The Academies Collaborative

2013 Annual Meeting: Abstract Booklet

The Academies Collaborative fosters and champions teaching academies and similar organizations to develop and recognize educators' excellence in the health professions.

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Learning Analytics: New Methodology for Understanding Professional Learning?

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Background:
Learning analytics is an emergent field of research that aspires to use data analysis to inform decisions made at multiple tiers of the educational system (e.g. student, faculty evaluation, academic program, institutional quality). Focusing on "analyzing the relationship between learner, content, institution, and educator" (Long & Siemens, 2011), learning analytics methods hold promise to describe social networks and actions among learners (and teachers), learning paths through the curriculum, and deeper analysis of written discourse.

Methods:
A qualitative review of the literature on methods in learning analytics was used to identify frequently used research methodologies, and outcome measures, across multiple educational contexts (e.g. K-12, higher education, medical education). A gap analysis followed, triangulating the results of the qualitative review with known curricula and learning measures in medical education.

Results:
Visualization of learning is the entry-level approach to learning analytics most immediately accessible to the medical education community. Existing learning measures, such as summative evaluation scores, post-quiz scores, completion/non-completion of courses, provide low fidelity measures of learner progress but may be sufficient in early iterations of learning analytics to reveal relationships in professional learning. Refinement of educational measures, and even curricular resources, may be needed in order to achieve sophisticated implementations of learning analytics in medical education.

Conclusions:
Learning analytics is a relatively new field that may provide a new methodology for visualizing and characterizing learning in medical education. Faculty, learners at all levels, Information Technology professionals and leadership will need to undergo professional development and collaborative team preparation in order to effectively instantiate learning analytics in medical education.

Integrating 21st Century Tools into the Teaching Scholars' Program through Curricular Redesign

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Goals:

1. Describe how TSP curriculum has been designed for a hybrid (online and face-to-face model)
2. Describe how TSP curriculum is also designed to help build capacity for 21st Century teaching, research and evaluation realities through integrating digital tools into
3. Describe the evidence base of instructional design features that are key to successful hybrid courses and link these to the current TSP curricular model
4. Share early data on the TSP hybrid model, including iterative changes arising from participant feedback

Program Description:
Based on feedback from previous cohorts, and given logistical constraints, the Teaching Scholars' Program at the University of Colorado was redesigned to include fewer face-to-face meetings but more ongoing strategic integration of opportunities to applying the curricular content to participants' journeys as educational scholars. Simultaneously, preparing educators for 21st Century tools, teaching, and research methods requires integrating and demonstrating new content and tools into the curriculum. The final curricular design will be presented, alongside current feedback from participants. The design-based approach of iterative change to accommodate emerging needs as the curriculum unfolds will be described and shared that other TSP programs may adapt this to their local needs.

Lessons Learned:

1. Curricular redesign may require guest speakers engage in time-consuming redesign of their session materials. Support and guidance from TSP leadership may be needed.
2. TSP participants vary in their need to be orientated to digital tools and the hybrid format.
3. Ongoing sensitivity to TSP participant and guest speaker feedback is necessary to adapt the curriculum implementation, as well as the support provided.

Moving Faculty Development Online: Lessons Learned in Digitizing Faculty Development Content

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Goals:

1. Make faculty development accessible to busy faculty members by digitizing content and hosting in a single sign-on portal.
2. Provide interactive online learning experiences that follow sound pedagogical practices and can be completed in mini-sessions to accommodate busy schedules.
3. Allow faculty to easily track their own progress, as well as easily provide administrative reporting.

Program Description:

Faculty members, resident, and fellows' busy schedules often conflict with the ability to attend in-person faculty development sessions. Moving core faculty development sessions into digital, interactive format increases accessibility. Over a 12-month period, content authors partnered with an instructional designer to transition existing faculty development content into pedagogically sound, interactive online modules that could be completed in short mini-sessions. Concurrently, a specialized online portal was instantiated to host content and track progress.

Lessons Learned:

1. Faculty content authors are busy, and are still learning 21st Century digital tools. Partnering with an instructional designer maintains pedagogical quality, smooth content transfer to digital format, project timelines, and technological integration with the hosting portal.
2. Accessibility has many facets: time sensitivity (modules that can be completed in 10 minute segments and returned to multiple times to complete), online access (across hospital, university, community clinic and home), and ease of access (single-sign on – no new logins; no technical hurdles or down time).
3. Faculty uptake of online learning requires strategic encouragement from faculty and departmental leadership, and can be increased with clear tie-in to promotion criteria and by offering CME credit.

