Development Award.

http://www.facultydevelopment2013.com/application/18/view/
Medical faculty members’ teaching competencies and factors affecting it

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Abstract

Introduction: Faculty members’ determination and promotion of their competencies lead to the overall performance promotion of universities. Faculty members’ teaching competencies have the greatest role in the improvement of education, research and universities social services quality. Therefore, in order to investigate this issue more carefully, this study aimed to determine the level of teaching competency in medical faculty members and factors affecting it.

Methods: This applied research is a descriptive cross-sectional study that was done by stratified probability sampling with 160 medical faculty members as subjects (32 basic science faculty members, 128 clinical science faculty members) in Mashhad University of Medical Sciences, solar year 1390. Selected items from Alabama University teaching competency self-assessment instrument was used as the questionnaire. The data were analyzed with the SPSS.

Results and conclusions: The median score of teaching competency was 92.0 with the minimum score of 39.0 and maximum score of 112.0; there was no significant difference between basic and clinical faculty members’ competencies score (p=0.05). The most powerful competency was the classroom management and students performance evaluation had the lowest score. There was a significant difference between teaching competency scores depending on academic degree (p=0.009), adult education competencies (p=0.02), and marriage (p=0.03). Because of the key role of faculty members in educational system, with the revision of educational plans and policies; we can promote the teaching competencies of teachers.

References


Theme: Developing individuals (Keywords: Competency, teaching competency, faculty member competency)

Acknowledgements

Thanks to the vice-chancellor of Research in Mashhad University of Medical Sciences who supported this study and the medical faculty members who contributed in this research despite their lack of time.

Factors influencing the scholarship of teaching and learning in medical faculty

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#fdhp13 #130

Abstract

Introduction: In recognition of the importance of the scholarship of teaching and learning (SoTL) in health professions education, Faculties of Medicine have taken a number of steps. These include acknowledging SoTL in promotion and tenure policies and implementing programs or workshops to encourage faculty to engage in educational research. Despite this, medical faculty members are commonly uninvolved in the SoTL.

Objectives The goal of this research was to explore perceptions of McGill medical faculty about the SoTL and its value, and to identify perceived factors that enable and/or prevent them from engaging in the SoTL.

Methodology A mixed-methods research design was used. A focus group and a web-based questionnaire were used as data sources.

Study sample: comprised medical faculty with known interest in medical education or engaged in educational leadership. Ten participants attended the focus group; 54 surveys were completed.

Results: Most respondents rated educational research equal in value to research in other areas. However, <1/3 of respondents thought their institution rated it as highly as their clinical discipline research. 41% of respondents engaged in the SoTL. There was a positive correlation between academic rank and the number of SOTL publications. Barriers identified in engaging in the SoTL were: lack of time, unfamiliarity with educational research methodology, lack of funding. Factors perceived to promote engagement in SoTL were: career satisfaction, protected time, institutional acknowledgement, recognition in promotion and tenure decisions, educational research workshops, funding availability, faculty development workshops on teaching, mentors, awards, supportive team members.

Discussion: To promote faculty engagement in the SoTL there is a need to address the reasons for faculty perceptions that their institute doesn’t value the SoTL. A perception of educational research being ‘less valued’ is associated with lack of motivation to engage in it. Strategies to address the barriers identified will be discussed.

References


Theme: Developing individuals (Keywords: Scholarship of teaching and learning, barriers, enablers)

http://www.facultydevelopment2013.com/application/130/view/
Developing confidence to teach clinical skills to first year medical students: A just-in-time faculty development strategy

Abstract

Introduction: In response to the growing number of new medical educators in an expansion campus, at the Mississauga Academy of Medicine (MAM), we developed a ‘just-in-time’ faculty development strategy that we called Educafes.

Purpose To pilot a novel just-in-time faculty development strategy to support tutors to teach clinical exam skills to first year medical students in the Art and Science of Clinical medicine (ASCM) Course at the Faculty of Medicine, the University of Toronto.

Method Four breakfast Educafes were offered throughout the year addressing the teaching of the cardiac, respiratory, head/neck and abdominal exam. Tutors completed a pre and post ‘confidence to teach’ scale for all the sub-exams. The evaluation of this program used a mixed method approach quantitatively measuring teachers’ self-reported confidence to teach and qualitatively measuring teachers’ attitudes and experiences.

Results: At MAM, there are 21 ASCM core tutors with a wide range of experience in teaching and clinical practice. A 68% attendance rate occurred with 17 tutors. The overall confidence to teach improved by almost one unit from a mean of 3.6 (+/- s.d. 0.6) to 4.6 (+/- s.d. 0.6)(p<0.0001). Several key themes were identified in the questionnaire: (1) tutors reflected that their clinical skills training evolved from early medical school formal teaching to practice and to ongoing self regulation; and (2) currently, as teachers tutors identified the need for a more systematic teaching approach and a greater ability to explain to the learners the connection with the anatomy, physiology and rationale of the clinical skill.

Conclusion A just-in-time faculty development strategy was shown to be desirable and beneficial in developing tutor teaching confidence and offers a new potential format for teaching development. The results demonstrated a significant improvement in tutor teaching. An unexpected outcome was the fellowship created amongst the group forming a community of practice.

Theme: Developing individuals (Keywords: clinical skills, just in time learning, faculty development)

Acknowledgements

Supported by University of Toronto, no additional funding

Abstract

Introduction: Faculty development programs have positive effects on faculty, more over than knowledge gain, acquisition of skills and performance improvement as teachers. They nurture the faculty and promote continuing involvement and improvement in a community of practice.

Objective: To use qualitative methods to explore the impact of this faculty development program on faculty graduates as individuals, professionals and teachers.

Methods: A survey was sent to faculty graduates of DME until 2011, containing four open-ended qualitative questions about the impact of the program on the participants as individuals, professionals and medical teachers. Content analysis and consensus was used to interpret the data.

Results: One hundred and forty five of 175 (83%) graduates returned the survey. Five major categories emerged from qualitative analysis: (a) Appraisal of teaching and faculty development, which implies high recognition for teaching and contribution to the culture of continuing medical education; (b) Teaching skills that relates to confidence and identification of themselves as teachers in addition to the improvement of their performance; (c) Professional role, which includes a better communication and relationship with patients and peers, and recognition as educators of patients and their relatives; (d) Personal development, that contains self-reflection, self-assessment, self-determination and self-efficacy, and (e) Community of teachers in practice that means a sense of belonging, sharing experiences, support and community building.

Discussion: Faculty development programs could have unexpected consequences on participants affecting performance as members of an educational community, as well as their lives. A faculty development program in medical education, with an emphasis in teaching skills, has been developed at the medical school of the Pontificia Universidad Católica since 2000.

Theme: Developing individuals (Keywords: Faculty development, qualitative research, medical education)
Knowledge translation in medical education: an examination of trends and challenges in evidence uptake

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Abstract

Introduction: Whereas the science of knowledge translation (KT) has been growing steadily for the past decade, little is known about how empirical knowledge is used within the medical education system. Educators and researchers alike need to take stock of how this research interacts with professional practice and review the status of knowledge transfer processes.

Methods: This investigation employed a sequential mixed methods approach (Creswell 2009) and consisted of three overlapping phases. In Phase 1, a scoping review of the medical education research literature was undertaken to generate insight into the evidence available for curriculum development, teaching and assessment activities. Phase 2 involved a content analysis of undergraduate medical course curricula at a large Canadian university. The third Phase 3 involved an in-depth semi-structured interviews with 15 medical education leaders at the university.

Results: Findings from phase 1 highlight key areas of focus within the medical education research literature. These findings reveal that the available evidence is limited and more rigorous studies are needed to inform curriculum development, teaching and assessment activities. Findings from phase two provide a snap shot of the extent to which areas from the scoping review are explicitly integrated in the undergraduate curriculum. Results from phase three shed light on affordances of knowledge translation efforts within the medical education system. Affordances function to either facilitate or constrain faculty's engagement with and uptake of empirical evidence. These include organizational and work characteristics in academic medicine, issues securing student engagement, and the quality and availability of research evidence.

Discussion: Overall, the current status of KT in medical education appears weak. Implications regarding the role of faculty development and other relevant stakeholder in improving the status of KT in medical education will be discussed.

Theme: Developing individuals (Keywords: Research, Knowledge Translation, )
Online faculty development in medical education: learning through participation in a community of practice

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Abstract

Communities of practice are groups of people who share a passion for something they do and endeavour to continually improve by means of regular interaction (Wenger 1999). This approach shifts the focus from individualistic learning to one that emphasizes learning with peers and mentors. While Internet-based learning in the health professions is valuable, some methods of implementing an Internet-based course may be more effective than others (Cook et al. 2008). Clinical teachers may benefit from online faculty development in medical education designed to build a community of practice through co-participation in electronic Problem Based Learning (ePBL).

Methods: A survey exploring faculty development interests was distributed to all community-based paediatricians who teach McMaster University medical students. A 12-week Internet-based program with facilitated asynchronous discussion was created using a secure, private network on the machealth.ca platform. ePBL cases were posted by faculty moderators every 2 weeks. We evaluated the quantity and educational quality of participant online activity, changes in knowledge, and participant reaction.

Results: 17 clinical teachers participated. 16 of 17 (93%) reported beginner or intermediate computer skills. There were 4,500 Pageviews to the online program over the 12-week initiative. Conversations included mainly reply and discuss online contributions. Participants performed better on a post-knowledge assessment. Participants indicated that contributing to or reading the online posts enhanced one’s identity as a medical educator and provided strategies that they will integrate into future teaching practice.

Discussion: An online community of practice derived from co-participation in ePBL provides effective faculty development in medical education. Others in this field have identified enhanced knowledge and confidence with facilitated asynchronous Internet learning (Curran et al. 2010). In this program, some participants indicated the desire to ask various questions face-to-face arguing that the addition of some in person sessions might enhance online learning with peers.

References


Theme: Developing individuals (Keywords: Faculty development, online learning, community of practice)

Acknowledgements

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Advancing educational innovation in Ethiopia

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Abstract

Introduction:

With only 3 physicians per 100,000 population, Ethiopia is training more doctors and introducing competency-based medical curricula. The International Training and Education Center for Health (I-TECH) invited the University of California San Francisco (UCSF) in the United States and Muhimbili University for Health and Allied Sciences (MUHAS) in Tanzania to provide faculty from three Ethiopian universities with tools to implement innovative curricula. UCSF and MUHAS had previously collaborated in revising curricula and building faculty capacity at MUHAS.

