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“Difficult teaching case” conference call series – a faculty development strategy

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INTRODUCTION

- **Clinical Teaching** requires a unique knowledge and skill set ranging from competency-based assessment to digital technologies and teaching interprofessional teams
- An increasing number of countries (e.g. Netherlands, UK, Sweden, Germany) have certification processes for medical teachers
- **Faculty Development** requires teachers to have opportunities to participate
- **Accreditation Council for Graduate Medical Education (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 are well enumerated in the literature including lack of:
  - Time to prepare and incentives (feeling de-valued)
  - Support for one’s identity as a clinician teacher (isolation)

**Well-being** - "Joy as Clinical Teachers" comes from finding meaning in giving back through teaching plus:
- Competence as teacher
- Autonomy in what/how/where teach
- Connectedness to teachers, learners and feeling valued

**PROJECT AIM**

To implement a brief, on-going faculty development case conference series to improve participants teaching and strengthen their connections/well-being amongst our community of teachers

**METHODS: CASE CONFERENCE**

- **Case Discussion is Medicine’s Signature Pedagogy**
  - Makes the reasoning underlying the assessment, diagnosis, and management of the patient’s condition visible
  - Cases teach the “wisdom of practice”
- **Implemented 1/2 Mo 45-Minute Teaching Case Conference**
  - Moderator works with case presenter to frame discussion
  - 1-2 days in advance, moderator emails precis of the case
  - Participants 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 points/cake home points with follow-up readings/resources distributed post conference

**METHODS: DIFFICULT TEACHING CASE EXAMPLES**

**CASE #1: NEVER RECEIVED FEEDBACK**

- **Case 1**: PGY 1 – September
- **Setting**: Internal Medicine Teaching Service
- **Supervision**: Hospitalist attendings rotate every other week (1 week on/off)
- **Situation**: Attending provides feedback on on-going basis; at end of week
  - No change in resident performance in targeted areas by mid-rotation
  - Resident reported “never told that I wasn’t progressing…”

**CASE #2: WHEN AN ANALOGY Didn’t Work**

- **Case 2**: M3 Medical Students – November (2nd week of 8 week rotation)
- **Setting**: Small Group PBL (part of required clinical rotation)
- **Supervision**: Award-winning teacher – facilitating PBL
- **Situation**: PBL case in which patient made no eye contact with physician
  - Students interpreted lack of eye contact as “not being truthful”
  - Teacher used an analogy seeking to broaden group’s thinking and engage non-participating M3 who had previously introduced himself as son of Asian immigrants by asking “if this was your parent… how else might you think about lack of eye contact…?”

**CASE #3: TEACHING EMERGENCY – FACING UNANTICIPATED OUTCOMES**

- **Case 3**: PGY-2 Resident – October
- **Setting**: Clinic Staffing room
- **Situation**: Five days previously - PGY-2 saw 30 YO patient with Hx of “very bad” Chf (2nd day earlier) for a scheduled visit. Patient appeared stable, but 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
  - PGY-2 seeks out the clinic staffing physician (not same physician who staffed PGY-2 five days previously) as she had just learned that the patient was admitted ICU in cardiogenic shock

**CASE #4: HOW TO TEACH A TRUE ROCK STAR**

- **Case 4**: 2nd Year Resident (PGY 1) – December
- **Setting**: Semi Annual Review for Resident in Advisor’s Office
  - Patient in active labor / 4cc diluted when checked 2 hrs previously
  - Need to identify 2-3 key learning goals/targets for next 6-18 mos
- **Supervision**: Consistently strong performance on every competency since PGY1
  - All data points to strong fund of knowledge, high level of self-awareness, knowing what don’t know and motivated to find out
  - Addressed complexities of social determinants of health

**RESULTS**

**CME & ATTENDANCE**

- Approved: 1.0 AMA PRA Category 1 credit(s)™
- Audio case conference averages 7 participants with max of 11
- 23 different physicians + 8 NPs (in a parallel series) 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?
- **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..."
  - "Glad I’m 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.

**CONCLUSIONS**

- **Clinical Teachers’ Value** the difficult teaching case conference as a "safe" place to:
  - Explore and learn from colleagues’
  - Affirm their roles and value as teachers
- **Approach** is easy and transference requiring no participant preparation
- **Next Steps**: Utilize CME learning platform as secure site for case-related resources

**REFERENCES**