PROBLEM STATEMENT

Incentives to offset time needed to support transformations related to teaching.

Faculty "Fatigue" Health Care Delivery & Research

TEACHERS ARE IN MIDST OF TRANSFORMATIONS

Need new lens to understand transformation impacts on motivation to teach.

IDENTIFY & CATEGORIZE TEACHING JOYS USING SDT’S INTRINSIC MOTIVATORS

STRESS & FATIGUE

Research – Translational - Bench to Bedside to Community

USMLE Step 1-3 2014 increase focus on QuIPS & E

ABMS Maintenance of Certification & CLERC

AAMC Teaching for Quality

Mobile and MOOCs to Big Data – Learning Analytics

LMS & Social Media: Live Twitter Feeds, J Clubs

Residents & Faculty: Competencies, Performance Assessment

Medical Student: Curriculum Change

Education activities are often unavailable & traditional approaches have limited impact.

LCME Standards & Elements + AAMC CEPA ERA “Accountable”

Teaching: Recruitment & Retention, “Interactive” Methods, Literature Review

RESULTS: LITERATURE REVIEW

1. COMPETENCE: FEEL CAPABLE

• Teaching about my own specialty1,3,18
• Opportunities for own learning2,4,16,17,18,19
  o I teach to be challenged in my established views1
  o I teach to meet the needs of the learners, employers, patients1,20
  o Professional growth (teaching career)1,21
  o Feedback on my teaching performance16,17,18

2. AUTONOMY – SELF DETERMINATION

• Set priorities for what is taught in my discipline18
• Freedom to determine what I teach //Autonomy in decision making2,21
• Shared responsibility for teaching & learning6

3. ENGAGEMENT

• Collaboration: Student’s engagement in understanding patients/medicine
• No-Engagement: No “real” involvement in decisions; impossible to meet (RVU’s)

MOTIVATION: ALTRUISM

Motivation: Altruism

• Repaying debt; Pay forward
• Assurance excellent patient care

DISCUSSION & FUTURE WORK

• SDT provides an assess-based lens on teachers’ intrinsic motivations & illuminates potential clashes between teachers’ needs during transformations:
  o (Dys)”Competence” – integrated courses/clerkships, CLER QuIPS & teaching modalities
  o (Dys)”Engagement” – flipped classes, group discussion, flipped classes
  o (Dys)”Autonomy” – tailed to what to teach with whom and how...”
  o Relatedness – “chair values income not teaching”

• Approach allows us to identify the unintentional impacts of our transformations and identify strategies associated with intrinsic motivation needs.

REFERENCES (SOCIAL DETERMINATION REFERENCES AVAILABLE UPON REQUEST)

A. AAMC Core Entrustable Professional Activities for Entering Residents (CEPAER). Curriculum Developers’ Guide. February 2014

B. AAMC. Teaching for Quality. Integrating quality improvement and patient safety across the continuum of medical education. January 2013


CONTACT : deb.simpson@aurora.org

© Aurora Health Care, Inc.