Methods:

We enlisted four UCSF facilitators and two UCSF-trained MUHAS faculty developers to deliver a five-day workshop. Building on experience with MUHAS, UCSF undertook four months of extensive preparation and importantly developed a UCSF “home team” - on call when facilitators required additional materials during the workshop. In advance, three UCSF team members met with faculty and administrators at two of the universities to refine the prepared content to meet the needs of participants. We undertook daily and end-of-workshop evaluations to tailor the schedule and inform activities beyond the workshop.

Results:

Thirty-five faculty attended the workshop which covered: competency-based education; curriculum development; teaching strategies; assessment; grading and evaluation; and program evaluation. After the workshop, 82% of participants rated it “excellent” or “very good”, 60% felt confident about developing competency-based curricula, and 97% “agreed” or “strongly agreed” that they could introduce innovative teaching and assessment methods in their classrooms. All recommended a similar workshop for their colleagues. A noted strength was having presenters from another African country.

Discussion:

Our approach illustrated how a distance strategy can be devised that addresses local needs, allows faculty to learn from regional peers and can be very flexible. By sharing these lessons, we can build an approach to faculty development to inform transformation of health professions education in Ethiopia and elsewhere.

Theme: Developing individuals (Keywords: faculty development, Ethiopia, curriculum revision)

Acknowledgements

This work was funded by The International Training and Education Center for Health (I-TECH).

http://www.facultydevelopment2013.com/application/21/view/
Realistic evaluation of faculty development (FD) in UK medical school

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#fdhp13 #126

Abstract

Introduction: We report a study on FD at Warwick Medical School in the UK. This study informed a wider PhD study on the extent, scope and views of FD activities in UK medical schools, which remains underexplored. The theoretical framework of realistic evaluation is used to address the question ‘What is the impact of FD initiatives i.e. what works for who, in what context and why’

Methods: This study involved observations/interviews of participants attending the three day ‘Essentials of Clinical Education’ course in January and April 2012. A 5-point scale based on three descriptors (behavioural/cognitive/emotional) was used to score participants’ engagement. Participants were interviewed to explore reasons for attendance, course relevance and usefulness. Motivation, engagement and perception were analysed on a two-axis construct: external/internal vs. individualistic/altruistic; informative/repetitive vs. interesting/intense; useful/unproductive vs. relevant/irrelevant respectively. Six participants from each course were interviewed six months later to explore longer-term impact on learning/behavioural changes.

Results: 16 (73%) participants were interviewed in January and 17 (71%) in April. Analysis showed:

Motivation: Individualistic (30) was the main motivation rather than altruistic (3) with similar external (18) and internal (15) motives.

Engagement: 31 participants found the sessions engaging; 22 fully engaged, nine partially engaged with the reported mechanism being the multimodal, interactive approach. Two found the sessions repetitive/intense.

Perception: Most participants (29) felt that FD on teaching was useful/relevant. Four participants felt some sessions were irrelevant/unproductive.

Six months interviews: The greatest impact was increased confidence in teaching. The responsible mechanism was the reflective process following experiential practice during the course and post-course assignment (peer observation).

Discussion: There was good correlation between the three data sources in determining the underlying mechanisms/relationships between motivation, engagement, perception and outcome. Individual motivation, multimodal interactive engagement and perception of usefulness based on increased confidence began to emerge. This context-mechanism-outcome is an important evaluative method for FD.

References


Theme: Developing individuals (Keywords: Realistic, Evaluation, Faculty development)

Developing teaching skills at the beginning of a medical career: can a one day teaching skills course improve the teaching delivered by Foundation Year One doctors?

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#fdhp13 #68

Abstract

Introduction: Foundation Year One (FY1) doctors are encouraged to participate in teaching medical students. (UK Foundation Programme 2012). Previous work has shown that near-peer teaching is beneficial to students. (Jackson and Evans 2012). We present a study investigating whether a focused one-day teaching skills course can improve the teaching delivered by FY1s.

Methods All FY1 doctors working within the LNR foundation school were invited to take part in the study and all FY1s at one trust invited to a one-day teaching course. All University of Leicester final-year medical students were invited to participate and then were randomised to FY1s to be taught over a 2 month period. Students were asked to complete a previously validated (Keely et al. 2010) feedback form after being taught. Feedback on FY1s who did and did not attend the teaching course was compared.

163 medical students enrolled on the programme and were matched to 60 FY1s
24 FY1s attended the teaching course. All FY1s fed back that their knowledge and confidence with regards to teaching students had improved on the course
Teaching feedback forms were received on only 18 FY1s
Of FY1s who did not submit forms, 43% claimed not to have been able to teach their students
Results of feedback forms are displayed in appendix A

Discussion The present study showed a worsening of the teaching delivered by FY1s by a one day teaching course, however as 93% of all teaching domains were scored as outstanding or excellent, whether this is clinically relevant is debateable. Our study highlights the difficulty in running a successful near peer teaching scheme and was limited by a poor return of forms and potentially by an unwillingness of students to mark their peers poorly.

References

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Keely E, Oppenheimer L, Woods T and Marks M. 2010. A teaching encounter card to evaluate clinical supervisors across clerkship rotations. Medical Teacher 32 e96-100

Theme: Developing individuals (Keywords: Teaching, near-peer)

The Academic Medicine Education Institute (AM•EI), an innovative strategy for developing health professions educators in Singapore

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Abstract

Introduction. Duke-National University of Singapore Graduate Medical School (Duke-NUS) and the SingHealth Group hospital system have entered into an Academic Medicine collaboration. As part of this alliance, Duke-NUS has been asked to establish a teaching academy and faculty development effort which we call the Academic Medicine Education Institute (AM•EI) designed to support and develop the educators (across all disciplines) in the competencies of health professions education. We adopted the Academy of Medical Education’s Professional Standards for Health Professions Educators to guide curricular development (www.medicaleducators.org)

Program description. There are several unique features of the AM•EI: 1) it is an inclusive membership – rather than exclusive; 2) it incorporates the concept of generativity – or where faculty give back by teaching in AM•EI and training others to teach; 3) it strives to create a culture of scholarship and professional growth through a career track as a clinician educator.

Status to-date. We launched in September of 2012. Since then, we have run numerous well received workshops and are continuing to enroll members. The participant response has been extremely positive, but we need to measure more than engagement. We are aligning our evaluation of the AM•EI with Kirkpatrick’s model (2007) by also focusing on changes in the participants’ practice behaviors and how those behaviors transforms the organization. This will take some time to see significant impact, but we are well on our way to see a culture change.

Discussion. Combining best elements of world renowned teaching academies and faculty development programs the ultimate goal of the AM•EI is to develop an excellent healthcare educators who can contribute to building up other healthcare professionals in a vibrant learning environment that promotes care, innovation, and improved health care outcomes.

References


Theme: Developing individuals (Keywords: teaching academy, professional development, medical education)

Acknowledgements

School funds, no external funding.

E-portfolios: a survey of user experiences

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#fdhp13 #134

Abstract

Introduction: Teaching trainees and students in the clinical workplace is a fundamental aspect of academic faculty jobs. Reflection on teaching encounters, experimentation and new learning is theoretically invoked as an important practice to enhance and revitalize education work of individual faculty (Kolb 1984, Schön 1983). Portfolios serve as archives of reflections, to be read for self-improvement, peer feedback, formal assessment for certification and as dossiers for academic promotion. Our faculty development program requires a fieldwork practicum of specified simulations involving authentic “practice teaching” or real workplace education activities. These experiences are discussed in an “E-portfolio” which is assessed by program preceptors.

Methods: To explore learner experiences in creating an “E portfolio”, 60 graduates of the fieldwork practicum were surveyed by e-mail using a 10 item questionnaire consisting of open and closed ended questions. Research ethics approval was received in August 2012. Participants were asked about their experience with various portfolio platforms.

Results: User-friendliness and ability to customize the platform were identified as important features. Rigid structures impeded the creation of creative portfolios. Some participants raised concerns about privacy when using publicly available platforms. In our sample the “Wordpress” blog platform was the most popular. In general learners were able to use the platform of their choice without great difficulty, the most common suggestion was for additional IT support.

Discussion: Assisting junior and midcareer faculty to learn how to write insightful reflections on their teaching experiences, and how to construct an E-portfolio as the enduring base of an academic activity dossier is a complex undertaking. Faculty expressed a diversity of concerns and difficulties. Highlighted issues identified were the need for IT support and the importance of peer coaching. Faculty learners expressed pride related both to their enhanced clinical education skills and their innovative digital creative achievement.

References


Theme: Developing individuals (Keywords: E-portfolio, Reflection, Faculty Development)

A longitudinal evaluation of the developmental & organizational outcomes of an Education Scholars Program

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#fdhp13 #98

Abstract

Introduction: The Education Scholars Program (ESP) is a leadership development program, for health professional educators. It aims to facilitate the success of participants in their roles as leaders, educators, and faculty developers. As a function of an ongoing commitment to ESP’s success, a longitudinal evaluation was conducted to assess the outcomes of program participation.

Methods: A multi-phase qualitative approach was employed. In phase one, ESP cohorts (N=31) participated in separate focus groups to discuss their experiences, and development through the program. Phase two involved semi-structured interviews with a sample of scholars (N=12) two-four years after program completion. Data were analyzed using thematic analysis. Comparative analyses were conducted to explore common themes and areas of divergence across data sets.

Results: Over the short-term participants reported experiencing developments in their academic identity, social network, teaching and leadership capacity, and overall confidence. Similar outcomes were reported at the long-term follow up. Program graduates shared how participating in ESP had enabled them to better manage their careers and exert influence within their educational communities. Scholars’ influence extended beyond students and residents, to work groups and organizations including committees, and departments. Several reported initiating educational initiatives in their practice environments, promoting improvements in educational programming, and providing support for fellow educators. A secondary outcome of the longitudinal follow up study was an examination of barriers that scholars encountered in their work environments that constrained their ability to make positive developments to educational practices.

Discussion: The findings of the study point to the myriad positive individual and organizational outcomes of leadership development programs such as ESP. In addition, they shed light on the systemic challenges that graduates encounter once they leave the program. Implications for program development are discussed.

