

# Faculty Development “On the Fly”, Academic Detailing, and Communities of Practice



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# Getting Started . . .

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- What is the faculty development concern or problem that you would like help solving by attending this workshop?



# Your Fac. Dev. Challenges

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- Doing more with “less”



# Faculty Development “On the Fly”

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# The problem I face ...

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- There's a lot of interest in faculty development
  - Consequences of LCME and RRC site visits
- Effective faculty development requires reinforcement
  - My time is a limited resource



# Taking advantage of “need to know” situations

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- Request from Anesthesiology Program Director to improve written comments on end-of-rotation evaluations
  - “Works hard”
  - “Nice to work with”
  - “Needs to read more”

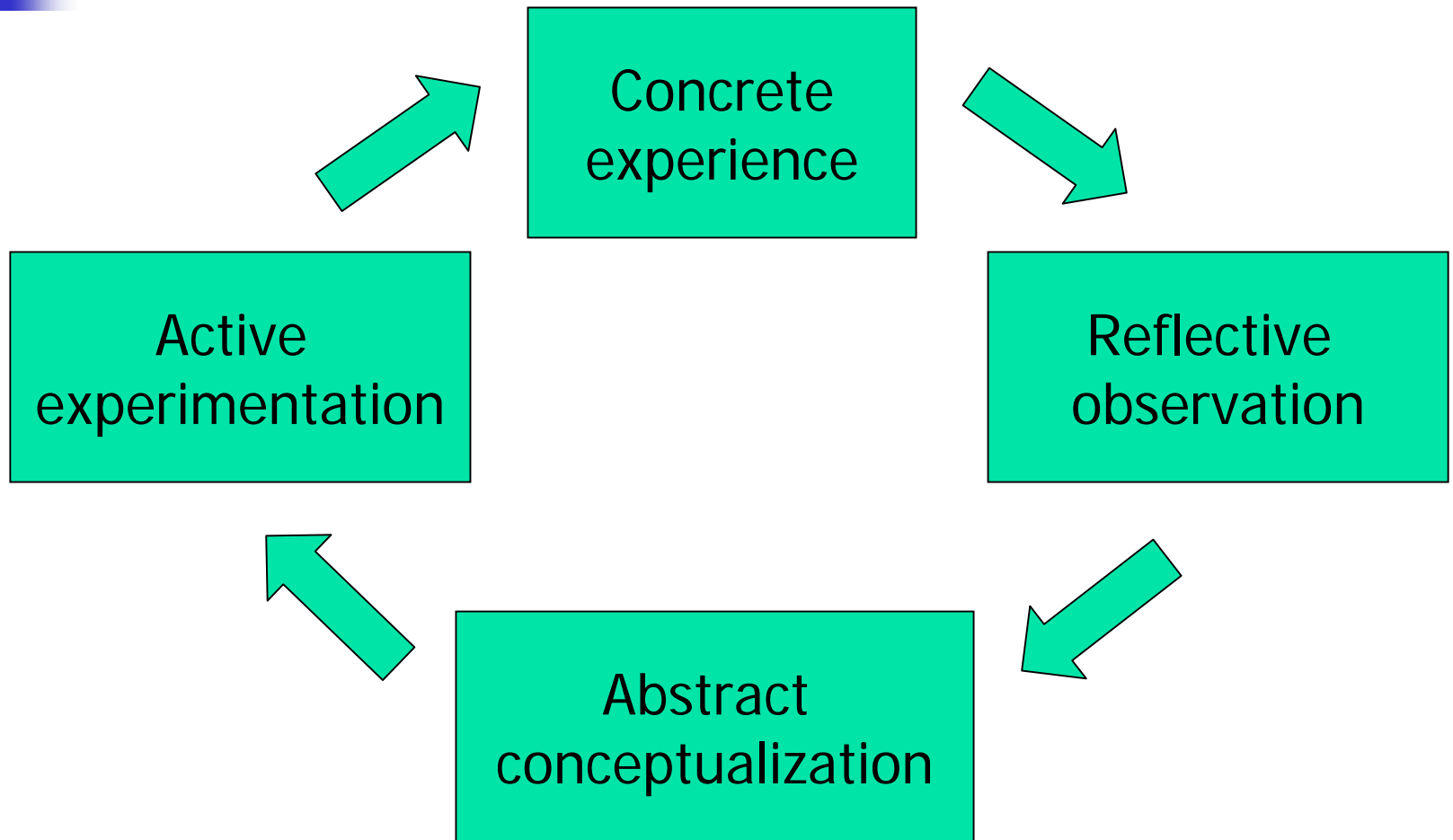


# What I've done ...

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- 30 minute sessions – monthly meetings of faculty
  - Review examples of written feedback
  - Present characteristics of effective feedback
  - Critical incidents – “How could you have improved the feedback?”
    - More specific, descriptive, recommendations for improvement
  - Revising end-of-rotation feedback with a peer

# Kolb's Experiential Learning Model





## What I've learned ...

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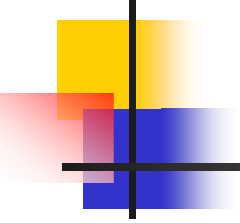
- Effective feedback requires work – and faculty want to improve
- Keep the message focused – “Be specific and descriptive, offer suggestions for improvement”
- Don't yet know if quality of written feedback has improved – or if calibration has occurred



# What you need to know

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- Understand your role on the committee if you aren't invited as the expert
- Clarify the learning needs – What is the desired performance for the faculty involved?
- Challenge of using active learning strategies in small amounts of time
- Be flexible in your approach

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- Is there a group or problem that this approach might be useful for?
  - How would you use this approach?



