

Teaching Leader Series: An Interprofessional Approach to Sustained Faculty Development

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Teaching Leader Series: An Interprofessional Approach to Sustained Faculty Development

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Background:

- Faculty preparation/development is an important catalyst to prepare the next generation of healthcare workers.
- Lack of faculty preparation/development has been identified as a barrier to implementing the ACGME general competencies.
- Other healthcare work segments, such as nursing, have also identified this barrier when implementing new discipline-specific competencies.
- Only 39% of teaching hospitals have ongoing faculty training programs¹.
- Only 6% of non-university hospitals receive program funding¹.
- We found an interprofessional approach to be an effective and efficient strategy to sustain a faculty training effort, called the Teaching Leader Series.

Objectives:

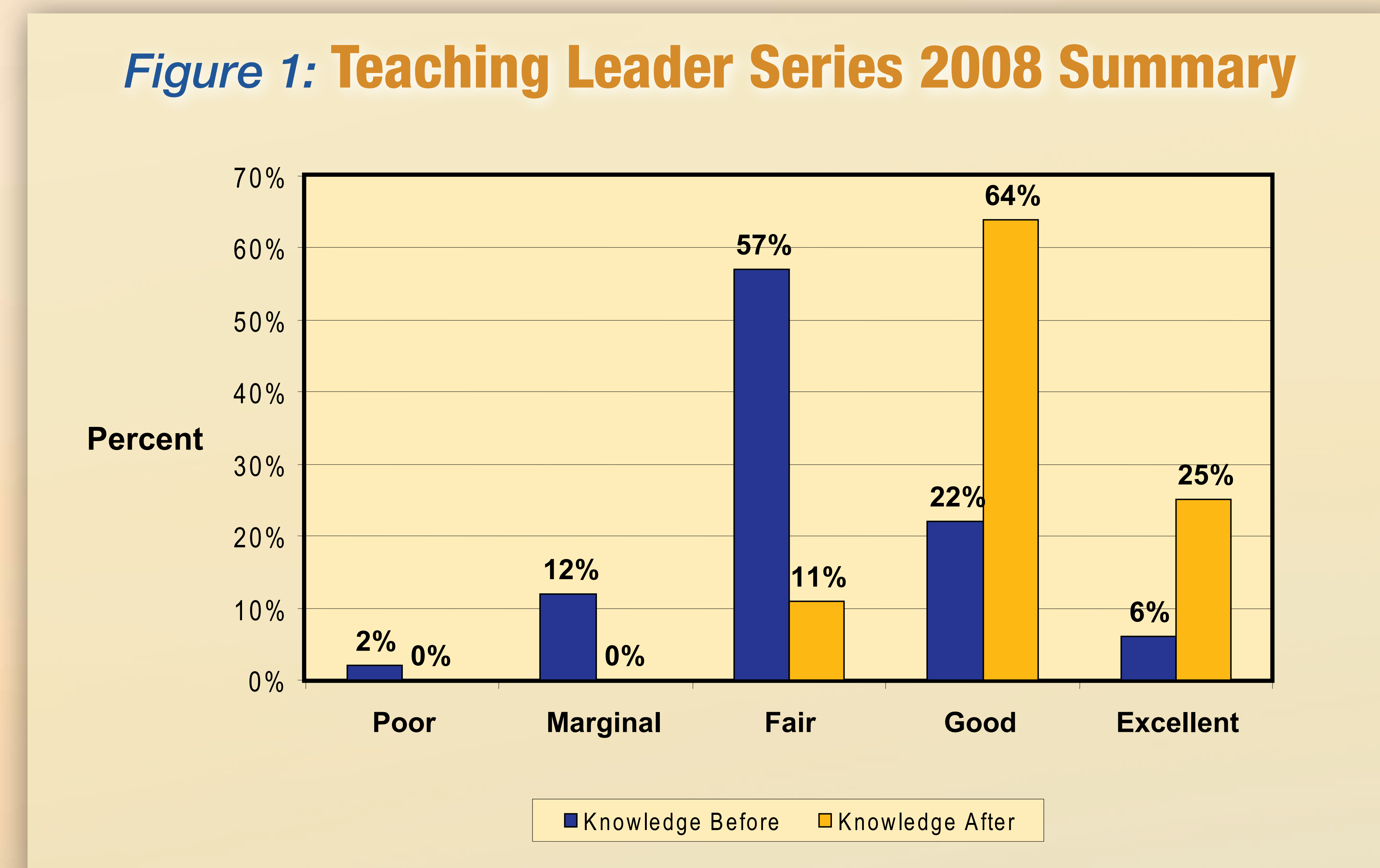
- The purpose of the Teaching Leader Series is to assess and build workforce capabilities for teaching and competency-based education.
- This workshop series is intended for all new and experienced network members who have teaching responsibilities.
- The Series includes topics from Adult Learning to Narrative Medicine to Teaching with Simulation.

Methods:

- We embarked on a range of needs assessment activities over a two year period, 2006-2008.
- The needs assessment included surveys, focus groups and ethnographic activities.
- These data led to the creation of interprofessional approach to faculty development.
- The Series was conceived under the premise that inclusivity would help ensure sustainability and that “untapped and unique” learning experiences would occur when two or more professions together learned with, from, and about each others’ teaching practice.
- This CME/CNE accredited Series is evaluated using a mixed methods approach that includes post-course evaluations, mid-year surveys and focus groups.

Results:

- Since its inaugural workshop in 2008, the Series averages 20 network members per workshop with the following demographics:
 - 52% nurses
 - 28% physicians
 - 20% other educators
- 14 workshops delivered in AY09.
- Over 300 clinical educators attended.
- 90% would highly recommend to peers
- At the conclusion of each workshop, participants are asked to complete a self-retrospective evaluation rating their level of knowledge prior to and at the conclusion of the workshop on the topic that was presented.
- As shown in Figure 1, we found that participants rated increases in their knowledge post course.



- More than 75% of participants who attended the 2008 faculty development workshops completed a follow-up survey that assessed their top teaching priorities and other items.
- Participants also provided feedback on the usefulness of the sessions and were asked to describe how they incorporated new skills in their teaching practice.
- An example of an interprofessional theme stated that the Series offered “Very useful techniques and ways to foster interdisciplinary teaching rounds”.
- This feedback expanded the 2009 schedule from 13 workshops to 32.

Participant Comments:

- “Able to take a few teaching strategies and apply to my teaching and to “teaching, teaching/clinical coaching skills”.
- “The feedback and microskills workshop was extremely beneficial. One attendee had experience with giving feedback and provided additional examples I remembered”.
- “Helps with clearer guidelines for teaching small groups”.

Significance:

- The Teacher Leader Series increases faculty’s knowledge of teaching theory and provides tools to help assess their trainees’ learning needs and enhance their knowledge and application of diverse teaching methods.
- Our findings suggest that an interprofessional approach may not only help sustain faculty training efforts purely from an economies of scale, but may also facilitate greater collaboration of clinical educators across traditional boundaries.

Reference:

1. Clark, J. M., T. K. Houston, et al. (2004). “Teaching the Teachers National Survey of Faculty Development in Departments of Medicine of U.S. Teaching Hospitals.” JGIM: Journal of General Internal Medicine 19(3): 205-214.