

1st

INTERNATIONAL CONFERENCE

FACULTY DEVELOPMENT IN THE HEALTH PROFESSIONS

MAY 10-13, 2011

Toronto, Canada

Conference Hosts

St. Michael's

Inspired Care.
Inspiring Science.



McGill

Faculty of
Medicine



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE



www.facultydevelopment2011.com

1ère

Conférence Internationale

La formation professorale pour les professionnels de la santé

10 - 13 mai 2011

Toronto, Canada

Hôtes de la conférence

St. Michael's

Inspired Care.
Inspiring Science.



McGill

Faculté de
médecine



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE



www.facultydevelopment2011.com

WELCOME

Dear Friends,

We are very pleased to welcome you to the First International Conference on Faculty Development in the Health Professions. The goal of this conference is to bring together international faculty development leaders and educators in the health sciences, share best practices and current research in faculty development, and build a global community of leaders in the field, and we are delighted that you have been able to join us for this inaugural meeting. This conference is also celebrating the recent opening of the Li Ka Shing International Healthcare Education Centre of the Li Ka Shing Knowledge Institute at St. Michael's Hospital, and we are pleased that we can do so with our international friends.

We have been quite overwhelmed with the positive response from our faculty development community - 260 abstracts from 28 countries! Our conference faculty include many of the leading scholars and researchers in faculty development internationally, and together, we have been able to create a rich and meaningful program. We are thrilled that the faculty development field has grown sufficiently to support this conference and, we hope, many more in the future.

Welcome to the second most multicultural city in the world! We hope that you will enjoy yourselves in Toronto and get to sample the bountiful theatre, opera, museums, restaurants and clubs.

Collaboration and partnership is a key component of faculty development, and we are pleased to note that this conference would not have been possible without the close collaboration between the Centre for Medical Education and the Faculty Development Office in the Faculty of Medicine at McGill University and the Centre for Faculty Development in the Li Ka Shing International Healthcare Education Centre of the Li Ka Shing Knowledge Institute of St. Michael's Hospital, Faculty of Medicine, University of Toronto.

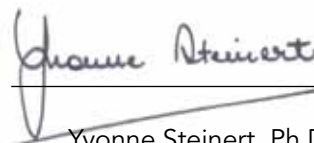
We are also very grateful for the generous financial support from several local and national sponsors and the in-kind support of international partner organizations and universities. Please read pages 1 and 2 in this syllabus to learn more about these generous supporters of faculty development. In addition, so many volunteers from all of these organizations were involved with our conference committees – and we thank you all!

In closing, we would like to specifically thank Dr. Peter McLeod from McGill University and Dr. Karen Leslie from the University of Toronto for co-chairing our Scientific Planning Committee and for putting together an exciting program. The administrative teams from the Centre for Faculty Development (CFD) and the Office for Continuing Education and Professional Development (OCEPD) at the University of Toronto have also provided exemplary management of this conference, and we want to acknowledge the tireless work of Charlene Spiteri from the OCEPD and Amy Dionne from the CFD.

Five years ago, this conference was an idea. Today it is a reality. Please enjoy all the sessions, debate the issues, meet new colleagues, develop new networks and...really enjoy yourselves. Get ready for a great conference!



Ivan Silver, MD, MEd, FRCPC
Vice-Dean Continuing Education and
Professional Development
Faculty of Medicine, University of Toronto
Conference Co-Chair



Yvonne Steinert, Ph.D.
Associate Dean, Faculty Development
Director, Centre for Medical Education
Faculty of Medicine, McGill University
Conference Co-Chair

BIENVENUE

Chers amis,

Il nous fait plaisir de vous accueillir à la première conférence internationale sur la formation professorale pour les professionnels de la santé. Le but de la conférence est de réunir les chefs de file internationaux en formation professorale et en éducation des sciences de la santé en milieu universitaire, de partager nos succès et nos projets de recherche en formation professorale, et de créer une communauté internationale de leaders dans le domaine. Nous sommes heureux que vous ayez pu vous joindre à nous pour cette conférence inaugurale. La conférence célèbre aussi l'ouverture du Centre international d'éducation des sciences de la santé Li Ka Shing de l'Institut du savoir Li Ka Shing à l'Hôpital St. Michael's, et il nous fait plaisir de pouvoir le faire avec notre communauté internationale.

Nous avons été impressionné de l'intérêt que la communauté de formation professorale a démontré envers la conférence – 260 résumés provenant de 28 pays! Nos conférenciers incluent plusieurs chefs de file en formation professorale, et ensemble, nous avons créé un programme riche et significatif. Nous sommes ravis que le domaine de la formation professorale ait grandi suffisamment pour que cet événement soit possible, et nous espérons que ce ne soit que le début !

Bienvenue dans la deuxième ville la plus multiculturelle au monde ! Nous espérons que vous allez vous amuser à Toronto et que vous aurez l'opportunité de profiter des nombreux théâtres, opéras, musées, restaurants et boîtes de nuit que la ville a à vous offrir.

La collaboration et le partenariat sont des éléments clés de la formation professorale et nous tenons à mentionner que cette conférence n'aurait pas été possible sans la collaboration entre le Centre d'éducation médicale et le Bureau de formation professorale de la Faculté de médecine de l'Université McGill, et le Centre de formation professorale du Centre international d'éducation des sciences de la santé Li Ka Shing de l'Institut du savoir Li Ka Shing à l'Hôpital St. Michael's, Faculté de médecine, Université de Toronto.

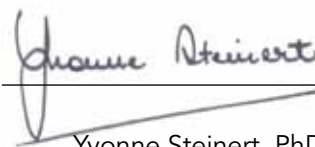
Nous sommes aussi très reconnaissants de la généreuse contribution financière de nos nombreux commanditaires locaux et nationaux ainsi que du support de plusieurs organisations internationales et universités partenaires. Veuillez consulter les pages 1 et 2 de ce document pour en savoir plus sur ces généreuses organisations qui appuient le domaine de la formation professorale. De plus, plusieurs bénévoles de ces organisations partenaires nous ont prêté main forte en étant membres de nos comités d'organisation – nous vous remercions !

Finalement, nous aimerions remercier Dr Peter McLeod de l'Université McGill et Dre Karen Leslie de l'Université de Toronto d'avoir co-présidé notre comité de planification scientifique et préparé un programme aussi intéressant. Les équipes administratives du Centre de formation professorale et du Bureau de formation continue et développement professionnel de l'Université de Toronto ont aussi géré cette conférence de façon exemplaire. Nous voulons remercier tout particulièrement Charlene Spiteri et Amy Dionne pour leur travail infatigable.

Il y a cinq ans, cette conférence était une idée. Aujourd'hui, c'est une réalité. Profitez bien des séances, débattiez les problématiques, rencontrez de nouveaux collègues, développez de nouveaux réseaux et surtout...amusez-vous. Soyez prêts pour une conférence formidable!



Ivan Silver, MD, MEd, FRCPC
Vice doyen, Formation continue
et développement professionnel
Faculté de médecine, Université de Toronto
Co-président de la conférence



Yvonne Steinert, PhD
Vice doyenne, Formation professorale
Directrice, Centre d'éducation médicale
Faculté de médecine, Université McGill
Co-présidente de la conférence

TABLE OF CONTENTS

CONTENTS

Acknowledgements.....	1
Accreditation	3
Disclosure	3
Greener Learning	3
Conference Committees:	
Conference Co-Chairs.....	5
Steering Committee.....	5
Program Planning Committee.....	5
Scientific Committee.....	6
Downtown Area Map	7
Floor Plans.....	8
Program at a Glance.....	11
Program.....	13
Speaker Bios.....	29
Speaker Abstracts.....	45
Oral Research Presentation Abstracts	53
Workshop Abstracts	101
Resource Fair Abstracts	121
Poster Abstracts	127
Abstract Author Index	173
Notes.....	183

ACKNOWLEDGEMENTS

CONFERENCE HOSTS

St. Michael's

Inspired Care.
Inspiring Science.



McGill

Faculty of Medicine Faculté de médecine



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

SPONSORING HOSTS

St. Michael's

Inspired Care.
Inspiring Science.

**St. Michael's
Foundation**

Inspired Care.
Inspiring Science.

SPONSORING ORGANIZATIONS



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA



AFMC

The Association of Faculties
of Medicine of Canada
L'Association des facultés
de médecine du Canada



**The College of
Family Physicians
of Canada**

**Le Collège des
médecins de famille
du Canada**

ACKNOWLEDGMENTS

PARTNER ORGANIZATIONS

Asian Medical Education Association (AMEA)
Australian and New Zealand Association for
Health Professional Educators (ANZAHPE)
Association for the Study of Medical
Education (ASME)
Association of American Medical Colleges
(AAMC)
Association of Medical Education in Europe
(AMEE)
Canadian Association for Medical Education
(CAME)
PanAmerican Federation of Associations
of Medical Schools (PAFAMS)

COLLABORATING UNIVERSITIES

Baylor College of Medicine, USA
L'Université de Sherbrooke, Canada
National University of Singapore
Newcastle University, UK
Shantou University, China
Stanford University, USA

WE GRATEFULLY ACKNOWLEDGE OUR SUPPORTERS



Family & Community Medicine
UNIVERSITY OF TORONTO

ACCREDITATION

ACCREDITATION

This course is sponsored by the Office of Continuing Education and Professional Development, Faculty of Medicine, University of Toronto.

The College of Family Physicians of Canada

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited for up to 18.5 Mainpro-M1 credits.

The Royal College of Physicians and Surgeons of Canada

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of the Royal College of Physicians and Surgeons of Canada, approved by the University of Toronto for up to 18.5 Section 1 credits.

American Medical Association

The Office of Continuing Education and Professional Development, Faculty of Medicine, University of Toronto designates this educational activity for a maximum of 18.5 Category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits the he/she actually spent in the activity.

European Accreditation Council for Continuing Medical Education (EACCME)

As a result of a reciprocal agreement between the EACCME and the AMA, European registrants may claim AMA Category 1 credits as equivalent.

LETTERS OF ACCREDITATION/ ATTENDANCE

Letters of accreditation/attendance will be available online following the conference. Participants will be e-mailed information within two weeks post-event specifying how to obtain a Letter of Accreditation/Attendance online. We do not routinely mail out accreditation letters.

Should you have any questions, please contact the CEPD Office:

Office of Continuing Education and Professional Development
Faculty of Medicine, University of Toronto
500 University Avenue, Suite 650
Toronto, ON M5G 1V7

Phone: 416.978.2719 / 1.888.512.8173

E-mail: info.cepd@utoronto.ca

Website: www.cepd.utoronto.ca

DISCLOSURE

Speakers will be requested to disclose to the audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of this program.

GREENER LEARNING

The Office of CEPD promotes green meeting solutions in the delivery of our educational programs and events.

CONFERENCE COMMITTEES

CONFERENCE CO-CHAIRS

Ivan Silver, MD, MEd, FRCPC
Vice-Dean Continuing Education and Professional Development
Faculty of Medicine, University of Toronto
Education Consultant, Li Ka Shing Knowledge Institute of St. Michael's Hospital

Yvonne Steinert, PhD
Associate Dean, Faculty Development
Director, Centre for Medical Education
Faculty of Medicine, McGill University

STEERING COMMITTEE

M. Brownell (Brownie) Anderson – representing American Association of Medical Colleges (AAMC)
Senior Director, Educational Affairs, AAMC

Miriam Boillat – representing College of Family Physicians of Canada (CFPC)
Assistant Dean, Faculty Development
Faculty of Medicine, McGill University

Nick Busing – representing Association of Faculties of Medicine of Canada (AFMC)
President and Chief Executive Officer, AFMC

Amy Dionne – representing Centre for Faculty Development at St. Michael's Hospital
Manager, Centre for Faculty Development

Jason Frank – representing Royal College of Physicians and Surgeons of Canada (RCPSC)
Associate Director, Office of Education, RCPSC

Matthew Gwee – representing National University of Singapore
Chairman, International & Education Programs, Medical Education Unit
Yong Loo Lin School of Medicine, National University of Singapore

Ron Harden – representing Association for Medical Education in Europe (AMEE)
General Secretary and Treasurer, AMEE
Director of Education, International Virtual Medical School (IVIMEDS)

Susan Lieff – representing Canadian Association for Medical Education (CAME)
Director, Academic Leadership Development and the Education Scholars Program, Centre for Faculty Development, Acting Head, Research, Innovation & Scholarship in Education (RISE) Program, Department of Psychiatry, Faculty of Medicine, University of Toronto

Pat Lilley – representing Association for Medical Education in Europe (AMEE)
Operations Director and Managing Editor of Medical Teacher, AMEE

Pablo Pulido – representing PanAmerican Federation of Association of Medical Schools - Venezuela
President, PanAmerican Federation of Associations of Medical Schools, Former Minister of Health and Social Welfare of Venezuela, Founder-Director Centro Médico Docente La Trinidad, Caracas
President Metropolitan University Foundation, Caracas

Linda Snell – representing Royal College of Physicians and Surgeons of Canada (RCPSC)
Vice Chair (Education), Department of Medicine, Core Faculty Member, Centre for Medical Education and Director of Post Graduate Core Competencies Program, Faculty of Medicine, McGill University

Ian Wilson – representing Association for Health Professional Education - Australia/NZ (ANZAME)
President, ANZAME

PROGRAM PLANNING COMMITTEE

M. Brownell (Brownie) Anderson – representing American Association of Medical Colleges (AAMC)
Senior Director, Educational Affairs, AAMC

Helen Batty – representing University of Toronto
Director, Health Professions Teacher Education MScCH and Enhanced Clinical Fellowship for Future Clinical Teachers Programs
Department of Family and Community Medicine, Faculty of Medicine, University of Toronto

Miriam Boillat – representing College of Family Physicians of Canada (CFPC)
Assistant Dean, Faculty Development
Faculty of Medicine, McGill University

Diane Clavet – representing l'Université de Sherbrooke, Canada Associate Dean, Educational and Professional Development & Director, Center for Medical Education

Amy Dionne – representing Centre for Faculty Development at St. Michael's Hospital
Manager, Centre for Faculty Development

Jason Frank – representing Royal College of Physicians and Surgeons of Canada (RCPSC)
Associate Director, Office of Education, RCPSC

CONFERENCE COMMITTEES

PROGRAM PLANNING COMMITTEE, *continued*

Matthew Gwee – representing National University of Singapore, Chairman, International & Education Programs, Medical Education Unit, Yong Loo Lin School of Medicine, National University of Singapore

Karen Leslie – representing University of Toronto and the Centre for Faculty Development at St. Michael's Hospital
Director, Centre for Faculty Development, Li Ka Shing International Healthcare Education Centre, St. Michael's Hospital, Faculty of Medicine, University of Toronto

Susan Lieff – representing Canadian Association for Medical Education (CAME)
Director, Academic Leadership Development and the Education Scholars Program, Centre for Faculty Development, Acting Head, Research, Innovation & Scholarship in Education (RISE) Program, Department of Psychiatry, Faculty of Medicine, University of Toronto

Sue Maskill – representing Association of Faculties of Medicine of Canada (AFMC)
Vice President, Education and Special Projects, AFMC

Peter McLeod - representing McGill University
Faculty Development Team Member, Core Faculty Member, Centre for Medical Education, McGill University, Conference Scientific Committee Co-Chair

Pablo Pulido – representing PanAmerican Federation of Association of Medical Schools - Venezuela
President, PanAmerican Federation of Associations of Medical Schools, Former Minister of Health and Social Welfare of Venezuela, Founder-Director Centro Médico Docente La Trinidad, Caracas, President Metropolitan University Foundation, Caracas

Nancy Searle – representing Baylor College of Medicine, Director, Academy of Distinguished Educators & Director, Faculty Development and Recognition, Baylor College of Medicine

Kelley Skeff - representing Stanford University, George DeForest Barnett Professor of Medicine,
Co-Director, Stanford Faculty Development Center for Medical Teachers, Stanford University

Linda Snell – representing Royal College of Physicians and Surgeons of Canada (RCPSC)
Vice Chair (Education), Department of Medicine, Core Faculty Member, Centre for Medical Education and Director of Post Graduate Core Competencies Program, Faculty of Medicine, McGill University

John Spencer - representing Newcastle University, UK
Professor of Primary Care and Clinical Education, School of Medical Sciences Education Development, Newcastle University

Ian Wilson – representing Association for Health Professional Education - Australia/NZ (ANZAME)
President, ANZAME

SCIENTIFIC COMMITTEE

Karen Leslie - Co Chair
Director, Centre for Faculty Development, Li Ka Shing International Healthcare Education Centre, St. Michael's Hospital, Faculty of Medicine, University of Toronto

Peter McLeod - representing McGill University
Faculty Development Team Member, Core Faculty Member, Centre for Medical Education, McGill University, Conference Scientific Committee Co-Chair

Blye Frank
Dean, Faculty of Education
University of British Columbia

Meridith Marks
Professor, Academy for Innovation in Medical Education (AIME)
Faculty of Medicine, University of Ottawa

Danny Panisko
Associate Professor
Co-Director, Master Teacher Program
Faculty of Medicine, University of Toronto

Scott Reeves
Director of Research & Scientist, Centre for Faculty Development, Li Ka Shing International Healthcare Education Centre, St. Michael's Hospital, Faculty of Medicine, University of Toronto

Linda Snell – representing Royal College of Physicians and Surgeons of Canada (RCPSC)
Vice Chair (Education), Department of Medicine, Core Faculty Member, Centre for Medical Education and Director of Post Graduate Core Competencies Program, Faculty of Medicine, McGill University

Richard Tiberius
Director, Educational Development Office, Department of Medical Education and Professor, Department of Internal Medicine, University of Miami Miller School of Medicine

DOWNTOWN AREA MAP

★ CONFERENCE VENUES

- L LI KA SHING KNOWLEDGE INSTITUTE
P PANTAGES SUITES HOTEL AND SPA

● POINTS OF INTEREST

- | | |
|--|-----------------------------------|
| 1 AIR CANADA CENTRE | 14 ELGIN & WINTER GARDEN THEATRES |
| 2 ART GALLERY OF ONTARIO | 15 CANON THEATRE |
| 3 BATA SHOE MUSEUM | 16 PRINCESS OF WALES THEATRE |
| 4 CBC BROADCAST CENTRE | 17 QUEEN'S PARK |
| 5 CHINA TOWN | 18 QUEEN'S QUAY TERMINAL |
| 6 CITY HALL | 18 ROYAL ONTARIO MUSEUM |
| 7 CN TOWER | 20 ROYAL ALEXANDRA THEATRE |
| 8 EXHIBITION PLACE | 21 ROY THOMPSON HALL |
| 9 GEORGE R. GARDINER MUSEUM OF CERAMIC ART | 22 ROGERS CENTRE |
| 10 HARBOURFRONT CENTRE | 23 ST. LAWRENCE MARKET |
| 11 HOCKY HALL OF FAME | 24 TORONTO ISLANDS |
| 12 HUMMINGBIRD CENTRE | 25 UNIVERSITY OF TORONTO |
| 13 ONTARIO PLACE | 26 YORKVILLE |

■ SHOPPING CENTRES

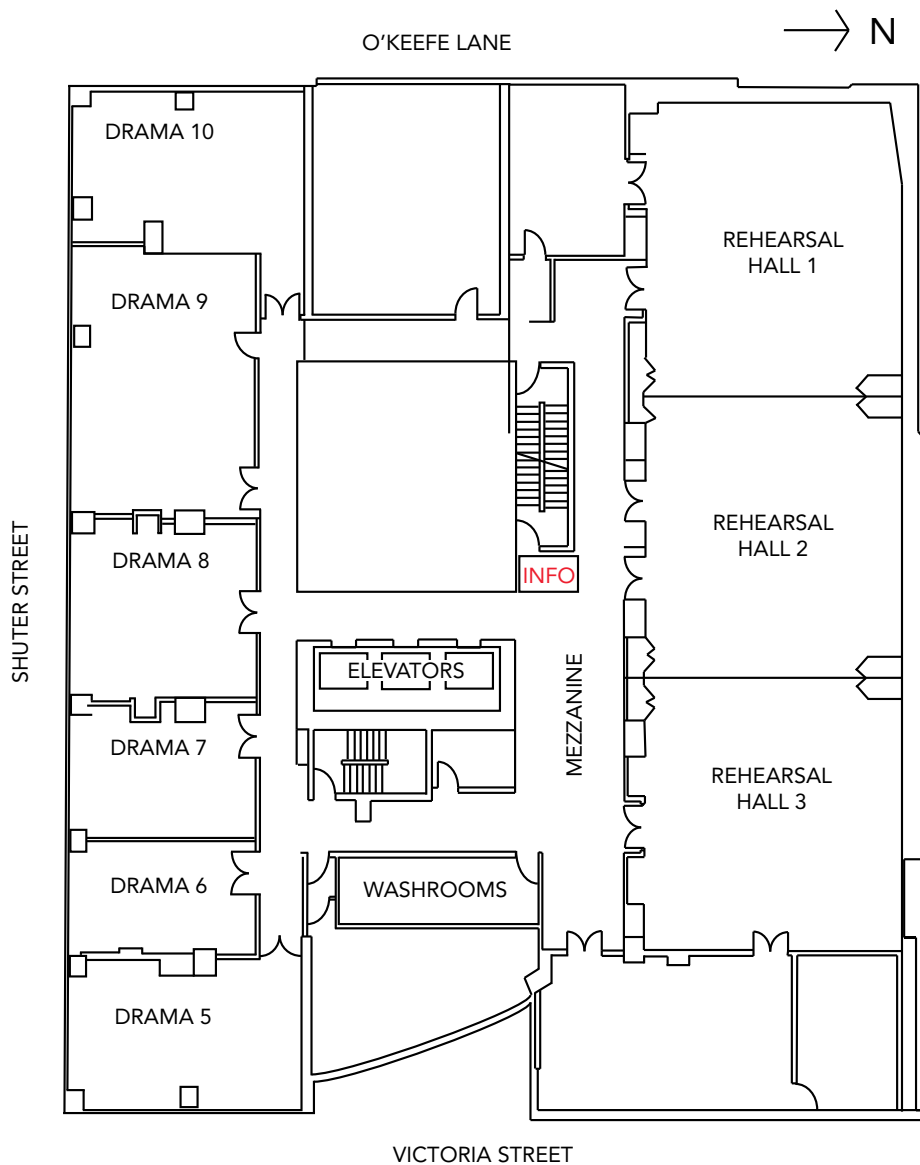
- | | |
|-----------------|-------------------------|
| 27 THE BAY | 29 THE HUDSON'S BAY CO. |
| 28 EATON CENTRE | |

□ HOTELS

- | | |
|--|--|
| 30 CAMBRIDGE SUITES HOTEL
800-463-1990 | 43 PANTAGES SUITES HOTEL AND SPA
800-852-1777 |
| 31 COURTYARD BY MARRIOTT TORONTO
800-847-5705 | 44 PARK HYATT TORONTO
800-977-4197 |
| 32 COSMOPOLITAN HOTEL TORONTO
800-958-3488 | 45 HOLIDAY INN EXPRESS TORONTO DOWNTOWN
800-465-4329 |
| 33 DELTA CHELSEA HOTEL
800-243-5732 | 46 RADISSON ADMIRAL TORONTO HARBOURFRONT
800-333-3333 |
| 34 FAIRMONT ROYAL YORK
800-441-1414 | 47 RENAISSANCE TORONTO HOTEL
800-468-3571 |
| 35 FOUR SEASONS HOTEL TORONTO
800-268-6282 | 48 SHERATON CENTRE TORONTO
800-325-3535 |
| 36 HILTON TORONTO
800-267-2281 | 49 STRATHCONA HOTEL
800-268-8304 |
| 37 HOLIDAY INN ON KING
800-465-4329 | 50 SUTTON PLACE HOTEL
800-268-3970 |
| 38 HOTEL INTER-CONTINENTAL TORONTO
800-267-0010 | 51 TORONTO MARRIOTT ON BLOOR YORKVILLE
800-859-7180 |
| 39 INTERCONTINENTAL TORONTO CENTRE
800-422-7969 | 52 TORONTO MARRIOTT EATON CENTRE
800-905-0667 |
| 40 LE ROYAL MERIDIEN KING EDWARD
800-543-4300 | 53 WESTIN HARBOUR CASTLE HOTEL
800-228-3000 |
| 41 METROPOLITAN HOTEL
800-668-6600 | 54 89 CHESTNUT RESIDENCE
416-977-0707 |
| 42 NOVOTEL TORONTO CENTRE
800-668-6835 | |

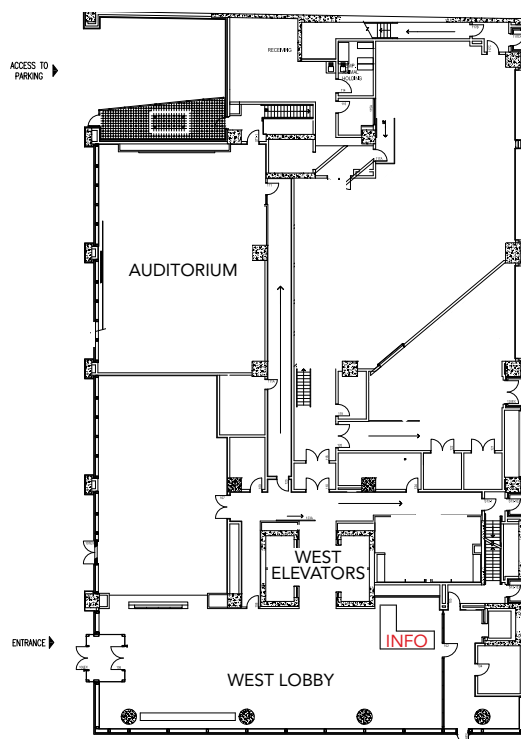


PANTAGES FLOOR PLAN

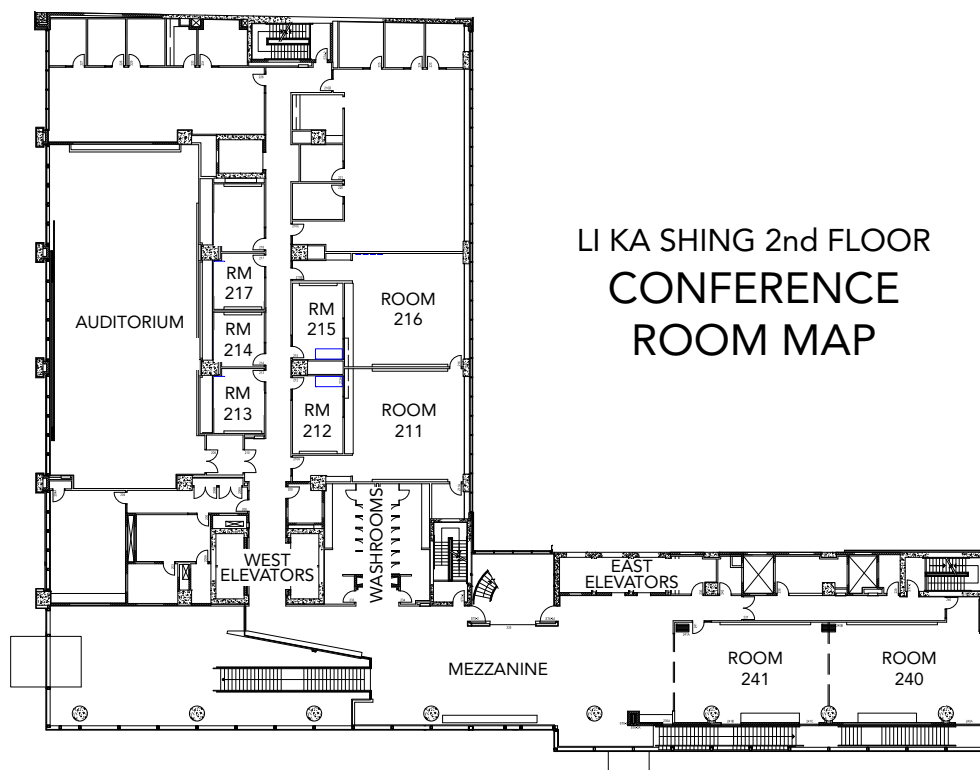
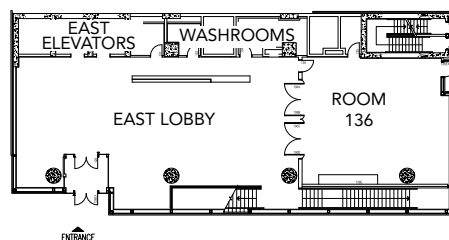