A New Academy Based at the Emory Medical School's Department of Medicine

Manuel A. Eskildsen, MD, MPH; Lisa Bernstein, MD; Kimberly Manning, MD; Erica Brownfield, MD

Goals:

In 2011, the Emory Department of Medicine established an Academy of Medical Educators (AME) to recognize outstanding educators and promote a culture of education through development of innovative programs to elevate the level of education in the department.

Program Description:

Now in its third year, the AME has grown to 20 members and has developed, or is currently developing, the following initiatives:

1. "TEACH 12" (Teaching Excellence and Caring in Healthcare) project – a year-long education program of monthly themes highlighting role-modeling behaviors for faculty teachers; culminated in an AME-sponsored TEACH 12 Award
2. Fellows' Teaching Competition
3. A peer coaching service for teaching and education
4. A three-year development program created for all new teaching faculty
5. AME-sponsored grant for Innovations in Medical Education
6. AME-sponsored speaker for grand rounds and "Learning to be Better Teachers Day"
7. AME-sponsored Medical Education Day

Lessons Learned:

The AME was formed in response to a needs assessment performed by the Department of Medicine to more clearly demonstrate the value of education and recognize its educators. Being the only department-based academy in the country, the AME faced some initial challenges, like a lack of formal funding. Our inaugural group spent most of its initial time developing a charter and outlining the goals and mission of the AME. As our membership has grown, we have found that the formation of working groups has improved our productivity and extended our reach. Among our goals is to develop a scholarly work describing our experience developing this novel Academy. Our department-based AME, still in the early growth period, aspires to evolve into a robust school-wide academy to expand this culture of teaching and role-modeling to the medical school at large.

twINTERN Call Model vs. Night Float

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Academy of Medical Educators

BACKGROUND:

The Accreditation Council for Graduate Medical Education (ACGME) updated their restrictions on working hours for residency training programs in 2011. These changes, designed to lesson resident fatigue and reduce clinical errors, left the medical community with difficult questions regarding the balance of service obligations and compliance with the new duty-hour standards. Most notably, the 16-consecutive-hour maximum for interns proved difficult to observe. If overnight training was desired, a "night-float" system seemed necessary. Night-float systems, however, significantly hinder the ability of interns to follow their educational schedule.

OBJECTIVES/GOALS OF PROJECT/INTERVENTION:

A system was needed to allow interns to experience both daytime shift word and overnight call, while simultaneously providing interns with the ability to uphold outpatient continuity and attend scheduled lectures.

DESCRIPTIONOF PROJECT/INTERVENTION:

A novel four-night-call model was created: two interns share duty on the first two days, supervised by PGY-3 residents; two PGY-2 residents share the remaining two nights. The first two days are separated into 12-hour shifts: one intern takes both A.M. shifts and the other works both P.M. shirts. Four days later, the interns switch roles, allowing both to experience all hours of hospital call. This four-night call method, called "twINTERN" model, remains self-contained.

FINDINGS TO DATE:

The "twINTERN" model was successful in its ability to balance service obligations and educational priorities. While adhering to the current duty-hour standards, interns could maintain

0.5 days per week in the office and attend 23.75% of available lectures. Neither would be possible with the typical night-float system.

KEY LESSONS LEARNED:

As expected, the more complicated schedule resulted in initial confusion. That confusion was subsequently minimized as residents gained experience with the system.

UNANSWERED QUESTIONS:

The effect of the "twINTERN" method on resident fatigue, in comparison with traditional night-float systems, is being explored.

Academy to Academy: An Example of Collaboration to Advance Teaching Academies and Lessons Learned

Metheny, WP.;[1] Chauvin SW.[2]

[1] Graduate School of Medicine, Knoxville TN; [2] LSU Health Sciences Center, New Orleans LA.

Background: A committee to create an Academy of Scholars (AOS) made some strategic decisions to ensure that this new organization and its initial members were credible within the institution and would be motivated to serve the institution through faculty development.

Objective: Describe the collaborative process and impact of using only external reviewers from other academies to establish initial membership in the AOS.