# Academic Detailing as Faculty Development “On the Fly”

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# The problems we faced ...

## Context and Need

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- Community based preceptors vary in their teaching skills and desire training
- Established Community Teaching Scholars program in 2003 to develop regional Faculty Development expertise
- Even with more regional formal faculty development workshops not reaching everyone



# Academic Detailing (AD)

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- Also know as “outreach visits”
- Use of a trained person who meets with providers in their practice settings to provide information for improving the providers’ performance (Davis and Mazmanian, JAMA 2002)



# Academic Detailing (AD) Rationale

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- CME literature identifies AD as successful in promoting behavior change
- Apply concept to change in teaching behaviors
- Reaching those not attending workshops
- Statewide survey identified many interested in office visits



# What we created ...

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- Two community scholars piloted method with preceptors, focusing on One Minute Preceptor
- 2007 identified Giving Effective Feedback as pressing issue to focus on
- Collaborated in developing session outlines and practiced in on-campus sessions
- Scholars committed to up to 6 visits per year



# Session content

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**Introduction: Response to surveys as well as talking to teachers, giving feedback effectively is a major challenge in teaching. Intention today is to spend a brief time providing some tools for effective feedback.**

- 1. Reflection sheet on Feedback frequency and challenges followed by discussions**
- 2. Mini-didactic/case on When and How of feedback**
- 3. Behaviorally specific feedback exercise**
- 4. Brainstorming through own cases**
- 5. Pocket card and references**
- 6. Commitment to change cards**



# Logistics

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- Identification of interested preceptors – survey, non-attendance at workshops, familiar with scholars, taking students soon
- Scheduling – lunch hour
- Food
- Reinforcing materials
- Include partners and office staff



# Challenges e.g. what we've learned...

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- Release time for clinician detailers difficult
- Need assistance with logistics
- Getting past gatekeepers
- Keeping momentum going after difficulties



# What you need to know

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- Potentially useful model especially for reaching those not participating in other activities.
- Need devoted detailers with protected time
- Support staff to assist with logistics



# Brief faculty development interventions

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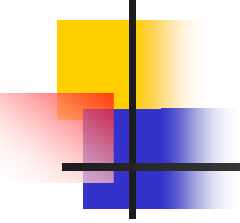
- Rationale: Faculty development often “preaching to the converted”
- Need to find a way to reach those who won’t make time and perhaps need it most
- Departments of Family Medicine and Emergency Medicine instituted 10 minute sessions during required faculty meetings



# Brief faculty development interventions

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- Focus on very specific teaching skills – orienting, observation, feedback, etc
- Use institution resources
- Can be interactive even in short time
- Consider reinforcing materials and actions
- Not enough on it's own but may “convert” more to take advantage of other teaching skills development activities

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- Is there a group or problem that this approach might be useful for?
  - How would you use this approach?



# Communities of Practice

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# Communities of Practice

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- The problem:
  - Participants in introductory faculty development programs (HRSA funded)
    - Felt loss when sessions ended
    - Recognized need for ongoing skill development
    - Wanted to maintain contact with colleagues



# What We Did

## Advanced Faculty Development

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- Graduates of prior sessions invited to participate
  - Family Medicine, Internal Medicine and Pediatrics (n = 7)
  - Opportunity to apply what they had learned in earlier faculty development sessions
  - Asked to choose a group project



# Methods

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- Monthly 3-4 hour sessions (over 2 years)
- Assigned tasks (homework) with discussion and group work time
  - Decided to work on 3 complementary projects
    - Tied to interests and previous work
- Support from Educational Services
  - Expertise in design
  - Just in time education about specific issues



# Outcomes

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- All projects completed
- 9 papers from selected project
  - 35 total papers during 4 year session
- Multiple presentations
  - Some still building on outcomes of projects
    - E.g. OSVEs and Geriatrics work
- All participants promoted to leadership roles
- Recognition that project driven sessions for groups could be very productive



# Subsequent Uses

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- Use of group project idea
  - Group faculty development in Family Medicine (OSVEs)
  - GIM/GPs faculty development programs  
(HRSA supported)
- Mid career program
  - Docere (AHW funded)



# What We Learned

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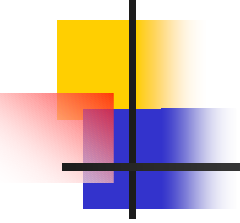
- Faculty DO want to advance skills
- Networking is powerful incentive
- Explicit goal → measurable outcomes
- Be willing to adapt mid-course



# What You Need to Know

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- Multi-disciplinary groups add to networking
- Group projects can have challenges
  - Lack of interest in topic by all
  - Make sure group has content expertise
- Deadlines help
- Track outcomes

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- Is there a group or problem that this approach might be useful for?
  - How would you use this approach?



# Design a program to meet one of the challenges

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- How will you identify faculty development needs?
- What educational approaches?
  - How will you build upon examples presented?
- What outcomes are most important? Most feasible to measure?