PANTAGES
3rd FLOOR

LI KA SHING FLOOR PLAN



LI KA SHING 1st FLOOR
CONFERENCE
ROOM MAP



LI KA SHING 2nd FLOOR
CONFERENCE
ROOM MAP

PROGRAM AT A GLANCE

Tuesday, May 10, 2011

Wednesday, May 11, 2011

Time	Activity	Location	Activity	Location
800			Breakfast	Pantages, Mezzanine
830			Symposium on "Faculty Development Accomplishments & Future Challenges: An International Perspective"	Pantages, Rehearsal Halls
900				
930				
1000				
1030			Poster Session, Resource Fair & Refreshment Break	Li Ka Shing, Lobby West, East & Mezzanine
1100				
1130				
1200			Buffet Lunch	Pantages, Mezzanine & Li Ka Shing, Mezzanine
1230				
1300			Concurrent Oral Research Presentation Abstracts & Workshops	Pantages, Rooms: 1, 2, 3, 5, 8, 9, 10 Li Ka Shing, Rooms: 136, 211, 216, 240, 241
1330				
1400				
1430			Refreshment Break	Pantages, Mezzanine & Li Ka Shing, Mezzanine
1500	Registration Opens	Li Ka Shing, Lobby West	Concurrent Oral Research Presentation Abstracts & Workshops	Pantages, Rooms: 1, 2, 3, 5, 8, 9, 10 Li Ka Shing, Rooms: 136, 211, 216, 240, 241
1530				
1600				
1630			Adjournment	
1830	Welcome & Introductory Remarks Conference Overview Faculty Development Issues Past, Present and Future: An International Perspective	Pantages, Rehearsal Halls		
2000	Welcome Reception	Li Ka Shing, Lobby West, East & Mezzanine		
2200	Adjournment			

PROGRAM AT A GLANCE

Thursday, May 12, 2011

Friday, May 13, 2011

Time	Activity	Location	Activity	Location
730	Breakfast & Thematic Small Group Discussions	Pantages, Rehearsal Halls Li Ka Shing, Rooms 240, 241	Breakfast & Thematic Small Group Discussions	Pantages, Rehearsal Halls Li Ka Shing, Rooms 240, 241
800				
830				
900	Concurrent Oral Research Presentations & Workshops	Pantages, Rooms: 1, 2, 3, Li Ka Shing, Rooms: 136, 211, 216	Interactive Plenary on "Building a Global Community of Practice"	Pantages, Rehearsal Halls Li Ka Shing, Rooms 240, 241
930				
1000				
1030	Refreshment Break	Pantages, Mezzanine & Li Ka Shing, Mezzanine	Refreshment Break	Pantages, Mezzanine & Li Ka Shing, Lobby West
1100	Symposium on "The State of the Art and Science of Faculty Development"	Pantages, Rehearsal Halls Li Ka Shing, Rooms 240, 241	Concurrent Oral Research Presentations & Workshops	Pantages, Rooms: 1, 2, 3, 5, 9, 10 Li Ka Shing, Rooms: 136, 211, 216, 240, 241
1130				
1200				
1230	Buffet Lunch	Pantages, Mezzanine & Li Ka Shing, Mezzanine	Box Lunch	Li Ka Shing, Mezzanine
1300			Conference Synthesis	Pantages, Rehearsal Halls
1330	Concurrent Oral Research Presentations & Workshops	Pantages, Rooms: 5, 8, 9, 10 Li Ka Shing, Rooms: 136, 211, 216, 240, 241		
1400			Closing Remarks	Pantages, Rehearsal Halls
1430			Adjournment	
1500	Refreshment Break	Pantages, Mezzanine & Li Ka Shing, Mezzanine		
1530	Concurrent Oral Research Presentation Abstracts & Workshops	Pantages, Rooms: 1, 2, 3, 5, 8, 9, 10 Li Ka Shing, Rooms: 211, 240, 241		
1600				
1630				
1700	Social Event, Poster & Resource Fair Reception	Li Ka Shing, Lobby West, East & Mezzanine		
1900	Adjournment			

PROGRAM

TUESDAY, MAY 10, 2011

Opening Reception

- 1500 Registration Opens Li Ka Shing, Lobby West
- 1830 Welcome and Introductory Remarks Pantages, Rehearsal Halls
- Ivan Silver, Conference Co-Chair (Master of Ceremonies)
Bob Howard, President and CEO, St. Michael's Hospital
Catharine Whiteside, Dean, Faculty of Medicine, University of Toronto
Richard Levin, Dean, Faculty of Medicine, McGill University
- Conference Overview Yvonne Steinert, Conference Co-Chair
- Faculty Development Issues Past, Present and Future:
An International Perspective Ron Harden (UK)
- 2000 Welcome Reception Li Ka Shing, Lobby West, East & Mezzanine
- 2200 Adjournment

WEDNESDAY, MAY 11, 2011

Faculty Development Programs and Innovations

- 0800 Breakfast Pantages, Mezzanine
- 0830 **Symposium on "Faculty Development Accomplishments & Future Challenges: An International Perspective"**
- Moderator: Tim Swanwick (UK) Pantages, Rehearsal Halls
- Faculty Development for Teaching ImprovementKelley Skeff (USA)
- Faculty Development for Research Capacity BuildingBrian Hodges (Canada)
- Faculty Development for Leadership Development.....Judy McKimm (New Zealand)
- Faculty Development: From Workshops to
Communities of PracticeYvonne Steinert (Canada)
- 1030 Poster Session, Resource Fair,
& Refreshment Break Li Ka Shing, Lobby West, East & Mezzanine
- 1200 Buffet Lunch Li Ka Shing, Mezzanine

PROGRAM

WEDNESDAY, MAY 11, 2011

1300 Concurrent Oral Research Presentation Abstracts & Workshops

Oral Research Presentation Abstracts

Leadership

Pantages, Rehearsal Hall 1

Chair: Jerry Maniate (Canada)

- O01 Facilitating Transformational Learning: A Case for Collaborative Change
Leadership Programming
Jill Shaver, Paula Burns, Catherine Creede, Allia Karim, Ivy Oandasan, Kathryn Parker, Maria Tassone, Belinda Vilhena
- O02 A Leadership Succession Development Program for Health Academics
Anne McMurray, Wendy Chaboyer, Jayne Clapton, Alf Lizzio, Martin Teml
- O03 Building on Strengths: Rural Instructor Preceptor Project
Emil Tarka, Nancy Walker

Web-Based/eLearning

Pantages, Rehearsal Hall 2

Chair: Ewa Szumacher (Canada)

- O04 Spanning Boundaries in an Online Education Course to Support Evidence Based
Physiotherapy Practice Across Social Networks
Euson Yeung, Cathy Evans, Sara Guilcher
- O05 A Comparison of the Effectiveness of Videoconference and Online Learning in
Supporting Nurses to Obtain their Specialty Certification
Jiahui Wong, Laura Rashleigh, Charissa Cordon, Tracy Soong, Mary Jane Esplen
- O06 The TELL Centre: An Online Community of Practice for Health Professionals
Margaret Potter, Fiona Lake
- O07 FM POD: Developing Family Medicine Preceptors Through Blended Learning Using
Face-to-Face Asynchronous and Synchronous Distance Learning
Hilary Delver, Wes Jackson, Douglas Myhre, Ron Spice, Lara Nixon, Sonya Lee, Mone Palacios, Wayne Woloschuk

Web-Based/eLearning

Pantages, Rehearsal Hall 3

Chair: Jana Bajcar (Canada)

- O08 Description of a Progressive Developmental Faculty Development Program in a
Community-Based Distributed Campus Model
Gregory Turner, Dennis Baker
- O09 Delivering Faculty Development in Medical Informatics to Community Based Clinical
Faculty Located in Six Cities Across Florida
Nancy Clarke, Dennis Baker
- O10 A Description of the Contextual Enablers that Provide for a Robust Faculty Development
Program for Community-Based Preceptors in a Geographically Distributed Campus Model
Dennis Baker
- O11 An Online Faculty Development Program for Flinders University Staff in South Australia
and the Northern Territory
Jennene Greenhill, Susan Wearne, Linda Sweet, Lori Tietz

WEDNESDAY, MAY 11, 2011

1300 WORKSHOPS

Leadership Pantages, Drama 5

- W01 Conforming, Re-forming, Transforming: What's the Point of Faculty Development?
Tim Swanwick, Clare Morris

Faculty Support Pantages, Drama 8

- W02 Meeting the Educational Needs of Faculty/Preceptors Who Work with International Medical Graduates: The Practice Based Preceptor Program
Lisa Fleet, Fran Kirby, Cheri Bethune, Ann Marie O'Keefe Penney

Instructional Development Pantages, Drama 9

- W03 Enhancing Faculty Teaching Using an OSTE (Objective Structured Teaching Exercise)
Cheri Bethune, Miriam Boillat, Elizabeth Ohle, Yvonne Steinert

Faculty Support Pantages, Drama 10

- W04 Strategic Career Planning for the Academician: Writing Your Academic Development Plan and Personal Learning Plan
Janine Shapiro, Carol Diachon, Denham Ward

Oral Research Presentation Abstracts

Interprofessional Li Ka Shing, Room 136

Chair: Scott Reeves (Canada)

- O12 Effectiveness of a Faculty Development Program in Fostering Interprofessional Education Competencies: A Randomized Controlled Trial
Debora Kwan, Keegan K Barker, Denyse Richardson, Susan Wagner, Zubin Austin
- O13 Katie: Knowledge Translation for Physicians and Pharmacists
Michael Allen, David Gardner, Tanya Hill, Corinne Tobin, Pam McLean-Veysey, Glen Rodriguez
- O14 Lessons Learned in Interprofessional Education Faculty Development
Anne Kearney

Faculty Development for Assessment Li Ka Shing, Room 211

Chair: Denyse Richardson (Canada)

- O15 Training Facilitators and Assessors for an Innovative Portfolio Program
Kenneth Locke, Bochra Kurabi, Pier Bryden, Michael Roberts, Yee-Ling Chang, Allan Peterkin
- O16 Design and Implementation of an Educational Supervisor Programme Based on Lessons Learnt and Evidence from a Large Generic Clinical Supervisor Education Programme
Robert Powell, Kirtley Joanne, Stanley Adrian
- O17 Developing Evaluation Skills of Problem-Based Learning Faculty
Tatum Korin
- O18 'It's All About Validity': Faculty Development for MCQ Assessment
Neville Chiavaroli

PROGRAM

WEDNESDAY, MAY 11, 2011

1300 Oral Research Presentation Abstracts, continued

Instructional Development

Li Ka Shing, Room 216

Chair: John Teshima (Canada)

O19 Design and Results of Evaluation of the Program Curriculum Development for Residency Program Directors in a School of Medicine: Cohort 2008-2009

Marisol Sirhan, Ximena Trivino

O20 Faculty Adoption of a Nationwide Competency Framework 2001-2009: The CANMEDS Roles in Residency Education

Jason Frank, C. Abbott, G. Bourgeois, S. Hyde, A.C. Lee

O21 Clinician Educator as Patient: An Immersive Case Study

Meridith Marks

O22 Role Modeling the CanMEDS Competencies: Beyond "Show and Tell"

Gurjit Sandhu, Elaine Van Melle, Ross Walker, Leslie Flynn, Mala Joneja

WORKSHOPS

Instructional Development

Li Ka Shing, Room 240

W05 Developing Faculty's Skills for a Deliberate Practice Curriculum

Sharon Krackov, Henry Pohl

Instructional Development

Li Ka Shing, Room 241

W06 A Flexible Format Workshop Methodology for Faculty Development: Meeting the Needs of Diverse Faculty in Diverse Settings

Danny Panisko, Yasmin Rahim, Sanjay Mehta, Mary Bell, Karen Leslie, Jennifer Thull-Freedman, Rahim Valani, Margarita Lam-Antoniades

1430 Refreshment Break

Pantages, Mezzanine & Li Ka Shing, Mezzanine

1500 **Concurrent Oral Research Presentation Abstracts & Workshops**

Oral Research Presentation Abstracts

Leadership

Pantages, Rehearsal Hall 1

Chair: LuAnn Wilkerson (USA)

O23 Faculty Development Models: The Creation of a National Program in Israel for Family Physicians

Howard Tandeter, Martine Granek-Catarivas

O24 Physician Leadership Development: Innovative Program and Lessons Learned

Caryl Hess, Christine Taylor

O25 Implementation of a Faculty Development Program at the Departmental Level

Janine Shapiro, Zana Borovcanin, Carol Diachun, Denham Ward

PROGRAM

WEDNESDAY, MAY 11, 2011

1500 Oral Research Presentation Abstracts, continued

Web-based/eLearning

Pantages, Rehearsal Hall 2

Chair: Bill Iobst (USA)

- O26 Utilization and Effectiveness of a Web-Based Faculty Development Seminar for International Medical Science Educators
Nehad Al-Sawi, Jack Strandhoy, Patrick Finnerty, Jack Scott
- O27 Building Capacity: A Collaborative Approach to Developing Technological Fluencies in Faculty Members
Illana Bayer, James Dietrich, Devon Mordell
- O28 Implementing a Competence-Based Program Centered on a Network of Medical Education Leaders: What We Have Learned from the Experience
Nathalie Caire Fon, Paule Lebel, Monique Chaput
- O29 Medical Interactive Web2.0 Environment Platform for the Era of Performance and Skills
Said Boutiche

Interprofessional

Pantages, Rehearsal Hall 3

Chair: Miriam Boillat (Canada)

- O30 Faculty Development Programs and Innovations
R. Clinton Miner, Miriam Uhlmann, Michael Baumgaertner
- O31 Towards the Development of Health Sciences Education Expertise
Sylvie Houde, Diane Clavet, Daniel J. Côté, Richard Boulé, Éric Gagné
- O32 A Longitudinal Study Measuring the Impact of an Interprofessional Faculty Development Course Advancing Leaders in Interprofessional Care
Michal Yeschayahu, Mandy Lowe, Ivy Oandasan

WORKSHOPS

Leadership

Pantages, Drama 5

- W07 Peer Problem Solving by Facilitated Group Process: Demonstrating a Popular Strategy for Faculty Development Leaders
Helen Batty

Interprofessional

Pantages, Drama 8

- W08 Faculty Development for Successful Interprofessional Education (IPE): Preparing Facilitators for IPE
Jill Thistlethwaite, Ann Jackson, Patricia Bluteau

Instructional Development

Pantages, Drama 9

- W09 The Elephant in the Room: Teaching Medical Literacy
Lynn Russell, Cathy Smith, Jacquie Jacobs, Lorena Dobbie

PROGRAM

WEDNESDAY, MAY 11, 2011

- 1500 WORKSHOPS, continued
Instructional Development Pantages, Drama 10
- W10 Innovation in Continuing Professional Education: The Play Within the Play
Kathryn Parker, Tina Martimianakis, Maria Mylopolous
- Oral Research Presentation Abstracts
Interprofessional Li Ka Shing, Room 136
Chair: Cheri Bethune (Canada)
- O34 Tailoring Faculty Development to Meet Departmental Needs
Karen Hughes Miller, Michael Ostapchuk, Pradip Patel
- O35 TEACH: A Model for Distributed Faculty Development
Marilyn Herie, Rosa Dragonetti, Peter Selby
- O36 Collaborative Professional Learning Between Dentistry and Education Students in Delivering an Oral Health Program to Disadvantaged Queensland Schools
Felicity Croker, Eric Wilson, Lisa Houliston
- Faculty Development for Assessment Li Ka Shing, Room 211
Chair: Danny Panisko (Canada)
- O37 Measures of Faculty Efforts Enhance Educational Awareness in Clinical Departments
Merete Ipsen, Berit Eika, Peder Charles
- O38 Faculty Development for Enhancing Feedback to Medical Students' Reflective Narratives: Formal Analytic Frameworks for Fostering and Evaluating Reflective Capacity Through "Interactive" Reflective Writing
Hedy Wald, Jeffrey M. Borkan, Shmuel P. Reis, Julie Taylor
- O39 Fostering Clinical Educators' Teaching Competence: A Team Approach
Marie-Claude Audétat, Suzanne Laurin, Sophie Galarneau
- Faculty Support Li Ka Shing, Room 216
Chair: Janet Bodley (Canada)
- O40 Creating a Mentorship Culture: A Faculty Development Strategy
Jo-Anne Sawatzky, Carol Enns
- O41 Burnout and Teaching Effectiveness Among Healthcare Professionals at a Canadian University
Raymond Lee, Brenda Lovell, Céleste Brotheridge
- O42 Successful Training of Professors in the Instituto Mexicano del Seguro Social
Miriam Larios, Alberto Lifshitz, Lilia Monroy
- O43 Who Am I? Factors Contributing to the Formation of Academic Identity Within a Faculty Development Program
Lindsay Baker, Susan Lieff, Brenda Mori, Kevin Chin, Scott Reeves
- WORKSHOPS
Faculty Support Li Ka Shing, Room 240
- W11 One Two Three - Reflect! Rapid Training for Faculty Engaged in Supporting Reflective Portfolios
Kenneth Locke, Barbara Stubbs, Yee-Ling Chang, Michael Roberts, Allan Peterkin
-

PROGRAM

WEDNESDAY, MAY 11, 2011

1500 WORKSHOPS, continued

Assessment

Li Ka Shing, Room 241

W12 How Do We Move Past "Participant Satisfaction" When Evaluating Educational Faculty Development Offerings?

Nancy Searle, Yvonne Steinert, Charles Hatem, Larry Gruppen

1630 Adjournment

THURSDAY, MAY 12, 2011

Research and Scholarly Activity in Faculty Development

0745 **Breakfast and Thematic Small Group Discussions:**

Li Ka Shing, Rooms 240 & 241

The Scholarship of Teaching: Opportunities and Challenges Brownie Anderson (USA)
Faculty Development: How Should It Be Funded Helen Batty (Canada)
Barriers and Facilitators of Faculty Development Miriam Boillat (Canada)
How to Link Faculty Evaluation and Faculty Development Diane Clavet (Canada)
Faculty Development for Competency-Based Education Jason Frank (Canada)

Pantages, Rehearsal Halls

Cross-Cultural Implications of Faculty Development Matthew Gwee (Singapore)
How Do We Evaluate the Effectiveness of
Faculty Development Programs Larry Gruppen (USA)
The Role of Mentoring in Academia Karen Leslie (Canada)
Developing Faculty to Develop Tomorrow's Leaders:
Challenges & Strategies Judy McKimm (New Zealand)
Can We Use Teacher Portfolios as an Assessment Tool? Ineke Molenaar (Netherlands)
Faculty Recognition as a Component of Faculty Development Nancy Searle (USA)
Using Faculty Development to Enhance the Scholarship of
Teaching and Learning Charlotte Silen (Sweden)
Starting Up a Faculty Development Program Ivan Silver (Canada)
Faculty Development in Teaching:
Ongoing Challenges & New Opportunities Kelley Skeff (USA)
Faculty Development to Enhance Role Modeling
and Reflection Linda Snell (Canada)
Developing Community Based Faculty John Spencer (UK)
Faculty Development: Starting with Students Olle ten Cate (Netherlands)

PROGRAM

THURSDAY, MAY 12, 2011

0900 **Concurrent Oral Research Presentation Abstracts**

Oral Research Presentation Abstracts

Research and Scholarship

Pantages, Rehearsal Hall 1

Chair: Patricia Houston (Canada)

- O44 Understanding the Nature and Impact of Faculty Development: A Systematic Review

Lindsay Baker, Karen Leslie, Eileen Egan-Lee, Scott Reeve

- O45 How Faculty Development Research Can Inform Practice

Peter McLeod, Yvonne Steinert, Miriam Boillat, Mary Ellen Macdonald, Michelle Elizov, Marie-Noel Ouellet, Jennifer Nicholls

- O46 Intercalated BSc in Medical Education: A Real Opportunity for Developing Educational Scholarship Research and Practice in the Faculty of the Future

Jonathan Fuller, Vivien Cook, Dason Evans, Martin Meuller, Sandra Nicholson, Olwyn Westwood

Leadership

Pantages, Rehearsal Hall 2

Chair: Jason Frank (Canada)

- O47 The University Department Chair Experience: An Exploration of Enablers Challenges and Needs

Jeannine Banack, Susan Lieff, Tina Martimianakis, Sarita Verma, Catherine Whiteside, Scott Reeves

- O48 Leadership in Medical Education: What Do They Do and How Do They Learn

Mathieu Albert, Susan Lieff

- O49 Faculty Development in Medical Education - A Country Report from Germany

Goetz Fabry, Matthias Hofer, Falk Ochsendorf, Christian Schirlo, Jan Breckwoldt, Maria Lammerding-Koeppel

Web-based/eLearning

Pantages, Rehearsal Hall 3

Chair: Carol Ann Courneya (Canada)

- O50 Facilitation by Distance: A Novel Method for Faculty Development and Student Learning

Euson Yeung, Robyn Davies, Brenda Mori

- O51 Faculty Attitudes Towards e-Learning: A Challenge to Appropriate Training Strategies

Elizabeth Wooster, Andrew Dueck, Elisa Greco, Douglas Wooster

Instructional Development

Li Ka Shing, Room 136

Chair: Brownie Anderson (USA)

- O52 Teaching in the Family Medicine Longitudinal Experience ("FMLE"): Orienting Community Based Preceptors to Teaching Year 2 Medical Students in Community Offices

Susan Goldstein, Kymm Feldman, David Palmer, Viola Antao, Yee Ling Chang, Sarah Troster, Barbara Stubbs

- O53 Engaging Remote Clinical Preceptors in a Northern Australian Medical Program

Suzanne McKenzie, Tarun Sen Gupta, Claire Jukka, Digby Hoyal, Jane Hollis

- O54 Enabling Students to Become the Skilled Teachers of the Future: The Doctors as Teachers and Educators (DATE) Programme

Jonathan Fuller, Vivien Cook, Faiz Anwar

- O55 Faculty Development in UK Medical Schools: A Literature Review

Olanrewaju Sorinola, Jill Thistlethwaite, Ed Peile

PROGRAM

THURSDAY, MAY 12, 2011

0900 Oral Research Presentation Abstracts, continued

Instructional Development

Li Ka Shing, Room 211

Chair: Nancy Searle (USA)

O56 A Strategic Approach Enhancing Faculty Development
Charlotte Silen

O57 Teaching the Teachers: A Longitudinal Faculty Development Program at the Ohio State University College of Medicine
Cynthia Kreger, Doug Post, Jane Goleman, Michael Langon, Allison Macerollo

O58 The SUNY at Buffalo Primary Care Master Educator Program
David Newberger, Elie Akl, David McGuigan, Eric Holet

O59 The Spectrum of Outcomes for Clinician Tutors Attending a Workshop on PBL
Charlotte Sharp, Don Bradley, Leena Patel

Faculty Support

Li Ka Shing, Room 216

Chair: Meridith Marks (Canada)

O60 Developing a Teaching Dossier Framework for Clinical Faculty
Steve Shorlin, Patti McCarthy

O61 Tenacious Education: Persistence as a Faculty Developer Trait
Deepak Dath, Jen Hoogenes, Natasha McNamara, Edward Matsumoto, David Szalay

O62 Qualitative Evaluation of Feedback Provided to Clinical Teachers
Sally Corbett, Nicole Gardiner, Simon Cotterill, Katy Cich, Kim Griswold, Denise McGuigan, John Spencer, Roseanne Berger, Roger Burton

O63 How to Assess Senior Staff on Basic Teaching Competencies
Herma Roebertsen

1030 Refreshment Break

Pantages, Mezzanine & Li Ka Shing, Mezzanine

1100 Symposium on "The State of the Art and Science of Faculty Development"

*Moderators: Peter McLeod (Canada)
Karen Leslie (Canada)*

Pantages, Rehearsal Halls &
Li Ka Shing, Rooms 240 & 241

What Works in Faculty Development? What Do We

Know and What Do We Still Need to Find Out? John Spencer (UK)

Using Sound Design in Faculty Development

Evaluation and Research..... LuAnn Wilkerson (USA)

1230 Buffet Lunch

Pantages, Mezzanine & Li Ka Shing, Mezzanine

PROGRAM

THURSDAY, MAY 12, 2011

1330 Concurrent Oral Research Presentation Abstracts & Workshops

WORKSHOPS

Leadership Pantages, Drama 5

W13 The Increasing Coordination and Integration of Faculty Development and CPD: Threats and Opportunities

Gisele Bourgeois-Law, Christie Newton, Steve Barron, Bob Bluman, Lynn Brenna, Roger Wong,

Web-based/eLearning Pantages, Drama 8

W14 Implementation of Web-Based Multisource Feedback (MSF) in Specialist Training

Bente Malling, Gitte Erikson

Instructional Development Pantages, Drama 9

W15 Who Me? Unprofessional?: A Method for Teaching the Social, Economic, Cultural and Political Dimensions of Professionalism

Tina Martimianakis, Adele Atkinson, Stacey Bernstein

Instructional Development Pantages, Drama 10

W16 Creativity in Faculty Development: Escaping Boredom Without Scaring Learners Away

Elizabeth Kachur, Lisa Altshuler Maimonides

Oral Research Presentation Abstracts

Interprofessional Li Ka Shing, Room 136

Chair: Kaylani Premkumar (Canada)

O64 Investigating the Perceptions Attitudes and Beliefs of Staff Anaesthesiologists Related to Multi-Source Feedback Used for their Performance Appraisal

Damian Castanelli, Simon Kitto

O65 Obstetric Team Members' Perceptions of the Anaesthesiologists's Role: Implications for Interprofessional Faculty Development

Saroo Sharma, Charlotte Rees, Patricia Houston, Pamela Morgan, Scott Reeves

O66 The Impact of Faculty Development Interventions on Faculty Developers

Kalyani Premkumar, Heather Stenerson

O67 Increasing the Cadre of Faculty Developers Via an Evolving Train-the-Trainer Workshop

Lindsay Baker, Debbie Kwan, Karen Leslie, Euson Yeung, Helen Batty, Stacey Bernstein, Eileen Egan-Lee, Susan Lieff, Jackie McCaffrey, Sanjay Mehta, Denyse Richardson, Ivan Silver, Susan Wagner, Scott Reeves

PROGRAM

THURSDAY, MAY 12, 2011

1330 Oral Research Presentation Abstracts, continued

Instructional Development

Li Ka Shing, Room 211

Chair: Ellen Cosgrove (USA)

O68 Supporting Accomplished Facilitation of Simulated Clinical Scenarios

Della Freeth, Paul McIntosh

O69 Evaluation of a Workshop Methodology that Meets Diverse Faculty Needs: A Case Study for Ambulatory Care Teaching

Margarita Lam-Antoniades, Yasmin Rahim, Sanjay Mehta, Mary Bell, Jennifer Thull-Freedman, Rahim Valani, Karen Leslie, Danny Panisko

O70 A Multi-Source Feedback Tool for Postgraduate Medical Educational Supervisors

Tim Swanwick, Julian Archer Peninsula, Daniel Smith, Catherine O'Keeffe

O71 Faculty Development in Clinical Settings: Challenges and Opportunities

Beverley Bird, Barry McGrath, Beverley Sutton, Brian Jolly

Instructional Development

Li Ka Shing, Room 216

Chair: Karen Leslie (Canada)

O72 Effects of a Basic Teacher Qualification Program

Marie-Louise Schreurs, Wilma Huveneers, Sarah Dörenkamp, Milou Silkens, Diana Dolmans, Willem de Grave

O73 Are Faculty Embracing and Teaching the CanMeds Competencies? Results of a "Much Needed" Needs Assessment

Shelly Weiss, Tina Martiaminakis

O74 The Non-Formal Learning of Medical Teachers: Its Shape Place and Importance in the Spectrum of Faculty Development

Vivien Cook

WORKSHOPS

Faculty Development for Assessment

Li Ka Shing, Room 240

W17 Enhanced Clinical Training Through Department Indicators of Educational Effort

Merete Ipsen, Mads Skipper, Peder Charles

Faculty Support

Li Ka Shing, Room 241

W18 Peer Group Mentoring of Junior Faculty

John Teshima, Julie Lord, Manny Mourtzanos

1500 Refreshment Break

Pantages, Mezzanine & Li Ka Shing, Mezzanine

PROGRAM

THURSDAY, MAY 12, 2011

1530 **Concurrent Oral Research Presentation Abstracts & Workshops**

Oral Research Presentation Abstracts

Research and Scholarship Pantages, Rehearsal Hall 1

Chair: Larry Gruppen (USA)