Methods An expert in establishing Academies consulted with the committee to design the AOS organization, membership criteria, and the application process. After nearly two years of development and deliberation, we issued a call for member applications. Because rigor of review was particularly important to achieving credibility, we decided to use only external reviewers (two per application) who were active members of academies elsewhere and nationally recognized scholarly teachers. Reviewers were primarily from the LSU Health Sciences Center-New Orleans. Both reviewers had to recommend acceptance for the applicant to be inducted into the AOS at the Member status. Members can then work within the AOS to achieve criteria for Scholar.

Results: Ten of 12 applicants met criteria for Member status. Several lessons were learned: 1) connecting each criterion to a tangible standard strengthens the process, 2) external reviews can take more time, 3) external reviewers take this responsibility seriously, and 4) written rationales for reviews and recommendations are based solely on the evidence presented and strengthen credibility. External reviewers were enthusiastic and communicated personal and professional benefit.

Conclusion Using only external reviewers enhanced the rigor of peer review and contributed significantly to credibility and visibility of a new academy. There are mutual benefits from academy-to-academy collaboration. In the future, applicants for Scholar will use the same process and a network of external reviewers is already established.

Title

A Modified OSTE to Develop Clinical Faculty for an Interactive Laboratory Teaching Session

Authors & Affiliations

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Goal

Objectives of this program include:
1) Introduce clinical faculty to teaching in small laboratory groups and help them understand the curricular context of these session.
2) Train clinical faculty to use the pedagogy of Socratic questioning, to foster the integration and application of student knowledge.
3) Provide interactive faculty development that mimics a laboratory teaching session, in order to role model effective small group facilitation.

Program Description

Structure is a major component of our curriculum, integrating normal, abnormal and interventional aspects of micro- and macrostructure, utilizing small-group learning in a laboratory environment. Clinical faculty recruited to instruct students are selected as content/discipline experts, and asked to facilitate stations. They are provided with goals/objectives and are expected to facilitate learning through the use of Socratic questioning. To be successful they require development specific to construction, delivery and follow-up of effective questions.

Prior to our development session, faculty complete pre-work (the same required of students) for a practice station. A framing session orients faculty to the overall curricular structure, Socratic questioning and student assessment. Faculty proceed to the laboratory and observe a “mock station” staffed by core faculty and trained students. Faculty are debriefed, discussing the components supporting and hindering learning. Faculty learners then break into small groups and prepare Socratic questions for a station, based on the pre-work and learning objectives provided. The experience of planning a station is debriefed to discuss challenges and strategies.

Lessons Learned

Clinical faculty are prepared to participate in teaching activities, which they find rewarding. Offering them effective development allows them to observe the process and practice preparing for a live teaching session. Active faculty development modeling actual sessions is grounded in Miller’s Pyramid, moving faculty learners beyond “knows” to “knows how”.

Proposal to Present: Academies Collaborative

- 2013 Annual Meeting at AAMC National Meeting in Philadelphia
- Tuesday, November 5, 2013, 9:30 am – 1:30 pm.

Category: Interprofessional Education, Membership, or Training

Title: Maximizing Co-training Opportunities on a Traditional Health Sciences Campus [1]

Goals:

Both the economics and the science of modern healthcare demand that patient care be delivered by an integrated team of healthcare providers, each expert in their own field, but also expert in teamwork. Functioning as a member of a complex team, however, is not intuitive. Even the best schools of medicine and nursing, especially those with longer histories and more traditional curricula, may not be designed to support this type of integrated instruction. Practical considerations such as separate accreditation needs, administrations, budget lines, and even physical facilities tend to "silo" healthcare instruction by discipline. We argue that even in institutions with traditional curricula, there are numerous opportunities to co-train nursing, medical, and other healthcare students and faculty if we remain open to possibilities.

Program Description:

This discussion includes 5 brief case-studies of co-training events where nursing, medical, and other healthcare students and/or faculty learn in the same environment with minimal administrative effort. Cases include: (1) a Certificate in Health Professions Education program; (2) workshops on Increasing Cultural Competence; (3) the iCOPE project in interdisciplinary palliative care; (4) joint daily rounding in an urban children's hospital; and (5) providing care in the Teen Age Parent Program (TAPP).