Theme: Developing individuals (Keywords: Leadership, Development, Program)

An innovative mentoring program for graduate medical education and junior faculty: fostering collaboration and networking

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N/A #fdhp13 #102

Abstract

**Purpose** Academic and professional development, residents, and junior faculty are thought to benefit from one or more mentors. There is often a lack of a formalized mentoring program for junior faculty and house staff. Developing an organized mentoring program would be expected to provide some structure and guidelines resulting in a viable mentoring environment. We designed a formal mentoring program to foster relationships between experienced senior level faculty, junior colleagues, and residents in conjunction with their personal, professional, and career goals. Academic scholarship was a major emphasis for those physicians and residents who wish to pursue an academic career.

**Short description** All trainees were assigned a mentor in their first three months of training. Junior faculty were to seek a mentor, preferably outside their division helping to break silos within the department. A mentor-mentee contract was signed by both parties. The mentor and mentee were required to meet face-to-face for one hour sessions at least three times a year at a local restaurant and meal vouchers were provided. All meetings between the mentor and mentee were recorded using narrative and brief encounter forms.

**Outcome** 120 residents and fellows participated in this program. Fifty junior faculty in the Department of Medicine participated in the program. Trainee’s annual academic output increased by 50 percent after the program was established. This includes all local, regional, national abstracts and peer reviewed publications.

**Conclusion** Face-to-face meetings with food and other variables can create a non-threatening environment to jump start and sustain a professional mentoring relationship.

Theme: Developing individuals (Keywords: Mentoring, GME, Junior Faculty)

**Acknowledgements**

Supported by Department of Medicine, Cooper University Hospital

Strategies used by tutors in a distance learning course to motivate student participation

**Abstract**

**Introduction:** The Open University of Brazilian National Health System (UNASUS) is a system of the Ministry of Health in Brazil that allows offering specialization courses in Family Health, through the distance learning mode, for doctors, dentists and nurses in primary care units. The Federal University of Maranhão (UFMA) is a partner of UNASUS and offered 600 vacancies for professionals in the State of Maranhão, northeastern Brazil. The pedagogic monitoring of these students was conducted by 27 tutors, for 12 months, on Moodle Platform. The aim was to identify the strategies used by tutors to motivate the professionals’ participation in conducting the remote activities.

**Methods:** It was released a Discussion Forum in Moodle, during three days, for submission of strategies used. All 27 tutors participated, some more than once, resulting in 141 comments. The responses were analyzed qualitatively.

**Results:** The strategies undertaken by tutors included: accessing the virtual learning environment more than once per day; answering the questions and comments of the students daily; sending individual and collective messages about the opening and closing of the course modules, using the Moodle chat; scheduling time for synchronous communication; searching supplementary materials for discussion with students; articulating the theoretical discussion with the practice of professionals in health units; providing examples of other health realities of the region and the country; praising the students’ efforts in conducting the activities; informing the evaluation criteria; informing students performance; sending congratulations messages at the holidays; making telephone calls and sending messages to absent students’ cell phones; getting news from absent students via facebook; offering new opportunities for replacement and recovery activities.

**Discussion:** The tutors’ reports have identified successful strategies to motivate students in online activities. We suggest further research with the graduated students to identify the difficulties encountered in the course.

**References**


Abreu e Lima M, Alves MN. O feedback e sua importância no processo de tutoria a distância. Pro-posições, 22(2): 189-205


Theme: Developing individuals (Keywords: health education, distance education, tutoring)

Introduction: The medical school of the Pontificia Universidad Católica offers a Diploma in Medical Education (DME), an on-campus program of 160 hours, for its faculty since 2000. The evaluation of programs allows collecting evidence of impact to improve and validate them through their results.

Objective: To determine the impact of DME with the Kirkpatrick model for evaluation of educational programs.

Methods: A survey containing closed questions and a pre-post retrospective questionnaire was sent to all the graduates until 2011. The Kirkpatrick’s four levels were explored.

Results: One hundred and forty five of 175 (83%) graduates returned the survey. Over 91% had a high level of satisfaction at Kirkpatrick Level 1 Reaction, and perceived in average 83% of accomplished objectives. Kirkpatrick level 2 Learning: most respondents reported changes of attitudes about teaching, and stated learning achievement. All the differences between the pre and posttest retrospective questionnaire about knowledge and competences about teaching were statistically significant ($p<0.0001$ Test Wilcoxon). Kirkpatrick level 3 Behavior: more than 88% of respondents stated improvements in their performance as teachers as a consequence of the program. Kirkpatrick level 4 Results: one hundred and thirty two respondents felt that their interest in teaching had increased, 69% stated that the DME contributed to appreciate the value of teaching and 93% to support faculty development initiatives at the institutional level.

Discussion: According to the perception of the graduates, the DME has had a positive impact at all the levels described in the Kirkpatrick model, with favorable results on the medical school and its faculty.

References


Theme: Developing individuals (Keywords: Faculty development, staff development)

http://www.facultydevelopment2013.com/application/74/view/
Understanding engagement to work will help improve faculty development design

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Abstract

Introduction: Systematic reviews have shown that faculty development is effective in developing individuals, in their roles as teacher (Steinert et al. 2006) and as leader (Steinert, Naismith & Mann 2012). Both reviews also show a lack of process-oriented research. We do not yet fully understand how faculty development initiatives develop individual teacher’s performance. We have searched outside of the field of medical education for an all-inclusive model which can describe this process. From the field of Labour and Organisation psychology, we learned of the Job Demands-Resources model (Bakker & Demerouti 2007). This model provides insight in individual performance, through the construct of work engagement. Higher work engagement is associated with higher performance (Bakker 2011).

Work engagement is constructed from the interaction between job and personal resources, moderated by job demands. High job demands increase the positive effect of job and personal resources on work engagement and thereby performance (Bakker et al. 2007). This general model has been tested in various cultures and occupations (Bakker & Demerouti 2007), but needs to be tested for medical education specifically. We need to gain insight in which job demands and resources exist for teachers in the medical education domain and how this affects work engagement and job performance.

Theoretical Framework Work engagement is constructed from the interaction between job and personal resources, moderated by job demands. High job demands increase the positive effect of job and personal resources on work engagement and thereby performance (Bakker et al. 2007). This general model has been tested in various cultures and occupations (Bakker & Demerouti 2007), but needs to be tested for medical education specifically. We need to gain insight in which job demands and resources exist for teachers in the medical education domain and how this affects work engagement and job performance.

Purpose In this model, faculty development initiatives may be seen as job resources or as affecting job resources and through this mechanism, indirectly performance. Understanding which job resources affect work engagement for teaching can be important in designing faculty development initiatives. Understanding which job demands affect work engagement for teaching can be important for the organization of education in teaching hospitals. Understanding the different job demands and resources can be an important addition to the field of faculty development research. In our poster we present the generic model and we apply it to the research of faculty development initiatives.

References


Theme: Developing individuals (Keywords: Process-oriented research, work engagement, job demands-resources)

Towards developing a sustainable faculty development program: an initiative of an American Medical School in MENA region

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#fdhp13 #17

Abstract

Introduction: It is the strategy of the American University of Beirut Faculty of Medicine (AUB- FM) to develop faculty skills through continuing education by sponsoring local activities, and funding the attendance of an international meeting for all faculty. Such initiative has been in place for over three decades and remains dependent on individual’s efforts. To promote this further in 2011-2012, a year-round Faculty Development Program (FDP) was also introduced to develop faculty leadership and business skills in medicine, and to fulfill personal and professional goals.

Methods and Results The assessment was based on: 1) online FDP survey was conducted to assess needs and determine themes; 2) Post-workshop evaluation survey; and 3) attendance sheets. Workshop attendance declined gradually and the topics and lecturers were rated very good to excellent.

Discussion: Although faculty were genuinely interested in FDP as verified by the needs assessment and program evaluation, attendance dropped gradually mostly by junior faculty. This was mainly due to the fact that junior faculty join as Assistant Professors and are pressured to satisfy demanding promotion criteria that require excellence in teaching, research, clinical and administrative services within six years in rank. Compensation structure adds burden as physicians must generate two-third of their income through clinical practice. Accordingly, juniors are challenged to achieve personal objectives while they are obliged to fulfill their roles.

Recommendations To ensure sustainability, commitment and success, the FDP has to be aligned with FM strategic goals and faculty objectives, be complimentary to a faculty mentoring program, provide financial and academic reward to such programs, and be supported by a faculty progression tool for continuous monitoring of junior faculty academic progress (Garand et al, 2011).

Theme: Developing individuals (Keywords: sustainable faculty development)

http://www.facultydevelopment2013.com/application/17/view/
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Abstract

Introduction: Although novice faculty may have rich experiences in their previous working fields, they have usually no or little experience about their roles in new position such as teaching, research and scholarly activities. Universities generally plan to fulfill the novice faculty developmental needs by several methods. For example, in some universities, a new faculty has to attend in a set of workshops about teaching and assessment methods, but seems that they are not based on specific needs of new faculty members in their work fields. Understanding the novice faculty perceptions about their new roles and challenges that encounter to perform their roles can be helpful for educational administrators. Qualitative approach may provide first hand data needed to develop an actual empowerment program.

Methods: A qualitative design based on phenomenological approach applied to uncover the meaning of “to be a novice nursing faculty” in Mashhad university of medical sciences (Iran). Six novice nursing faculty with less than 3 years experience in their faculty role participated in study. Data gathered by semi structured interviews with participants and field notes. Then, the interviews transcribed and MAXQDA software used to code and label experiences expressed by participants.

Results: Themes emerged from data implied to uncertainty about fulfilling the academic expectations by novice faculty, desire to overcome the challenges, time limitation, and, unfriendly behavior from others.

Discussion: Findings support that more than formal programs such as workshop on teaching, research and scholarly activities; the novice faculty can be empowered by mentorship programs where they can transit from previous environment to academia safely and under supervision of experienced colleagues. At the other hand, experienced faculty may benefit from working with a fresh and competent colleague on new technologies and soft wares to perform their developmental needs on their academic position.