O75 Publish Don't Perish; Librarians Innovate Research Skill Development

Lee-Anne Uffholz, Jessica McEwan

O76 Building Research Capacity in Clinical Skills in a New Medical Program

Patricia Johnson

O77 Building Research Capacity Among Clinical Faculty and Staff in Oncology: A Novel Faculty Development Approach

Joyce Nyhof-Young, Eshan Fernando, Pamela Catton, Audrey Friedman

Instructional Development Pantages, Rehearsal Hall 2

Chair: Della Freeth (UK)

O78 Improving Clinical Teaching in China: Initial Report of Multi-Hospital Pilot Faculty Development Effort

Jeffrey Wong, Yu Fang Zhejiang

O79 Reflective Writing in a Faculty Development Program - Challenges and Rewards

Elizabeth Miles

O80 A Program for a Basic Teaching Qualification: Work in Progress

Willemina M Molenaar, Aaldrik W. Sillius

Instructional Development Pantages, Rehearsal Hall 3

Chair: Dujeepea Samarasekera (Singapore)

O81 TLC-Teaching for Learning and Collaboration: A Multi-Professional Teaching Skills Program for Faculty Who Teach Health Professionals

Brenda Mori, Debbie Kwan, Raed Hawa, Danny Panisko, Helen Batty, Vince Chien, Eileen Egan-Lee, Susan Lief

O82 Away From the Customer-Based Approach, Planning a Faculty Development Program Using an Innovative "Compass Model"

Mohamed Al-Eraky, Michelle McLean

O83 Dental Education: A Social Practice? Experiences of Designing a Bespoke Postgraduate Programme for Dental Educators

Clare Morris, Trevor Austin, Martina Behrens

O84 Communication Skills Training for Physicians as a Strategy for Enhancing Patients Satisfaction: A Model for Continuing Education

Ziba Farajzadegan, Ahmadreza Zamani, Elham Moazam, Behzad Shams

WORKSHOPS

Leadership Pantages, Drama 5

W19 Refining Recommendations for Educational Faculty Development Activities

Nancy Searle, Stephen Greenberg, Martin Hernandez Torre

PROGRAM

THURSDAY, MAY 12, 2011

1530 WORKSHOPS, continued

Interprofessional Pantages, Drama 8

W20 Designing Interprofessional Faculty Development Curricula
Frazier Stevenson, Amy Smith

Instructional Development Pantages, Drama 9

W21 Teaching on the Run: Supporting Learners in Clinical Settings
Margaret Potter, Fiona Lake

Faculty Development for Assessment Pantages, Drama 10

W22 Faculty Evaluation Linked to Faculty Development
Eshrat Sayani, Julia Alleyne

Instructional Development Li Ka Shing, Room 211

W34 Designing Academies to Foster Communities of Practice in Teaching and Educational
Scholarship
Sheila Chauvin

Research and Scholarship Li Ka Shing, Room 240

W23 Mixed Methods Research and Emerging Evaluation Approaches
Douglas Archibald, Elaine Van Melle

Faculty Support Li Ka Shing, Room 241

W24 Faculty Development Innovations: Training Senior Faculty in Career Support
Pam Shaw, Joan Reid, Caroline Elton, Andrew Long

1700 **Social Event, Poster & Resource Fair Reception** Li Ka Shing, Lobby West, East, & Mezzanine
Entertainment in the style of gypsy and Eastern European music, provided by
duo Czinka Panna (Ineke Koksma and Olle ten Cate)

1900 Adjournment

FRIDAY, MAY 13, 2011

Building a Global Community

0745 **Breakfast and Thematic Small Group Discussions:**

Li Ka Shing, Rooms 240 & 241

The Scholarship of Teaching: Opportunities and ChallengesBrownie Anderson (USA)
Faculty Development: How Should It Be FundedHelen Batty (Canada)
Barriers and Facilitators of Faculty Development..... Miriam Boillat (Canada)
How to Link Faculty Evaluation and Faculty DevelopmentDiane Clavet (Canada)
Faculty Development for Competency-Based Education Jason Frank (Canada)

PROGRAM

FRIDAY, MAY 13, 2011

0745 **Breakfast and Thematic Small Group Discussions, continued:**

	Pantages, Rehearsal Halls
Cross-Cultural Implications of Faculty Development	Matthew Gwee (Singapore)
How Do We Evaluate the Effectiveness of Faculty Development Programs	Larry Gruppen (USA)
The Role of Mentoring in Academia	Karen Leslie (Canada)
Developing Faculty to Develop Tomorrow's Leaders: Challenges & Strategies	Judy McKimm (New Zealand)
Can We Use Teacher Portfolios as an Assessment Tool?	Ineke Molenaar (Netherlands)
Faculty Recognition as a Component of Faculty Development.....	Nancy Searle (USA)
Using FD to Enhance the Scholarship of Teaching and Learning.....	Charlotte Silen (Sweden)
Starting Up a Faculty Development Program.....	Ivan Silver (Canada)
Faculty Development in Teaching: Ongoing Challenges & New Opportunities	Kelley Skeff (USA)
Faculty Development to Enhance Role Modeling and Reflection.....	Linda Snell (Canada)
Developing Community Based Faculty	John Spencer (UK)
Faculty Development: Starting with Students.....	Olle ten Cate (Netherlands)

0900 **Interactive Plenary on "Building a Global
Community of Practice"**

Moderators: Pablo Pulido (Venezuela) Ivan Silver (Canada)	Pantages, Rehearsal Halls & Li Ka Shing, Rooms 240 & 241
---	---

Facilitators: Brownie Anderson (USA) & Jill Shaver (Canada)

1030 Refreshment Break Pantages, Mezzanine & Li Ka Shing, Mezzanine

1100 **Concurrent Oral Research Presentation Abstracts & Workshops**

Oral Research Presentation Abstracts

International Alliances	Pantages, Rehearsal Hall 1
-------------------------	----------------------------

Chair: Kelley Skeff (USA)

O85 Addressing the Challenges of Faculty Development in International Settings - Learning From Each Other

Gwenyth Sampson, James Meuser, Katherine Rouleau, Bara Otsyula, Abate Bane, Jane Philpott

O86 National Academy of Medical Education in Mexico: Its Creation

Lydia Zeron, Alberto Lifshitz, Manuel Ramino

O87 The Managing Emergencies in Paediatric Anaesthesia (MEPA) Simulation Course: The Combination of Healthcare Professional Training, Faculty Development and an International Multicenter Validation Study

Tobias Everett, Elaine Ng, Andrew Morrison, Melinda Fleming, Jennifer Harris, Neil Cowie, Michael Letal, Pradeep Kulkarni, Anna Johnson, Ralph MacKinnon, Matthew Taylor, Alison Cloote, Dylan Bould

PROGRAM

FRIDAY, MAY 13, 2011

1100 Oral Research Presentation Abstracts, continued

International Alliances

Pantages, Rehearsal Hall 2

Chair: Richard Tiberius (USA)

- O88 The IMEX Initiative: Faculty Development through International Exchange
Olle ten Cate, Linda Snell, Blye Frank, Karen Mann, Peter McCrorie, Sari Ponzer, Yvonne Steinert
- O89 International Partnership to Build the Culture of Faculty Development
Rodrik Kisenge, Patricia O'Sullivan, Doreen Mloka, Susan Masters, Selma Omer
- O90 International Faculty Development as a Peace-Building Tool
Carol Ann Courneya, Robert Woollard, Arjun Karki

Instructional Development

Pantages, Rehearsal Hall 3

Chair: Olle ten Cate (Netherlands)

- O91 Understanding Faculty Teaching Strategies in the Operating Theatre
Alexandra Cope, Jeff Bezemer, Gunther Kress, Roger Kneebone
- O92 Back it Up With Facts: Finding the Right Faculty Development Literature
Laure Perrier
- O93 A Self-Nominating Criterion-Based Peer-Reviewed Recognition Program for Medical Teaching Faculty that is Highly Regarded by the Promotions & Tenure Committee
Nancy Searle

WORKSHOPS

Web-based/eLearning

Pantages, Drama 5

- W25 Authoring Virtual Patients for Healthcare Teaching: From Concept to Published Case
Nancy Posel, David Fleischer, James B. McGee

Instructional Development

Pantages, Drama 9

- W27 Implementing Quality Improvement - Changing the Culture in Academic Family Medicine
Philip Ellison, Kate Hodgson, Mary Kay Whittaker, Margaret Bucknam

Instructional Development

Pantages, Drama 10

- W28 Building Best Practices in Managing Residents in Difficulty
Patrick Skalenda, Susan Glover-Takahashi, Karl Iglar, Dawn Martin

Interprofessional

Li Ka Shing, Room 136

- W29 The Art and Science of Interprofessional Education Facilitation
Susan Wagner, Mandy Lowe, Jill Shaver, Jane Tipping

Instructional Development

Li Ka Shing, Room 211

- W30 Developing the Skills of Physicians as Educators in Academic Medicine: Building A CME-Approved Faculty Development Program Using a Logic Model to Identify Desired Outcomes
Ellen Cosgrove, Deana Richter, Craig Timm, Bronwyn Wilson

PROGRAM

FRIDAY, MAY 13, 2011

1100 WORKSHOPS, continued

Faculty Development for Assessment

Li Ka Shing, Room 216

W31 How Can We Improve Clinical Teaching by Using Formative Feedback?

Sally Corbett, Nicole Gardiner, Katy Cich, Kim Griswold, Denise McGuigan, Roseanne Berger, John Spencer, Roger Burton

Faculty Support

Li Ka Shing, Room 240

W32 Developing Your Mentoring Skills Via the Adaptive Mentorship® Model

Edwin Ralph, Keith Walker

Instructional Development

Li Ka Shing, Room 241

W33 From Subject Matter Expert (SME) to Educator of Subject Matter (ESM):
Shifting Educator Thinking

Loretta Howard

1230 Box Lunch

Li Ka Shing Mezzanine

1315 **Conference Synthesis**

Moderator: Matthew Gwee (Singapore)

Pantages, Rehearsal Halls

Facilitators: Diane Clavet (Canada) & Jason Frank (Canada)

1400 **Conference Closing & Looking Forward** Ivan Silver (Canada) & Yvonne Steinert (Canada)

1430 Adjournment

SPEAKER BIOS

M. Brownell Anderson, MEd

Senior Director, Educational Affairs
Association of American Medical Colleges (AAMC)
(USA)

M. Brownell Anderson (Brownie) is Senior Director for Educational Affairs at the Association of American Medical Colleges. She has been employed at the AAMC for 26 years. She is responsible for curriculum and evaluation programs of the medical student education programs, nationally. She serves as the Executive Secretary for the AAMC's Group on Educational Affairs (GEA) and the RIME Conference. She directs the Medical School Objectives Project (MSOP) and the Graduation Questionnaire.

Brownie is the editor of the annual Proceedings of the Research in Medical Education Conference and edits "Really Good Stuff" an annual collection of reports of medical education innovations, published in the journal, Medical Education. She has published numerous articles on medical education. In 2009 she received a grant from the Josiah Macy, Jr. Foundation to work with new and developing medical schools. In September 2010 she compiled reports from 128 U.S. and Canadian medical schools describing the educational programs at the schools and highlighting the change that has occurred in medical student education in the past decade.

Brownie was on the faculty of the Arabian Gulf University for several years and is continuing her work in international medical education at AAMC that includes collaboration with the Foundation for Advancement of International Medical Education and Research (FAIMER).

Brownie received her degrees from Washington University and the University of Illinois and was employed at SIU School of Medicine prior to coming to AAMC.

SPEAKER BIOS

Diane Clavet, MD, CFPC, MA

Associate Dean, Educational and Professional Development
& Director, Center for Medical Education
(Canada)

Dr. Diane Clavet obtained a family medicine degree from the Université de Laval in 1980 and then embarked on a challenging medical practice for four years in the Magdalene Islands region, a wonderful remote area of Quebec. Since the early eighties, she has been involved as a clinical teacher in a family medicine unit, first in Quebec City, and in Sherbrooke in 1996. In 1992, she obtained a master's degree in Health Sciences Education and became Faculty Development Coordinator in Quebec City and Sherbrooke. Professor at the Faculté de médecine et des sciences de la santé (FMSS) of the Université de Sherbrooke, she was also Family Medicine Residency Program Director 1998 until 2004. Since 2008, she has been the Acting Chair of the Section of Teachers of the College of Family Physicians of Canada and the Director of the Center for Health Sciences Education at the Université de Sherbrooke. Dr. Clavet has just started a four year mandate as Assistant Dean in Educational and Professional Development. She is regularly involved, nationally and internationally, as a consultant or speaker on faculty development themes.

SPEAKER BIOS

Jason Frank, MD, MA(Ed), FRCPC
Associate Director, Office of Education
Royal College of Physicians and Surgeons of Canada
(Canada)

Dr. Jason R. Frank is the Associate Director of the Office of Education, the Royal College of Physicians and Surgeons of Canada, and the Director of Education in the Department of Emergency Medicine, University of Ottawa. He is cross-appointed to the Faculty of Education, University of Ottawa and the Department of Graduate Studies, Ontario Institute for Studies in Education.

He obtained his MD from the University of Ottawa Faculty of Medicine, and his FRCPC in Emergency Medicine at the University of Toronto. He has a Masters of Education from the Ontario Institute for Studies in Education.

Dr. Frank has published and presented widely in medical education, where his research interests include: competency-based education, faculty development, program evaluation, and curriculum development. He is known for his work with the Royal College on the CanMEDS Project since 1994, on developing competency-based education, and as an award-winning teacher. He is the founder of the International CBME Collaborators and the International Conference on Residency Education, and the developer of the new diplomas discipline category at the Royal College. He was the 2005 EM Teacher of the Year in Canada, an honour awarded by the Canadian Association for Emergency Physicians (CAEP), and the 2007 Meridith Marks New Educator Award winner from the Canadian Association for Medical Education (CAME)

SPEAKER BIOS

Ronald M Harden, OBE, MD, FRCP (GLAS.), FRCS (ED.), FRCPC
General Secretary of AMEE and Editor of Medical Teacher
(United Kingdom)

Professor Ronald Harden graduated from the medical school in Glasgow, UK. He completed training and practised as an endocrinologist before moving full time to medical education.

He is editor of Medical Teacher and General Secretary and Treasurer of the Association for Medical Education in Europe (AMEE).

Professor Harden was formerly Professor of Medical Education, Teaching Dean and Director of the Centre for Medical Education at the University of Dundee.

Professor Harden is committed to developing new approaches to medical education, curriculum planning and to teaching and learning. Ideas which he has pioneered include the Objective Structured Clinical Examination (OSCE) which has been universally adopted as a standard approach to assessment of clinical competence. He has published more than 400 papers in leading journals. He is co-editor of the best-selling book – “A Practical Guide for Medical Teachers”.

His contributions to excellence in medical education have attracted numerous awards including an honorary fellowship of the Royal College of Physicians and Surgeons of Canada, the prestigious Hubbard Award by the National Board of Medical Examiners in the USA and recognition by the Kellogg Foundation for his contributions to medical education in South America. He was awarded by the Queen the OBE for his services to medical education. He was presented in Singapore in February 2006 with the ‘Mentoring, Innovation and Leadership in Education Scholarship’ (MILES) award for ‘outstanding contributions to the advancement of global medical education and academic medicine’.

In 2006 Professor Harden was the winner of the Karolinska Institutet Prize for Research in Medical Education. The purpose of the prize is to recognise and stimulate high quality research in medical education in order to promote long-term improvements of educational practices in medical training. In 2009 he was awarded the ASME Richard Farrow Gold Medal, in recognition of the contributions he has made to medical education. In 2010 he was the recipient of the AMEE 2010 Lifetime Achievement Award in recognition of his contributions to medical education and the work of the Association.

SPEAKER BIOS

Brian D. Hodges, MEd, MD, PhD, FRCPC

Professor, Scientist and Director

The Wilson Centre

Richard and Elizabeth Currie Chair in Health Professions Education Research

University of Toronto, Faculty of Medicine

Vice President, Education, University Health Network
(Canada)

Dr. Brian Hodges graduated from Queen's University Medical School in 1989, completed psychiatry residency at the University of Toronto in 1994, a Master's of Higher Education in 1995 and a PhD in 2007. Since 2003, he has been Director of the University of Toronto Wilson Centre, one of the largest centres for health professional education research in the world. From 2004-2008 he was Chair of Evaluation for at the Royal College of Physicians and Surgeons, overseeing assessment in the 62 specialty programs in Canada. Internationally he has worked with medical schools and licensure organizations in New Zealand, Switzerland, Poland, Japan, Jordan, Israel, France, China, Australia and Ethiopia. In 2003 he spent a year at the University of Paris, earning a diploma in Health Economics and Social Sciences and established collaborations with the University of Paris and the Ecole des Hautes Etudes en Santé Publique (EHESP) where he continues to serve as a member of the education board. He was named Full Professor and Richard and Elizabeth Currie Chair in Health Professions Education Research at University of Toronto in 2009. In 2010 he became Vice President Education at the University Health Network (Toronto General, Toronto Western and Princess Margaret Hospitals), Canada's largest teaching hospital group.



Karen Leslie, MD, FRCP(C), MEd

Director, Centre for Faculty Development

Li Ka Shing International Healthcare Education Centre

St. Michael's Hospital, Faculty of Medicine, University of Toronto
(Canada)

Dr. Karen Leslie is an Associate Professor of Paediatrics at the University of Toronto. She obtained her medical degree from McMaster University followed by Paediatrics training at Queens' University and a fellowship in Adolescent Medicine at the Hospital for Sick Children. She has a graduate degree in health professional education from the Ontario Institute for Studies in Education, University of Toronto.

In her clinical role, she is a staff paediatrician in the Division of Adolescent Medicine at the Hospital for Sick Children, where she oversees the Substance Abuse Program.

Dr. Leslie has held numerous leadership positions at both the Undergraduate and Postgraduate levels. She was week manager for the Paediatrics component of the second year medical school curriculum, and in the past was the acting clerkship director for Paediatrics. She was the Program Director for the Postgraduate subspecialty training program in Adolescent Medicine, and led it to being accredited through the Royal College of Physicians and Surgeon of Canada. She teaches in the undergraduate medical program as a PBL tutor, lecturer and seminar leader, and teaches both undergraduate and postgraduate learners in the clinical setting.

In 2009, Dr Leslie was appointed as the Director of the Centre for Faculty Development, Faculty of Medicine, University of Toronto, after having served as the Associate Director for 4 years. She is involved in many levels of educational program development and evaluation. Her scholarly interests are in the areas of faculty development, career development and mentoring.

SPEAKER BIOS

Judy McKimm, MBA, MA (Ed), BA (Hons), CertEd, DipH&SW, SFHEA, FAcadMed
Dean of Medical Education, Swansea University, United Kingdom
Visiting Professor of Healthcare Education and Leadership, University of Bedfordshire
(United Kingdom)

Professor Judy McKimm has recently been appointed as the inaugural Dean and Professor of Medical Education at Swansea University and has just returned to the UK from New Zealand where she was Pro Dean, Health and Social Practice at Unitec Institute of Technology. She initially trained as an orthopaedic and general nurse and moved into medical education in 1994. From 1997 to 2004, she was Director of Undergraduate Medicine and Head of Curriculum Development at Imperial College, co-ordinating the development and implementation of the MBBS/BSc programme.

From 2004 to 2005, she was Senior Adviser (Accreditation and Standards) for the Higher Education Academy, developing new professional standards for teachers in higher education. In 2006, she was appointed as Associate Dean, Bedfordshire and Hertfordshire Postgraduate Medical School, running leadership and faculty development programmes. She was network co-ordinator for a national interprofessional project involving stakeholders, academics and practitioners to develop the higher education responses to the Integrated Children's Service agenda.

Professor McKimm has been an accreditor for the ILTHE, a subject reviewer in Medicine for both the English and Welsh Funding Councils, a GMC visitor in the QABME (Quality Assurance of Basic Medical Education) programme and co-leads the MEDEV Staff and Educational Development Special Interest Group. She leads the ASME International Developing Leaders Faculty (running courses in Australia and the UK), is a Fellow of the Academy of Medical Educators and was awarded a prestigious Senior Fellowship of the Higher Education Academy in 2009. She runs a flagship programme for Academic Foundation trainees in Emergency Medicine, Leadership and Management through the University of Leicester in the UK and leadership programmes for junior doctors in New Zealand with Unitec and Waitemata District Health Board.

She researches and publishes widely on medical and healthcare education, faculty development and leadership. In 2009, she published *Leadership and Management in Integrated Services* (with Kay Phillips). She co-edited the series *Clinical Teaching Made Easy* for the British Journal of Hospital Medicine which was published as a book in late 2010 along with the *ABC of Clinical Leadership* (edited with Tim Swanwick). Since 1987, she has worked on international health reform, capacity building, quality assurance, accreditation, professional licensing and education/training projects in Europe, former Soviet Union countries, Central Asia, Samoa, Saudi, Singapore and Australia.

SPEAKER BIOS

Peter J. McLeod, MD, FRCPC, FACP

Faculty Development Team Member, Core Faculty Member
Centre for Medical Education, Faculty of Medicine
McGill University
(Canada)

Dr. Peter McLeod was born and raised in the province of Ontario and obtained his M.D. degree from the University of Manitoba. His post-graduate education in Internal Medicine and Clinical Pharmacology was completed at the University of Toronto and McGill University in Montreal. Following completion of his training he was inducted as a Fellow of the Royal College of Physicians and Surgeons of Canada and a Fellow of the American College of Physicians. He was subsequently appointed as Professor of Medicine and Pharmacology at McGill University and Senior Physician at the McGill University Health Centre in Montréal, Quebec. At that institution he served as clinical teaching unit director, residency program director in Internal Medicine and director of the undergraduate program in Internal Medicine.

Dr. McLeod's experience teaching medical trainees on the hospital wards and in clinics, his undergraduate teaching in Medicine and Pharmacology at McGill University and his years spent as director of a successful course in drug therapy for practicing doctors led to the incorporation of medical education research as a significant component of his academic activities. To explore the realm of Medical Education research he spent a sabbatical year in medical education at Dundee University in Scotland and another year at Maastricht University in the Netherlands. In 2001 he was appointed director of the Centre for Medical Education at McGill University, a position he held for 3 years. He is currently a CORE member of the Centre for Medical Education.

For the past twenty years Dr. McLeod's research has addressed education in diverse areas including: Faculty development; Pharmacology teaching; Drug therapy; Clinical teaching and Application of basic pedagogical principles to Medical teaching. He and his coworkers at the McGill University Centre for Medical have published widely in the education literature.

SPEAKER BIOS

Jill Shaver, RD, MBA, MSOD

President, B. J. Shaver Consulting Inc.

Co-Director Collaborative Change Leadership Program

University of Toronto Centre for IPE and University Health Network
(Canada)

Jill Shaver consults to organizations in the areas of strategic planning; academic planning; strategic and emergent change; developmental evaluation; curriculum design development and delivery; change leadership development; and faculty development. Clients are predominantly within the public sector and include health care organizations, academic institutions, and government departments. She guides organizations in creating effective processes for coordinating, integrating and sustaining system-wide change, while enhancing organization and individual change leadership capacity.

Jill has an undergraduate degree from the University of Toronto and began her career in health care as a clinical dietitian. She has an MBA from McMaster University and a Master of Science in Organization Development from Pepperdine University. She has extensive leadership experience within health care and has worked with leaders focused on enhancing system change through interprofessional collaboration and interorganizational partnerships.

She has taught Leading Change in the Advanced Certificate in Strategic Leadership in the School of Continuing Studies at the University of Toronto. She was the Coordinator of Curriculum Design and Development for the Interprofessional Education Faculty Developer Program, Centre for Faculty Development, Faculty of Medicine, University of Toronto at St. Michael's Hospital, and continues to co-facilitate the delivery of the Program to health care leaders and educators. She has also contributed to the development of health professionals as the Co-Director of the Collaborative Change Leadership Program: Enabling Interprofessional Care in Your Organization, an educational program for health care leaders funded by HealthForce Ontario and jointly sponsored by the Centre for Interprofessional Education, University of Toronto and University Health Network. She was a consultant and course instructor for Building Capacity and Sustainability for Working Better Together Across Organizations, a workshop for IPC experts and champions within organizations, as part of the EnHANCE Ontario Project, funded by HealthForce Ontario, and focused on Enabling Collaboration in Primary & Mental Health Care & Addictions Through Interprofessional Care & Education.

Jill's passion is transformational learning and change; and inspiring leaders, educators, groups and organizations to discover their potential and co-create their highest future possibility.

SPEAKER BIOS

Ivan Silver, MD MEd FRCP (C)

Vice-Dean Continuing Education and
Professional Development

Faculty of Medicine, University of Toronto

Education Consultant, Li Ka Shing Knowledge Institute of St. Michael's Hospital
(Canada)

Dr. Ivan Silver is a graduate of Dalhousie medical school. He later specialized in Psychiatry at the University of Toronto. After joining the University of Toronto Faculty of Medicine in 1981, he completed a Masters Degree in Education at the Ontario Institute for Studies in Education at the University of Toronto. In the past 16 years he has focused his attention on continuing education and professional development. In his specialty area of psychiatry, he has developed local and national strategies for delivering continuing education to mental health professionals in Toronto and in Canada. He has worked with the Royal College of Physicians and Surgeons of Canada to help develop the Maintenance of Certification program.

From 2002 to 2009, he served as the inaugural Director of the Centre for Faculty Development in the Faculty of Medicine at the University of Toronto. During his time as director, he led the expansion of diverse faculty development programs and related scholarship and research across the Faculty of Medicine and increasingly with other health science faculties.

In September 2005, Dr. Silver was appointed Vice-Dean of Continuing Education and Professional Development (CEPD) in the Faculty of Medicine, University of Toronto. Since then he has helped enable this program to expand its professional development programs for CEPD professionals, its international outreach, the scope and breadth of CE activities and research, and interprofessional continuing education and interprofessional collaboration. His academic interests include how health professionals and teams learn at work, the development of novel teaching methods, and how to engage students and practitioners in learning interactively and inter-professionally.

Dr. Silver has won local, provincial, national and international awards in teaching and education.

SPEAKER BIOS

Kelley M. Skeff, MD, PhD

George DeForest Barnett Professor of Medicine

Co-Director, Stanford Faculty Development Center for Medical Teachers

Stanford University

(USA)

Dr. Skeff is currently the Vice-Chair for Education in the Department of Internal Medicine at Stanford University, and Co-Principal Investigator of the Stanford Faculty Development Center (SFDC). He received his MD from the University of Colorado and his PhD from the Stanford School of Education. Dr. Skeff's academic career has focused on methods to assist faculty and residents nationwide to improve their teaching effectiveness, resulting in the development of the Stanford Faculty Development Center. The SFDC uses a dissemination approach that trains faculty from institutions nationally and internationally to train their own faculty colleagues and housestaff at their own institutions to become more effective teachers. The SFDC has conducted teaching improvement programs in the fields of Clinical and Basic Science Teaching, Preventive Medicine, Medical Decision Making, Professionalism in Contemporary Practice, End-of-Life Care, and Geriatrics in Primary Care. Dr. Skeff has received several awards for his work including: awards from students and residents at the Stanford University Medical Center, the Stanford University Walter J. Gores Faculty Achievement Award, the first national Award for Career Achievement in Medical Education from the Society of General Internal Medicine, and the AAMC/AOA Distinguished Teacher Award in the Clinical Sciences, Joy McCann Mentoring Award, the AAMC Flexner Award, and the Association of Program Directors in Internal Medicine's Distinguished Medical Educator Award. He is a Master in the American College of Physicians and recently became an ACP Regent.

SPEAKER BIOS

John Spencer, MBChB, FRCGP, FAcadMedEd
Professor of Primary Care and Clinical Education
School of Medical Sciences Education Development
Newcastle University
(United Kingdom)

Professor John Spencer (MBChB, FRCGP, FAcadMedEd) is Sub-Dean for Primary and Community Care in the Medical School and Director of Research and Development in the School of Medical Sciences Education Development at Newcastle University, and a part-time general practitioner and clinical teacher. He has broad educational experience over a 28 year period including undergraduate medical, vocational training for general practice, continuing professional development, multi-disciplinary, paramedic and pharmacy training, post-basic nursing education, on-line education, veterinary and dental training, and team building. He has been heavily involved in faculty development in the Medical School for over 20 years, and coordinates the Faculty of Medical Sciences Staff Development Programme.