Lessons Learned:

At the University of Louisville, we have seen that even small interdisciplinary projects can have very positive, long-term outcomes for learners and faculty from nursing, medicine, and other healthcare professions. Rather than "fall victim" of the barriers to co-training, we can stay vigilant for the many day-to-day opportunities to get medical and nursing students together for classroom, lab, and bedside teaching events. By maximizing these natural opportunities, we begin to build a culture of collaboration that allows learners a preview of their future roles as members of healthcare teams. Ideally, this spirit of cooperation will become a habit.

Authors:

Karen Hughes Miller, PhD ; Veronnie Faye Jones, MD, PhD; Michael Ostapchuk, MD, MSEd; Pradip Patel D. Pradip, MD, and Michael L. Rowland, PhD. All of the University of Louisville School of Medicine. Corresponding author: Karen Hughes Miller, Karen.miller@louisville.edu

1. **Miller, K.H.** Hermann, C.P., Jones, V. F., Ostapchuk, M., Patel, P., Rowland, M. Maximizing Co-training Opportunities on a Traditional Health Sciences Campus, *Journal of Nursing Education and Practice*, 2013, 3(12).

Innovative Pedagogy for Integrating Behavioral and Social Science Foundations across the LifeStages using a "Multi-racial and Multigenerational Family" in Active Learning Group Sessions.

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Cooper Medical School of Rowan University, Camden, New Jersey.

Goal: Early integration of behavioral and social science curriculum, within clinical cases across the life-stages, can enhance student and faculty collaboration across multiple departments and health care professionals.

Program Description: We developed and delivered a four week course titled 'Life Stages' to first year medical students. The learning objectives of the bio-behavioral and social-science principles along with the cultural, economic, political and ethical parameters were integrated across the lifespan in the curriculum matrix. We focused on the following domains: Cognitive and behavioral development; Sexuality including LGBTQ; Stressors and coping skills; Sleep; Substance Use; Mobility and injuries; Perception of pain; Domestic and institutional abuse; and Goals of care during end of life.

Collaboration from Internal Medicine, Psychiatry, Neurosciences, Pediatrics, Women's Health, Geriatrics, Nutrition and Biomedical Sciences led to a dynamic and robust delivery of course content. The faculty facilitated six hours of case-based active learning every week, using the case of a multi-racial, multi-generational "Romano Gomez family".

The learning objectives of clinical cases were in keeping with the AAMC report titled 'Behavioral and Social Science Foundation for Future Physicians.' The Active Learning Group (ALG) sessions enabled the 21st century learner to engage in a robust discussion of the bio-psycho-social components in a clinical setting. Students also role-played family members during the active learning sessions.

Lessons Learned: The students developed the learning objectives and identified the gaps in knowledge of behavioral and social science issues in each of the clinical scenarios. The multigenerational family also facilitated importance of primary care in the clinical environment; and led to a deeper understanding of valuable preventative measures and outcomes of common diseases.

Early skepticism of "soft science" connection to "real science" by students was quickly resolved once true integration became apparent. The faculty recognized that although multi-departmental course development can be challenging; ultimately it is truly a rewarding experience.

Title: Motivation to be a Faculty Developer

Authors: Patricia O'Sullivan and David Irby, University of California, San Francisco

Background: 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."

Conclusions: These findings are congruent with motivation literature that focuses on mastery, purpose and relationships. 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.

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Director, Academy of Medical Educators
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Use of 'Dual Processing Theory' to Inform Faculty of New Approaches in Training To and Assessing Diagnostic Reasoning

GOAL: Since the formation of our Academy of Medical Educators (AME) in 2010, our primary goal has been the establishment of an academic culture dedicated to the development of a learning sciences-based approach to 21st century medical education.

PROGRAM DESCRIPTION: Each year, AME faculty are provided formal coursework defining the specific objectives by which we will pursue our goal. This year's course is titled: "The use of 'Dual Processing Theory' (a model of mind) to inform the development of new approaches to training to and assessing diagnostic reasoning." This course has the following objectives:

> Objective #1: Use of Dual Processing theory to provide faculty with a common language and conceptual framework with which to describe the knowledge base structures and information processing mechanisms theorized as underlying diagnostic reasoning.
>
> Objective #2: Provide faculty with opportunities to apply this common language and conceptual framework towards the development of learning sciences-based principles, course design guidelines and instructional methods directed at new approaches to diagnostic reasoning (e.g., year two pre-clinical coursework and clinical rotations).