Theme: Developing individuals (Keywords: Novice Nursing Faculty, Phenomenology)

Introduction

Some researchers have emphasized that any match or mismatch between faculties teaching style and their students learning styles may influence the learning outcomes. This descriptive study has carried out in a baccalaureate degree of radiology in Mashhad University of Medical Sciences to investigate whether the faculty teaching styles are same as their students' learning styles, based on Kolb experiential learning theory.

Methods

A translated Kolb learning style inventory (Ver. 3) used to gather the data from the students and a teaching style questionnaire developed for the faculty based on Kolb theory. All of the faculty (N=21) and 98 students selected through a stratified random sampling method participated in the survey. Data analyzed by SPSS software.

Results

Most of the students' learning orientations were as Active Experimentation (45.9%) and Abstract Conceptualization (26.5%). At the other hand faculties’ most teaching orientation were as Conceptualization (33.3%) and Reflection (28.6%). Students with Assimilation learning style had better performance on their courses.

Discussion

Although the findings do not support necessarily the idea that the teachers must change their teaching style for every student, to improve teaching and learning quality requires paying attention on learning theories by the faculties. Developing programs on educational theories for the faculties may improve their perceptions on learning situations. This can be reached by several methods for example seminars and workshops on educational theories in medical universities.

Theme: Developing individuals (Keywords: Teaching Style, Kolb Theory, )

http://www.facultydevelopment2013.com/application/166/view/
The competency indicators for medical staff in health literacy teaching in Taiwan

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Abstract

Background: The cost-effectiveness of interventions to improve limited health literacy in health professional education is an urgent task and the objective of this study was to demonstrate the competency indicators for medical staff in health literacy teaching in Taiwan.

Method: We adopted a cross-sectional design and combined qualitative and quantitative method to construct the indicators of competency of health literacy teaching.

Results: The qualitative interview results were extracted from 648 meaningful items to formulate the competence indicators. The five core indicators were a clear concept of health literacy, the confidence in health literacy teaching, recognition of the typical characteristics of patients with low health literacy, application of health literacy teaching strategies and evaluating the effectiveness of health literacy strategies. The sub-indicators were the meaning of health literacy, developing low-literacy health education materials, teaching evaluation, repetitive and multiple lessons, guidance instead of explanation, teaching materials with simple text, building a friendly environment and encouraging questions. After 3 rounds of the Delphi method, the “Indicators for medical staff in health literacy teaching,” which comprises 5 core indicators of competence elements, 11 sub-competence indicators, and 95 competence items were established. The results of the health literacy evaluation for 812 medical professionals showed that the current understanding towards health literacy is around 60%-70%, with the “clear concept of health literacy” indicator being most poorly understood. The percentage of use for the 12 health literacy teaching strategies was approximately 70%, with insufficient applications of indicators for medical staff in health literacy teaching.

Conclusions: We demonstrated the competence indicators for medical staff in health literacy teaching that would be beneficial in the construction of a training program for medical professionals in the future enhancing the health literacy competency of professionals as a whole and improve their clinical care competency.

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Acknowledgements

The National Science Council of the Republic of China, Taiwan; Contract No. NSC100-2511-S-255 -001 -MY2.

Educational professional development needs in the health sciences professions: comparison of medicine, nursing, pharmacy, and dentistry stakeholders

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#fdhp13 #92

Abstract

Introduction: As universities cluster their healthcare disciplines into common health sciences units, faculty development (FD) roles must evolve with respect to audiences and needs. It becomes imperative that the characteristics of each healthcare discipline's faculty development needs be understood. To capture these FD needs and identify common and unique areas requirements, we conducted a FD needs assessment in dentistry, dental hygiene, medicine, nursing, pharmacy, and medical rehabilitation.

Methods and results: We created and piloted an online FD Needs Assessment. This survey captured important demographics including gender, discipline, type of teaching (i.e., clinic, classroom, etc.), academic rank, and education. The remaining 68 questions focused on four categories of specific FD needs including 28 teaching skills (i.e., PBL, etc.), 8 on scholarship (i.e., understanding the scholarship of teaching and learning, etc.), 10 on technology (i.e., developing on-line teaching, etc.), 12 on administration and career development (i.e., team building, etc.); 10 questions on optimal workshop format (i.e., blended, etc.), and availability to participate in workshops (i.e., time of week and day). 133 participants (N = 11 dental, N = 9 dental hygiene, N = 62 medical, N = 10 medical rehabilitation, N = 19 nursing, and N = 7 pharmacy) completed the survey. Similarities and differences in terms of FD needs were found based on discipline, gender, type of teaching, and years teaching.

Discussion: An important part of delivering FD to a cluster of health professionals is the awareness of both the faculty-specific and the global FD needs. While there are areas that may require discipline-specific FD workshops, similar FD needs identified across disciplines provide ideal opportunities to promote collaborative? interprofessional learning. A framework of these discipline-specific and more global health education FD content areas will be provided to participants for the purposes of guiding FD at their health education facilities and for future research.

References


Theme: Developing individuals (Keywords: Needs assessment, faculty development, planning)

Acknowledgements

Grant from Department of Medical Education

http://www.facultydevelopment2013.com/application/92/view/
Developing a teaching handbook for clinical teachers in the health professions

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#fdhp13 #95

Abstract

Introduction: Teachers in the health professions often face unique challenges in their careers. Competing missions provide for complex educational environments, and multiple demands for cognitive processes. Knowledge and expertise are expected in clinical domains, whereas teaching expertise is desired, but often deemed to be of lower status than clinical expertise. In many instances, clinical teachers are ‘unconsciously incompetent’, and do not recognize the need for educational ‘expertise’ until faced with a teaching requirement. At this point, teachers often seek out resources to assist them with planning and executing “a teach”. This just-in-time approach to learning about education is analogous to the movement to ‘bedside’ clinical tools. One way to meet this need is the development of an online teaching resource, using an e-book/interactive approach.

Methods: To develop this teaching handbook, we completed a survey of online handbooks in US and Canadian schools of health professions (66 faculties of medicine, dentistry, or pharmacy) and conducted a literature review.

Results: We found 48 of those surveyed had online teaching handbooks or the associated information that might exist in a handbook. Of these 48 schools most covered academic teaching with only 8 yielding information that covered clinical teaching. Based on these findings, we developed a framework for a teaching handbook that will be used to create an interactive mobile app/e-book for clinical teachers in the health professions.

Theme: Developing individuals (Keywords: Clinical Teaching, Handbook)

http://www.facultydevelopment2013.com/application/95/view/
Does teaching clinical reasoning work: a faculty development initiative at the University of Manitoba

Introduction: Critical thinking is a foundational skill for medical professionals. Despite the recognition that clinical reasoning informs our daily practice, few physicians have received instruction in it or instruction on teaching critical reasoning. Accordingly, their teaching of this skill is often implicit and based on how they were taught. A literature review and a needs assessment identified that clinicians do not feel confident in teaching clinical reasoning. Workshops were conducted on teaching critical reasoning at the University of Manitoba. The impact of these workshops on participants' knowledge, changes in their teaching practices and their assessments of their future learning needs is the focus of this project.

Methods: A follow up survey was conducted with participants in the workshop, using Prochaska's and DiClemente's Transtheoretical Model of Change as a framework, to determine the perceived impact of the workshop on teaching practice.

Results: 28% of participants completed the post workshop evaluation. Of these, all were able to stage themselves regarding readiness to change, with most being in the preparation or action stage (60%) for teaching and evaluating in the clinical setting, whereas only 20% were in these stages for conducting formal teaching sessions.

Discussion: Teaching clinical reasoning is often an implied activity in clinical teaching, yet many physicians do not feel sufficiently competent in this area. Most clinical teachers "teach as they were taught" but with today's evolving clinical teaching contexts this may no longer be sufficient. We believe these workshops have had a positive impact on the teaching of clinical reasoning at our University. This study will contribute to the understanding of clinical teachers' needs and may inform future educational practice.

References

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Theme: Developing individuals (Keywords: clinical reasoning teaching, medicine, practice)

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#fdhp13 #47

Abstract

Aim This paper describes the growth of a faculty development plan for allied health educators at the Singapore General Hospital

Background: The Postgraduate Allied Health Institute (PGAHI) was established in 2003 by the Singapore General Hospital with the mission to deliver innovative and quality advanced clinical skills training for allied health professionals to enhance patient care. Today, PGAHI offers more than 60 programmes annually and at least 2,000 training places across a comprehensive range of allied health disciplines – Dietetics, Medical Social Services, Occupational Therapy, Music Therapy, Pharmacy, Physiotherapy, Podiatry, Radiography, Speech Therapy.

Summary of work: The need for a good grounding in pedagogy for allied health educators was identified by the Director, SGH-Postgraduate Allied Health Institute in 2009. This led to a partnership with the National University of Singapore Medical Education Unit (MEU) and the launch of a 6-day structured basic faculty training programme in 2009 and an advanced course in 2010. More than 150 allied health educators have been trained and today, 5 allied health educators co-teach 40% of the basic faculty course under the guidance of the MEU experts. A research study is currently ongoing on the impact of these courses on the educators' teaching-learning practices.

The development of each allied health educator is supported through opportunities to advance their role as a clinician, teacher, leader and scholar. At least 4 clinical certification programmes have been developed and taught largely by our allied health staff and papers presented at medical education conferences. Recognition and faculty engagement are the other ingredients that have been factored into PGAHI’s faculty development plan.

Theme: Developing individuals (Keywords: Faculty development, allied health professionals, inter-professional learning)

http://www.facultydevelopment2013.com/application/47/view/
Abstract

Introduction: In 2009, the medical school of the University of Marilia, a private institution, made curriculum changes and implemented active teaching learning methodologies. Teaching student-centered and faculty as facilitator are characteristic of this type of methodology. The assessment is known for directing and stimulating student learning, it provides information on the educational effectiveness for faculty and the institution itself, while protecting its patients1. The kinds of assessment should be consistent with the curriculum principles, since these complex systems must consider how its participants and the relationships between them and the environment they find themselves2. These changes have generated the need for faculties to retrain in summative and formative assessment. Thus, a group of institution's advisors accomplished activities of faculty development in assessment. The aim of this study is to report the process of faculty development in assessment, in medical school.

Methods: The strategy used was to perform training workshops for faculty, such as: in summative evaluation and using instruments for formative assessment of students.

Results: Until now, six faculty development workshops about the process and methods of assessment (multiple choice test, essay questions, OSCE) as part of the process of teaching and learning were conducted (including 90% of all faculties of the course). Furthermore, instruments to assess participation, skills and attitudes of students during educational activities were developed.

