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 1 – and the elements of successful programs/Community of Practice (CoP) 2, 3 are well enumerated in the literature including lack of:
  o Time to prepare and incentives
  o Support for one’s identity as a clinician teacher (isolation)
• CASE DISCUSSION is GME’s SIGNATURE PEDAGOGY 4 focusing on:
  o Making the reasoning underlying the assessment, diagnosis and management of the patient’s condition visible
• CASES TEACH the “WISDOM OF PRACTICE” 5:
  o Illustrative cases are compared with experience and one observes how experienced clinicians wrestle with uncertainty

PROJECT AIM

To implement a brief, on-going 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/MO 45-MINUTE TEACHING CASE CONFERENCE
  o Moderator works with case presenter to frame discussion
  o 1-2 days in advance, moderator emails precis of the case
  o Dial into an audio conference call – no prep needed
  o Case is sequentially reviewed - participants ask questions & explain how they may frame the “assessment” and “plan”
  o Ends with key teaching pearls/take home points with follow-up readings/resources distributed post conference

METHODS: DIFFICULT TEACHING CASE EXAMPLES

RING RING

| Learner(s): | 1st 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: | Hostipalist attendings rotate every other week (1 week on/off) |
| Situation: | Attending provides feedback on on-going basis; at end of week |

RESIDENT WHO ALMOST BROKE MY SPIRIT

| Learner(s): | PGY-2 Female Resident - April/May |
| Setting: | Ward Team & Clinic |
| Supervision: | Female attending |
| Situation: | PGY-2 challenges attendings’ judgement re: patient care; time management during teaching in presence of other team members. |

TEACHING EMERGENCY - FACING UNANTICIPATED OUTCOMES

| Learner(s): | PGY-2 Resident – October |
| Setting: | Clinic Staffing room |
| Situation: | Five days previously - PGY-2 saw 30 YO patient with Hx of “very bad” CHF (Db’d 1 year earlier) for a scheduled visit. Patient appeared stable, had not been taking Rx’d meds nor seen cardiologist as requested. Resident discussed patient with staffing physician and together agree to restart patient’s cardiac meds |

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”
  o Case scenario was relevant/important?
  o Given a similar situation I have expanded approaches to apply?
  o Case discussion climate was respectful, safe, supported my learning?
  o Connects me to others who value clinical teaching – a community of practice?
• Representative Comments
  o These sessions are extremely valuable and will improve our learning culture in myriad ways!
  o It’s a “relief that I’m not the only one to have had this happen...” “Glad I’m not alone...”
  o Really appreciate the insight on “teaching emergencies” and flexible 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:
  o Explore and learn from colleagues
  o Affirm their roles and value as teachers
• APPROACH is easy and transferable requiring no participant preparation
• NEXT STEPS: Utilize CME learning platform as secure site for case-related resources

REFERENCES

All Authors are affiliated with Aurora Health Care – Milwaukee, Wisconsin with clinical faculty appointments at UWSPMH and/or MCW