LESSONS LEARNED: First, faculty are generally unaware that diagnostic error is one of the core quality care issues in medicine. Second, faculty are genuinely surprised to find that their approaches to developing diagnostic reasoning and competence are predicated upon years of tradition rather than any learning sciences-derived, evidence-based models of mind or competence. Third, a book written by Nobel Prize winner Daniel Kahneman, "Thinking, Fast and Slow", is a useful means of introducing faculty to a model of mind (Dual Processing Theory) by which faculty might begin to formulate learning sciences-based principles, course design guidelines and instructional methods directed at diagnostic reasoning. Fourth, faculty development directed at the introduction and application of models of mind such as Dual Processing theory is a formidable task requiring patience and persistence.

Category: **Faculty Development for Teachers in the 21st Century**

Title: Faculty Development to Support a New Curriculum

Authors

Christine M. Peterson MD and Casey B. White PhD; University of Virginia School of Medicine

Background/Goals

The Next Generation curriculum *(NxGen*) at the University of Virginia School of Medicine was implemented in 2010. Its goals include deeper integration of basic sciences into clinical medicine, an emphasis on clinical performance, and use of best practices in teaching to foster effective student engagement in learning. Teaching methods that actively engage students are new and – for many faculty – uncomfortable. Thus, the School of Medicine launched several faculty development programs to foster interest in and comfort with learning these new approaches that are integral to the *NxGen* curriculum.

Methods/Program Description

Three series of activities were created: a monthly Excellence in Teaching Certificate Program comprising interactive workshops focused on teaching and learning skills, a monthly Journal Club featuring educational research across higher and professional education and a quarterly Medical Education Grand Rounds showcasing national speakers discussing timely issues in medical education. The Certificate Series is presented in collaboration with the Academy of Distinguished Educators (ADE). Faculty who attend 10 of the certificate workshops over a two-year period receive a framed Certificate of Commitment to Excellence in Teaching. The certificate can be included in the Teaching Portfolio, and can be used for application to the ADE and/or for promotion and tenure.

Results/Lessons Learned

In 2012-2013, 207 faculty members and 60 staff attended the workshops and nine earned certificates. ADE members led 11 of the 15 workshops. Due to the popularity of the series, we are planning three repeat topics and eight new topics in 2013-14.

Faculty who attend the workshops are very engaged in the topics and activities; they also appreciate being asked about future workshops they would like to attend and/or lead. Medical Education Grand Rounds presenters with national reputations draw a high attendance, and Journal Club presenters rotate month to month to assure a variety of research topics.

An Innovative Residents as Teachers Program

Ann Poznanski,* Jeff Devries,* Linda Gillum, Barbara Joyce, Jim Kruer, Misa Mi, Senthil Rajasekaran and Tracy Wunderlich.
Oakland University William Beaumont School of Medicine, Rochester, MI. *Co-authors

Background

Beaumont Health System, a community hospital, recently affiliated with a new medical school. An innovative "Residents as Teachers" program was designed to fulfill ACGME and LCME goals for providing residents with skills in teaching and evaluation. The program team includes Associate Deans, Center for Excellence in Medical Education Co-Directors, Director of Medical Research Training, Assistant Dean for Evaluation and a medical librarian, representing multiple disciplines.

Methods

The study was approved by the IRB. Kern's curricular model was utilized. A needs assessment survey identified 10 areas that were incorporated into interactive sessions, including Learning Climate, Bedside Teaching, Control of Session, Communication of Goals, Development of Clinical Reasoning, Promoting Understanding and Retention, Dealing with Challenging Learners, Evaluation and Feedback, Preparing Effective Sessions, and Promoting Self-Directed Learning and Educational Scholarship - a sequence based on Stanford Faculty Development Center curriculum, developed by Kelley Skeff and Georgette Stratos, Each session is followed by team debriefing. Evaluation strategies include a demographic survey, pre- and post-course and pre- and post-session assessments of knowledge and attitudes. At the end of each rotation, study participants and a control group, not taking the course distribute surveys assessing teaching skills to their learners, enabling us to distinguish changes associated with participation. A follow-up survey at 3 and 6 months post- program will evaluate effectiveness.

Results

85 (19%) of 451 residents and fellows, representing 22 programs, enrolled. Pre-and post-session and pre- and post-course surveys will

assess the impact on knowledge and attitude. Teaching assessments by learners will assess the impact on participants' teaching.

Goals

The goals are to enhance teaching and evaluation skills and provide a common language for education among our residents, fellows, faculty and medical students.