He has been an active researcher in both health service and education research over the past 20+ years. His research interests have included: extended role of pharmacists; patients' views about diabetes care; clinical audit and teamworking in primary care; improving patient-centred care for people with dementia; active role of patients in medical education; assessment of clinical teaching; and evaluation of a wide range of policy and curricular innovations (such as cultural diversity, patient safety, preparedness for practice, and faculty development). He has been a member of three Best Evidence Medical Education Topic Review Groups, including one looking at effectiveness of faculty development, led by Yvonne Steinert. He has published over 60 original papers, numerous editorials, reports and monographs, co-authored 3 and edited 6 books, and contributed several book chapters.

Professor Spencer has been external examiner in several medical schools in the UK, Eire and the Caribbean, provided numerous consultancies, and worked as a visitor for both the Quality Assessment Agency and General Medical Council in the UK. He was actively involved for many years with the Association for the Study of Medical Education, as a member of its Executive, Council and Educational Research Group, and was one of the first international members of the Canadian Association for Medical Education. He was Deputy Editor of Medical Education for 11 years, and Editor-in-Chief of Clinical Teacher for 4. In 2009 he was awarded the inaugural President's Silver Medal by the Academy of Medical Educators in recognition of a 'sustained and outstanding contribution to medical education'.

He is married to Gail, and has three children, Tim (who lives in Vancouver), Tom and Lizzie, and an ancient dog called Jessie. He is a climber and mountaineer, his other interests including photography and music (he is a radio DJ).

SPEAKER BIOS

Yvonne Steinert, Ph.D.
Associate Dean, Faculty Development &
Director, Centre for Medical Education
Faculty of Medicine
McGill University
(Canada)

Dr. Yvonne Steinert, a clinical psychologist and Professor of Family Medicine, is the Associate Dean for Faculty Development and the Director of the Centre for Medical Education at McGill University.

After two years at McGill University, Dr. Steinert received her undergraduate degree from the Hebrew University in Jerusalem. She then completed a Masters degree at the Ontario Institute for Studies in Education and a PhD in Clinical Psychology at the University of Montreal. She started her career in medicine at the Herzl Family Practice Center of the Jewish General Hospital, where she was responsible for the teaching and learning of behavioral sciences. Since that time, she has been actively involved in undergraduate and postgraduate medical education, educational research, and the design and delivery of faculty development programs and activities in a variety of settings.

Dr. Steinert's research interests focus on teaching and learning in the health care professions, the impact of faculty development on the individual and the organization, and the continuing professional development of faculty members. In recent years, she has written extensively on the topic of faculty development and she frequently addresses medical educators at both national and international meetings.

Dr. Steinert currently holds the Bijtel Chair in the Faculty of Medicine at the University of Groningen in the Netherlands and she is a Past-President of the Canadian Association for Medical Education. She is the first recipient of the ACMC-AstraZeneca Award for Exemplary Contribution to Faculty Development in Canada and a recent recipient of the CAME-Ian Hart Award for Distinguished Contribution to Medical Education.

SPEAKER BIOS

LuAnn Wilkerson, EdD

Senior Associate Dean for Medical Education
David Geffen School of Medicine at UCLA
(USA)

LuAnn Wilkerson, Ed.D., began her work in faculty development in 1972 with the Clinic to Improve University Teaching at the University of Massachusetts, Amherst, while completing her doctorate in education. Since 1980, she has assisted thousands of faculty members in the study and improvement of medical education in a variety of settings with a special interest in ambulatory teaching and problem-based learning. From 1984 to 1992, LuAnn served as the Director of Faculty Development at Harvard Medical School where she contributed to the design, implementation, and evaluation of the New Pathway curriculum, including development of a teaching portfolio for the promotion of clinician educators. LuAnn is currently Professor of Medicine and Senior Associate Dean for Medical Education at the David Geffen School of Medicine (DGSOM) at the University of California, Los Angeles, with responsibility for oversight of the full range of medical student curricular activities, including curricular planning, faculty development, educational research and evaluation, instructional technology, simulation, and global health education. She also serves as Director of the DGSOM Center for Educational Development and Research and Chair of the UCLA Fellowship in Medical Education for faculty members. Her research includes studies in faculty development, problem-based learning, clinical skills assessment, workforce diversification, and curricular outcomes. She is an Associate Editor for *Advances in Health Professions Education* and the Springer book series, *Innovation and Change in Professional Education*. LuAnn provides hundreds of hours of faculty development workshops and individual teacher consultations each year both at UCLA, its affiliated clinical sites, and medical schools nationally and internationally. LuAnn has received numerous teaching awards including the Excellence in Education Award from DGSOM. In 2005, she received the Merrill Flair Award from the Association for American Medical Colleges, Group on Educational Affairs, for national contributions and leadership over time in the field of medical education. In 2006, she received the Daniel C. Tosteson Award for Leadership in Medical Education from the Carl J. Shapiro Institute for Education and Research at Harvard Medical School. In 2011, she was elected vice-president of the American Educational Research Association for the Division of Education in the Professions in which she has been actively involved for the past 30 years.

SPEAKER ABSTRACTS

SPEAKER ABSTRACTS

Faculty Development Issues Past, Present and Future: An International Perspective

Ronald M Harden

In a consideration of the past, present and future of faculty development, we can come to some important conclusions:

1. The quality of teaching is a key factor in the success of an education programme. I could have selected as an alternative title for my presentation – “There is no such thing as curriculum development, only faculty development”. This is perhaps an overstatement but it highlights that the quality of the teacher is more important to the success of an education programme than the curriculum design, the educational strategies or the teaching and learning methods adopted.
2. A good teacher has more than the necessary technical abilities to meet the different roles expected. They also approach their teaching with an understanding of educational principles, appropriate attitudes and ethics, a passion for teaching and appropriate decision-making strategies. In addition, the teacher is a professional who enquires into his/her own competence and keeps him/herself up to date.
3. Education and training for teachers in the healthcare professions is essential. This is increasingly recognised as a requirement for appointments. Teachers are the most important asset a school has and should be recruited, re-energised through faculty development, recognised and rewarded accordingly.
4. A range of approaches can be adopted with a greater or lesser measure of success. These are highlighted in AMEE guide no. 33 (McLean et al 2010) and BEME guide no. 8 (Steinert et al 2006) on the topic.

Looking to the future, some important trends can be identified:

- A move from faculty development as an option to faculty development as a requirement for all teachers;
- A move from an emphasis on a mechanistic approach relating to technical skills to a wider range of competencies and abilities;
- A move from a general, standard or uniform programme to a specific, individualised and adaptive programme;
- A move from formal courses to on-the-job learning;
- A move from a faculty development programme being seen as an isolated event to a continuing lifelong learning approach;
- A move from traditional methods to more innovative approaches.

When we implement a faculty development programme we can learn from the dragonfly.

Faculty Development for Teaching Improvement: Addressing the Interplay of Process, Content and Evaluation

Kelley M. Skeff

The roles of faculty cross many areas of the educational process. Thus, when considering the faculty as learners, enhancing their ability to help others is a multifaceted task. In this presentation, we will consider the interplay between the various parts of the teaching process and the medical mission, highlighting the complexity and opportunities inherent in the goals of faculty development.

SPEAKER ABSTRACTS

Faculty Development for Research Capacity Building

Brian David Hodges

Research is a central priority for health sciences faculties and institutions, however, the development of research skills is often assumed to be something that happens elsewhere – generally during graduate training in a masters or PhD program. This assumption has two significant limitations. First, not all faculty members interested in research have the time to take a formal graduate degree, and many degree programs, particularly in education, do not provide training in research. Second, as in many expert domains, competence in research is not best accomplished with a one-shot training approach, but rather is something that should be developed across a professional career trajectory. Thus it makes sense that research could be an important focus for faculty development. However, this is not often the case. This presentation takes up the notion of faculty development for research, including ways to match faculty interests with appropriate skills development.

Faculty Development for Leadership Development

Judy McKimm

Increased attention on the importance of leadership as a key skill for health professionals has given rise to the inclusion of leadership in a range of competency frameworks and professional standards worldwide. As a consequence, leadership is starting to be routinely included as a subject in undergraduate curricula, post-qualification training and continuing professional development for most, if not all, health professionals. The topic of leadership includes leading in clinical, educational and research settings, all of which require slightly different approaches and learning. Traditionally, health professionals have not ‘learned leadership’ in terms of the theory, and until recently it was not included in education and training curricula, so there is a real need for clinical educators and teachers to learn how to develop and implement leadership development programmes.

This presentation provides an opportunity for those interested in and responsible for curriculum and professional development programmes for health professionals which include leadership as a topic area to consider how leadership development programmes for students, trainees, qualified clinicians and academics might be conceptualised and constructed. The presentation considers how and what leadership theory might be included, strategies for integrating leadership into curricula and training programmes and some of the challenges and barriers to offering leadership development for faculty for whom leadership as an academic discipline is new. The presentation poses the question: do we need to establish specific faculty development initiatives for those involved with leadership development?

SPEAKER ABSTRACTS

Faculty Development: From Workshops to Communities of Practice

Yvonne Steinert

To date, most faculty development initiatives described in the literature consist of formal (or structured) programs such as workshops and seminars, longitudinal programs and fellowships. More recently, a series of interconnected studies at McGill University have highlighted the importance of social aspects of faculty development, notions of situated and work-based learning, and the role of peer mentorship and “communities of practice” in promoting personal and professional development. In particular, these studies have helped us to view faculty development along two dimensions: from individual (independent) experiences to group (collective) learning, and from informal approaches to more formal ones. The goal of this presentation is to examine a new conceptual lens by which to consider the development of medical educators and to apply this lens to participants’ settings and experiences.

What Works in Faculty Development? What Do We Know and What Do We Still Need to Find Out?

John Spencer

“Faculty development has a critical role to play in promoting academic excellence and innovation” (Wilkerson and Irby, 1998).

It is received wisdom in health professional education that faculty development is crucial in enabling and supporting teachers and educational scholars in their multiple roles. A wide variety of faculty development programmes and activities have been developed, using a range of formats (e.g. workshops, on-line modules, fellowships and other longitudinal programmes), targeting different academic roles and functions (teaching, research, administration, leadership), across the continuum of education at local, regional, national and international levels. However, despite a substantial literature describing the panoply of innovations and approaches, there has been a paucity of research into their effectiveness.

In this talk I will discuss the differences between ‘evaluation’ and ‘research’ in an educational context, and describe the findings of a systematic review of literature reporting faculty development initiatives designed to improve teaching effectiveness in medical education carried out under the auspices of the Best Evidence Medical Education ‘movement’. Fifty three papers (out of 2777 retrieved by the search) met the review criteria and were analysed. Despite a diversity of study designs and methodological limitations, a number of key points were identified, including high levels of satisfaction with programmes and both self-reported and observed changes in knowledge, behaviour and attitudes. There were few reports of changes at the organisational level, and none of effects on student learning. Key features of effective programmes included: use of experiential learning; provision of feedback; effective peer relationships; well designed interventions; and use of a range of educational methods. I will conclude by discussing areas for further research.

SPEAKER ABSTRACTS

Using Sound Design for Faculty Development Evaluation and Research

LuAnn Wilkerson

Sound research and evaluation studies are important in informing our practice as faculty developers. Targets for such studies include program features, learning and behavior, retention and transfer, moderating effects of contextual and environmental variables, and individual and systemic outcomes. Such studies, whether for the purpose of evaluation or research, should be approached as disciplined inquiry which, according to Shulman, is planned to answer a clearly defined question, reflect the existing literature, use systematic methods appropriate to the question, and control for possible biases. Using qualitative methods, we can seek to clarify the meaning and context of faculty development programs from the points of view of participants and other stakeholders. Using experimental and quasi-experimental designs, we can verify specific hypotheses, exploring correlational and causative relationships that can help to identify best practices. Combining both qualitative and quantitative methods, we can not only identify the features of effective faculty development programs but link those features to outcomes, both those that are intended and unintended. Throughout this presentation, I will use examples of published faculty development studies as examples of best scholarship in faculty development evaluation and research. Working in small groups, participants will have the opportunity to collaborate in developing a question and a conceptual framework that could be used to design a sound research or evaluation study of a faculty development program or practice. Examples for discussion can be drawn from those provided or based on the experience of members of the group.

Building a Global Community of Practice

Jill Shaver, Brownie Anderson

One of the goals of the 1st International Conference on Faculty Development in the Health Professions is to build a global community of leaders in the field. This plenary session is scheduled on the final day of the Conference, following the sharing of best practices and current research in faculty development, and engaging in lively and reflective thematic small group discussions. The engagement with international colleagues will have ignited creative ideas and connections and also likely, intentions to stay in touch and continue to learn with and from each other.

A community opportunity will have been created.

This plenary session is a collaborative inquiry focused on generating ideas for Building a Global Community of Practice going forward from the 1st International Conference. The highly participative session is designed using a modified Appreciative Inquiry approach, to access the collective wisdom of all conference attendees in creating the preferred future. The session is grounded in the experience of the Conference and is focused on emerging hopes and possibilities for staying connected for the purpose of sharing information and experiences.

Plenary session participants will engage in small group discussions guided by sets of questions provided by the session facilitators. The questions are designed to create three consecutive generative discussions that build on the ideas that emerged from in the previous discussions. The first two discussions will explore participants' ideas for the possibilities for a Global Community of Practice and what it might include, and how the Community of Practice might be built. The third discussion will focus the small groups on creatively identifying the significant ideas to be shared with the large group.

The ideas that are shared and synthesized during the session will have been generated from the wisdom and knowing of the whole. Each attendee's perspective in generating ideas and the significance of the ideas that are synthesized at the end of the session will shape the way forward for Building the Global Community of Practice.

ORAL RESEARCH PRESENTATION ABSTRACTS

ORAL RESEARCH PRESENTATION ABSTRACTS

001

Facilitating Transformational Learning: A Case for Collaborative Change Leadership Programming

Jill Shaver (Collaborative Change Leadership Program, U of T Centre for IPE at the UHN) Paula Burns (Collaborative Change Leadership Program, U of T Centre for IPE at the UHN) Catherine Creede (Collaborative Change Leadership Program, U of T Centre for IPE at the UHN) Allia Karim (Collaborative Change Leadership Program, U of T Centre for IPE at the UHN) Ivy Oandasan (Department of Family and Community Medicine, U of T, U of T Centre for IPE at the UHN) Kathryn Parker (Hospital for Sick Children, U of T Centre for IPE at the UHN) Maria Tassone (University Health Network, U of T Centre for IPE at the UHN) Belinda Vilhena (U of T Centre for IPE at the University Health Network)

Background and Purpose of Program/Innovation

A leadership program was developed to reflect the identified needs of health professionals leading or involved in the advancement of IPC within their organizations. The purpose of the Program was to develop learners in a new way of leading change incorporating collaborative leadership, emergent change, and appreciative and generative approaches.

Methodology

The Program, which included five 2-day sessions delivered over 11 months, was collaboratively developed through emergent design. The design, development, delivery and content of the program were aligned and included action learning, critical reflection, role modeling and coaching. The program evaluation included:

PROCESS, aimed at course improvement and understanding unintended outcomes;

EFFECTIVENESS, to assess quality and significance of course outcomes;

SUSTAINABILITY, to determine how the course's outcomes are successfully institutionalized over time.

Results/Impact/Outcomes

Participants gained enhanced collaborative change leadership skills and practices and experienced both personal and professional development. A total of 23 interprofessional initiatives were undertaken across the province to strengthen collaboration in point-of-care teams, to support new structures and processes for IPC, and to create more effective processes for mentorship and preceptorship with healthcare students in clinical placements.

Conclusions and Discussion

The success of the Program was greatly attributed to the alignment of content, design, and delivery. The generative and appreciative approach, emergent design, adaptation in the moment to meet the needs of participants, and modeling of collaborative change leadership enhanced the ability of participants to apply their learning.

002

A Leadership Succession Development Program for Health Academics

Anne McMurray (Griffith University) Debra Henly (Griffith University) Wendy Chaboyer (Griffith University) Jayne Clapton (Griffith University) Alf Lizzio (Griffith University) Martin Teml (Griffith University)

Background/Purpose

We report on a leadership succession planning pilot project in a multi-professional academic health group at Griffith University, Queensland, Australia. The program aims to develop health academics' leadership capacity while maintaining organizational stability and high level leadership performance. Objectives are to maintain continuity in achieving Health Group vision and goals; enhance equal opportunities in leadership; nurture Faculty engagement in, and satisfaction with academic roles; provide individual and organisational growth opportunities; and create a reflective space for personal capacity development at the Group and University level.

Development/Implementation and Evaluation

The program is conceptualized within the theory of Transformational Leadership, and consists of 7 workshops emphasizing mutual capacity development for the leader and members of the academic group. Evaluation data include changes in participants' knowledge, skills and motivation for leadership throughout the 6 month pilot program. Self-assessment data include participants' views of their interpersonal style and strengths; perceptions of the link between program components and their knowledge, skills and aspirations/motivation for leadership roles; self-reported transfer of information from the program to current or new roles; identification of contextual outcomes such as plans for education, research, seeking opportunities, incentives, disincentives, 'critical moments' that have facilitated or constrained ongoing capacity development and/or application of knowledge and skills; feedback from mentors on their perceptions of leadership capacity for the group, and Health Group success in filling leadership vacancies.

Impact

Results will be used for ongoing succession planning strategies.

Conclusion and Discussion

Data can be used to inform best practice models for academic leadership development.

ORAL RESEARCH PRESENTATION ABSTRACTS

O03

Building on Strengths: Rural Instructor Preceptor Project

Emil Tarka (Red Deer College) Nancy Walker (Red Deer College)

Background

There are a number of challenges in the recruitment and retention of nursing instructors for nursing education programs. With the shortage of nurses in Alberta estimated to be 6,000 by 2016, enrolments in nursing programs have increased while there are fewer available nurses to take on the clinical teaching role. In order to deal with the shortage of clinical instructors, it has become common practice for colleges and universities to hire more sessional and part-time clinical instructors, and to expand clinical placements into rural sites, to meet the experiential practice requirements of nursing students. One of the major goals of the RIPP project is to develop a nursing instructor program to aid clinical experts in making a successful transition from practice to clinical teaching.

Methods

A study was conducted at two rural sites in Central Alberta. Twenty participants, including registered nurses, licensed practical nurses, nursing faculty, and AHS clinical educators participated in focus groups. We gathered information for form a blue print for the development of a learning module for novice clinical instructors. As a beginning step, a hardcopy "Teaching in the Clinical Setting" module was piloted on fifteen novice clinical rural instructors. Evaluation of the module's effectiveness consisted of both quantitative and qualitative measures. Quantitative data was analyzed and qualitative data was themed.

Results

The focus of this presentation will be to share the results of our evaluation of the clinical instructor module and to reflect on the needs of clinical experts who become clinical instructors.

O04

Spanning Boundaries in an Online Education Course to Support Evidence Based Physiotherapy Practice Across Social Networks

Euson Yeung (University of Toronto) Cathy Evans (University of Toronto) Sara Guilcher (University of Toronto)

Purpose and Background

The purpose of this project was to develop, implement and evaluate an online course that encourages providers of physiotherapy (PT) continuing education to act as 'boundary spanners' and engage in social discourse about new evidence based practice (EBP) knowledge and skills with clinical colleagues. Clinicians often rely solely on colleagues or traditional practices to answer clinical questions. PTs working in community orthopaedic practices may face additional challenges in acquiring the skills and knowledge inherent in EBP.

Development and Implementation

An online course was developed by the University of Toronto and the Canadian Physiotherapy Association for individuals providing continuing education to orthopaedic PTs. Founded on principles of constructivism and social networking theories, this course employs asynchronous and synchronous sessions and innovative tasks to facilitate discussion and application of EBP with colleagues outside the boundaries of the online course.

Evaluation

A survey was administered at baseline and following completion of the course to measure EBP knowledge, self-efficacy, and how often and to whom do participants give and receive advice regarding EBP. Changes in pre- and post-intervention scores were computed using t tests and non-parametric tests.

Outcomes

Results suggest that this online course enhances EBP knowledge, skills and self-efficacy of providers of PT continuing education and that of their colleagues.

Conclusion and Discussion

Deliberate adoption of pedagogical strategies can help move new knowledge and skills outside the principal learning community. Participation in an online EBP course enables providers of continuing education to act as boundary spanners to support knowledge transfer and exchange and advancement of practice in a broader clinical community.

ORAL RESEARCH PRESENTATION ABSTRACTS

O05

A Comparison of the Effectiveness of Videoconference and Online Learning in Supporting Nurses to Obtain their Specialty Certification

Jiahui Wong (de Souza Institute, UHN) Laura Rashleigh (de Souza Institute, UHN) Charissa Cordon (Princess Margaret Hospital) Tracy Soong (de Souza Institute, UHN) Mary Jane Esplen (de Souza Institute, UHN)

The project is funded by the Ministry of Health and Long Term Care

Background

Cancer care is becoming increasingly complex with increased understanding of the illness and treatment options and new breakthroughs in genomic medicine. Oncology nurses play a vital role across the continuum of care. Research suggests that specialty nurse certification in oncology leads to increased quality of life for patients and improved symptom management. Funded by MOHLTC, de Souza Institute explored various teaching methods to support oncology nurses pursuing specialization and advancing best practice.

Methodology

de Souza tested two different methods of offering provincial study groups for nurses preparing for the Canadian Nurses Association Oncology Certification Exam. In 2009, the Ontario Telemedicine Network was used to deliver 16 weekly sessions to nurses across the province who studied together via videoconferencing. Alternatively in 2010, a web-based elearning management platform was introduced to provide weekly sessions to nurses who learned asynchronously from their homes. For both years, although different learning platforms were used, the study group learning process and content was the same, guided by cooperative learning theory, adult learning theories and the CNA Oncology exam blueprint.

Results

Of 55 nurses in 2009 and 49 nurses in 2010 who completed the course evaluation, the CNA exam success rate was 94% and 88% respectively. Satisfaction rates were high in both years but differences existed in accessibility, user participation, group process, and in the relative benefits of each teaching method for various user demographics. The effectiveness of content delivery, student engagement and mentorship, faculty satisfaction and implications for the different learning platforms will be discussed.

O06

The TELL Centre: An Online Community of Practice for Health Professionals

Margaret Potter (University of Western Australia) Fiona Lake (University of Western Australia)

Support programs and professional development opportunities for health professionals involved in teaching, supervision and assessment roles of undergraduate and postgraduate learners are often discipline-specific and may not be readily available or accessible to those interested in further developing their knowledge and skills as clinical supervisors/teachers.

In order to make quality information and resources available to all professions at all levels; to support networking within and across professions and to promote resource sharing an online community of practice known as the TELL Centre was established. TELL is the acronym for Teach, Educate, Learn, Lead and the vision of the TELL Centre is to be recognized nationally and internationally for innovation and excellence in clinical teaching and learning initiatives and be a leader in educational research within the health professions.

The TELL Centre is a course repository for educational programmes and provides a forum for discussion and resource sharing amongst practicing clinicians responsible for teaching and supervising health professional learners. There is educational flexibility with information and resources available online and in blended learning mode ensuring convenience and accessibility to all users.

Results of preliminary work utilising the TELL Centre to support administration, implementation, evaluation and follow up of educational programmes will be presented. In addition, plans to introduce eportfolios that support reflective journaling and track professional development, a resource library for clinical supervisors/teachers and utilisation of workgroups to promote collaborative learning and research nationally and internationally will be discussed.

ORAL RESEARCH PRESENTATION ABSTRACTS

O07

FM POD: Developing Family Medicine Preceptors Through Blended Learning Using Face-to-Face Asynchronous and Synchronous Distance Learning

Hilary Delver (University of Calgary) Wes Jackson (University of Calgary) Douglas Myhre (University of Calgary) Ron Spice (University of Calgary) Lara Nixon (University of Calgary) Sonya Lee (University of Calgary) Mone Palacios (University of Calgary) Wayne Woloschuk (University of Calgary)

Objectives of the Program

Family Medicine Preceptor Online Development is a six-module faculty development program for preceptors in the 36-week Rural Integrated Community Clerkship teaching across rural sites in Alberta. Goals include:

- increased teaching capacity
- strengthened relationships between rural and urban teachers
- increased role of generalist teachers

Methodology

The program is based on needs assessment, and adapts content from the proven Teaching Scholars Program (for University-based teachers in undergraduate medicine).

An initial face-to-face session establishes social presence¹. Subsequent modules use online asynchronous technology to provide advance organizers², followed by synchronous web-conferencing for elaboration³.

Program evaluation:

- Preceptors' program evaluation, self-efficacy
- Student evaluation
- Student career plans
- Student performance
- Impacts and outcomes

We hope to demonstrate change at 3 evaluative levels (reaction, behaviour, outcome) and longer term preceptor retention and involvement in undergraduate medical education.

Conclusions and Discussion

Blended programs overcome distance as a barrier to faculty development and generate positive outcomes for preceptors and learners distributed across rural areas.

¹ Garrison DR, Anderson T, Archer W. Critical enquiry in a text-based environment: Computer conferencing in higher education. *The Internet and Higher Ed* 2000;2(2-3):87-105

² Mayer R. can advance organizers influence meaningful learning? *Review of Ed Research* 1979;49(2):371-83

³ Dolmans D, De Grave W, et al. Problem-based learning: future challenges for educational practice and research. *Med Educ* 2005;39:732-741

O08

Description of a Progressive, Developmental Faculty Development Program in a Community-Based, Distributed Campus Model

Gregory Turner (Florida State University College of Medicine) Dennis Baker (Florida State University College of Medicine)

Background

In 2000 Florida State University College of Medicine (FSU COM) became the first new allopathic medical school in the US since 1982. State legislation required the establishment of a new educational model using community-based clinical training for medical students. Community-based faculty at six regional campuses provide 100% of the clinical teaching to 120 students for years 3 and 4. The success of our community based educational model is dependent on effective clinical teaching. The structure and delivery of an innovative, developmental faculty development program in a state-wide network of community-based physicians that focuses on clinical teaching skills development will be presented.

Development

Our community based faculty development program has been largely dependent on workshops. Our goal was not only to enhance the clinical teaching skills of faculty members but to make them feel the importance of their role to the success of our clinical education program. Workshop topics progress from basic clinical teaching skills (e.g. giving feedback) to more advance skills (e.g.5 microskills) and presently we have progressed to topics on how the teach and reinforce content and skills in the clinical setting that students are exposed to in years 1 and 2 (e.g. motivational interviewing).

Outcomes

Markers of success to be reported are participant evaluations of workshops, preceptor retention rates, student feedback on the AAMC GQ, and student ratings on MedEdIQ.

Conclusions

Our robust faculty development program is a critical component of our community-based distributed educational model, and fertile ground for future education research.

ORAL RESEARCH PRESENTATION ABSTRACTS

O09

Delivering Faculty Development in Medical Informatics to Community Based Clinical Faculty Located in Six Cities Across Florida

Nancy Clark (Florida State University College of Medicine) Dennis Baker (Florida State University College of Medicine)

Background

To address the need for all FSU CoM community based clinical faculty to model the use of current medical information and the CoM Virtual Medical Library which include both online and PDA resources, a structured program of six medical informatics faculty development workshops was developed in 2003-4. 20 laptops and 20 PDAs were purchased to be taken to the regional campuses for the workshops. As the number of campuses grew from 3 to 6 and other training sites were developed, the logistics of delivering 6 workshops per year at 8 locations (main campus, 6 regional campuses and 1 remote site) by the Director of Medical Informatics (DMI) became impossible.

Methodology

To address the need, in 2005, it was proposed that a 0.2 FTE informatics curriculum director (ICD) be hired, one for each of the 6 regional campuses. Using a train-the-trainer model, the ICDs, trained by the DMI, deliver 6 workshops per year to their clinical faculty. 10 laptops and 10 PDAs (now iPod Touches) were purchased to be kept at each regional campus for these sessions.

Impact

During the 2009-10 academic year, 32 informatics workshops were delivered at the 6 regional campuses to clerkship faculty. 411 clinical faculty attended and a total of 822 CME hours were earned. Attendees completed pre and post self-professing skills assessments, which showed a significant improvement in skills.

