

During the CGEA Business Meeting Discussion at the AAMC Annual Meeting (Nov 9, 2010), participants were asked to respond to the following question:

“Think about the challenges or issues on the horizon in your work. What programs or activities could CGEA offer to help you meet the challenges or issues in your work?”

The exercise was intended to inform CGEA members, sections and SIGs in developing programs and activities for the CGEA Spring Meetings. Responses were categorized by Janet Riddle, member-at-large.

Best practices – Shared resources:

- On-line library of best practices (so each of us doesn't have to re-invent the wheel). Examples of problems – promotion through academic/education scholarship (example portfolios); curriculum management tools; faculty development; competence-based curriculum
- Collaborative clearing house
- Resources

- Have school that have recently undergone LCME visits describe how it went, issues raised, what they learned
- Lessons learned from LCME visits (2)

- Successful strategies in a mission-based budgeting world

- Dealing with curricular transformation – best practices
- Best practices for competency based education

Curriculum development – Adapting to change:

- Dealing with curriculum – transformation/renewal/change (2)
- Integrated new interdisciplinary curriculum into existing curriculum
- “Brainstorm” about the “new curriculum”
- Curriculum

- Workshop on new ways to integrate basic science and clinical science in M3/M4 years
- More strategies of how you teach clinical activities and integrate with basic science
- Logistics on early clinical experiences for M1/M2 students – clinician recruitment; objectives; building patient panel; logistics of contacting student when “their patients” are admitted to the hospital

- Linkages in content between UGME and GME

- Strategies to increase collaboration and integration within UME and across UME, GME – knock down silos
- Developmental sequence – What is “normal”
- Define linkages across learning continuum
- Focus on research on new pedagogies required for the above [linkages across learning continuum]
- If CME ran medical student education – if medical student education ran CME
- Help me understand how to incorporate competency-based medical education into a residency curriculum
- Facilitating transitions and changes in medical education around issues of new accreditation, duty hours
- Educational solutions to address work hours changes

Faculty development – train-the-trainer:

- Faculty development on assessors
- Faculty development on supervision
- Working on addressing direct supervision of students
- Workshop/models for how to create cohesive teams across student affairs and medical education
- Offer faculty development workshops on how to design and h--- (?) on evolving teaching methodologies such as TBL, integrated teaching – for clinicians and basic science faculty
- More concrete examples or better yet a CGEA curriculum tool (to be available in MedEdPORTAL) for faculty development for community preceptors. This could be a variation on Iowa’s Academic Detailing Materials
- Helping faculty manage the issues around decreased duty hours
- A session on how to reassure/advise faculty on how they can teach and still meet the clinical productivity targets in their department
- Strategies to ensure residents learn teaching skills – a real challenge when residency programs are diffuse and decentralized

Faculty development for CGEA participants:

- Structured mentoring program
- Leadership skill development (formal)
- Change agents/leadership skills
- Leadership certificate program (maybe this is coming??) for educators – stuff like understanding AHC finances, faculty development for change agents, personnel laws, development 101 (\$)

- Tips and tools for new Associate Deans for Education/Curriculum
- Faculty development for new faculty interested in medical education
- “What keeps you up at night?” – Town hall meeting
- “Heavyweight” team to brainstorm about faculty issues (multiple priorities) dealing with change
- Perspectives on medical education – past and future – from longstanding members – CGEA laureates
- Interaction with other disciplines to identify intersectional solutions
- New models for budgeting medical education. Bring in “business” people.
- Oprah book club – “outside medical education” – with break out discussions

Working efficiently:

- How to delegate effectively
- Time management techniques

Research/scholarship skills:

- Workshop/discussion on how to mentor junior colleagues who are working with your data
- IRB and study design consultation – some institutions don’t have the level of support to meet the needs
- Applying for educational grants
- More opportunities in RIME to develop broader research topics facing medical education
- Inter-institutional research programs

Use of technology – Technological solutions:

- Data base management help – other technical solutions
- Technology macro – who has data systems that integrate for students, faculty, data mining