Lessons Learned – challenges, barriers

Challenges included coordination of IRB approval through two institutions, and combining internal and external faculty communications and logistics.

***HMS Academy Insights*: Building Community and Enhancing Faculty Development Click-by-Click**

David Roberts*, Alexis Estrella, Amy Sullivan, Richard Schwartzstein (all from The Academy at Harvard Medical School)

Goals

The Academy at Harvard Medical School (HMS) provides faculty development across HMS and its affiliated hospitals. A twice-monthly, web-based e-newsletter, *HMS Academy Insights*, links educators across institutions, fosters collaboration, builds community, recognizes achievements, highlights academic scholarship, and provides links to educational resources including articles, books, apps, websites, presentations, and other teaching tools.

Program Description

Initiated in March 2012, *Insights'* features focus on local achievements and interests, including Academy Interest Group updates, member bios and research interests, teaching award winners' reflections, and members' medical education-focused PubMed citations. *Insights* also provides audio and video links to Academy events and announcements and registration for future sessions. Furthermore, *Insights* provides information on medical education topics of broader interest including article and book reviews, useful apps and websites, and career development resources.

Email distribution data analyzed to optimize viewing of *Insights* initially found "open rates" around 24%, but variability suggested an optimal early morning "send time." Following change in distribution times, open rates have increased to 29%. Individual item "click rates" help determine future content and features. Annual membership survey data found broad usage (*Insights* open rates: 0-1 editions 11%, 2-4 editions: 48%, >5 editions: 41%). Initially, Academy leadership wrote all features, but member-originated submissions have steadily increased.

Lessons Learned

HMS Academy Insights has been a well-received and utilized tool for faculty development, community building, communication and means to highlight resources and tools for educators. While some features and material are focused solely on the HMS community, many elements and features have broader value and interest. The costs of *Insights* are faculty time in developing materials and staff time and expertise required for layout and production. We encourage other Academies to develop similar e-newsletters and we volunteer to create a national version of *Insights* utilizing input from all participating Academies.

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Evaluating Effectiveness of the JCESOM Academy of Medical Educators

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BACKGROUND

The creation of the Academy of Medical Educators in 2004 formalized the value JCESOM places on excellence in teaching. Nine years later, the Academy's effectiveness and its impact on an institutional level were evaluated using the four levels of the Kirkpatrick Outcome Model.

METHOD

Level 1: Engagement– The degree to which Academy participants are actively involved in and contributing to the learning experience.

After a year of training, participants wrote self-reflections, which were analyzed for various themes.

Level 2: Learning– The degree participants acquire the intended knowledge, skills, attitudes, confidence, and commitment based on their participation in the Academy.

After completion of the Academy program, performance was evaluated based on the member's scholarly activity.

Level 3: Behavior– How did teaching performance change as a result of the learning process?
Scholarly activity of Academy members was measured in terms of implemented curricular interventions and peer reviewed presentation and publications.

Level 4: Results– What are the measurable outcomes of the learning process?

RESULTS

42 of 48 Academy respondents: 95% said the experience was educational and very stimulating, and that they would recommend the experience to other faculty. 90% reported increased knowledge about various teaching methods. 54% reported a stronger commitment to the field of medical education, while taking more educational responsibility. 21% presented their educational scholarly work at national-level or international-level meetings. 10% published their scholarly work in peer reviewed journals. 30% have received multiple outstanding teacher awards.

CONCLUSIONS

The data, as evaluated by the Kirkpatrick Model, suggests that Academy members join a community of dedicated educators who successfully create a positive impact to strengthen their own teaching and promote excellence in teaching throughout the institution.

The Academy at Harvard Medical School Fellowship in Medical Education Research **September 2013**

Amy M Sullivan EdD, Antoinette S Peters PhD, Richard Schwartzstein MD

Abstract submission for Academies Collaborative Meeting 11/5/2013

Contact: *Amy_Sullivan@hms.harvard.edu*

Goals:

While most fellowship and residency programs offer research training in clinical and basic sciences, few opportunities exist for clinicians who wish to pursue careers as leaders and scholars in medical education. The goal of the Academy Fellowship in Medical Education Research is to prepare fellows and residents for careers as medical education scholars at Harvard Medical School (HMS).