Conclusions and Discussion

This program illustrates that informatics faculty development can be provided in an effective and consistent manner to a community based distributed clinical faculty,

O10

A Description of the Contextual Enablers that Provide for a Robust Faculty Development Program for Community-Based Preceptors in a Geographically Distributed Campus Model

Dennis Baker (Florida State University)

Background and Purpose

At the Florida State University College of Medicine the clinical training of all students occurs at one of six regional campuses distributed throughout the state. Seventy percent of the training occurs in ambulatory settings and all training is provided by community based preceptors. To insure that preceptors acquire and use effective clinical teaching skills a robust faculty development program comprised primarily of workshops was developed and implemented. We now have 1500 preceptors and offer 35 different workshops that focus on clinical teaching and medical informatics skills. This presentation will describe the enabling factors that make this faculty development program possible.

Development, Implementation, and Evaluation

The requirement that preceptors must attain 6 workshop hours of teaching skills training prior to taking a student is a major enabling factor. Thereafter, 4 hours of faculty development activities are required annually. On-line modules can substitute for a portion of these activities but workshops remain the mainstay of the program. Important additional enabling factors include: presence of an administrative staff at each regional campus that provides workshop logistical support for workshops, substantial budget devoted to pay for preceptors, free CME, and e-library access.

Results/Impact/Outcomes

In the academic year of 2009-2010 we conducted 124 workshops with 1,527 preceptor attendees. Workshop numerical evaluations and comments were extremely positive. Indicators including student feedback, faculty feedback, and preceptor retention are positive indicators of program success.

Conclusions and Discussion

A robust faculty development program requires a substantial set of enabling factors. These factors working in concert can sustain a robust and effective faculty development program for community based preceptors.

ORAL RESEARCH PRESENTATION ABSTRACTS

O11

An Online Faculty Development Program for Flinders University Staff in South Australia and the Northern Territory
Jennene Greenhill (FURCS) Susan Wearne (Flinders University Rural Clinical School) Linda Sweet (FURCS) Lori Tietz (FURCS)

Clinical and academic staff teach Flinders University medical students on longitudinal placements at eleven sites in South Australia and the Northern Territory of Australia. This distributed network of faculty required a novel approach to providing professional development as a centralised system of face to face meetings would be expensive in time and cost. An online suite of educational programs was developed with exit points at Graduate Certificate, Graduate Diploma and Master of Clinical Education. Faculty were offered funded places and the course has attracted enrolments from other professions and organisations seeking a structured approach to developing their clinical educators.

Research was conducted using semi structured interviews of a purposive sample of twenty course participants. The resulting data was compared with an outcome logic model of the course to see how the desired outcomes expressed by the logic model aligned with the verbal reports of outcomes by the students.

This paper will present the data on the effectiveness of the course in developing the skills needed to be clinical educator and whether course design and delivery impacted on participant's ability to develop professionally whilst working.

O12

Effectiveness of a Faculty Development Program in Fostering Interprofessional Education Competencies: A Randomized Controlled Trial

Debora Kwan (University of Toronto) Keegan K. Barker (University of Ottawa) Denyse Richardson (University of Toronto) Susan J. Wagner (University of Toronto) Zubin Austin (University of Toronto)

Background

The best model for educating clinical faculty about interprofessional education (IPE) and whether it impacts their teaching remains unknown and untested using a randomized controlled design.

Objective

To determine the effectiveness of a faculty development program on interprofessional education facilitator competencies offered to clinical faculty. Methods: A pre-post randomized control group design was used, where one of two cohorts of clinical faculty received an interprofessional educational intervention. The intervention consisted of a 2.5 day faculty development program that utilized didactic/experiential learning, video vignettes, case discussion and standardized learners to advance participants' understanding and ability to teach others about collaborative healthcare. Both cohorts then facilitated case-based interprofessional education sessions for student learners. A variety of outcome measures were utilized to measure differences between groups regarding knowledge, skills, and attitudes related to interprofessional education and practice. All outcomes were measured using previously validated questionnaires.

Results

Twenty-five clinical faculty (12 control, 13 intervention), completed the study. Facilitation skills did not differ between control and intervention groups. Attitude scores improved more in the intervention group, although this did not reach statistical significance. Pre vs. post knowledge scores did not differ between the groups.

Conclusions

The use of a pre-post randomized control group design to measure effectiveness of an educational intervention was feasible and should be considered to assess the impact of educational interventions.

ORAL RESEARCH PRESENTATION ABSTRACTS

O13

Katie: Knowledge Translation for Physicians and Pharmacists

Michael Allen (Dalhousie Continuing Medical Education) David Gardner (Dalhousie Department of Psychiatry and College of Pharmacy) Tanya Hill (Dalhousie Continuing Medical Education) Corinne Tobin (Dalhousie Continuing Pharmacy Education) Pam McLean-Veysey (Capital Health Drug Evaluation Unit Capital Health Region) Glen Rodriguez (Dalhousie College of Pharmacy)

Background

Our research has found that few continuing medical teachers present clinical data in a way that supports learners' appraisal of the evidence behind treatment recommendations. In addition, teachers and learners may lack the skills to accurately appraise evidence for its application to practice. In response, we developed the Katie program to encourage faculty and learners to incorporate three concepts in their educational activities: 1) appraise the evidence supporting educational messages; 2) apply the messages to their practice; and 3) interact to promote elements 1 and 2.

Methods

The Katie program includes faculty development workshops and tools to help teachers and learners appraise, apply, and interact. Faculty tools include PowerPoint slide templates for presenting complex data, an easy to use statistics calculator, and instructional videos. We have also developed the "Katie card", a tool to prompt learners to appraise evidence and consider its application to their practice. Development of the Katie program includes survey and focus group data from educators and learners.

Results

We have presented the faculty development workshop twice, but will have several more to report on by the time of the conference. The faculty development workshops have been well received by educators. Learners value the concepts behind the Katie program. We have applied for funding to determine the impact of the Katie program on teachers and learners.

Conclusions

It will take several years to affect a culture change in continuing education programs that will reflect the Katie concepts of appraise, apply, and interact. Following this presentation, we will seek input from the audience on further approaches to implement and evaluate the Katie Program

O14

Lessons Learned in Interprofessional Education Faculty Development

Anne Kearney (Memorial University)

Memorial University has established comprehensive undergraduate and post-graduate interprofessional education (IPE) curricula involving nine academic units at present. To date, over 100 faculty have been involved in planning, implementing, and evaluating IPE learning activities for over 5800 student exposures. To assist faculty in this curriculum work, four IPE faculty development sessions have been held. These were based on an assessment of faculty learning needs for IPE teaching collected through a survey. This oral presentation will discuss the needs identified by faculty related to IPE teaching, faculty development activities held to date, and the lessons learned along the way.

ORAL RESEARCH PRESENTATION ABSTRACTS

O15

Training Facilitators and Assessors for an Innovative Portfolio Program

Kenneth Locke (Department of Medicine, University of Toronto) Bochra Kurabi (University of Toronto) Pier Bryden (Department of Psychiatry, University of Toronto) Michael Roberts (Department of Family and Community Medicine, University of Toronto) Yee-Ling Chang (Department of Family and Community Medicine, University of Toronto) Allan Peterkin (Department of Psychiatry, University of Toronto)

Background and Purpose

The University of Toronto undergraduate MD program ran a pilot portfolio elective in 2009-2010, in preparation for a mandatory course the next year. 48 volunteer students in small groups met 6 times and submitted a reflective portfolio at year end, focused on professional identity, viewed through the CanMEDS roles. Faculty development for group facilitators and portfolio assessors was created, after literature review and expert consultation, to support this curricular innovation.

Methods

12 faculty facilitators were generally oriented to group reflection on the CanMEDS roles, and encouraged to develop structure with their students for group meetings. A 2nd series of workshops for faculty assessors (most not group facilitators), allowed practice with standardized tools to assess student reflections. Follow up focus groups and e-mail surveys evaluated faculty's experiences in these roles.

Results

7 facilitators and 8 assessors participated in focus groups or surveys. We analyzed transcripts for themes using grounded theory and N-vivo software. Emergent categories for facilitators: Group Process, Faculty Support, Logistics/Scheduling, Preparation. The anticipated category of CanMEDS Roles did not emerge. Emergent categories for assessors: Assessment Tools, Submissions, Faculty Training, Educational Value. Overall, facilitators viewed their groups' evolution positively but requested more structured training. Assessors reported they were prepared for the task, but were concerned that students did not follow guides for reflection. Each assessor required 1 month to assess 6 portfolios.

Discussion

These results changed design of faculty development for the mandatory course: Facilitators are now also assessors, and provide students a clearer format for CanMEDS oriented reflection.

O16

Design and Implementation of an Educational Supervisor Programme Based on Lessons Learnt and Evidence from a Large Generic Clinical Supervisor Education Programme.

Robert Powell (University Hospitals of Leicester) Kirtley Joanne (University Hospitals of Leicester) Stanley Adrian (University Hospitals of Leicester)

Background and Purpose

In our previous work generic Clinical Supervisor training sessions were evaluated by 550 senior medical staff using an audience response system (ARS) that helped to stimulate debated amongst delegates and encourage individuals to give their responses to challenging scenarios¹. The ARS provided an opportunity to collate data and track responses from individual handsets. Using our previously reported experience we have developed a more focussed Specialty group programme.

Methodology

TurningPoint ARS® will be used to establish knowledge levels, demographics, and longitudinal tracking of all respondents during the course from October 2010 to March 2011. Continuity of delivery and methodology will ensure rigorous data capture. Individual respondents and subgroup answers will be analysed to provide quantitative evaluation data.

Results

We will present longitudinal data showing the responses of individuals and groups to knowledge based and scenario questions categorised by experience levels and demographic groups, thereby identifying group behaviours in response to educational intervention.

Discussion

In our previous study, we found the ARS enabled all delegates to contribute interactively. Dynamic voting responses to vignettes identified gaps in understanding that could be addressed and discussed contemporaneously but. Longitudinal tracking of individual and group responses was limited. The use of demographic questions will enable a detailed evaluation of responses from specific, identified groups, and individuals as the course progresses.

¹ Experience with an audience response system in supporting clinical supervisor training. Poster presentation 14th Ottawa Conference. Assessment of Competence in Medicine and the Healthcare Professions

ORAL RESEARCH PRESENTATION ABSTRACTS

O17

Developing Evaluation Skills of Problem-Based Learning Faculty

Tatum Korin (David Geffen School of Medicine at UCLA)

Background of Study

Problem-based Learning is becoming ubiquitous in medical education. In fact, 70% of all U.S. medical school support PBL curricula, though few studies exist exploring PBL tutor's ability to accurately evaluate medical student performance. This study examines faculty development in the skills needed to identify and evaluate medical student's problem-solving abilities.

Methods

In 2009, weekly faculty development topics about problem-solving were presented to PBL tutors in a second-year course.

Topics Included

Information extraction, hypothesis generation, and reasoning skills. An online PBL test case was administered to second-year medical students to assess their clinical problem-solving and reasoning skills. Students were assigned points based on the accurate interpretation and management of information in several areas. Faculty evaluation scores in problem-solving (based on a 7-point Likert scale) were compared to student scores on the online PBL test case.

Results

149 students completed the online test case. 118 students passed the test. Twenty-percent of the class failed, and 6% received high marks. On problem-solving evaluations, tutors rated 60% of the students as "Outstanding", 40% as "Satisfactory", and zero as "Marginal" or "Unsatisfactory".

Conclusions and Discussion

A discrepancy existed between objective performance results and subjective evaluation rating by PBL faculty of medical student problem-solving. The past faculty development effort fell short in providing adequate training to PBL tutors in accurately identifying student's problem-solving abilities. Current faculty development efforts aimed to correcting the above mentioned shortcoming have been implemented and results will be available in 2011 and presented at meeting.

O18

'It's All About Validity': Faculty Development for MCQ Assessment

Neville Chiavaroli (University of Melbourne)

Background

Multiple-choice questions (MCQs) are a common form of assessment in health profession education, and there is no shortage of rules in the educational literature to guide their development. However, generic MCQ guidelines can be too broad or vague to be self-evidently applicable within a particular domain. Accordingly, faculty development in this area requires more than simply presenting these guidelines to faculty in a prescriptive manner. In particular, effective faculty development needs to promote understanding and acceptance of the underlying principles rather than aim for mere compliance with guidelines. This presentation argues that this understanding hinges on the concept of validity.

Methodology

This approach to item development seeks to enable context experts to understand and identify potential threats to validity in whatever form they may take, in the context of their particular discipline, rather than simply seeking to avoid violations of the standard MCQ drafting rules. In the author's own practice, this involves a three-step approach to item validation, namely 'internal', 'external', and 'statistical'.

Impact

Beyond the generally positive feedback on workshops delivered according to this model, key outcomes include a higher proportion of sound items (as judged by content panels and item analysis data), and specific re-orientations of certain MCQ writing practices, such as a reduction in the development of negative questions.

Conclusion

Key, qualitative decisions about the soundness of MCQs – such as whether the answer is correct or contentious, or the distractors plausible and appropriate – are ultimately questions of validity. It is the faculty developer's task to enable the content experts to understand and embrace such decision-making.

ORAL RESEARCH PRESENTATION ABSTRACTS

O19

Design and Results of Evaluation of the Program Curriculum Development for Residency Program Directors in a School of Medicine: Cohort 2008-2009

Marisol Sirhan Nahum (Pontificia Universidad Católica de Chile)
Ximena Triviño (Pontificia Universidad Católica de Chile)

Background and Purpose

Development of skills and expertise in curriculum development and evaluation of programs are major obstacles for innovation and renewal of postgraduate medical education curricula. Residency program directors need proficiency in curriculum planning and evaluation to be effective co-facilitators of postgraduate education and training. Research in curriculum and faculty development proposes complementary approaches through targeted staff development initiatives. Objective: To present design and results of evaluation of program Curriculum Development for Residency Program Directors developed in 2008-2009.

Methodology

Participants' needs assessment was collected with semi structured surveys. Program development followed the six-step approach with implementation of methods like debates by teams and portfolio of work. Program evaluation with Kirkpatrick's model with an anonymous end-of-course questionnaire applied to participants and the assessment of learning.

Results

Outlying of on campus program of 12,5 hours, developed for 30 residency program directors Educational outcomes measures reported by levels. Reaction: 100% approved organization, syllabus, contents, methods and activities. 41% rated readings as excessive. Over 90% rated high quality of teaching and assessment methods. Learning: 81% achievement of course objectives. Assessment of learning with self and peer forms, portfolio and debate by teams. Transference: 16 participants sent a final essay as proposals for improvements in programs. Ongoing follow up to evaluate the impact level.

Conclusions

Implementation and results of a faculty development program with outcomes measures in three levels. Complementary approaches in faculty development, curriculum planning, and evaluation may help to promote best educational practice and outcomes of achievement.

O20

Faculty Adoption of a Nationwide Competency Framework 2001–2009: The CanMEDS Roles in Residency Education

J.R. Frank (Royal College of Physicians and Surgeons of Canada)
C. Abbott (Royal College of Physicians and Surgeons of Canada)
G. Bourgeois (Royal College of Physicians and Surgeons of Canada)
S. Hyde (Royal College of Physicians and Surgeons of Canada)
A.C. Lee (Royal College of Physicians and Surgeons of Canada and Department of Emergency Medicine)

Background & Purpose

In 1996, the Royal College of Physicians and Surgeons of Canada adopted a new competency framework called the CanMEDS Roles. CanMEDS has become influential in medical education around the world, but little is known about how faculty have adopted the competencies over time. We set out to (1) evaluate Canadian faculty's perceived adoption of the CanMEDS competencies over time and (2) identify needs for further faculty development.

Methodology

Online surveys of all Canadian specialty program directors were conducted in 2001 and 2009. Data were analyzed both qualitatively and quantitatively. Proportions were compared using the chi-square statistic.

Results

The response rate was 62.0% (n = 572) in 2001 and 54.6% (n = 685) in 2009. In 2001, 50.3% of program directors rated their understanding of the CanMEDS framework as "good" or "very good," rising to 83.7% in 2009. Mean implementation scores for all CanMEDS Roles rose between 2001 and 2009 (Medical Expert: 3.3 v. 4.7; Communicator: 3.1 v. 3.9; Collaborator: 2.9 v. 3.7; Health Advocate: 2.5 v. 3.6; Manager: 2.6 v. 3.7, Scholar: 3.2 v. 4.3; Professional: 3.2 v. 3.8; $p < 0.05$ for all). Barriers to adoption included the following: faculty time and workload, teacher engagement, resident workload, resident engagement, educational expertise and lack of teaching materials. Respondents rated teaching materials, assessment tools and funding as their priority areas for further support.

Conclusions

There has been significant progress in implementing the CanMEDS framework in Canadian medical education. This study illustrates key lessons for faculty developers supporting large scale competency-based curriculum change.

ORAL RESEARCH PRESENTATION ABSTRACTS

O21

Clinician Educator as Patient: An Immersive Case Study

Meridith Marks (AIME - University of Ottawa)

Background and Objectives

A number of health care providers have reported their experiences as patients. However, investigations reflecting health care educators' experiences as patients and potential impact on clinical teaching have yet to be widely reported.

The purpose of this study was to:

- identify resident activities that affect patient outcomes, as viewed by a clinician educator patient, and
- explore the use of clinician educators' experiences as patients as a source of information for faculty development needs assessments.

Methodology

This ethnographic study was conducted over a period of four years. The author, a senior clinician educator and Professor in Health Professions Education, was a family member, friend and/or patient, experiencing the effects of resident-patient interactions in tertiary training environments. A log of resident behaviors and impact on patients was maintained. Behaviors and impact were categorized and a corresponding list of possible educational interventions was assembled.

Results/Impact

14 residents from five disciplines, with varying levels of training and backgrounds, were observed at two Canadian academic healthcare facilities.

Five recurring themes were identified:

- Lack of confidence to say "I don't know."
- The "difficult family"
- Lack of empathy
- Pervasive "minor errors"
- Absence of apologies

Conclusions and Discussion

Clinician educators who have been patients can provide unique insights into both resident-patient interactions and the planning of faculty development programs designed to enhance clinical teaching skills and improve patient care. These views can be a valuable source of unperceived needs when planning faculty development programs.

O22

Role Modeling the CanMEDS Competencies: Beyond "Show and Tell"

Gurjit Sandhu (Queen's University) Elaine Van Melle (Queen's University) Ross Walker (Queen's University) Leslie Flynn (Queen's University) Mala Joneja (Queen's University)

Background

In preparation for Accreditation of residency programs at Queen's University, a rigorous internal review process was conducted including completion of pre-survey questionnaires (PSQ). PSQs revealed role modeling was frequently used to describe teaching of non-medical expert CanMEDS roles. However, PSQs lacked a robust description of role modeling. The purpose of this study was to understand how attending staff define and enact role modeling.

Methodology

A qualitative research design was used to gather and analyze data. Using purposeful sampling, one residency program was selected due to the frequent occurrence of role modeling in the PSQ. Semi-structured interviews were used to gather data from nine attending staff. Interviews with these key informants were transcribed, read, coded for themes, and analyzed through an iterative process.

Results

Our findings show that role modeling:

- Is a common approach to teaching non-medical expert CanMEDS competencies
- Is frequently described as an implicit teaching strategy (i.e. "Role modeling is a continuous process that's done without conscious thought or conscious action.")
- Is understood and described in multiple ways
- Can include sophisticated teaching methods such as scaffolding, probing, prompting, review, problem solving, demonstration, discussion, and think aloud
- Is often blurred with the concept of mentorship

Discussion

The research revealed that role modeling needs to be described as a specific teaching strategy whereby implicit aspects become explicit. The cognitive apprenticeship model is one strategy for articulating role modeling. As well, key informants explained they did not have formal teaching, rather they learned from those who taught them. This speaks to the need for more formal faculty development.

ORAL RESEARCH PRESENTATION ABSTRACTS

O23

Faculty Development Models: The Creation of a National Program in Israel for Family Physicians.

Howard Tandeter (Ben-Gurion University, Israel) Martine Granek-Catarivas (Tel Aviv University, Israel)

In many countries around the world (including Israel), teaching at medical school and post-graduate departments is performed by faculty who lack basic preparation in medical education. This is in contrast with other countries, like Canada or the US, in which Faculty Development courses prepare teachers for their future tasks. In 1988, the Israeli Society of Teachers of Family Medicine decided to create the first national faculty development course for family doctors. The objectives of this course were 1) to promote academic excellence, and 2) to develop professional leadership among family doctors in Israel. The following presentation describes in brief the steps that precluded the creation of this one year program, the program itself, and its assessment. We will also discuss our doubts about the most effective way to assess the outcome of such type of course. The program was launched in 2001, with 23 participants. Ten years later, we see many of the participants filling important educational positions in their respective departments, and two of them are directing their own faculty development programs.

O24

Physician Leadership Development: Innovative Program and Lessons Learned

Caryl Hess (Cleveland Clinic) Christine Taylor (Cleveland Clinic)

Background

There is no consistent, standard program to prepare Residency Directors and Associates for increasing demands from accrediting agencies and clinical productivity. Lack of preparation has resulted in reduced satisfaction and increased turnover.

Residency years are critical to the formation of character, leadership and clinical skills. Residency Directors and Associates are uniquely positioned to promote excellence in clinical practice, leadership and patient-centered behaviors. The objectives of this innovative program are improved job satisfaction, retention and leadership competencies.

Methodology

In 2009, Clinic faculty conducted research, interviews and focus groups to assess the training needs of Program Directors. Data analysis identified five core competencies: curriculum and evaluation design, instructional methods, ACGME knowledge, leadership skills, and program management skills. Courses were designed to address these five competencies.

21 physicians and 20 Clinic faculty participated in the initial program. Once a month for 8 months, participants gathered off-campus for 3 hours to listen, discuss and actively engage in learning around the five competencies.

Questionnaires, scaled and open-ended, were administered before the first session, after each class and at the end of the program.

Results

18 of 21 Program Directors attended every session. Confidence ratings increased significantly ($<.05$). No differences were found in pre-post Beasley Job Satisfaction scores. Individual satisfaction with the sessions and the overall program was high.

Conclusion

Physicians and patients benefit from Residency Director skills. We must develop programs that support Program Directors and Associate Program Directors increased responsibilities. These professionals desire and deserve more specialized training and a rigorous curriculum.

ORAL RESEARCH PRESENTATION ABSTRACTS

O25

Implementation of a Faculty Development Program at the Departmental Level

Janine Shapiro (University of Rochester Medical Center) Zana Borovcanin (University of Rochester Medical Center) Carol Diachun (University of Rochester Medical Center) Denham Ward (University of Rochester Medical Center)

Background and Purpose/ Objectives

A faculty development program can be a very important component for career development in academic medicine. Most faculty development programs have been implemented at the institutional level and do not address the individual needs of faculty members.

Methodology

A multi-faceted Departmental Faculty Development Program was developed and implemented to assist individual faculty members in enhancing their academic skills commensurate with their individual career plans. Initiatives included a New Faculty Orientation Program, monthly Faculty Development Seminars with a focus on career development and teaching and learning, the writing of an Academic Development Plan, a Mentoring Program, and the creation of an Electronic Academic Portfolio. Initiatives have included a detailed pre-implementation need assessment and evaluations of utility and effectiveness.

Results/Impact/Outcomes

A description of these initiatives will be presented. New faculty report that the orientation program has facilitated their transition from trainee to faculty member or to a new institution. The seminars have been highly rated by participants who also report changes in learning and behavior. Short-term and long-term outcomes will be reviewed to assess the impact of a focused academic development plan and mentoring program.

Conclusions and Discussion

A faculty development program at the departmental level can be tailored to the specific needs of individual faculty members, and has the potential to enhance productivity, professional satisfaction, recruitment and retention, help faculty achieve their professional potential, while contributing to the overall vitality and reputation of the department and institution.

O26

Utilization and Effectiveness of a Web-Based Faculty Development Seminar for International Medical Science Educators

Nehad El-Sawi (Central Michigan University, College of Medicine) Jack Strandhoy (Wake Forest University, School of Medicine) Patrick Finnerty (Des Moines University) Jack Scott (International Association of Medical Science Educators)

Background and Purpose

Training medical school faculty in educational pedagogy and practice requires significant cost and time. The International Association of Medical Science Educators (IAMSE) webcast Audio-Seminar Series (WAS) was established to assist in addressing those constraints. Each theme-based six-part series explores timely faculty development topics. Web-based slides and a telephone bridge allow for low cost, easy access worldwide. Speakers and participants ranged from New Zealand to Qatar, with an average of 40 medical schools on line per seminar.

Methodology

Participants answered a 32-item survey that examined the utilization, value and effectiveness of the IAMSE WAS as a faculty development tool.

Results

Survey results indicated that 78% of series subscriber sites have more than one participant at each session; 64% of subscribers have been regular participants for 3 or more years and 36% are relatively new subscribers and 36% of subscribers routinely follow the WAS session with a group discussion of the topic to relate the presentation findings to their local situation. The presentations are archived at the IAMSE web site and almost 78% reported using these. All respondents reported the IAMSE WAS as being the same or superior to other webinars for medical education.

Conclusion and Discussion

IAMSE WAS sessions utilize cost-effective means of faculty development to provide quality presentations on a broad array of topics to medical educators. The cost of a year's subscription of twelve sessions is less than the cost of inviting one speaker to campus; therefore it reaches a wide audience at a small cost.

ORAL RESEARCH PRESENTATION ABSTRACTS

O27

Building Capacity: A Collaborative Approach to Developing Technological Fluencies in Faculty Members

Ilana Bayer (McMaster University) James Dietrich (McMaster University) Devon Mordell (McMaster University)

Background

RIVET (Research, Instruction, InnoVation in Educational Technologies) is the learning technologies division in the Program for Faculty Development (PFD), Faculty of Health Sciences (FHS) at McMaster University. Its goal is to support faculty development around the use of educational technologies and help build faculty capacity in the use of these technologies. This presentation will focus on RIVET's approach, successes and challenges in meeting its goal.

Methodology

RIVET offers consulting and educational opportunities, assistance with projects, and resources. This presentation will discuss RIVET's consulting process, approach to collaboration and capacity building through projects, and the development, implementation, and evaluation of its offerings.

Results

There has been an increased number of faculty building their technological fluencies and effectively using technologies in their courses. (e.g. moderating web conferences, capturing lectures, developing online modules). RIVET's consulting process is being formalized and put into practice. RIVET's offerings have grown from a single visiting speaker series to a set of ongoing seminars, workshops and programs offered throughout the year, locally and at a distance. RIVET is now developing educational opportunities at the advanced skill and leadership levels.

Conclusions

RIVET has successfully become a division within the PFD and is frequently sought out for consultations, innovations, and support in the use of educational technologies. RIVET continues to reflect and shape itself according to the needs of the Faculty.

O28

Implementing a Competence-Based Program Centered on a Network of Medical Education Leaders: What We Have Learned from the Experience

Nathalie Caire Fon (Université de Montréal) Paule Lebel (Université de Montréal) Monique Chaput (Université de Montréal) Louis Georges Ste-Marie (Université de Montréal) Andrée Boucher (Université de Montréal)

Background

In 2006, we at the University of Montreal decided to implement a competence-based program based on CanMEDS framework. An important issue was how our 2000 faculty members would be trained properly.

Implementation

Eighty clinical teachers were recruited to become medical education leaders. Selection criteria were interest for medical teaching, local credibility, communication skills and will to train colleagues. Because of time considerations, initial training received was minimal although the leaders nevertheless successfully moderated over 100 workshops. However within 2 years hurdles were encountered. The leaders felt isolated, incompetent in their teaching role, unsure about their mandate and unhappy with the lack of recognition.

To overcome these difficulties, strategies were put in place:

- Proper training became mandatory, minimally through a 35 hours intensive week.
- Leaders were encouraged to narrow their range of activities to one or two competencies.
- A collaborative network was created based on their interest and department belonging.
- Experienced leaders were asked to mentor new leaders.
- Leaders were given tools to build communities of practice.
- Individual mandates were tailored for each leader.
- Expectancies and mechanisms of recognition (financial/promotion) were clearly stated in a contract signed by the dean and the leaders' program director.

Evaluation

With this approach, new teachers have expressed interest in becoming leaders and incumbent leaders recovered enthusiasm for the project.

Conclusion

Faculty development programs based on a "train the trainer" model must provide innovative strategies including clear guidelines, proper training, peer support and recognition.

ORAL RESEARCH PRESENTATION ABSTRACTS

O29

Medical Interactive Web2.0 Environment Platform For the Era of Performance and Skills

Said Boutiche (Universite de Bechar, Algeria)

Background

Part of the challenge facing medical studies today, is not only access to the increasing volume of academic knowledge that is being produced, but concerns also the complex cognitive management of information. According to the literature of this field of investigations, we can expect that the collaborative "wiki-based approach", would be a predominant method of teaching and learning in the next few years.