Discussion: Although this new form of assessment is recent in the course, a significant progress in teacher/student relations was made, as well as in improving the process of building a curriculum with active methodology, consequent to the implementation of the faculty development in evaluation process. However, there is also the need to continue these development activities. And the implementation of a continuing education program for faculties is one possible strategy.

References

The Victorian Simulated Patient Network: a statewide faculty development initiative in simulated patient methodology

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www.vspn.edu.au #fdhp13 #138

Abstract

Introduction: Health Workforce Australia (HWA), a national government organisation responsible for health workforce development, has funded several Programs at national and state levels. In Victoria, HWA together with the Department of Health has developed the Simulated Learning Environments (SLE) Program, which aims to support the use of simulation as a means to increase clinical training capacity and efficiency, and to influence the adoption of new and innovative training techniques1. The Victorian Simulated Patient Network (VSPN) (www.vspn.edu.au) is a significant statewide project in the SLE Program. The VSPN is an online network for teachers, clinicians, simulated patients (SPs), program administrators and others interested in SP methodology. Launched in December 2012 and led by Monash University, the VSPN aims to develop a sustainable statewide network for faculty, provide high quality resources in SP methodology, expand SP-based education across the state, increase the number of simulation educators through SPs and improve education in patient-centred care.

The website contains modules on various aspects of SP work (e.g. training SPs for role portrayal, for giving feedback, for working in high stakes assessments etc). Modules include illustrations of SPs at work, scenarios, educational frameworks to support SP-based education and links to key publications.

The modules are accessible to anyone who joins the VSPN and are free of charge.

Each module is designed to take participants two hours and there is no formal assessment.

Methods: Members of the VSPN complete online evaluations for each module. Responses will be analysed with descriptive statistics and thematic analysis. Human research ethics approval obtained.

Results: In progress

Discussion: The presentation will report the evaluation data and the extent to which the aims have been met.

References


Theme: Developing individuals (Keywords: simulated patients, faculty development)

Acknowledgements

Health Workforce Australia and Department of Health (Victoria)

Developing surgical educators: evaluation of the graduate programs in surgical education

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Abstract

Introduction: The Graduate Programs in Surgical Education at the University of Melbourne and the Royal Australasian College of Surgeons were launched in February 2012 in response to workforce needs. The programs are designed for surgeons interested in advanced educational practice. The program content is contextualized for teaching and learning in surgical settings and addresses identified needs. The modular based program covers – contemporary context of surgical education, educational methods, curriculum design and theories that inform surgical education. Specific content includes recruitment and selection into surgical training and managing underperforming trainees. The structure of the program is flexible and multi-modal. In person study days, online tutorials and e-learning underpin the program. There are exit points at Graduate Certificate, Diploma and Master levels. A research component is highly recommended.

Methods: The content and structure of the programs drew on literature findings, key informants in surgical education internationally and a survey of College members’ perceived needs. The evaluation strategy is highly qualitative and includes: baseline free text data on participants’ approaches to teaching and learning in surgical settings; end of module online forms that collect participants’ responses and includes free text on participants’ statements of their learning. Additionally, individual interviews with participants seek developmental data across the life of the program.

Results: Two cohorts have commenced (n=4&9 respectively) and a third cohort starts shortly (currently n=8). Baseline data suggests participants vary in their current and intended educational practices in surgery. Module content is appropriate and the educational methods valued although the online tutorials need more robust technical support. Interview data collection commences shortly.

Discussion: The preliminary results suggest the MSE is well received but more importantly that a critical workforce need is being addressed – development of high quality surgical educators who are able to lead their profession in times of significant change in the healthcare services.

Theme: Developing individuals (Keywords: surgical education)

Role modeling workshop: is it effective in improving lecturers' attitude and practice?

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Abstract

Introduction: Role Modeling is an important teaching strategy to change value, attitude, mind set, and behavior of students and also can influence students' career choice. Realizing the importance of role modeling, role modeling workshop was conducted by Medical Education Department, Faculty of Medicine University of Indonesia (FMUI). To evaluate the effectiveness and barriers of the program, research was done involving faculty members who had attended the workshop.

Methods: A three day role modeling workshop was done. Before, right after and three months after the workshop participants filled out questionnaire on the importance of role modelling in medical education and the effort have been done in becoming role model. Participant consists of 24 lecturers.

Results: There were changes in participants' attitude and behavior 3 months after the workshop. Effort to become role model for colleagues was significantly increased (p 0.04). Willingness and effort to become role model for students were also increased with p 0.049 and 0.005. Barriers faced by the lecturers in the effort to become role model were the weakness of human resources development and lack of support from the organization, and private things, such as low self confidence and commitment.

Discussion: Role modeling workshop was effective to change the attitude and behaviour of FMUI staffs. Due to shortage of lecturer, staffs are facing problems in allocating time for several tasks given by the faculty. These made staffs were not able to perform well as a role model. Low confidence and commitment of staffs could also affect work culture, which in turn will limit staff's performance. To overcome the barriers, the faculty should recruit new lecturers, make a better working time allocation, and give rewards for distinguish staffs. Criterion as a role model should be added in selecting head of each department.

References


Theme: Developing individuals (Keywords: role modeling, workshop, lecturer, medical student)

Acknowledgements

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#fdhp13 #205

Abstract

Introduction: Within the new phase of medical education in Saudi Arabia (Telmesani et al, 2010), there is a real development and change in the structure of medical education center and departments. The national medical education plans and projects such as; the national competence framework; the proposed Saudi medical license examination; the national assessment bank; and the national progress test, became driving forces for change in medical education. Faculty Development programs became a requirements rather than privileges and most of the time it was empowered by the existence of Medical Education Departments.

Methods: Fishhook model (Baker et al., 2009) was utilized to reflect on local goals, settings and culture of Staff Development Programs in three medical schools in Saudi Arabia.

Results: F1: The current era is very supportive to staff development programs to fulfill the requirements of international trends, national projects, and schools new curricula philosophy.

F2: staff development programs are mostly a necessity of all strategic planning.

F3: medical education activities are mostly carried out by distinguished medical educators. The number of medical educators is growing over years.

F4: the new paradigm of medical education encourage national networks and collaborations, yet most schools focus on international partnership rather than national

F5: many medical educators had a strong contribution to the national accreditation bodies

F6 & F7: medical education activities and programs were supported by the whole structure of university since it fulfill needs and requirements of quality assurance and accreditation body so all resources are available yet it requires smart plans to benefit of such opportunities. Yet these need to be consider for more flexibility.

Discussion: Medical education and staff development programs is a necessity for all medical schools and supported by the environment and current needs . Yet the growth and consistency of such activities need to be supported by a clear guidelines and appropriate funds.

Theme: Developing individuals (Keywords: staff development )

Abstract

Introduction: Clinical faculty are now challenged to teach residents with restricted duty hours and medical students not allowed to document in medical records their contributions to patient care. Although research on educational theories, curriculum development, and teaching and assessment methods could guide clinical teaching, expertise from these domains isn’t typically organized and readily accessible, particularly for physicians in the relatively recent “hospitalist” track of physicians caring for inpatients. This study describes the development and initial evaluation of a “flipped classroom,” featuring medical educators’ original syntheses of teaching material for hospitalist physicians’ asynchronous review, with follow-up face-to-face sessions emphasizing application.

Methods: In 2012, the Hospitalist director collaborated with faculty from the Medical Education Department in developing a flipped-classroom medical education program for hospitalist faculty, who will subsequently mentor other hospitalists. Participants completed an anonymized electronic survey, evaluating the first two sessions, on learning theories and curriculum development, on a four-point Likert scale.

Results: The ratings for each session showed: 75% of hospitalist faculty participating in the Clinical Educator Program “strongly agreed”: pre-session written summaries increased their knowledge; the face-to-face sessions focused on practical applications; sessions encouraged active participation and reflection. The remaining 25% “agreed” with these statements. All faculty characterized the flipped classroom sessions as a good use of their time and would help them achieve their goals for participating in the Hospitalist Clinical Educator Program. Their comments consistently characterized the sessions as interesting and useful. They also characterized the face-to-face sessions as enabling them to develop practical teaching products, including collaboratively developed teaching scripts for hospitalists.

Discussion: Our initial experience with a flipped classroom clinical educator program for hospitalist faculty offers encouraging evidence of its feasibility and perceived utility. This approach builds on existing hospitalist-focused medical education research, and could be adopted for other health professions faculty.

References


Theme: Developing individuals (Keywords: faculty development, hospitalists, medical education)

Evaluation of a workshop in end-of-life care for hospital staff caring for dying children

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Abstract

**Background** In 2010 our tertiary care children’s teaching hospital developed a pilot project to deliver workshops to interdisciplinary groups of pediatric house officers, fellows, nurses, and therapists who may be involved in caring for children in the hospital at end-of-life (EOL). Workshops were conducted with both 142 hospital staff in 2010-2012 and 25 international pediatric residents, fellows, and attendings at Pediatric Academic Societies in 2012.

**Methods** Following a 90-minute workshop, participants completed a 16-item retrospective pre-post assessment, eliciting their confidence in knowledge and skill in caring for dying children. Response options ranged from (1) need further instruction, (2) perform with close supervision, (3) perform with back-up available, or (4) perform independently.

91 (67%) hospital staff and 19 (76%) conference participants completed pre-post self-assessments. 14 of the 16 domains had mean delta score increase >0.5 for hospital staff, 12 of 16 domains for conference participants, who had higher mean pre scores. Prior to the workshop, participants felt most confident in explaining the distinction between curative and comfort care, discussing non-resuscitation orders, and assessing pain. The greatest increase in confidence after the workshop was in providing EOL anticipatory guidance, discussing what happens after death, assessing and managing non-pain symptoms, and pronouncing death (delta scores 0.73-0.92). Participants initially felt least confident in discussing EOL decisions in a family conference, with a competent teenager, and in applying ethics to withdrawal of care decisions; however confidence increased significantly for each of these skills after the workshop (delta score >0.5).

**Implications** The interdisciplinary workshops provide a venue to teach skills in caring for a dying child, as well as easing hospital staff discomfort in discussing complex EOL decisions. The findings have been replicated in an international population with a higher baseline level of training.

