**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\(^1\)
  - **FACULTY DEVELOPMENT** requires teachers to have opportunities to participate in practice development and collaboration with medical schools and hospitals.\(^2\)
  - **Accreditation Council for Graduate Medical Education (ACGME)** requires teachers to have opportunities to participate in practice development and collaboration with medical schools and hospitals.\(^2\)

- **BARRIERS TO FACULTY DEVELOPMENT** and the elements of successful programs are well documented in the literature. These barriers include:
  - Time to prepare and incentives (feeling de-valued)
  - Support for one's identity as a clinician teacher (isolation)

- **WELL-BEING** is essential for safe patient care. \(^3\) comes from finding meaning in giving back through teaching plus:
  - Competence as teacher
  - Autonomy in what/when/how teach
  - Connectedness to teachers, learners and feeling valued

**PROJECT AIM**

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

**METHODS: CASE CONFERENCE**

- **CASE DISCUSSION IS MED EDUCATION’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 1/40 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 pears/cake home points with follow-up readings/resources distributed post conference

**RESULTS**

- **CME & ATTENDANCE**
  - Approved: 1.0 AMA PRA Category 1 credit(s)**TM**
  - 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...”
  - “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 transferable requiring no participant preparation

- **NEXT STEPS:** Utilize CME learning platform as secure site for case-related resources

**REFERENCES**