Methodology

If this assertion is true, it is expected from the faculty development to play a central role by linking physically the main actors (Educators/Physicians, medical students and medical knowledge) of the medico-education sphere.

Implementation

In this context, is the purpose of this communication to present a "Medical Interactive Web2.0 Environment Platform" (MIWEP) that can be used to improve the faculty development productivity and help medical students and teachers to enhance their teaching and learning skills.

Part of MIWEP services:

- Scored Exams: MCQs (Multiple Choice Questions), EMQs (Extended Matching Questions), etc.
- Students scores are transferred to the MIWEP database.
- Part of the MIWEP can be connected online so that students can come back later to review their work, scores, etc.
- MCQs and EMQ can be stored in database to develop MCQs bank
- The bank is a searchable database by keywords.

Conclusion

When moving from clinic to clinic, from patient to patient, students and physicians can use the MIWEP database via a laptop or IPAD devices to define symptoms, diagnosis, etc. This will certainly improve performance and skills.

O30

Faculty Development Programs and Innovations

Michael Baumgaertner (Yale University School of Medicine) R. Clinton Miner (AO Trauma Education) Miriam Uhlmann (AO Foundation Education)

Background

The AO Foundation provides CPD annually to 25,000 trauma surgeons globally. Over 2,500 experienced surgeons comprise the faculty. There are three faculty roles: instructor, course chairperson, and mentor. The challenge is developing a competency-driven faculty education program that reflects a standardized curriculum and allows flexible delivery for regional needs.

Program/Innovation

AOTrauma has developed a global Faculty Development Program (FDP). The key elements are:

- Linking surgeons and educationalists into faculty education teams
- Blending face-to-face, online, mentorship, and community knowledge building activities
- Providing continuous educational activities and resources that support surgeons progress over the life-long learning span of AO faculty
- Competency-based learning activities that lead participants from know through know how, show how, and finally do
- Centralized international and decentralized regional activities that plan for adaption to meet and address regional differences.

Results/Impact/Outcomes

This concept has implications for improving the quality of CPD for medical professionals through the education and certification of faculty. It sets a new standard in continuous faculty development.

Conclusions

Global organizations engaged in improving patient care through education need faculty with the competencies to plan, conduct, and evaluate education programs. The AOTrauma's Faculty Development Program initiative translates the problem driven backward planning described by Moore, et al (2009) into a unique, global program that is focused on fostering the competencies required of an international faculty.

ORAL RESEARCH PRESENTATION ABSTRACTS

O31

Towards the Development of Health Sciences Education Expertise

Sylvie Houde (CPSS, FMSS, Université de Sherbrooke) Diane Clavet (CPSS, FMSS, Université de Sherbrooke) Daniel J. Côté (CPSS, FMSS, Université de Sherbrooke) Richard Boulé (CPSS, FMSS, Université de Sherbrooke) Éric Gagné (CPSS, FMSS, Université de Sherbrooke)

Background and Purpose of Program

In its faculty directives, the Faculté de Médecine et des Sciences de la Santé of the University of Sherbrooke reiterated the importance of the pedagogical training of its professors. In accordance with this orientation, a 6 credits program focusing on health sciences education was developed. The purpose of this program was to meet the needs of health sciences professors and to facilitate the access to such formation.

Methodology

The program was developed in a transdisciplinary and collaborative perspective; it calls on the contribution of professors from health sciences and education. Moreover, PBL is used, thus leading the participants to experience the teaching methods they, themselves, currently use. ICTs are also widely used by students and teachers. The implementation process was supervised by the Program Committee and educational advisers were called upon to maintain the courses consistency. Several methods are used for program and students' learning evaluation.

Outcomes

The satisfaction of the students is high; it shows the consistency between received knowledge and teaching methods. Nonetheless, the development and implementation of that kind of program are not done without clashes; the obstacles encountered will have to be addressed before the launching of a following 9 credits program.

Conclusions and Discussion

If learner-centered approaches are largely used in medical training, they seem to be more difficult to use in credited formations, because of the workload of practitioners. Our program makes it possible to take these constraints into account.

O32

A Longitudinal Study Measuring the Impact of an Interprofessional Faculty Development Course Advancing Leaders in Interprofessional Care

Michal Yeshayahu (University of Toronto) Mandy Lowe (University of Toronto) Ivy Oandasan (University of Toronto)

Background

Interprofessional care (IPC) is recognized as key to safe, effective patient care and work life quality. IPE (interprofessional education) is demonstrating contribution to patient care and teamwork and becoming a prominent feature of health professional education at different levels. Therefore, it is crucial to incorporate IPE facilitation and leadership skills in faculty development (FD) programs. Ehpac (educating health professionals for interprofessional care) at University of Toronto, is one of the first concentrated FD courses focusing on these skills. The aim of this presentation is to share learnings from the short term evaluation results, the long term impact of the course on participants' leadership initiatives in practice; and to share pedagogical elements for the delivery of future FD IPE/IPC initiatives.

Methods

Course participants (2006-2009) will be targeted in this one year study. The data collected for this review will include: participants' course evaluations, an online survey to all participants and telephone interviews conducted on a heterogeneous sample of participants. This mixed methods study aims to analyze the quantitative and qualitative data collected to evaluate participants' experiences during the course.

Results

This study is among the first evaluating long term impact of a FD program, particularly in IPE. It will be a first opportunity to consider if a FD program can influence behavioral changes as described in the modified Kirkpatrick Evaluation Framework for influencing organizational change. Emerging themes will contribute not only to refining the current ehpic program but will importantly enable drawing conclusions applicable to other FD IPE/IPC programs.

ORAL RESEARCH PRESENTATION ABSTRACTS

O33

Withdrawn prior to printing

O34

Tailoring Faculty Development to Meet Departmental Needs

Karen Hughes Miller (University of Louisville) Michael Ostapchu (University of Louisville) Pradip Patel (University of Louisville)

Background and Purpose

In 2007, we began a Residents as Teachers course grounded in the Bringing Education and Service Together (BEST) model originally developed at the UC, Irvine, School of Medicine. The course was so successful; faculty began asking for similar opportunities. Four modules: (1) The MicroSkills of Teaching, (2) Orienting Learners, (3) Providing Feedback, and (4) Bedside Teaching, were redesigned for faculty to include relevant topics such as generational differences and evaluation strategies.

Methodology

We formatted the modules to meet each department's schedule and facilities. Pediatrics offered the modules on three evenings at an off-campus location; Radiology offered the sessions during lunch in their own department auditorium and included senior residents and fellows; and the Trover Clinic in Madisonville, KY offered the sessions as CME open to all faculty, residents, students, and nursing staff.

To maintain validity, the instructional materials did not vary from audience to audience. However, the instructional team including two physicians and one PhD were aware of the others' areas of expertise were able to provide quick "redirection" to meet each department's immediate needs and interests.

Results/Outcomes

Each presentation, regardless of format, was equally successful. Measures of success were short term evaluation, follow-up comments, and invitations to repeat the sessions in subsequent years for new faculty.

Conclusion and Discussion

Because each format was equally successful, we concluded that departmental "ownership" of the presentation format was an essential component to delivering the validated content.

ORAL RESEARCH PRESENTATION ABSTRACTS

O35

TEACH: A Model for Distributed Faculty Development

Marilyn Herie (CAMH) Rosa Dragonetti (CAMH) Peter Selby (CAMH)

Background/Purpose/Objectives of Program/Innovation

Since 2006, >2800 practitioners from >545 organizations across Canada have registered in TEACH, a cessation training program for health professionals. To build capacity and meet demand, a plan for supporting development of local faculty in Alberta using a distributed learning model was piloted in 2008-2009.

Methodology

Local practice leaders/subject matter experts were identified based on skills, knowledge of best practices/current research, and facilitation experience. TEACH created a Facilitators' Toolkit, and faculty progressed through a five-step process: (1)co-facilitation with a "mentor" with videotaping; (2)written, structured self-reflection on video recording; (3)review of videos and self-assessments by TEACH senior faculty; (4) debriefing teleconference with all prospective faculty; (5)acceptance and independent course facilitation by new faculty.

Results/Impact/Outcomes

Faculty identified concrete areas of strength and improvement. Formative evaluations support the effectiveness of this faculty development approach, where quantitative results were above 4.0 out of 5.0, indicating "Very Good" or "Excellent". Qualitative results support these data, and the process resulted in local, expert faculty for Alberta TEACH.

Conclusions and Discussion

This faculty vetting process was carried out primarily via distributed learning, allowing for time and cost efficiencies. Faculty noted structured self-assessment of facilitation strengths and weaknesses was a useful learning tool and personally and professionally valuable. Careful preliminary selection of prospective faculty and classroom-based mentoring were key. Ongoing faculty debriefing of subsequent course evaluations helps ensure CQI and checks that high standards for TEACH facilitation are sustained. This presentation shares the assessment and evaluation tools developed by TEACH, relevant to other CME programs.

O36

Collaborative Professional Learning Between Dentistry and Education Students in Delivering an Oral Health Program to Disadvantaged Queensland Schools

Felicity Croker (James Cook University) Eric Wilson (James Cook University) Houlston Lisa (James Cook University)

Background

Poor oral health impacts adversely on educational outcomes and consequently life chances, particularly for socially disadvantaged Indigenous and low income families. This equity project involves intersectoral and interprofessional partnerships to embed an oral health focus into the work integrated experiences of undergraduate Dentistry and postgraduate Education students. In 2011, through shared learning sessions on campus and within classrooms, students have the opportunity to participate in real world experiences that will improve potentially oral health and educational outcomes in disadvantaged children.

Methodology

Students will deliver an educationally sound, oral health program to school children with diverse cultural backgrounds and abilities. This program aims to enable strong, authentic, interprofessional collaboration and teamwork while engaging students in a community outreach program.

Evaluation will employ mixed methodologies 1) Pre and post implementation surveys of students' perceptions of their capabilities, knowledges and attitudes 2) Peer evaluation 3) School teachers' ratings of individual student's performance.

Preliminary findings are not available at the time of submission as the project commences in 2011.

ORAL RESEARCH PRESENTATION ABSTRACTS

O37

Measures of Faculty Efforts Enhance Educational Awareness in Clinical Departments

Merete Ipsen (Centre for Medical Education, Aarhus University, Denmark) Berit Eika (Centre for Medical Education, Aarhus University, Denmark) Peder Charles (Centre for Medical Education, Aarhus University, Denmark)

Background and Purpose

Department indicators of educational effort (IEE) highlight the educational effort, which clinical faculty provides in Danish hospital departments¹. The IEE was further tested in an implementation study, with the aim to elaborate on acceptability, feasibility, and reliability and to explore the content, criterion, and construct validation.

Methodology

Twelve IEEs were implemented in a medical and a surgical department in spring 2009. The monthly results were sent to all doctors and discussed at a staff meeting. In June 2009, individual semi-structured interviews were undertaken with the key implementing persons (five doctors and secretaries). The interviews lasted 20-65 min. and were audio-recorded, transcribed verbatim and inductively analysed according to the aims.

Results

The interviewees perceived good acceptability of the IEE in the departments. The feasibility differed: the secretary registrations were very sufficient; the doctor registrations (2 of 12 IEEs) were insufficient. The reliability of the secretary registrations was high and data was reproducible. As to content validation, the interviewees found the indicators highly covering for the domain of educational effort. The construct validation showed coherence between the impact of the IEE and socio-cultural learning theories: 1) increased talk about education, 2) facilitation of clinical educational changes, and 3) requests to doctors to increase their educational engagement.

Conclusions

It is possible to register indicators of educational effort, and the indicators enhanced the educational awareness in the clinical departments.

¹ Ipsen M. Identification and registration of educational effort provided by medical specialists in hospitals. PhD Thesis 2010. Aarhus University, Denmark.

O38

Faculty Development for Enhancing Feedback to Medical Students' Reflective Narratives: Formal Analytic Frameworks for Fostering and Evaluating Reflective Capacity Through "Interactive" Reflective Writing

Hedy S. Wald, PhD (Warren Alpert Medical School of Brown University) Jeffrey M. Borkan, MD, PhD (Warren Alpert Medical School of Brown University) Shmuel P. Reis, MD, MHPE (Technion-Israel Institute of Technology) Julie S. Taylor, MD, MSc (Warren Alpert Medical School of Brown University)

Background/Purpose

Reflection is the process whereby personal experience informs practice and is fundamental to self-regulated, lifelong learning. Reflective capacity (RC) is an essential characteristic of competent clinical practice, informing clinical reasoning, and scaffolding effective use of feedback in medical education. The use of reflective writing (RW) to augment reflective practice, extend empathy, build narrative competence, and promote learners' well-being is well documented. At Alpert Medical School of Brown University (AMS), an "interactive" reflective writing paradigm of guided individualized feedback from interdisciplinary faculty to students' RW (i.e. writing prompt-generated narratives and reflection on case write-ups in the first two pre-clinical years) was implemented in a required 2-year Doctoring course in 2005-6. Structured guidance to assist faculty with crafting quality feedback to RW was absent and identified as a clear need for faculty development.

Objectives of Program /Innovation

A faculty development innovation was developed at AMS to provide structured tools for improved consistency, efficiency, and effectiveness of faculty written feedback.

Methodology

Faculty receive a manual entitled "Providing Quality Feedback to Students' RW: Theory and Practice", then participate in an interactive workshop utilizing structured tools, i.e. Brown Educational Guide to Analysis of Narrative (BEGAN) and more recently, Reflection Evaluation for Learners' Enhanced Competencies Tool (REFLECT) evaluative rubric. Faculty complete a post-workshop Likert scale written evaluation.

Results/Impact/Outcomes

The BEGAN is well received by faculty, its educational impact is presently being evaluated. REFLECT rubric acceptability is being studied.

Conclusions/Discussion

Faculty development to enhance educational impact of students' RW (promoting development of RC) has been successfully implemented. Longitudinal data collection for outcome assessment is proposed.

ORAL RESEARCH PRESENTATION ABSTRACTS

O39

Fostering Clinical Educators' Teaching Competence: A Team Approach

Marie-Claude Audétat (University of Montreal) Suzanne Laurin (University of Montreal) Sophie Galarneau (University of Montreal)

Background and Purpose

Clinical educators have a strong sense of professional identity as physicians but not as much as teachers: in their teaching role, they tend to see themselves as experts in medicine but do not feel as competent as educators.

Methodology

The Department of Family Medicine and Emergency Medicine at Université de Montréal has built its new faculty development program around a realistic strategic concept based on Hesketh et al's framework for developing excellence as a clinical educator.

This original concept is based on engaging participants in reflection not only as individuals but also as educational teams. Participants work with their actual colleagues to identify their team's strengths and educational needs with an aim to develop the team's competence in clinical education.

The program has been implemented and will be evaluated over the course of the coming year by means of a qualitative study using questionnaires and semi-structured interviews of participants.

Impact

Preliminary results indicate a positive impact.

Discussion

Clinicians' involvement in teaching may be determined not only by their educational knowledge and skills but also by their self-efficacy as educators.

The exploration of educational expertise within teams provides the opportunity for clinical educators to address their personal faculty development commitment in realistic terms while also encouraging reflection, communication, and task sharing within groups of clinical educators.

O40

Creating a Mentorship Culture: A Faculty Development Strategy

Jo-Ann V Sawatzky (University of Manitoba) Carol L. Enns (University of Manitoba)

Background

A shortage of nursing faculty is imminent. Factors contributing to this looming crisis include the aging professoriate and a host of recruitment and retention issues. Mentoring reportedly enhances recruitment, promotes retention, and creates an environment that capacitates and enriches the academic role; however, not many nursing faculties currently have formalized mentoring programs. Moreover, few mentoring programs have utilized a conceptual framework as their driving force for development, implementation, and evaluation. Therefore, creating a mentoring culture that is grounded in a conceptual framework is an important, innovative, and timely faculty development strategy.

Purpose

The objective of this session is to share our journey in a faculty development initiative to create a culture of mentorship within our Faculty of Nursing.

Methods

We will highlight how strategic planning, including an initial mentoring needs assessment, the appointment of a faculty development coordinator, establishing a working group, and developing a conceptual framework for the mentoring program set the stage for engaging our nursing faculty in a culture of mentorship. Strategies for ongoing program development, implementation, and evaluation will be highlighted. Results of a recent faculty mentoring survey will be discussed.

Outcomes/Conclusions

Ideally, an evolving culture of mentorship within our Faculty will provide a supportive foundation for a community of scholars that exemplifies caring, transformation, collaboration, and engagement in the workplace. The resulting positive work environment will facilitate excellence in nursing education and research, a commitment to student learning and success, leadership in the community, and a passion for lifelong learning.

ORAL RESEARCH PRESENTATION ABSTRACTS

O41

Burnout and Teaching Effectiveness Among Healthcare Professionals at a Canadian University

Raymond Lee (University of Manitoba) Brenda Lovell (University of Manitoba) Céleste Brotheridge (ESG-UQAM)

Introduction

Interest in faculty development is increasing in the healthcare professions. Challenges exist to integrate academia with clinical practice, so development programs should concentrate on ways to decrease faculty stress and burnout, which will improve instructional effectiveness. Our objective is to examine the risk-factors of burnout, physical symptoms of stress and teaching effectiveness. The risk factors include lack of teaching motivation, work-life conflict, ineffective coping strategies, and negative teaching attitudes.

Method

A self-report questionnaire was e-mailed to professors and instructors from the Faculties of Medicine, Nursing, Dentistry, Pharmacy, and the School of Medical Rehabilitation at the University of Manitoba, in the fall of 2009. Of the 92 study participants, 51% were male, and the mean years of teaching experience was 21. Our questionnaire had measures of instrumental and intrinsic teaching motivation, work-life balance, stress-coping strategies, teaching and student satisfaction, the Maslach Burnout Inventory, and teaching effectiveness based on student ratings.

Results

The multiple regressions revealed that intrinsic motivation was negatively associated with emotional exhaustion, professional cynicism, and physical stress symptoms, but was positively associated with professional efficacy. Work-life conflict was positively associated with cynicism and physical stress symptoms. Problem-solving and cognitive reappraisals as ways of coping were positively associated with efficacy. Intrinsic motivation and efficacy were positively associated with teaching effectiveness.

Conclusion

Enhancing teaching motivation is central to faculty development. To reduce burnout and improve teaching performance, healthcare faculty development programs should provide instructional support, and resources that facilitate a healthier work-life balance and beneficial ways to cope with career demands.

O42

Successful Training of Professors in the Instituto Mexicano del Seguro Social

Miriam Larios (Instituto Mexicano del Seguro Social) Alberto Lifshitz (Instituto Mexicano del Seguro Social) Lilia Monroy (Instituto Mexicano del Seguro Social)

Background

The Instituto Mexicano del Seguro Social (IMSS) is the biggest social security institution of Mexico and Latin America. In addition to the main goal in the health services that IMSS provides, it also develops educational processes in the training of specialist physicians and related. It has trained 62 816 medical specialists in the last 50 years. Moreover, this institution interacts with universities all over the country.

Since 1983, the IMSS has launched teaching professionalization to improve institutional educational services to enhance community health attention. Today, a teaching career has been established to improve professors' qualifications.

Development

Teaching training programs have been designed. Nowadays, a competences's model is used, which employs new communication and information technologies.

Implementation

Thirteen Educational Research and Teaching Education Centers all over the country are used by trained professors to develop academic programs which are guide to health personnel with teaching activities.

Professors trained in this way, can be qualified as career professors based on certain criteria that involve teaching formation, educational investigation and teaching activities.

Evaluation

Up to date, there have been trained 2 123 professors since year 2002 which have educational activities at IMSS hospitals and clinics; 283 of them were also qualified as career professors, with methodological skills to influence favorably in the teaching learning process.

This program recognizes educational labour linked to the health process and promotes professional outstanding practices; it has to be valued as an institution's effort which major purpose isn't strictly educational.

ORAL RESEARCH PRESENTATION ABSTRACTS

O43

Who Am I? Factors Contributing to the Formation of Academic Identity Within a Faculty Development Program

Lindsay Baker (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Susan Lieff (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Brenda Mori (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Kevin Chin (McGill University) Scott Reeves (Centre for Faculty Development, University of Toronto at St. Michael's Hospital)

Background and Purpose/Objectives

While the academic identity of health professional educators plays an integral role in their motivation, commitment, productivity and job satisfaction, the current literature offers limited insight into the factors related to its formation and growth. This study aims to explore these factors within the context of a two-year faculty development program.

Methodology

Using a case study approach, three cohorts of the Education Scholars Program (2004-2010) were explored. Sources of data included 115 written reflection papers and 10 semi-structured focus group interviews. Data were analyzed for emerging themes related to academic identity. A coding structure was identified through an iterative process of sorting, coding and recoding the data and was then applied to the entire dataset.

Results/Impact/Outcomes

Findings were grouped into four major domains:

- (1) Program Factors (use of language, formal curriculum)
- (2) Relational Factors (sense of belonging, comparisons to others, perceptions of others)
- (3) Personal Factors (self-confidence, prior experiences, management of competing sub-identities, interpretation of actions)
- (4) Work Environment Factors (space and/or opportunity to try new identities)

Collectively these domains influenced how individuals viewed themselves, interpreted experiences and acted on their emerging academic identities.

Conclusion/Discussion

Faculty development programs can fundamentally influence academic identity formation. This four domain model may be helpful in informing the design and evaluation of programs to enable faculty commitment, satisfaction and productivity.

O44

Understanding the Nature and Impact of Faculty Development (FD): A Systematic Review

Lindsay Baker (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Karen Leslie (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Eileen Egan-Lee (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Scott Reeves (Centre for Faculty Development, University of Toronto at St. Michael's Hospital)

Understanding the nature of FD and its impact can have a number of far-reaching implications for organizations in terms of how they support this activity. We therefore need to have a clear understanding of what we mean when we speak about FD and to evaluate it rigorously.

The objectives of this systematic review were to: describe how FD has been conceptualized; understand the reported impact of different FD activities; and to assess the methodological quality of included studies.

An electronic Medline search (1989-2009) was conducted in consultation with an Information Scientist and a range of leading health care education journals hand searched. Data abstracted from the papers which met the inclusion criteria were entered into SPSS to generate frequencies and cross-tabulations to identify patterns, trends and issues related to FD concepts/activities, evaluation methods and reported outcomes.

Results from the analysis to date indicate that in the majority of papers were evaluations of US-based programs in the last decade. In general, FD was not defined, but focused on a range of topics including teaching, scholarship, leadership, mentorship and clinical skills. Small convenience samples and invalidated surveys were often employed, using self-reported long or short term study outcomes (knowledge, skills, behaviour).

This review has found that further work is needed to generate a clear conceptualization of FD. In addition, higher quality studies which incorporate qualitative methods and triangulation of quantitative and qualitative approaches are needed to better understand the nature and impact of FD programs.

ORAL RESEARCH PRESENTATION ABSTRACTS

O45

How Faculty Development Research Can Inform Practice

Peter McLeod (McGill University) Yvonne Steinert (McGill University) Miriam Boillat (McGill University) Mary Ellen Macdonald (McGill University) Michelle Elizov (McGill University) Marie-Noel Ouellet (McGill University) Jennifer Nicholls (McGill University)

Background

The reasons for faculty participation in faculty-wide faculty development programs are not well known or understood. While many faculty members regularly participate in faculty development workshops, many others do not. To improve our faculty development programming, we explored the reasons clinical teachers do – and do not – participate in centrally organized faculty development activities.

Methods

We conducted focus groups with 23 clinical teachers who regularly participated in faculty development activities to ascertain their perceptions of faculty development, reasons for participation, and perceived barriers against involvement. We also conducted focus groups with 16 clinical teachers who did not participate.

Results

Regular participants value learning and self-improvement and believe that faculty development workshops enable personal and professional growth. They also view workshop topics as relevant to their needs and appreciate the opportunity to network with colleagues. Reasons for non-participation include: large volume of clinical work; lack of protected time; logistical issues including timing; central location of organized activities; perceived lack of reward or recognition for teaching; perceived lack of direction from, and connection to, the university.

Conclusions

These research results informed our subsequent approaches. We increased our outreach to hospital-based departments and developed alternative approaches to faculty development, including online resources. To address concerns about direction from the university, we instituted an orientation workshop for new faculty members. We also designed a program designed to train influential faculty members to deliver workshops in their institutions. We conclude that our research initiative produced major dividends.

O46

Intercalated BSc in Medical Education: A Real Opportunity for Developing Educational Scholarship, Research and Practice in the Faculty of the Future.

Jonathan Fuller (Barts and The London School for Medicine and Dentistry) Vivien Cook (Barts and The London School for Medicine and Dentistry) Dason Evans (Barts and The London School for Medicine and Dentistry) Martin Mueller (Guys, Kings St Thomas' School of Medicine) Sandra Nicholson (Barts and The London School for Medicine and Dentistry) Olwyn Westwood (Barts and The London School for Medicine and Dentistry)

Since 2007, Barts and The London has offered a one-year intercalated BSc in medical education which students commence at the end of their fourth year. We believe this is the first degree of its kind in the UK. The programme begins with an introduction to educational theory, covers teaching methods and skills, assessment and evaluation and concludes with a final research project on an aspect of medical education.

The student research projects have been in a range of topics. They have learned how to observe teaching and give feedback to staff on their teaching. They have practised teaching skills. We recognise that students need support to write in a different discipline and this is facilitated through Queen Mary's Thinking-Writing project. The BSc programme has undoubtedly brought about benefits in the shape of research which has illuminated aspects of the MB BS curriculum. However, primarily, it has fostered the academic and professional development of students who have presented work at international medical education conferences.

The programme has been thoroughly evaluated using questionnaires and Nominal Group Technique, and adapted over time in response to feedback in order to enhance the students' learning. Informally we have observed that graduates retain a continuing interest in medical education evidenced by continuation of research projects and involvement in teaching.

An intercalated degree in medical education brings mutual benefits to students and Faculty.

ORAL RESEARCH PRESENTATION ABSTRACTS

O47

The University Department Chair Experience: An Exploration of Enablers, Challenges and Needs

Jeannine Banack (University of Toronto) Susan Lieff (University of Toronto) Tina Martimianakis (University of Toronto) Sarita Verma (University of Toronto) Catherine Whiteside (University of Toronto) Scott Reeves (University of Toronto)

Background

In the Faculty of Medicine, University of Toronto, there are 25 chairpersons who lead clinical, science, and rehabilitation departments. This study aims to identify the unique challenges, enablers and needs of these chairpersons in order to inform the design and development of support initiatives to enhance their success.

Methodology

Using a semi-structured approach, 21 chairs (84%) were interviewed to explore their leadership experiences. Transcripts were read iteratively and coded inductively for emergent themes.

Results

Participants described a variety of factors that influenced their transition into the role of chairperson as well as their ability to achieve their vision once in position. Enablers included knowledge of the faculty and culture, previous leadership experience, thoughtful selection of senior leadership, meaningful engagement of faculty and active support of the Dean. Challenges included administrative demands, inadequate resources such as space and support staff, dealing with diverse demands from faculty (personal, performance-related, motivational) and navigating the complexity of the disaggregated governance model.

Participants articulated a clear desire for an informal peer support and learning collaborative and initial orientation program. Furthermore, participants expressed an interest in local as well as distance leadership development programs, mentorship from other chairs and clear just-in time access to perceived experts.

Conclusion/Discussion

There is a need and opportunity to create targeted faculty development initiatives specific to the needs of chairpersons in a Faculty of Medicine. The desire for peer mentorship, peer support and a learning collaborative highlights opportunities to deal with the isolation and personal demands of this important role.

O48

Leadership in Medical Education: What Do They Do and How Do They Learn

Mathieu Albert (University of Toronto) Susan Lieff (University of Toronto)

Background and Purpose

Recent changes in medical schools and residency programs require faculty to assume a variety of new leadership roles. In response, numerous faculty development programs have been developed. However, there is little evidence about the specific practices of leaders in medical education or learning preferences to help inform their design. This study aims to explore and describe what medical education leaders do and the learning strategies they employ.

Methodology

16 medical education leaders from a variety of contexts within the Faculty of Medicine at the University of Toronto participated in semi-structured interviews to explore the nature of their work and the learning strategies they employ. Using content analysis, interview transcripts were coded inductively and then clustered into emergent themes.