References


Theme: Interprofessional and team-based learning (Keywords: interdisciplinary faculty development, palliative care, pediatrics)

http://www.facultydevelopment2013.com/application/211/view/
Abstract

Introduction: The UNASUS / UFMA project has provided training to professionals involved in the Health System of Brazil, through specializations courses in the distance mode, with approximately 1000 professionals already qualified. The concern about the teaching-learning process has been a reality. The study aimed to compare the methods used by UNASUS / UFMA for the training of tutors.

Methods: Data used are related to student evaluations of two classes of the Family Health Specialization Course of UNASUS-UFMA performed in different periods, which were extracted from the Central Station, a system developed by UNASUS / UFMA as auxiliary tool for obtaining data from Moodle. The performance of 1072 students, who were organized into 2 groups, was evaluated. Group 1 refers to students who were accompanied by tutors that underwent a technical training of the virtual environment. Group 2 refers to students accompanied by tutors that underwent a distinct training that includes evaluation methods and discussion groups. To compare the groups, the Student t test was used.

Results: It was observed that there was a decrease in the grades over the modules, starting at 80.54 and finishing at 68.90. In Module 1, the average of the students in Group 2 was 84.15 while group 1 was 72.47. In Module 2, the average of group 2 was 87.28 and in group 1 was 69.74. And in Modules 3 and 4, the averages were 83.60 and 84.87 in group 2 and 64.98 and 63.42 in group 1 (p <0.000).

Discussion: It was found that a group of students accompanied by professionals with a more specific tutorial training showed better performance in grades compared to a group in which there was no such training. It is believed, therefore, that the proper tutorial training is of great relevance to the teaching-learning process of the distance learning students.

Theme: Interprofessional and team-based learning (Keywords: Distance education, tutor, training)

http://www.facultydevelopment2013.com/application/194/view/
Teaching and assessment toolkit to integrate the collaboration competencies in residency training

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#fdhp13 #75

Abstract

Introduction: Graduating physicians are expected to competently collaborate with patients, families, colleagues and interprofessional teams. Collaboration involves elements such as learning when and how to share power and information, knowing how to prevent misunderstanding and manage difference, and knowing how to work efficiently and effectively with others. Given the absence of practical, ‘ready for use’ teaching and assessment tools, the authors created a faculty development toolkit to develop collaborator competencies.

Methods: The poster deconstructs the development of the toolkit illustrating how the literature, consultations with experts and experience contributed to the final framework.

Results: Examples of teaching and assessment resources for faculty to support intra/interprofessional team work are provided. Topics include: selecting and prioritizing appropriate collaborator competencies to teach learners in your program; applying new approaches and exercises for teaching collaborator competencies to learners in specific contexts. (i.e. including bedside and clinical teaching approaches); and applying new approaches and tools for the assessment of collaborator competencies to learners specific to their practice context. (i.e. including bedside and clinical teaching approaches). Case examples include learning activities to develop collaborator skills, templates to assess competencies and tools for mapping and planning curriculum.

Discussion: Learners are frequently, and repeatedly, transitioning to new locations or units where they are expected to seamlessly interact in teams in order to provide optimal care to patients and families. The underlying concepts, skills and attitudes needed to collaborate efficiently and effectively are challenging to teach and difficult to assess. The collaborator toolkit provides a practical and educational starting point for faculty development of teachers and educational planners.

Acknowledgements: A small educational grant from the Royal College of Physicians and Surgeons of Canada.

References


Theme: Interprofessional and team-based learning (Keywords: Collaborator, interprofessional, resources)

http://www.facultydevelopment2013.com/application/75/view/
When does individual development leads to development of the faculty?

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Abstract

Introduction: Ten years ago Hannover Medical School started a course in didactics for their lecturers, adapting the established WindH-programme (1). It was initiated as a part of an overall initiative to improve the abilities of the MHH staff to teach subjects in medicine and dentistry effectively by training different professions together. The second goal was to offer the clinicians in the staff a way to incorporate the attendance of a professional training into their routine duties in medical care.

Methods: The course “Aktiv in der Lehre” (AidL: active in teaching) covers 14 topics and has an integrated coaching by professional supervisors during and one year after the programme (2). Additionally the group members took part as “visiting friends” in the classes of each other. In 2010 additional basic courses in medical didactics have started. These courses last two days and were offered five times a year.

Results: Until now seven groups participated in the AidL-programme. The basic course and a bundle of intermediate courses has been successfully implemented. Although the workload of the AidL-programme is significantly higher than most other courses below the master level there is no decline in demand. On the contrary, there is a continuously growing number of applicants every year and similar programmes had been established at two other universities in Lower Saxony.

Discussion: The AidL-programme seems to be a tailor-made suit for members of staff who should master in higher education, clinical practice and biomedical research. Last year Alumni of the AidL-programme founded a network (“Netzwerk Lehre”) which has been recognized by the President of Hannover Medical School as a professional group which should develop new ideas for the development of the whole faculty. Alumni of the AidL-programme act as mentors for new faculty members and offer a coaching for senior staff members.

References


Theme: Interprofessional and team-based learning (Keywords: sustainable team-teaching, collegial exchange, interdisciplinary teaching)

Developing and maintaining a culture of faculty development; targeting department chairs as allies

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Abstract

Introduction: Faculty development directors/administrators are continuously looking to promote faculty development (FD) amongst their faculty members. At the University of Ottawa's Faculty of Medicine, the Office of Faculty Development chose to target Department Chairs as allies in ensuring a culture across the departments in which faculty are encouraged to engage in FD, both in their attending and in facilitating faculty development events.

Methods: Annual reports to Department Chairs were initiated (starting for the 2010/2011 academic year) in which the Chairs received reports in the form of tables both of FD activity (attendance and facilitation) by individuals within their department and a comparison of the summary of these activities across the various departments.

Anticipated results and discussion These annual reports, in the form of tables, offer Department Chairs a quick, quantitative, summary of each of their member's FD activities for the particular academic year. Chairs are encouraged to use this information in their annual reviews with each department member, ensuring FD becomes a recognized part of the culture of each department. The table comparing FD activities across the various departments serves as a reminder in the challenging and competitive world of Department Chairs that FD is a necessary and expected aspect of faculty life.

Theme: Leading and managing change and improvement (Keywords: faculty development, department chairs, culture)

http://www.facultydevelopment2013.com/application/14/view/
Do individualized folders for attendees and facilitators increase the rate of return of feedback questionnaires?

Abstract

Introduction: It is difficult to ensure events organized for Faculty Development (FD) are meeting the developmental needs of faculty members in a timely fashion. For the Office of Faculty Development (OFD) at our university one way of monitoring this is through the use of attendee feedback questionnaires. Despite diligence on the part of administrators, this system of monitoring is less valid if there is a poor rate of return of these questionnaires. In an effort to improve the rate of return of these questionnaires a new system was instituted consisting of individualized folders for attendees and for presenters.

Methods: Chi Square analyses will be used to test the difference in percent of attendees who completed their feedback questionnaires for the 55 FD workshops immediately preceeding and the 55 FD workshops immediately following the individualized folders system being instituted by the OFD (May 31, 2012).

Anticipated results and discussion: It is anticipated that the statistical results will confirm our subjective experience to date which is that the individualized folder system, ensuring instructions are given to both facilitators and participants personally, and providing a method of questionnaire return even without the presence of OFD personnel, increases the rate of questionnaire return.

Theme: Developing individuals (Keywords: faculty development, feedback questionnaires, return rate)

http://www.facultydevelopment2013.com/application/15/view/
Abstract

The OSCE was divided into 02 phases: a) 02 stations in a clinical simulation, with a senior student playing the role of the patient, b) a series of 05 videos. The assessment was applied in the presence of 13 of 14 teachers for the first time at the end of 2011. We are now on our 3rd OSCE, with total faculty participation.

Discussion: Teachers recognized the importance of the faculty development program and were engaged in the process. They thought that it was an improvement in the student assessment process.

Flexibility in our own approach and work with a meaningful product for the faculty were the keys to the success of this faculty development program.

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Theme: Leading and managing change and improvement (Keywords: OSCE, faculty development, assessment)

Abstract

Introduction: Our goal is to help faculty engage students while moving the curriculum to fewer lectures and more blended learning. We recognize that it can be a challenge and time-consuming for faculty to develop student-centered learning within lecture-based courses. We determined that a structured approach using guided “frameworks” might be the first step in making it easier to improve and deliver content.

Method: We define frameworks as a template in which to create the lecture, with embedded design and instructions on how to convey the content more effectively. For example, a lecture template will be composed of an organized structure – Introduction/Objectives, Core Concepts and Summary, as well as contextual prompts and supporting material. Using this method, faculty will be able to insert relevant content into the template to create a learner-centered experience. By following the template, some detailed content may be displaced from the lecture and an alternative means of delivery will be found (i.e., podcasts, online forums, etc.). The frameworks will be developed with faculty input and workshops will be developed to teach faculty how to use them. Our intended target audience is the novice lecturer and those needing assistance with an alternative method for delivering content. Additional frameworks will be developed where needed, such as for preview, review and challenging topics podcasts. We will partner with faculty to determine the best approach for their course.

Anticipated Results: This new initiative will provide opportunities for the utilization of alternative modalities and implementation of blended learning. Success will be measured by faculty’s ease of use, delivery of fewer lectures, peer evaluation and the impact on learning outcomes. When possible, student feedback on faculty performance before and after implementation will be compared. We will test with several faculty members at first and then roll out with each course where needed.

References


Theme: Leading and managing change and improvement (Keywords: frameworks, lectures, blended-learning)

http://www.facultydevelopment2013.com/application/73/view/
A simple tool to improve quality of educational supervisor report

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#fdhp13 #216

Abstract

Introduction: The educational supervisor report (ESR) is a crucial link between educational and workplace based appraisal process as it provides summary of evidence for the annual review of competence progression (ARCP). Northern Deanery School of Medicine decided to introduce a simple tool that would help measure and improve quality of ESR and provide feedback to Educational Supervisors.

Methods: A feedback form used in general practice, West Midlands, was brainstormed by a group of stakeholders. A new Feedback form on ES report (FESR) and guidance sheet was designed, for completion by ARCP panel and for feedback to respective ES. It was piloted in 2011, refined and adopted as standard in 2012. It assessed evidence of judgements, suggestions and areas of good practice within ESR. Data was analysed quantitatively.

