INTRODUCTION

- **Clinical Teaching** requires a unique knowledge and skill set ranging from competency-based assessment to digital technologies and teaching interprofessional teams.
- **ACGME Evaluates** satisfaction with faculty development to supervise and educate residents/fellows on their annual faculty survey.
- **Barriers to Faculty Development** — and the elements of successful programs/Community of Practice (CoP).
- Are well enumerated in the literature including lack of:
  - Time to prepare and incentives
  - Support for one’s identity as a clinician teacher (isolation)
- **Case Discussion is GME’s Signature Pedagogy** focusing on:
  - Making the reasoning underlying the assessment, diagnosis and management of the patient’s condition visible
- **Cases Teach the “Wisdom of Practice”**
  - Illustrative cases are compared with experience and one observes how experienced clinicians wrestle with uncertainty

PROJECT AIM

To implement a brief, ongoing faculty development case conference series that expands participants teaching strategies and strengthens their connections as a Community of Practice (CoP) for teachers

METHODS: CASE CONFERENCE

- **Implemented 1/мо 45-Minute Teaching Case Conference**
  - Moderator works with case presenter to frame discussion
  - 1-2 days in advance, moderator emails precis of the case
  - Dial into an audio conference call — no prep needed
  - Case is sequentially reviewed — participants ask questions & explain how they may frame the “assessment” and “plan”
  - Ends with key teaching pearls/take home points with follow-up readings/resources distributed post conference

REFERENCES


METHODS: DIFFICULT TEACHING CASE EXAMPLES

RING RING

| Learner(s): | 1<sup>st</sup> Year Male Resident (PGY 1) — January |
| Setting: | Patient’s room on Labor and Delivery Floor |
| Supervision: | PGY 1 previously deemed competent to perform with indirect supervision |
| Situation: | PGY 1 actively performing exam with nurse in room |

NEVER RECEIVED FEEDBACK

| Learner(s): | PGY 1 – September |
| Setting: | Internal Medicine Teaching Service |
| Supervision: | Hostpitalist attending rotate every other week (1 week on/off) |

RESIDENT WHO ALMOST BROKE MY SPIRIT

| Learner(s): | PGY-2 Female Resident - April/May |
| Setting: | Ward Team & Clinic |
| Supervision: | Female attending |

TEACHING EMERGENCY - FACING UNANTICIPATED OUTCOMES

| Learner(s): | PGY-2 Resident - October |
| Setting: | Clinic Staffing room |

RESULTS

**Attendance:**

- Audio case conference averages 7 participants with upper limit of 11
- 18 different physicians have participated

**Evaluation:**

- **Unanimous Rating of 4 = “Yes, Definitely”**
  - 4-point rating scale 1 = “No, Definitely NOT”
    - Case scenario was relevant/important?
    - Given a similar situation I have expanded approaches to apply?
    - Case discussion climate was respectful, safe, supported my learning?
    - Connects me to others who value clinical teaching — a community of practice?
- **Representative Comments**
  - These sessions are extremely valuable and will improve our learning culture in myriad ways!
  - It’s a “relief that I’m not the only one to have had this happen...” “I am not alone...”
  - Really appreciate the insight on “teaching emergencies” and flexing styles to match. Frankly I could not have handled this situation the same as the presenter and would likely have lost a significant opportunity for closure.

SIGNIFICANCE/RELEVANCE

- **Clinical Teachers’ Value**
  - The difficult teaching case conference as a Community of Practice for educators providing a “safe” place to:
    - Explore and learn from colleagues’
    - Affirm their roles and value as teachers
- **Approach** easy and transferable requiring no participant preparation
- **Next Steps:** Utilize CME learning platform as secure site for case-related resources

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