Results

Findings are clustered into four domains of practice: (1) intrapersonal (e.g., self-awareness, decisiveness), (2) interpersonal (e.g., managing conflict, building networks and social capital), (3) organizational (e.g. creating a shared vision, facilitating change), (4) systemic (e.g. being cognizant of external issues, politics). Learning strategies employed included making use of formal and strategic mentoring, deliberate reflection, soliciting feedback and emulating role models.

Conclusion

Our findings illuminate a framework for understanding what medical education leaders do as well as their learning preferences. These leaders see ongoing learning as critical to their effectiveness and development. A faculty development curriculum for leadership in medical education needs to consider the role of leader as learner in the intrapersonal, interpersonal, organizational and systemic domains of practice.

ORAL RESEARCH PRESENTATION ABSTRACTS

O49

Faculty Development in Medical Education – A Country Report from Germany

Goetz Fabry (Department of Medical Psychology, Freiburg University Medical School, Germany) Matthias Hofer (Department of Anatomy II, Heinrich-Heine-University, Duesseldorf) Falk Ochsendorf (Department of Dermatology, University Hospital, Frankfurt, Germany) Christian Schirlo (Dean's Office, Zurich University Medical School, Switzerland) Jan Breckwoldt (Department of Anesthesiology and Intensive Care, Charite Berlin, Germany) Maria Lammerding-Koeppel (Competence Center for University Teaching in Medicine, Tuebingen, Germany)

Background

Until about ten years ago faculty development was virtually non-existent in Germany. Since then many initiatives have been established ranging from one-time workshops to a master's degree program. While the development is still in progress it becomes necessary to ensure comparability of the different programs to facilitate the mutual recognition of qualifications across institutions. Since awareness grows that everybody aspiring a career in medical education needs specific educational competencies there is also a need to specify minimal requirements for promotion and tenure.

Methodology

To support medical schools and individuals interested in establishing faculty development initiatives the committee on faculty development of the German Association for Medical Education (GMA) worked out a series of four position papers. These papers focus on regulatory frameworks and surrounding conditions as well as the necessary scope and content, implementation, and evaluation of faculty development programs. Successful examples from different medical schools in Germany were portrayed and discussed against the background of conceptual models and results from the international literature on topics such as change management, diffusion of innovation, evaluation, etc.

Conclusion and Discussion

While more evidence is needed about the impact and effectiveness of faculty development programs, the overall experiences in Germany so far have been positive: Although many medical schools still lack faculty development programs, the need for such initiatives is now largely recognized.

O50

Facilitation by Distance: A Novel Method for Faculty Development and Student Learning

Euson Yeung (University of Toronto) Robyn Davies (University of Toronto) Brenda Mori (University of Toronto)

Purpose and Background

The purpose of this study was to explore the use of web conferencing to facilitate small group learning from a distance. Small group learning has traditionally relied on face-to-face facilitation and little is known about remote facilitation.

Methodology

A qualitative approach using focus group methodology was used. Final year physiotherapy students enrolled in an orthopaedic course in 2008 or 2009 were invited to participate. Sixteen students participated. Three focus groups were conducted; two consisting of students who experienced remote facilitation and one consisting of students who experienced face-to-face facilitation. Participants were asked about their experiences with small group learning during this course, including group process and the role of their facilitator. The focus groups were audio taped and transcribed verbatim. Data were coded and analyzed for common ideas using a constant comparison approach.

Results

Regardless of method of facilitation, participants expressed a desire for similar facilitator traits and style of facilitation. Students in the remote facilitation groups identified unique challenges related to the facilitator and web conferencing technology.

Discussion and Conclusions

Facilitation by distance is a feasible method for facilitating small group learning. To maximize the remote facilitation experience attention should be paid to facilitator development that addresses the distinct features of facilitating a small group remotely, small group preparation, quality of technology, and room set up. Future faculty development initiatives should consider the unique role of the remote facilitator and its potential to engage those clinicians (as both teachers and learners) who would otherwise have limited ability to participate due to distance.

ORAL RESEARCH PRESENTATION ABSTRACTS

O51

Faculty Attitudes Towards E-learning: A Challenge to Appropriate Training Strategies.

Elizabeth Wooster (OISE/University of Toronto & ARDMS) Andrew Dueck (Faculty of Medicine, University of Toronto) Elisa Greco (Faculty of Medicine, University of Toronto) Douglas Wooster (Faculty of Medicine, University of Toronto)

Background

Changing training paradigms, addressing knowledge transfer and skill development, including expertise in other competencies require changing learning modalities for trainees. For effective modeling and training, the faculty should be facile with all learning modalities used in the training program. This study addressed attitudes of faculty regarding e-learning and compared this to other learning modalities using an internet based survey.

Summary of Work

Participants were asked to rate their efficacy in knowledge transfer, skill development and development of expertise in a variety of competencies. This was compared to their attitudes towards e-learning.

Summary of Results

The faculty rated e-learning as the least appropriate training modality (60% vs 65 to 100%). E-learning showed similar efficacy in knowledge transfer (83% vs 75 to 95%); it was seen as useful in teaching judgement (61% vs 60 to 100%). It was not seen as appropriate for skill development or development of expertise in communication, professionalism, collaboration, leadership, advocacy, resource allocator, teaching or presentation roles (22 – 55% vs 20 – 100%).

Conclusions

Although trainees use e-learning, faculty downgrade the value of such strategies and do not see them as appropriate training modalities. Additional study of available e-learning materials and consideration of faculty development initiatives to address the changing learning styles of trainees is required.

O52

Teaching in the Family Medicine Longitudinal Experience ("FMLE"): Orienting Community Based Preceptors to Teaching Year 2 Medical Students in Community Offices

Susan Goldstein (University of Toronto) Kymm Feldman (University of Toronto) David Palmer (University of Toronto) Viola Antao (University of Toronto) Yee Ling Chang (University of Toronto) Sarah Troster (University of Toronto) Barbara Stubbs (University of Toronto)

Background

Early exposure to generalism and family medicine is becoming part of mandatory curriculum at medical schools across Canada. The FMLE is a 1:1 longitudinal pre-clinical medical rotation to observe family physicians in local community offices. This large (distributed) integrated medical education initiative requires the orientation and education of many teachers, most of whom are newly recruited faculty. Professional development is required in the teaching and evaluation of medical students.

Methodology

A three hour MAINPRO accredited optional orientation seminar for FMLE preceptors was developed. This included five sessions: Introduction/Course Objectives; What 2nd Year Medical Students Know; Integrating Medical Students into the Office Setting; Strategies for Effective Teaching in Ambulatory Care; and a primer on Evaluation. All materials and a preceptor syllabus were provided to those unable to attend.

Results

This was a novel faculty development initiative in that a medical student provided one of the interactive sessions to faculty.

Each session was very highly evaluated. The preceptor consensus was that this orientation should be compulsory for preceptors.

Conclusion

As medical education continues to decentralize, more community-based preceptors will be recruited. There is an ongoing need for educating new preceptors on how to teach, evaluate and integrate learners into their clinical environments. Barriers to faculty development in integrated education will be discussed.

ORAL RESEARCH PRESENTATION ABSTRACTS

O53

Engaging Remote Clinical Preceptors in a Northern Australian Medical Program

Suzanne McKenzie (James Cook University) Tarun Sen Gupta (James Cook University) Claire Jukka (James Cook University) Digby Hoyal (James Cook University) Jane Hollis (James Cook University)

Background and Purpose

This project explored the learning and support needs of remote preceptors of undergraduate medical students from the James Cook University School of Medicine, Australia. We aimed to identify the preferred options for delivery and feedback; and to develop an integrated and self-sustaining approach.

Methodology

Rural and Remote preceptors support and continuing education needs were explored through interviews and questionnaires in 2006 and a series of interventions were implemented. To evaluate the impact of these interventions and to reassess both support and education needs, a series of face to face interviews and site visits was conducted in 2010.

Results

Improving the availability of specific resources at rural and remote clinical teaching sites was one of the recommendations from the 2006 evaluation. While some paper based resources had been supplied to preceptors and regular site visits from faculty had been provided, preceptors remained distant to and disconnected from the university. Often resources had not been passed on to new preceptors and as clinicians in these sites change frequently, often new preceptors were unsure of the university's expectations and felt under prepared for their role.

Conclusions and Discussion

An innovative support resource has been developed specifically for rural and remote clinical preceptors. This will be enhanced by regular contact both in person and by phone/video conference with faculty academics and a specifically identified university support person for each site. Assisting new preceptors to identify and use the resource continues to be an ongoing challenge.

O54

Enabling Students to Become the Skilled Teachers of the Future: The Doctors as Teachers and Educators (DATE) Programme

Jonathan Fuller (Barts and The London School for Medicine and Dentistry) Vivien Cook (Barts and The London School for Medicine and Dentistry) Faiz Anwar (Barts and The London School for Medicine and Dentistry)

Background

To meet GMC requirements in the UK, Barts and the London School of Medicine and Dentistry requires all final year students to undertake a 2-day course on teaching (DATE). Since its inception four years ago, the programme has been crafted to engage best with students' prior learning experiences, introduce educational theory and facilitate teaching skills. An added dimension is the Performing Medicine workshop in which students receive feedback on their self presentation and body language.

Methodology

During 2007-2009 Students' reactions to the course were evaluated. In 2009-10, graduates were surveyed by questionnaire and invited to take part in focus groups to determine whether attending the DATE course made a difference to their behaviour with respect to teaching.

Results

The course is well received and liked by the students. Students prefer practical activities over theoretical input. Graduates of the DATE programme show some differences in behaviour from graduates from other medical schools who have not received formal training in teaching.

Conclusions

Courses such as the DATE course are feasible and acceptable to final year students. There appears to be a real effect on graduates when they become junior doctors and are required to teach the next generation of students.

ORAL RESEARCH PRESENTATION ABSTRACTS

O55

Faculty Development (FD) in UK Medical Schools: A Literature Review

Olanrewaju Sorinola (University of Warwick) Jill Thistlethwaite (University of Warwick) Ed Peile (University of Warwick)

Background and Purpose

A growing consensus in UK supports FD programmes to address curriculum development, teaching methods, assessment and teaching scholarship. However, the extent of FD activities in the 33 UK medical schools remains unknown.

Methodology

Literature search covering the period 1965 – 2010, limited to UK, British and English language, was conducted on six databases. Hand searching of references was also done. All articles focusing on FD interventions designed to improve teaching effectiveness were included.

Results/Outcomes

Of 4720 articles on FD, 415 were relevant to teaching but only 23 related to the UK. They are subdivided as:

- a. Articles on Context: Five articles described development of FD. The key UK drivers for FD are; professionalisation of medical education, increasing accountability, changing nature of health care delivery, and medical teachers' lack of teacher training. Barriers include institutional factors, financial constraints, time pressures, educators' attitudes / misconceptions.
- b. Articles on Content: Thirteen articles described FD programmes. Most are workshops or seminars of 2-4 days duration with very few longitudinal courses.
- c. Articles on Evaluation: Five articles described programme evaluation. Most courses were evaluated at Kirkpatrick's level 1 (reaction), few reported changes in knowledge (level 2) or behaviour (level 3) but none reported changes at organizational level.

Conclusions

This review shows the vast literature on FD in N. America and variety of programmes but in British medical schools there is paucity of information, little research on impact of FD and none on the views of faculty members

O56

A Strategic Approach Enhancing Faculty Development

Charlotte Silén (Karolinska Institutet)

In this presentation we aim to share our experience of working strategically to enhance faculty development related to teaching practice at Karolinska Institutet, Sweden. The Centre for medical education is the core of the strategic approach and four main ideas form the basis 1) Faculty development activities relate to a model of Scholarship of Teaching and Learning, SoTL, developed at our centre. The model is used to promote a high level of competence in medical higher education and an inquiring approach in local practice from micro level (pedagogical encounters, courses) to macro level (educational leaders, boards, health care). Documentation and dissemination of educational work is stimulated. The model forms the basis for the first year in our new Masters programme in medical education. 2) Educational activities are directed towards educational leaders, boards and "key people" in educational programmes. The aim is to create communities of people working with educational development locally as well as on an overarching level 3) Medical education research is integrated in the centre and applied in educational activities to promote evidence based practice and one goal is to influence decisions on university level. 4) Networking within KI, nationally and internationally is an important part of the approach.

All activities are continuously evaluated. So far we can state: SoTL is becoming accepted, an on line journal of SoTL has been created, a community of educational leaders is emerging but it is hard to create communities around "key people", educational developers are part of several boards.

ORAL RESEARCH PRESENTATION ABSTRACTS

O57

Teaching the Teachers: A Longitudinal Faculty Development Program at the Ohio State University College of Medicine

Cynthia Kreger (Ohio State University) Doug Post (Ohio State University) Jane Goleman (Ohio State University) Michael Langan (Ohio State University) Allison Macerollo (Ohio State University)

Background

Effective small group teaching requires a different skill set than is commonly used in other teaching venues. The Faculty Development (FD) program in a clinical skills course at Ohio State addressed teaching skills needed in a longitudinal small group based curriculum for first and second year medical students.

Methodology

Physician faculty committed one half day per month to FD; they met in small groups with a FD facilitator for three hours. Groups were stable and consisted of 7–12 faculty. Deliberate role modeling was used by FD facilitators as a fundamental educational strategy. Additional educational methods included: micro-presentations, facilitated discussion, and experiential learning with reflection. Content areas included: small group leadership tasks and strategies for effective facilitation; adult education theory; frame of reference training for evaluation of students' participation and interviewing skills; giving feedback; responding to disruptive behavior; identifying and responding to student distress; and faculty well-being, resilience and vitality.

Results

Participants reported high levels of satisfaction with these sessions. On a scale of 1 (extremely dissatisfied) to 10 (extremely satisfied), scores averaged 9.03 ($n = 101$ completed evaluations). Narrative commentary revealed that faculty valued the opportunity to reflect on their own teaching, share insights with, and seek solutions from their colleagues.

Conclusions

Small group facilitation can be demanding and at times anxiety provoking for even the most seasoned faculty member. The stable FD groups allowed for the creation of a collaborative community of educators who valued the attention to their personal and professional skill development.

O58

The SUNY at Buffalo Primary Care Master Educator Program

David Newberger (State University of New York at Buffalo) Elie Akl (State University of New York at Buffalo) Denise McGuigan (State University of New York at Buffalo) Eric Holet (State University of New York at Buffalo)

This program is partially supported by a Faculty Development in Primary Care Grant from the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services.

Background

We designed and implemented a program to enable primary care faculty to engage in scholarship related to medical education. Program participants had received training in core teaching skills via the Royal College of Physicians Educator program. The specific objectives were to promote continued growth in teaching effectiveness and acquisition of new skills in curricular innovation, learner assessment, evaluation of educational program effectiveness and dissemination of successful teaching strategies via presentations and publications.

Methods

The program is a twelve-month fellowship by the end of which participants are expected to complete a scholarly project. The program consisted of: (1) a series of biweekly workshops for skills training, project discussion and feedback from peers, (2) mentoring by experienced researchers, (3) pilot project funds, and (4) project assistance. Our first cohort of five fellows has completed the program and our second cohort of five fellows began the program in July 2010. The first cohort of fellows completed a program evaluation survey, which was used to improve the program.

Results

The first cohort of fellows reported a high level of satisfaction with the program and increased confidence in skills required for their projects. Two fellows received teaching awards. One fellow received a research award. Four fellows gave regional or national presentations. One fellow published a manuscript and three fellows reported manuscripts in progress. Fellows in the second cohort have projects well underway.

Conclusions

Early results suggest that this program is effective in enabling faculty to become excellent clinical teachers and productive scholars in medical education.

ORAL RESEARCH PRESENTATION ABSTRACTS

O59

The Spectrum of Outcomes for Clinician Tutors Attending a Workshop on PBL

Charlotte Sharp (The University of Manchester Medical School, UK)
Don Bradley (The University of Manchester Medical School, UK)
Leena Patel (The University of Manchester Medical School, UK)

Background

Problem Based Learning (PBL) tutor training forms a vital aspect of faculty development at Manchester Medical School. This study aimed to determine the outcomes of a training intervention at both an individual level for clinician tutors and at an organisational level.

Methodology

This qualitative, six-question survey, was completed by 80 clinicians who completed the Introduction to PBL Course and were yet to become PBL tutors, between 2007-2010.

Results

Following the intervention, respondents reported improved understanding of the process of PBL facilitation, with particular regard to timing of intervention in group discussions. Individual development included subjective improvement in facilitator skills and confidence, and objective positive feedback from their students. However, the learning acquired was not thought to have had an impact on clinical practice.

On an organisational level, the course was perceived to have increased participants' interest in Medical Education: 50% facilitated PBL and many were interested in other educational interventions. From their experiences, participants offered guidance to fellow facilitators to build personal relationships with students, to incorporate role play and clinical scenarios into PBL, and to provide supplementary material to the groups. Some commented that they would value peer mentoring from other PBL facilitators.

Conclusions

This survey showed significant positive outcomes from PBL tutor training for individual facilitators and for the medical faculty. The advice given for future facilitators has been incorporated into the course and a peer mentoring programme is being implemented.

O60

Developing a Teaching Dossier Framework for Clinical Faculty

Steve Shorlin (Memorial University of Newfoundland) Patti McCarthy (Memorial University of Newfoundland)

Background and Purpose

Clinical faculty at Memorial University's Faculty of Medicine are expected to maintain a teaching dossier for promotion and tenure (P&T), although no specific guidance is provided as to the structure or exact content of such a dossier. Non-clinical faculty are provided with dossier guidelines, but these are often viewed by clinical faculty as inappropriate to clinical teaching. We present here the procedure of developing a new teaching dossier framework for clinical faculty.

Methodology

The new framework was developed through interviews and focus groups as well as adaptation of other teaching dossier guidelines. This framework is tailored to the specific P&T criteria for clinical faculty at Memorial University and has been reviewed by P&T committee members and multi-disciplinary faculty. It has been posted to the Faculty's website and plans are to use this framework in a teaching dossier workshop.

Results

Clinical faculty members have found this clinical teaching dossier framework to be valuable. We plan to evaluate the long-term impact of this framework on how clinical faculty regard the scholarship of education and on their P&T application outcomes.

Conclusions

General teaching dossier guidelines may be adapted for a clinical teaching dossier framework, given input from those involved in the P&T process and adherence to institutional P&T criteria.

ORAL RESEARCH PRESENTATION ABSTRACTS

O61

Tenacious Education: Persistence as a Faculty Developer Trait

Deepak Dath (McMaster University) Jen Hoogenes (McMaster University) Natasha McNamara (McMaster University) Edward Matsumoto (McMaster University) David Szalay (McMaster University)

Background and Purpose

Intraoperative teaching (IOT) is an important part of surgical education that is tacit and poorly understood by surgical teachers. Recent research is expanding our understanding of IOT. Faculty development on IOT should enable surgical teachers to reflect on their own teaching and change their practices. We believe that surgical teachers will require more than just an exposure to the concepts of IOT to change their practices. Besides being interested in IOT, being influenced to change practice, and becoming educated about IOT, surgical teachers will need guided stimulation over time to reflect on IOT and to teach differently.

Methodology

Surgeons at McMaster University were invited to attend a 3-part faculty development workshop on IOT. The first session was interactive and introduced content and concepts. The second session allowed surgeons to discuss their own IOT challenges and solve them with their peers. The third session will involve an interactive discussion of key concepts in medical education. Between sessions participants receive 6 e-mails with references on topics that arose from the previous session, prompting reflection and preparing them for the following session.

Results

Seventy surgeons identified 16 broad categories of good teaching styles, practiced these styles in 87 instances, and wanted to adopt these styles in 90 instances. Sixteen negative styles were also identified, and in 60 instances surgeons planned to discard these teaching styles. Using these outcomes, we have generated 6 e-mails with 18 articles to guide stimulated reflection.

Discussion

We are well under way to completing a process of "tenacious" education (guided stimulation) where we "stick" with the faculty to assist them in their efforts to improve their IOT.

O62

Qualitative Evaluation of Feedback Provided to Clinical Teachers

Sally Corbett (Northumbria Healthcare NHS Foundation Trust) Nicola Gardiner (Northumbria Healthcare NHS Foundation Trust) Simon Cotterill (Newcastle University) Katy Cich (University at Buffalo) Kim Griswold (University at Buffalo) Denise McGuigan (University at Buffalo) John Spencer (Newcastle University) Roseanne Berger (University at Buffalo) Roger Barton (Newcastle University)

Background and Purpose/Objectives

A 38 item checklist has been developed to provide teachers with feedback on their clinical teaching. Formative feedback on specific teaching sessions includes self and learners' ratings via graphs, deciles and raw scores along with qualitative comments. A web-based programme is used in the UK and a paper version in the University at Buffalo School of Medicine and Biomedical Sciences, USA. The aim of this research was to evaluate the process and feedback provided to clinical teachers.

Methodology

All clinical teachers who completed the checklist were asked to take part in an interview. The interview covered the formative feedback, the interpretation of it and recommendations to modify and improve the process and feedback. Seven interviews in the UK and six interviews in the USA have been completed to date. Interviews were analysed using thematic analysis.

Results

Five emerging themes were identified; checklist questions, feedback profile, interpretation of feedback, uses of the checklist and utility. Recommendations and modifications to the feedback and process were suggested.

Conclusions and Discussion

Clinical teachers found the feedback useful and easy to use. Many current and future uses of the feedback were highlighted. Modifications to the process and feedback are currently being implemented.

The next steps are to evaluate feedback from peer reviewers in the UK and USA, and to pilot the web-based programme in the USA.

ORAL RESEARCH PRESENTATION ABSTRACTS

O63

How to Assess Senior Staff on Basic Teaching Competencies
Herma Roebertsen (Maastricht University)

In Holland as in many other countries university faculty are obliged to obtain a Basic teaching Qualification(BTQ)certificate proving their competencies in basic teaching skills. New staff and less experienced staff mostly attend a pre-structured course, during which they follow workshops, practice, reflect and compile a teaching portfolio. Some Senior staff are reluctant towards such a structured course and towards the construction of a portfolio. Often these staff members are offered the possibility to become qualified for Basic Teaching Qualification on the basis of a self assessment.

When comparing self assessment procedures among different universities, a variety becomes visible.

Research question of this paper is:

Can basic teaching competencies of senior faculty be assessed by self assessment in a reliable way.

- a. What are indicators for basic teaching competency?
- b. How can they become evaluated?
- c. What motivates senior staff to reflect on their teachings skills?

Methodology

Different universities use different procedures for self assessment, diverging from a simple self evaluation form to a procedure of self evaluation solid grounded by observations, peer evaluation, student evaluations and personal reflections. These different procedures will be compared on reliability and effectiveness. In collaboration with 7 other Dutch Faculty Development centers, a Delphi study will be done on self assessment procedures of BTQ using criteria as formulated by the American NEA (Teacher Evaluation systems, 2009). Additional staff members will be interviewed, who have been certified for BTQ by a self assessment procedure.

O64

Investigating the Perceptions, Attitudes, and Beliefs of Staff Anaesthesiologists Related to Multi-Source Feedback Used for Their Performance Appraisal.

Damian Castanelli (Monash Medical Centre, Melbourne, Australia)
Simon Kitto (University of Toronto, Toronto, Canada)

Background and Purpose

Multi source feedback (MSF), focused on non-technical skills, has been introduced to facilitate performance feedback for staff anaesthesiologists at our institution.

MSF aims to guide professional development by identifying strengths and weaknesses for the clinician that can be used to guide future learning and behavioural change. The ultimate aim is an improvement in performance. There is evidence that the recipients' response to the feedback provided, their underlying beliefs and attitudes, and their perceptions of their work context are critical to allowing this to occur.

Methodology

This study used semi-structured thematic interviews to evaluate the response of staff to the introduction of MSF. Interviewers aimed to facilitate participants own description of their perceptions, explore individual responses to MSF, the feedback given, and their underlying attitudes to feedback, change, and their work context.

Twelve interviews were conducted, each lasting approximately one hour. Interviews were recorded, transcribed verbatim, and then coded thematically. Analysis is still in progress. Analytic rigour is being ensured by having both investigators independently code data, discuss emerging themes and obtain different interpretations.

Results

Final results will be presented at the meeting.

ORAL RESEARCH PRESENTATION ABSTRACTS

O65

Obstetric Team Members' Perceptions of the Anesthesiologist's Role: Implications for Interprofessional Faculty Development

Saroo Sharma (*The Wilson Centre for Research in Education University of Toronto*) Charlotte Rees (*Centre for Medical Education, University of Dundee*) Patricia Houston (*St Michaels Hospital, Department of Anesthesia, University of Toronto*) Pamela Morgan (*Sunnybrook Health Sciences Centre, Department of Anesthesia, University of Toronto*) Scott Reeves (*The Wilson Centre for Research in Education, University of Toronto*)

Background

The Institute of Medicine's report, *To Err is Human*, states that in order to identify error, each team member needs to know their own responsibilities, as well as those of their team members. Although anesthetists work in diverse environments ranging from the operating room to the labor and delivery (L&D) suite, their role is often misperceived by their non-anesthetic colleagues.

Obstetric reports demonstrate that poor interprofessional teamwork is a major cause of adverse maternal and fetal outcome. There are no studies looking specifically at the perceptions of the anesthetist's role, and how these may affect collaborative working and patient care.

Methodology

An exploratory multiple case study. The cases are two urban, academic Canadian L&D units. A purposeful sample of 30 participants has been used to ensure adequate representation from all professional groups. Data collection is on-going via semi-structured interviews. Similar proportions of anesthetists, obstetricians, nurses and midwives are being interviewed at each site. Following inductive thematic analysis respondent validation will be employed.

Preliminary Findings (Final findings will be presented)

Emergent themes centre around: a fundamental lack of understanding of the complexity of the anesthesia process; a fear of other professionals, due to engrained stereotypes; a perceived lack of support; the need for the anesthesiologist to be in 'control' of the clinical work situation; and power imbalances which are enacted both across and within professions.

Discussion

This study examines the issues surrounding perceptions of the obstetric anesthetist and their work. It will enable us to better understand what has contributed to these perceptions, and the potential implications of these for the design of specifically targeted, evidence based, faculty development programs.

O66

The Impact of Faculty Development Interventions on Faculty Developers

Kalyani Premkumar (*ES&D, COM, U of S*) Heather Stenerson (*CPL, COM, U of S*)

Background and Objectives

There is a body of literature documenting outcomes for participants in workshops. However, there is little known about how facilitating workshops may benefit the facilitator. This project, the first of its kind, explored the anticipated and unanticipated outcomes of facilitating workshops on facilitators. The specific effects on content knowledge, clinical skills, attitudes and practice changes were explored.

Methodology

Faculty who facilitated workshops at the postgraduate and continuing professional learning levels in 2009 and 2010 were identified and invited to participate in an online survey. Survey questions included demographics, resources used in developing workshops, knowledge gained as a result of workshop facilitation, and time spent preparing for workshops. After survey data collection was completed, participants were contacted to participate in a semi-structured, recorded, face-to-face or telephone interview. The questions for the interviews were modified based on survey results. SPSS was used for the quantitative data analysis and NVivo 8 was used for the content analysis.

Results

The results of this ongoing study will be presented at the conference.*

Conclusion and Discussion: It is anticipated that the findings will impact how facilitators are accredited for facilitating, help identify areas for training of faculty developers and guide future research. As this research is exploratory in nature other unanticipated themes may emerge.

* The results will be available early next year.

ORAL RESEARCH PRESENTATION ABSTRACTS

O67

Increasing the Cadre of Faculty Developers Via an Evolving Train-the-Trainer Workshop

Lindsay Baker (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Debbie Kwan (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Karen Leslie (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Euson Yeung (University of Toronto) Helen Batty (University of Toronto) Stacey Bernstein (University of Toronto) Eileen Egan-Lee (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Susan Lieff (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Jackie McCaffrey (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Sanjay Mehta (University of Toronto) Denyse Richardson (University of Toronto) Ivan Silver (University of Toronto) Susan Wagner (University of Toronto) Scott Reeves (Centre for Faculty Development, University of Toronto at St. Michael's Hospital)

Background

In response to a growing demand for faculty development (FD) workshops, the Centre for Faculty Development (CFD) at the University of Toronto created a Train-the-trainer workshop to enable participants to provide FD workshops to meet the needs of local faculty. Experienced faculty developers were assembled to develop and deliver a one-day session to: 1)train participants to deliver FD sessions in local departments, 2)further develop the content of existing FD workshops, 3)provide FD to educators 4) increase the cadre of FD facilitators at the CFD. Graduates of advanced education programs offered at the CFD and in other local departments and institutions were invited to participate.