Results: 226 feedback forms were completed at 9 medical speciality ARCPs. 84% ESR were graded excellent or acceptable, while 16% identified as needing further development. 81% ESR had judgements appropriately referenced to evidence in portfolio. Appropriate suggestions for trainees development made in 71%. Areas of good practice identified in 82%, areas that needed development/ unsatisfactory in 66% reports. 37% ESR were graded as very helpful and 10% as not helpful in deciding ARCP outcomes. 98% ESRs were excellent quality amongst trainees with satisfactory ARCP outcomes; amongst trainees with unsatisfactory outcomes, almost half the reports needed further development. One specialty that used FESR as pilot in 2011, showed remarkable improvement in ESR quality in 2012. Informal feedback from TPDs and educational supervisors was positive.

Discussion: FESR is an innovative tool for faculty development. It helped capture quality of ESR and indicated high overall quality of ESRs within the School. FESR helped improve quality of ESRs in one specialty, over 2 years. Amongst trainees with adverse ARCP outcomes, a higher percentage of ESRs, with further development needs were identified, which highlights faculty development need. Recognised as an area of notable practice, it has been adopted by other Schools within Northern Deanery. A web based version has been developed and evaluation planned for 2014.

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http://www.gmc-uk.org/education/10264.asp

Theme: Leading and managing change and improvement (Keywords: Feedback, Faculty development, Educational Supervisor Report, Quality)

Acknowledgements

Mr Steve Hamnett, Manager, School of Medicine, Ms Juliet Graves, Educational Practitioner, Educational Development & Governance and Dr Brian Wood, Head, School of Medicine, Northern Deanery NHS North East for their suggestions and support.

Abstract

Introduction: Literature shows that faculty development programs are not organizationally embedded in academic hospitals. This leaves medical teaching a low and informal status. The purpose of this article is to explore how organizational literature can strengthen our understanding of embedding faculty development in organizational development, and to provide a useful example of organizational development with regards to medical teaching and faculty development.

Methods: Constructing a framework for organizational development from literature, based on an expert brainstorm. This framework is applied to a case study.

Results: A framework for organizational development is described. Applied in a context of medical teaching, these organizational insights show the process (and progress) of embedding faculty development in organizational development.

Discussion: Organizational development is a necessary condition for assuring sustainable faculty development for high quality medical teaching. Organizational policies can only render in an organization that is developing.

Theme: Leading and managing change and improvement (Keywords: Faculty development, organizational development, medical teaching)

http://www.facultydevelopment2013.com/application/97/view/
Abstract

Objective This poster describes the development of an interprofessional faculty in team-training.

Background Traditionally, medical education focuses on the individual rather than on a multi-professional team. For the past five years, IMSE has taken on the challenge of developing multiprofessional team training using simulation technology.

Summary IMSE started off a postgraduate education centre for Acute Medicine in 1999 and has more recently embraced medical simulation in its training curriculum. Using the theme of “crisis teams” IMSE started team-training with participation from the medical, nursing and allied health professions, including radiographers and physiotherapists.

Unlike tradition acute medicine training where a didactic approach was combined with psychomotor skills training, the use of high-fidelity simulation allows reflective and experiential learning. Emphasis was placed on the uniqueness of the “ad hoc team” in the medical crisis situation and the development of team leadership and team communications skills.

Faculty training workshops were conducted by trainers from local and foreign simulation institute and the participants were taken through the structure of a experiencing a simulation exercise followed by post-exercise reflection, debriefing and the observation of complex professional team and individual behaviours. To date, IMSE has trained a total 67 facilitators from a various disciplines.

Conclusion The development of an interprofessional faculty has successfully led to the introduction of team-based training into our Residency Programs in selected disciplines including intensive care, trauma, obstetrics, physiotherapy & interventional radiology.

Theme: Supporting learning through simulated professional practice (Keywords: Faculty Training, Team, interprofessional)

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#fdhp13 #52

Abstract

Introduction: International focus on developing students and doctors as clinical leaders and managers (1) has led to expansion of leadership training programmes ranging from postgraduate awards to one-day workshops (Dickenson and Ham, 2008). Many UK programmes are structured around the Medical Leadership Competency Framework (MLCF, 2011) however few faculty development or “training the trainer” courses for leadership faculty are currently available. The aim of this initiative was to develop and support a sustainable, qualified medical leadership faculty throughout the UK.

Methods: Based around a structured leadership development programme designed around the MLCF (2011) networks were established between alumni/participants from different leadership programmes, aiming to facilitate the development of individual alumni as future leadership course faculty.

Results: Many individuals have been trained in leadership development throughout the UK. Collaborations have been formed between different institutions and organisations including trainees from two Academic Foundation Programmes in clinical leadership and management; delegates from ASME’s Fundamentals in Leadership and Management for Educators (FLAME) workshops (delivered at conferences internationally) and with Junior ASME to facilitate leadership workshops to UK medical students.

Discussion: Effective leadership development is complex, involving understanding of leadership and management theory and models, opportunity to apply this to real life projects and innovations, learning through experience (Lave and Wenger, 1991) and academic and clinical support. Attitudinal change and gaining self-insight through feedback and discussion is critical.

Leadership is now a core competency in medical education. However, leadership skills and approaches need to be learned and developed over time, requiring interpersonal and attitudinal change. Through collaboration between organisations, a critical mass of qualified faculty has been developed to deliver future leadership programmes: collaborative leadership in action. With training, early career doctors can lead and manage innovation and change in small and bounded ways and act as faculty to train others in leadership.

References


Theme: Leading and managing change and improvement (Keywords: clinical leadership, development, faculty)

Abstract

Introduction: The term curriculum has many conflicts for different peoples. It was sometimes confuses with syllabus. It is not a textbook, but a study guide for curriculum. Ten years ago or more I was asked to develop a curriculum in Microbiology for the third year medical students in the Faculty of Medicine Al-Azhar University, Cairo, Egypt to replace the Microbiology Syllabus. present at that time. In the same time, I was also called to share in the foundation and supervise a similar department in the same University and to teach Microbiology there.

A blue print of this curriculum was setup to spotlight its content, concept, objectives, learning resources (textbooks & handouts) and activities and methods of evaluations.

Methods: A blue print of this curriculum was setup to spotlight its content, concept, objectives, learning resources (textbooks & handouts) and activities and methods of evaluations.

Results: Teaching methods were in the form of lectures, tutorials and practical classes. The first lecture of the course gives the rationale of teaching Microbiology. Curriculum was evaluated by: (a) Student assessment with summative exams and a final one and (b) Program evaluation was done in the form of questionnaire at end of the year.

Discussion: This curriculum has a long story since the foundation of the Faculty of Medicine, in 1963. The current version is a modification of the syllabus published in mid 1990s. Again, this curriculum is the result of interviews with senior colleagues, and from experiences in teaching and students' assessment of students.

In conclusion: a through analysis is still needed for the whole faculty curriculum to find out areas of strengths and weakness. This may need to be studied in the context of community needs in such a way to improve the health services. To do so, our objectives should be modified. To fulfil that, our teaching strategies, may include problem-based learning and. the curriculum content may also be directed towards the integrated type.

Theme: Leading and managing change and improvement (Keywords: faculty development)

Abstract

Introduction: Holland Bloorview Kids Rehabilitation Hospital, Canada’s largest paediatric rehabilitation facility, recently released its new 5-year strategic plan with Inspire our People as one of its strategic directions. Aligned with this direction, the Teaching and Learning Institute aims to inspire our people to contribute to our academic agenda and to cultivate their identity as an academic/educator through faculty development. What faculty development resource would we need to create so that we might inspire action and cultivate identity?

Methods: To help answer this question, a series of focus groups with Holland Bloorview clinicians were conducted in January and February of 2013. Focus group data was synthesized and coded using the process described by Krueger (1994). A literature review on work-based learning was conducted in September 2012. Key works from the field of academic identity formation and positivist psychology also informed the project and were reviewed in the summer of 2012.

Results: The writings of Raelin (2008), Lieff (2012), Steinert (2012) and Robinson (2009) were triangulated with focus group data. Results indicated that the faculty development resource needed to be co-created with members of the system to ensure that it 1) allowed for self-directed exploration, 2) empowered users to experiment with various educator activities, 3) supported their interests and 4) enabled reflection. The resource also needed to be feasible, easy to use and create opportunity for individuals to connect with others who share similar talents and passions.

Discussion: The purpose of faculty development at Holland Bloorview Kids Rehabilitation Hospital is to inspire, enable and support clinicians and staff in their enviable position of cultivating the next generation of health care providers. Work-based learning theory and positivist psychology perspectives, when combined with context-specific information, taught us an enormous amount about how to co-create, with members of our system, a resource that will be both useful and sustainable.

References

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Theme: Developing individuals (Keywords: identity formation, program development, positivist psychology)
Developing and implementing a national programme for medical residency preceptors - lessons learned from Brazilian Association of Medical Education (ABEM)

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Abstract

Introduction: The Brazilian Association of Medical Education (ABEM), in a mission to “develop medical education (...) meeting the health needs (...) contributing to raise a more just (...) society”, built a network of 12 Collaborating Centers for Medical Education (CCME) - Federal Public Universities – focused on training medical residency preceptors (MRP). Since 2008 the Ministries of Health/Education have set national policies (PRO RESIDENCIA) targeting to increase of vacancies in MR programs in regions and specialties that are strategic. The investment to improve teaching competences of preceptors aims to ensure the quality of MR, the gold standard specialization in Brazil.

Method and results: Aiming to design and implement in 2012, a development program reaching 350 MRP the coordination team developed two blended learning courses (for staff and MRP) following a cascade or multiplication teaching model. 40 professionals with different responsibilities were able to set up teams to replicate the preceptors’ course. The pedagogical concept guiding both was problematization and andragogy, including active teaching learning methodologies.

574 professionals signed up for 390 vacancies available. The MRP were from the schools and medical services, different specialties, with a predominance of generalists (family physicians, general practitioners, gynecologists, pediatricians). The adherence rate (completed courses) was 97.5% (staff) and 87.89% (preceptors). Each CCME identified the main problem for preceptorship and built a strategic approach and all MRP designed a project to improve their MR program.