Program Description:

The Research Fellowship is a two-year program available to Harvard-affiliated fellows or surgical residents during their research years of training. Fellows receive funding through their departmental programs. The focus of the program is to develop core skills in educational and social science research methods as applied to undergraduate, graduate, and continuing education in medicine.

Topics include: formulating research questions; conducting literature reviews; choosing appropriate research designs; using theory to inform research; sampling methods; conducting focus groups and interviews; observational and ethnographic approaches; analyzing qualitative data; use of software for qualitative data analysis; program evaluation; learner assessment; survey design and analysis; analysis of longitudinal and clustered data; and designing mixed methods studies.

Box. Fellowship Components

- Bi-weekly didactic and interactive sessions on theoretical foundations and research methods
- Bi-weekly journal club reviewing historically important articles and exemplars of methods under study
- Mentored individual project(s)
- Group projects for publication
- Participation in educational activities with medical education fellows from HMS and affiliated hospitals
- Dissemination of research through abstracts at HMS Medical Education Day and national conferences

Lessons Learned:

The fellowship is an effective approach to training the next generation of medical education scholars. Our first graduates have already published and presented their research, have received research awards, and serve as educational leaders in the curriculum. They have not only contributed to the HMS educational enterprise, but they have begun to develop CVs that will support their academic success and promotion.

Development of a Distinction Track in Business and Leadership

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Goals: To equip medical students with the fundamental principles of business of medicine and leadership necessary to succeed as physician executives or leaders in academic medicine.

Program Description: The Distinction Track in Business and Leadership is a three-year, longitudinal curriculum comprised of online courses, didactics, group-based learning, and a capstone project. Students are selected annually based on academic performance, an essay, and interview process. Five second-year students and four third-year students are currently enrolled.

Our core curriculum provides an understanding of basic healthcare economics, practice management, revenue cycle, risk and conflict management, physician leadership, academic promotions and tenure, and strategic management, all within the current context of health reform. Upon successful completion of the program students will be recognized with a special distinction at graduation.

Lessons Learned: The demand for this type of formalized content, even among first year medical students, is surprisingly high. While other medical schools have distinction tracks in place, the Business and Leadership Track content is unique and was favorably reviewed during our recent Liaison Committee on Medical Education (LCME) review. Many of our applicants were non-traditional students, having either corporate experience or other terminal degrees. The capstone project is a mentored experience whereby students are paired with academic and industry leaders to tackle real-world business of medicine projects. Small cohorts are best to enrich the mentorship experience during the capstone project. An emphasis is placed on each capstone culminating in an academic product such as a national presentation or peer-reviewed publication. Development and oversight of the Distinction Track in Business and Leadership required 0.2 FTE. Appropriate protected time for faculty must be afforded to assure a quality experience.

Interprofessional Faculty Development Facilitating Collaborative Practice

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Background

Providing quality healthcare hinges on the implementation of effective "team approaches[1]" centered around patients' needs.[2] Since team-based collaborative learning needs to be integrated and facilitated[3-4], faculty development is an essential element. We explored the applicability of specific team based collaborative care concepts such as roles, responsibilities, communication, and delegation included in a faculty development workshop and investigated how they translated into practice.

Methods

Participants completed a pre-workshop questionnaire to provide information about what they wanted to "take away." They were then divided into teams, assigned roles (PGY1 Resident; Therapist; Nurse; Educator; Attending Physician), provided a patient scenario, and given a list of tasks to delegate. After the activity, we discussed the process, challenges, barriers and solutions. Participants completed a post-test and also a 6-week follow-up questionnaire to investigate the integration of concepts into practice.

Results

Interests on the pre-workshop questionnaire included: teamwork strategies, determining roles, and delegating responsibilities. The post-test and 6-week follow up yielded averages that were not significantly different. The area rated the lowest on both of the summative assessments was delegating responsibilities (3.4; 3.2). The primary strength of the workshop included the exercises with roles and responsibilities because they demonstrated how to implement the concepts in practice.

Conclusions

Delegating responsibilities appeared to be the most challenging component. Since developing trust is a crucial factor when delegating, additional team building opportunities and structured faculty development is vital. Garnering participant input such as asking them to provide specific problems they have encountered prior to the workshop is essential for relevance, applicability, and transferal of concepts into practice. As we expand our Interprofessional Education initiatives, we are planning to implement

an Interprofessional Day which will include a variation of this workshop as well as other opportunities for faculty from other disciplines to work together in "authentic" simulation activities.

References

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