Conclusions: Public policies should be supported by associations like ABEM. The course models proved to be adequate to the proposal of meaningful learning and were validated for replication and expansion strategies. These results were achieved by faithfulness to the method, ability to handle the complexity of the program, collaborative team construction and ultimately the availability of CCME and MRP to participate in this innovative program.

References


Theme: Leading and managing change and improvement (Keywords: Preceptor, Medical Residency, Faculty development)

Acknowledgements

Ministry of Health of Brazil - Department of Labor Management and Health Education (SGTES); Pan American Health Organization (OPAS); Brazilian Association of Medical Education (ABEM)

http://www.facultydevelopment2013.com/application/171/view/
Abstract

Introduction: The John A. Burns School of Medicine (JABSOM) at the University of Hawaii has a high quality medical education program staffed by dedicated and skilled faculty teachers trained in various clinical and basic sciences who, as a part of their educational responsibilities, also engage in the scholarship of teaching and learning (SoTL). Educators recognized that they needed more and higher quality SoTL to improve their educational program. The evidence generated from SoTL would help them make more informed curricular and teaching decisions. Second, they needed sound data to better advocate best practices to their international audience to whom they provide faculty development and educational support. Third, as university professors, promotion and tenure decisions were tied to scholarly productivity. Fourth, accreditation standards stipulate that faculty be regularly involved in SoTL.

Process Beginning in January 2010 they engaged the support of experienced researchers in medical education from the University of Saskatchewan. These researchers worked with faculty members on individual and small group scholarly/research projects.

Outcomes We compared the scholarly work begun and underway prior to January 1, 2010 to that begun or underway after January 1, 2010 for teaching faculty with the Office of Medical Education. For data we recorded the following events in the life of each project: (1) the date the research team was established as a marker of the official start of a research project, (2) the date the data collection was completed as a marker of progress on the project, (3) resultant conference presentation(s), (4) publications and (5) any further research in the area. We used non-parametric analysis within each category to determine a significant increase in scholarly activity after January 1, 2010.

Conclusions We will present our analysis showing increased SoTL activity and the factors that contributed to increased scholarly activity.

Theme: Leading and managing change and improvement (Keywords: international collaboration, educational scholarship, faculty development)

Poster (ID: 23)
Bridging the gap between pedagogic research and faculty development

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http://www.southampton.ac.uk/medu/research/education_research/beyond_competence/index.page? #fdhp13 #23

Abstract

Rationale: This workshop will explore ways in which to design and use original pedagogic research to inform the planning and delivery of face-to-face and on-line faculty development. Participating delegates will have opportunities to:

- Learn about a national UK research and development project that has influenced faculty development
- Share and explore new ideas from participants’ experiences in a wide range of contexts
- Develop action plans for incorporating original research into staff development
- Network (collaborate) with likeminded individuals interested in research that guides faculty development

Content: At the Medical School in Southampton we have just completed a nationally funded Higher Education Academy Project entitle ‘Beyond Competence’. This Project sought to ground faculty development in original research into clinical placement learning for medicine, nursing and audiology students. (A full account of project findings and resources are available on the link provided below)

The workshop presenters will illustrate their approach to using findings from the Project to design staff development. Delegates will have opportunities to learn about the Project, critiquing the face-to-face and on-line faculty development resources produced by the Project. There will be opportunities for delegates to describe and share their experiences and to plan future development.

Delivery method: The presenters are experienced in running national and international workshops in Europe, the USA and Africa and their approach is highly participatory and interactive. Working in pairs, small groups and whole group plenary sessions, delegates will be invited to take part in a range of activities including:

- Critiquing the example from Southampton’s Beyond Competence Project
- Exploring and sharing other examples of original research that informs faculty development based on their own experiences
- Planning new original research and/or applying their own relevant research to inform faculty development

Theme: The scholarship of workplace learning (Keywords: faculty development, paedagogic research, eLearning)

We oughta know: implementation of a TBL program evaluation process

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#fdhp13 #44

Abstract

Introduction: Team-based learning (TBL) has been implemented in many medical school curricula, however faculty preparation rarely incorporates a rigorous program evaluation and improvement process. To effectively prepare our faculty to implement TBL in our undergraduate curriculum we created a faculty development program and program evaluation process.

Methods: Our faculty development program included online modules covering TBL concepts, a complimentary introductory workshop, one-on-one consulting with an external expert, peer review of TBL sessions, and supplemental workshops. To evaluate this program, we employed the Kirkpatrick model for training evaluation, incorporating three of the four levels: reaction, learning, and behavior. To assess reaction, satisfaction surveys were given at the end of the online module and workshop, and in winter 2013 we plan to conduct focus groups with faculty and students about their TBL experiences. To measure knowledge acquisition, faculty were given pre/post multiple choice tests in conjunction with the online modules. A peer evaluation form has been created to assess behavior changes, and provide formative feedback to TBL faculty.

Results 57 individuals completed the online modules and 52 attended the workshop. The mean pretest/posttest scores were 48% and 78% respectively, indicating that the online modules were effective in increasing knowledge. Faculty were satisfied with both the online modules and workshop, with 92% and 100% respectively saying that they would recommend the activity to others. In the pilot phase, the TBL peer evaluation form has identified areas for improvement in use of TBL beyond issues specific to individual faculty. Issues identified include student understanding of TBL as a learning modality, coordination of TBL logistics, and gaps in faculty development.

Discussion: Our faculty development program and program evaluation process provides a template for other schools to follow. We believe that the TBL peer evaluation form is the most generalizable component.

Theme: The scholarship of workplace learning (Keywords: program evaluation, team based learning, peer evaluation)

http://www.facultydevelopment2013.com/application/44/view/
The big picture: a scalable, comprehensive approach to helping faculty create video-based instruction

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#fdhp13 #45

Abstract

**Introduction:** Many medical schools are starting to use screencast video to shift lecture content and facilitate blended learning. However, faculty development programs are often not structured to elucidate the blended learning experience, and may lack the individualized follow-up of expert consultation and subsequent peer review. To effectively prepare our faculty to create video-based reusable learning content, specifically screencasts, for our undergraduate curriculum we created an introductory faculty development program and corresponding peer review rubric.

**Methods:** Our faculty development program was based on the blended learning model to simulate the student experience that the faculty would be recreating with their own material. It included a series of screencasts covering the pedagogical elements of screencasting, a complimentary introductory hands-on workshop, and one-on-one follow-up consultation with an internal expert. A peer evaluation rubric was created to assess behavior changes, provide formative feedback to faculty, and allow us to tailor the faculty development program to reflect faculty needs.

**Results:** 21 individuals have completed the screencasting blended learning series. Overall, faculty are satisfied with the program, with 100% saying that they would recommend the activity to others. To date, approximately a third of those faculty have created curriculum-integrated screencasts. The screencasting peer review rubric is currently in the pilot, review, and revision stage, with initial data forthcoming.

**Discussion:** This program is designed to be scalable, starting with video tutorials and group workshops to handle the initial faculty-development demands. Individual follow-up consultation is not required for all faculty, and the peer evaluation process enables the creation of additional training content aimed at self-directed learners and groups. The overall content can apply to any screencasting or video production tool. Also, the targeted peer evaluation rubric is a generalizable template that other schools can adopt easily.

Theme: Developing individuals (Keywords: blended learning, peer evaluation, video-based learning)

Signs of scholarship of teaching and learning at a Faculty of Medicine

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#fdhp13 #175

Abstract

Many medical schools and faculties are actively promoting scholarly inquiry into teaching and learning to improve education. The Faculty of Medicine at Lund University, Sweden, has developed a Teaching Academy with criteria for membership founded in Scholarship of Teaching and Learning (SoTL). Furthermore, the Faculty arranges a conference in medical education and also organises courses to support scholarly projects. Given scarce resources and difficult prioritisations, it is important to gain an understanding of how such efforts could improve teaching and to find strategies, at the faculty level, that realistically pays off at the level of student learning.

We have collected the peer-reviewed articles on teaching and learning that have been published by teachers at the faculty. In order to find out how these works relate to knowledge and practice of education, and to teaching and learning at the faculty, we have analysed the material against two theoretical frameworks. The first considers the primary concern of the inquiry itself and the knowledge it produces using Stokes’ (1997) “Quadrant model of scientific research”. The second framework considers the Scholarship of teaching and learning (Trigwell & Shale, 2004; Ashwin & Trigwell, 2004; Lindberg-Sand & Sonesson, 2008) and we ask the questions: How does the object of study relate to the inquirer’s own educational practice, educational context, or students, and have the results been used to develop teaching and learning within the faculty?

From this analysis we can conclude that the majority of the published work not only concerns what Stokes (1997) calls a “Quest for fundamental understanding” but also considers its use. Most authors in our study focus on student learning within their own teaching practice and educational context. Finally, our results show several instances where the published works have been used for educational development within the faculty.

References


Theme: Developing individuals (Keywords: Scholarship of Teaching and Learning, SoTL, Inquiry)

http://wwwfacultydevelopment2013.com/application/175/view/
Floorplans

The rooms in use include: Meeting Hall I (plenary and symposia); Panorama Hall; Meeting Hall IV; Meeting Hall V (oral presentations); Meeting Room 3.1; Meeting Room 3.2; Meeting Room 3.3; and Meeting Room 3.5 (workshops).

Ground floor
First floor
Third floor
Maps

Conference centre in satellite and diagrammatic view
Location of the conference venue
Maps of the centre of Prague
Satellite map of the centre of Prague
Transport map
Faculty development is defined as the broad range of activities that institutions use to renew or assist faculty members in their multiple roles. Faculty development activities include programs to enhance teaching and education, research and scholarly activity, academic leadership and management, and faculty affairs, including faculty recruitment, advancement, retention, and vitality. The intent of these activities is to assist faculty members in their roles as teachers, educators, leaders, administrators and researchers.

Goals

• Bring together international faculty development leaders and educators in the health sciences
• Share best practices and current research in faculty development
• Build a global community of leaders in the field

Themes

• Developing individuals
• Interprofessional and team-based learning
• Leading and managing change and improvement
• Supporting learning through simulated professional practice
• The scholarship of workplace learning

Who should attend?

Individuals working or with an interest in:
• Faculty development
• Faculty affairs
• Teacher training
• Career development
• Conducting research and scholarship in faculty development

Call for abstracts

Closing 6 January 2013

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