Methodology

Pre- and post-session surveys and individual interviews were conducted with participants and facilitators. Qualitative data were analyzed to explore emerging issues and themes. Quantitative data were compiled and analyzed and descriptive statistics were explored. Results from this analysis informed development of two subsequent iterations.

Results

To date, 38 participants have completed the program and 42 % are currently involved in developing and delivering FD activities at the CFD and in their respective environments. Facilitation skills specific to the FD context have been identified as a key area requiring further development. The desire for more time to practice these skills and to address a wider range of FD topics was consistently identified. In response, the next iteration of the program will utilize a 2-day format with a continued focus on the unique aspects of facilitating faculty colleagues' learning.

Conclusions

The development and implementation of a train-the-trainer workshop has proven to be feasible and sustainable.

O68

Supporting Accomplished Facilitation of Simulated Clinical Scenarios

Della Freeth (Queen Mary University of London, UK) Paul McIntosh (Queen Mary University of London, UK)

This study was funded by the London Deanary for Postgraduate Medical Education

Using Appreciative Inquiry, a one year study in London England examined facilitation of simulations forming part of the core training for doctors in their first two years of practice: these focus on the management of acutely unwell or deteriorating patients. Twin aims were to examine the nature of accomplished facilitation and to develop faculty development materials to support new and experienced facilitators in a range of simulation contexts. Data were collected through observation of simulated scenarios and linked debriefing, video analysis of debriefing and interviews with facilitators and junior doctors. Initially we focused on the debriefing phase: its group dynamics, the 'theories-in-use' of facilitators, the perceptions of trainees and how links between simulated and real practice are made, sustained and used. Gradually the data directed greater attention to the decisions facilitators make during simulations that affect the possibility of achieving a good debrief. We will outline key findings and describe the faculty development materials we designed and piloted, including how educational theories underpinning the design were selected to reflect the primary research findings. In particular we will highlight aspects of the findings that we think may generalise beyond the research setting.

ORAL RESEARCH PRESENTATION ABSTRACTS

O69

Evaluation of a Workshop Methodology that Meets Diverse Faculty Needs: A Case Study for Ambulatory Care Teaching

Margarita Lam-Antoniades (St., Michael's Hospital, Department of Family and Community Medicine University of Toronto) Yasmin Rahim (Southlake Regional Health Centre, Department of Medicine University of Toronto, Canada) Sanjay Mehta (Hospital for Sick Children, Department of Pediatrics, University of Toronto, Canada) Mary Bell (Sunnybrook Health Sciences Centre, Department of Medicine University of Toronto, Canada) Jennifer Thull-Freedman (Hospital for Sick Children, Department of Pediatrics University of Toronto, Canada) Rahim Valani (Sunnybrook Health Sciences Centre, Department of Emergency Medicine University of Toronto) Karen Leslie (Hospital for Sick Children, St. Michael's Hospital, Department of Pediatrics University of Toronto) Daniel Panisko (University Health Network, Department of Medicine University of Toronto)

Background

Faculty development initiatives can be enhanced if they have a flexibility of format and content that meets the needs of the audience at hand. Diverse groupings of faculty, whether of different disciplines, specialties, subspecialties, and whether in community or academic based practices, will have different needs. A workshop methodology in a flexible modular format has been developed in the area of Ambulatory Care Teaching to enhance the ability to meet these varying needs.

Methodology

An initial faculty development needs assessment on Ambulatory Care Teaching was conducted. Based on this a series of modules were created. These modules vary in length, depth of content, format, use of instructional methodology, and techniques of interactivity.

A series of workshops were presented to faculty groups in the greater Toronto area.

The mixed methodology evaluation analysis included pre and post-workshop questionnaires to assess knowledge change and a 3-month post-workshop semi-structured interview to explore impact on teaching practice.

Results

Preliminary results show an increase in knowledge, with a mean pre-workshop score of 56% and a mean post-workshop score of 75%, $p < 0.01$, paired T-test. Final results and qualitative interview data will be presented.

Conclusion:

A flexible modular format can be an effective tool for presenting faculty development workshops on ambulatory care teaching to diverse audience.

O70

A Multi-Source Feedback Tool for Postgraduate Medical Educational Supervisors

Tim Swanwick (London Deanery) Julian Archer (Peninsula College of Medicine and Dentistry) Daniel Smith (London Deanery) Catherine O'Keeffe (London Deanery)

Educational supervisors play a key role in the professional development of UK postgraduate medical trainees. This presentation reports on the development of a web-based multi-source feedback tool for supervisors in the London Deanery - an organisation responsible for 25% of the UK's trainee population - together with follow-up data relating to the first six months of implementation.

A narrative review of the supervision literature was undertaken followed by focus group interviews with the key stakeholders. Data were analysed using an interpretative thematic approach. The resulting instrument was subsequently piloted online with 128 educational supervisors assessed by 634 trainees in a 3 month period. The instrument was launched to over 3000 educational supervisors in July 2010 with a further analysis of live performance and content validity conducted early in 2011.

Two key themes, 'challenge and support' and 'personal attributes' were identified. Educational supervisors generally scored themselves lower than assessed by their trainees. Three questions performed inadequately and were withdrawn. Reliability was lower than might be expected probably due to the homogenous nature of the self-selecting volunteers in the pilot. Using 95% CIs, feedback from just three trainees was found to be sufficient to judge whether supervision was perceived as satisfactory. To encourage free text comment and strengthen validity, the tool was launched with a requirement for five respondents to generate a report.

Initial uptake has proved promising with over 1000 supervisors activating their account in the first few weeks of release. Early in 2011, with six months of live data obtained, the performance of questionnaire items will be examined, and content validity re-explored. These data will be available at the conference.

ORAL RESEARCH PRESENTATION ABSTRACTS

O71

Faculty Development in Clinical Settings: Challenges and Opportunities

*Beverley Bird (Monash University) Barry McGrath (Monash University)
Beverley Sutton (Monash University) Brian Jolly (Monash University)*

Background

Ensuring quality supervision is a key challenge to teaching hospital faculty in response to increased numbers of trainees and demands of training organisations in the Australian setting where there is no vertically integrated organisation.

Objectives

(1) To examine current supervisory loads, determine factors supporting and impeding good supervision and undertake gap analysis between what is considered 'given' and what is 'received'.

(2) To develop a framework and strategy for building supervision capacity for medical trainees and staff.

Methodology

Quantitative and qualitative data concerning supervision, assessment and feedback was gathered using four related anonymous questionnaires and structured interviews targeted to senior clinical medical faculty, registrars, junior doctors and medical students at a large hospital network and representative regional areas of the state.

Results

Mean cohort questionnaire response rate was 26% with excellent agreement on purposes of supervision and the factors supporting good supervision (time, commitment, training, attitudes and relationships). The key supervisory role of the registrar for junior doctors and students was emphasised. Significant gaps in clinical supervision were identified across a wide range of criteria (curriculum, learning plans, bedside teaching, observed practice, assessment, professional skills, feedback and monitoring). Identified difficulties in providing good supervision were: service culture, attitudes, time, workloads, training and recognition.

Conclusions

The study has provided key messages for structural and educational reform, identified targets and enabled framework and strategy development towards building supervision capacity and faculty development activities.

O72

Effects of a Basic Teacher Qualification Program

Marie-Louise Schreurs (Maastricht University) Wilma Huveneers (Maastricht University) Sarah Dörenkamp (Maastricht University) Milou Silkens (Maastricht University) Diana Dolmans (Maastricht University) Willem de Grave (Maastricht University)

At Maastricht University a Basic Teacher Qualification program (BTQ) is offered to faculty members with educational tasks since 2008. The program comprises a combination of formal and informal learning and training activities, portfolio learning, workplace learning and coaching. The BTQ aims at improvement of 6 teaching related competencies.

After 3 years of experiences we started to investigate the impact of the program on the certified staff members and their departments. The purpose of this study is to gain insight into the effects of the program at different levels of evaluation (Kirkpatrick): with regard to learning outcomes, changes in teaching behavior and changes at the organizational level.

The main research questions in this effect study are:

- To what extent did the attitudes, knowledge and skills of the participants change with regard to education?
- To what extent have the participants realized behavioral changes in their teaching habits?
- Do the participants report more involvement in education?
- To what extent are the participants more proactive in educational networking?

Methodology

To obtain data on the different levels of evaluation, several stakeholders will be involved in this study: all the participants of the BTQ-program, their coaches and students.

A combination of quantitative and qualitative methods will be used: questionnaires from participants and coaches, students' evaluation from teaching activities and semi-structured interviews with a sample of the participants to achieve more in-depth information.

Preliminary results show improvement in attitudes, skills and involvement in education. The final results will be available by February 2011.

ORAL RESEARCH PRESENTATION ABSTRACTS

O73

Are Faculty Embracing and Teaching the CanMeds Competencies? Results of a "Much Needed" Needs Assessment.

Shelly Weiss (Hospital for Sick Children) Tina Martimianakis (Hospital for Sick Children)

Background

In 2007, medical educators in Canada commented on the recently developed competency based curriculum stating 'The CanMEDS competencies have successfully become part of the fabric of Canadian medical education at all levels'(Frank JR et al, Medical Teacher 2007, 29:7). The purpose of this project is to explore faculty attitudes and experiences in a well developed Canadian residency program with implementing these curricular changes to facilitate future programs for faculty development.

Methods

Opinions, experiences and attitudes of full-time faculty in a pediatric residency program were captured through individual semi-structured interviews which were transcribed and read iteratively. Using a constant reading and rereading approach the transcripts were analyzed for emergent themes using a combination of meaning categorization and meaning condensation.

Results

This needs assessment, (results reached saturation after 8 faculty interviews), identified numerous barriers to implementing CanMEDS competencies in both teaching and evaluation. Some of the faculty commented on an unwillingness to change their style of teaching to explicitly address the CanMEDS roles and preferred more often to use role modeling.

In contrast, very few enablers were identified. Most faculty were favorable to change their practice with better curriculum tools for teaching and evaluation

Conclusion

This needs assessment identified that the majority of faculty were resistant to change and to embrace the CanMEDS roles in their teaching and evaluation of trainees. This stage of our results will inform the creation and implementation of new curriculum tools and be used as a baseline for tracking attitudinal shifts and practice change; the focus of the next phase of the research.

O74

The Non-Formal Learning of Medical Teachers; Its Shape, Place and Importance in the Spectrum of Faculty Development

Vivien Cook (Barts and the London School of Medicine and Dentistry, Queen Mary University of London)

Background

Non-formal learning in the workplace is key to professional development. If workplace learning can be fully understood and maximised, then there are real implications for guiding faculty development inside and outside formal courses.

This research study set out to highlight 'what' and 'how' novice teachers of medical students learn in their initial years as educators in diverse workplace settings.

Methodology

Twelve novice teachers (Foundation Year Trainees, General Practitioners, staff within a School of Medical and Dentistry ([SMD]) were interviewed twice over a 4-month period during 2007. Participants were asked to complete a 'map' to describe the people and tasks in their workplace they regarded as most critical to their learning. The interviews were thematically analysed using NVIVO7.

Results

The data from the interviews and 'maps' were indicative of non-formal learning about teaching across professional domains including Personal Development, Task and Role Performance¹. Learning took place through observation of colleagues' practice and from their own experience, mediated through reflection. They were developing insights into the 'means' and 'ends' of teaching. There was also an indication that clinical teachers may have fewer opportunities to learn non-formally than those teaching within the SMD.

Conclusions

There is scope to support the development of novice teachers through a workplace learning agenda which creates an expansive learning environment.

¹. Eraut M. (2004) 'Informal learning in the workplace', *Studies in Continuing Education*, 26(2), pp. 247-273.

ORAL RESEARCH PRESENTATION ABSTRACTS

O75

Publish Don't Perish; Librarians Innovate Research Skill Development

Lee-Anne Ufholz (University of Ottawa) Jessica McEwan (University of Ottawa)

Background

The Office of Faculty Development and the University of Ottawa Health Sciences Library have collaborated since 2008 on programming to support scholarship and research. Traditionally, librarians are invited to speak about collections and access; however librarians have expertise that improve the research process.

Methodology

In 2008, the Library was invited to partner with the Office of Faculty Development in the delivery of several two hour sessions. Sessions took a hands-on approach in a computer laboratory with two librarians to eighteen participants. It was essential that participants spent the workshop acquiring new skills that support their scholarly activities. Workshop topics were peer reviewed by an advisory committee and sessions were evaluated by participants.

Outcomes

The most popular sessions focused on high-level information literacy skills. Feedback from participants resulted in workshops with more expert content in the areas of advanced literature searching (clinical research, teaching resources, grant applications) and the scholarly publication process (copyright privileges, open access). Workshops have generated downstream connections to faculty who would otherwise not have approached a librarian.

Conclusions

Faculty Development Offices should support advanced research skill development. Our experience demonstrates that librarians' expertise address an otherwise unfulfilled niche. Librarians are natural partners in research and are well-positioned to support the research arm of faculty portfolios.

O76

Building Research Capacity in Clinical Skills in a New Medical Program

Patricia Johnson (Faculty of Health Sciences and Medicine, Bond University)

Background

Research and scholarship in teaching and learning underpins university education. In 2005, a three semester per year medical program was launched at a private university in Queensland, Australia, to meet the needs of the workforce and provide an option for students wanting to enter the workplace earlier. However, the demands associated with introducing this new program and the intense nature of teaching, created challenges for academics working within the clinical skills component, to undertake and sustain consistent research output. To try to address these challenges, and improve research outcomes, a dedicated clinical skills research interest group (CSRIG) was established in 2010.

Methodology

Development: Academics involved in teaching clinical skills attended a meeting to set up the structure and function of the CSRIG. At the initial meeting, a director was appointed, objectives were established, research capacity was identified, and a meeting scheduled was timetabled.

Implementation: Following the inaugural meeting, a dedicated site was established for ongoing communication. The site contains meeting notes, and a database of potential grants and professional conferences. Monthly meetings have since been held, where the objectives of CSRIG have been advanced. Importantly, space for academic discussion has been created.

Outcomes

Since implementation, the Group has seen the completion of 4 projects, been awarded 2 grants, and is involved in several non-funded research studies.

Conclusion

Dedicated research groups with specific and achievable objectives can provide a valuable means for academic discourse and enhanced research outcomes.

ORAL RESEARCH PRESENTATION ABSTRACTS

O77

Building Research Capacity Among Clinical Faculty and Staff in Oncology: A Novel Faculty Development Approach

Joyce Nyhof-Young (Department Radiation Oncology, University of Toronto) Eshan Fernando (Faculty of Medicine) Pamela Catton (Department Radiation Oncology, University of Toronto) Audrey Friedman (Princess Margaret Hospital)

Research is integral to the academic 'work' expected of professional staff at Princess Margaret Hospital/University Health Network, a large research hospital in Toronto. However, not all clinicians participate due to lack of training, RA support and protected time. In response, an innovative approach strategically aligns the goals of another program, the year two undergraduate medical course "Determinants of Community Health (DOCH2)" to address the faculty development needs of clinical staff. Medical students complete a year long community research project while placed within interdisciplinary clinical teams at PMH. The program coordinator, a PhD trained researcher, supports all team members. Medical students provide research support to address clinical problems, enabling clinicians to reflect on practice and remedy gaps. Students experience a rich array of clinical, research and academic activities, patient contact, and clinical mentorship. Clinicians improve research skills, enhance professional development, generate knowledge and improve hospital programs. Team learning is experiential and project based, occurring in the situations in which knowledge is applied. From 2000-2010, the program coordinator has supported 171 students and 82 supervisors (e.g. MDs, RNs, allied health) in patient-centred program evaluations, needs/ barrier assessments, and instrument/resource development. Program evaluation is underway via semi-structured staff and student surveys (current PMH-DOCH2 project). Program uptake and success suggest that applied research methods can be simultaneously taught to faculty, staff and students. The PMH-DOCH2 program appears to increase the systematic transfer of small scale, contextually relevant research findings into routine clinical practice.

O78

Improving Clinical Teaching in China: Initial Report of Multi-Hospital Pilot Faculty Development Effort

Jeffrey Wong (Medical University of South Carolina) Yu Fang (Zhejiang University School of Medicine)

Background and Purpose

Chinese medical students receive training in both Traditional Chinese (TCM) and Western medicine. However, most all recently built hospitals deliver clinical care in the Western-style. The purpose of this study was to investigate whether or not faculty development seminars, based in a Western model, could be transported across different cultures and medical systems to improve teaching skills of Chinese medical faculty.

Methodology

Workshops based on the Stanford Faculty Development Program (SFDP) model were presented to faculty teachers at 3 different hospitals affiliated with Zhejiang University School of Medicine (Hangzhou, China). The main outcome measures were the seminar attendees' satisfaction of the seminars themselves and their self-reported teaching ability ratings through a retrospective pre-post questionnaire. The paired means between the retrospective pre-test and post-test scores were compared using the Student's two-tailed t-test. Standard deviations were also calculated.

Results

Ten women and four men (mean age 37.6 years) completed the evaluation survey (100%). In general, the participants rated the seminars highly (4.4/5.0). Summative self-reported ratings of global teaching performance significantly improved between the retrospective pre- and post-test scores [pre = 35.5, post = 44.9; $p < 0.001$]. Summative self-reported ratings of specific teaching behaviors also significantly improved [pre = 104.1, post = 121.1; $p < 0.001$].

Conclusions

We were able to demonstrate a positive effect of a Western-based faculty development course on the teaching skills of a small number of Chinese clinical medical teachers. Teaching skills presented in faculty development seminars can be successfully transported across different cultures and medical systems.

ORAL RESEARCH PRESENTATION ABSTRACTS

O79

Reflective Writing in a Faculty Development Program - Challenges and Rewards

Elizabeth Miles (St. George's University of London UK)

Background and Purpose of Program

St. George's Postgraduate Certificate in Healthcare & Biomedical Education is a part-time program based on experiential learning in the participant's professional environment. Clinicians of all grades and biomedical science faculty take the program, producing three major pieces of reflective writing on their teaching practice and development.

Methodology

The format of two pieces models the experiential learning approach of the program, with participants describing and reflecting on an experience, searching and analysing relevant literature then generating justified proposals for future practice. The third piece is an evidence-based reflective account for the professional development portfolio. Program faculty regularly debate the validity and reliability of their assessment of the pieces and how best to support the participants. A workshop, extensive guidelines and feedback on drafts are offered. Participants' recognition of their learning from reflective writing has been identified through interviews and comparison of pre and post course questionnaires.

Impact and Outcomes

Despite initial reluctance to engage, participants have recognised the value of both process and outcomes of reflective writing; example quotes include, "Reflective practice is now second nature", and "I've gained the ability to apply recent findings from education research to my practice".

Conclusions and Discussion

There are many challenges in enabling participants to gain from the process of reflective writing, but both clinicians and science faculty have come to recognise the benefit to their current and future practice.

O80

A Program for a Basic Teaching Qualification: Work in Progress

Willemina M. Molenaar (University Medical Center Groningen)

Aldrik W. Sillius (University Medical Center Groningen)

Background

In 2008 a basic teaching qualification became mandatory for all university teachers in the Netherlands. We developed a qualification program for teachers at the University Medical Center Groningen.

Development

An outcome based program was developed, consisting of workshops, work based learning, individual coaching and peer-group sessions. Leading principle was the participants' accountability for their own development facilitated by trainers and coaches. Participants start with a teacher development plan that transforms to a teacher portfolio for final assessment. The program lasts approximately 2 years (200 hrs).

Implementation

65 teachers with varying experience and professional background entered the program in 3 cohorts.

Evaluation

1. on the spot evaluation of workshops,
2. evaluation by outside experts: a) analysis of program documents, b) a questionnaire sent to participants and c) a focus group session with representative participants and trainers,
3. expert analysis of workshop documentation in relation to learning objectives.

Results

Five participants have obtained their qualification and another 5 are in the final stage. The evaluations showed overall satisfaction, but differences between cohorts and experience levels. Individual coaching and multiprofessional participation were appreciated. Most learning objectives were covered by the program. Suggestions for improvement included more basic didactic training, more differentiation between beginners and experienced teachers and clustering of workshops.

Conclusions and Discussion

To improve the program an introductory 3 days basic didactic course was introduced for the next cohort. Experienced teachers may enter a more flexible program with individual coaching followed by portfolio assessment.

ORAL RESEARCH PRESENTATION ABSTRACTS

O81

TLC-Teaching for Learning and Collaboration: A Multi-Professional Teaching Skills Program for Faculty Who Teach Health Professionals

Brenda Mori (Centre for Faculty Development at St. Michael's & University of Toronto) Debbie Kwan (Centre for Faculty Development at St. Michael's & University of Toronto) Raed Hawa (University of Toronto) Danny Panisko (University of Toronto) Helen Batty (University of Toronto) Vince Chien (University of Toronto) Eileen Egan-Lee (Centre for Faculty Development at St. Michael's & University of Toronto) Susan Lieff (Centre for Faculty Development at St. Michael's & University of Toronto)

The Program received funds from the Dean's Excellence Fund in Education from the Faculty of Medicine at the University of Toronto.

Purpose

Develop a multi-professional faculty longitudinal teaching skills program informed by social constructivism, andragogy and reflective practice.

Background

As health professional programs expand, a multi-professional teaching skills faculty development program to help individuals acquire skills needed to teach in various settings will be valuable.

Development

Following a comprehensive literature review on effective teaching skills, a program relying primarily on intensive role play, feedback on teaching practice and the deconstruction of video teaching simulations was developed. Multi-professional video scenarios were created by re-enacting authentic recorded teaching situations of faculty and their learners.

Implementation

Six modules in the TLC-Teaching for Learning and Collaboration Program were identified and developed. The 6 sessions include:

1. Setting an Educational Climate;
2. Identifying Learner Needs and Setting Objectives;
3. Making Learning Stick;
4. Managing the Teaching Session;
5. Checking In;
6. Feedback.

Each session consists of pre-readings, interactive presentations, deconstruction of video simulations, role plays and group discussions.

Evaluation

Sessions were evaluated with quantitative and open-ended questions. Faculty received an average rating of 4.4/5 (5=outstanding); the sessions received a rating of 4.2/5. Identified strengths of the program include consistent faculty with strong teaching expertise, immediate applicability and a multi-professional context. Concepts from "Setting an Educational Climate" had great impact. Incorporating additional small group breakout opportunities was an opportunity for improvement.

Conclusions

This is a valued program for health professional faculty that provides insight into their teaching behaviours. Participants report it positively influences their teaching practice. Since its pilot, the program continues to run twice a year.

O82

Away from the Customer-Based Approach, Planning a Faculty Development Program Using an Innovative "Compass Model"

Mohamed Al-Eraky (University of Dammam) Michelle McLean (University of UAE)

Background

Planning a faculty development program usually starts with surveys on a list of topics on what to be incorporated in program of the next year or semester. Here we would like to advocate an innovative model for planning namely, the "Compass Model".

Development

Ten questions to be asked when planning a curriculum (Harden, 1999). Similarly we would recommend only four questions to be asked when planning a faculty development program;

1. What faculty members wish to learn? (v. WANT) It's like gathering their wish-lists. But this customer-based approach is not enough.
2. What they really need? (v. NEED) It is like faculty profiling but through investigations are required to identify the performance gaps of faculty members. Unfortunately, wishes and needs may not be identical.
3. What we – as faculty developers and instructors - can offer based on available resources? (v. COULD)
4. What skills should faculty learn to implement the mission of the institution? (v. SHOULD)

Discussion

How these questions or verbs can be used as directions of a "compass" to guide faculty developers?, How to use it as a model for planning? and which direction may be considered "North"? These issues will be addressed in the presentation along with some analogies to clarify the "Compass Model".

ORAL RESEARCH PRESENTATION ABSTRACTS

O83

Dental Education: A Social Practice? Experiences of Designing a Bespoke Postgraduate Programme for Dental Educators

Clare Morris (University of Bedfordshire) Trevor Austin (University of Bedfordshire) Martina Behrens (University of Bedfordshire)

Background

Many faculty development programmes are based upon a premise that there are generic approaches to teaching, learning and assessment that can be 'taught' to medical, dental and healthcare professionals. The underpinning assumption is that these approaches can be adopted and adapted to support learning in a diverse range of clinical contexts. We challenge that view, arguing that teaching is a 'social practice', with distinct historical, social and cultural practices by drawing upon the work of Lave and Wenger (1991) and Wenger (1998). In so doing we articulate a number of implications for those responsible for designing bespoke faculty development for particular professional communities or groups.

Methodology

We will illustrate the ways in which our conceptions of dental education as a social practice have shaped our approaches to working with dental educators working in two postgraduate dental deaneries in the UK. We will describe our innovative (and we believe unique) postgraduate certificate in dental education, which combines workplace based learning, with university based face to face and on-line learning.

Outcomes

We share insights of working with over 100 dental educators in the past two years, drawing upon our own experience, feedback from dental educators and a thematic analysis of their reflective blogs.

Conclusions

We will conclude by arguing that faculty development needs a radical re-think if it is to really meet the needs of the communities it serves.

Lave, J and Wenger, E (1991) Situated learning: legitimate peripheral participation. Cambridge: Cambridge University Press

Wenger, E (1998) Communities of Practice. Cambridge: Cambridge University Press

O84

Communication Skills Training for Physicians as a Strategy for Enhancing Patients Satisfaction: A Model for Continuing Education

Ziba Farajzadegan (Isfahan University of Medical Sciences), Ahmadsreza Zamani (Isfahan University of Medical Sciences), Elham Moazam (Isfahan University of Medical Sciences), Behzad Shams (Isfahan University of Medical Sciences)

The quality of doctor-patient relationship has a significant impact on patient satisfaction and medical outcomes.

A communication skills training program for general practitioners was designed and its effect on their patients' satisfaction was evaluated.

Methods

In a quasi- experimental two group post-test design study, a communication skills training program was designed and implemented as a three days workshop. The study sample included 32 employed physicians (16 physicians in each experimental and control groups) and 153 patients (72 patients in experimental group and 81 in control group). The physicians in the experimental group participated in the workshop and received training using new instructional methods combined with routine communication skills teaching methods. A valid and reliable questionnaire was used to measure patients' satisfaction. Then, patients' satisfaction from trained physicians was compared with the satisfaction in the control group by t-test using SPSS software. Results. The mean score of patients' satisfaction from trained physicians was 86.2 with the standard deviation of 10.3 which was significantly higher than the mean score for control group (81.5±9.58). Patients' satisfaction from their physicians' general communication skills, at the beginning and end of session was greater for trained physicians compared with the ones who didn't receive any training.

Conclusion

Since, communication skills training for general practitioners increased patients' satisfaction, and considering the fact that this kind of training is not included in medical education curriculum, it is recommended to consider it as an efficient and useful component in continuing medical education programs as well as undergraduate medical education.

ORAL RESEARCH PRESENTATION ABSTRACTS

O85

Addressing the Challenges of Faculty Development in International Settings - Learning from Each Other

Gweneth Sampson (Department of Family and Community Medicine, University of Toronto) James Meuser (Department of Family and Community Medicine, University of Toronto) Katherine Rouleau (Department of Family and Community Medicine, University of Toronto) Bara Otsyula (Moi University, Kenya) Abate Bane (University of Addis Ababa, Ethiopia) Jane Philpott (Department of Family and Community Medicine, University of Toronto)

Background

Extensive evidence exists that primary care is an essential part of a robust health services system. Physicians play an important role in the primary care team. As a result, many countries are seeking to enhance undergraduate and post-graduate training for primary care physicians. High on the list of tasks essential for starting such programs is the recruitment, training and support of teaching faculty.

Objectives

This workshop will describe the experience of Family Medicine teachers and faculty developers from Canada and Africa in collaborating with colleagues from the Faculty of Medicine at Addis Ababa University in Ethiopia. Discussion will delineate the engagement process that occurred in an effort to develop enhanced training for generalist physicians within the Ethiopian health care system. The workshop will also outline the context within which a training program might occur and will explore early observations around assessing, translating and meeting both program requirements and teacher needs. Finally, it will provide the opportunity for experienced faculty developers in attendance to address some of the challenging questions raised by this process.

Discussion

1. To what degree can expertise and experience acquired in one setting be applied in another?
2. How far along does faculty development need to be for training programs to be planned and implemented?
3. What underlying principles should be in place for contributions of all partners in program planning and development to be optimized?

O86

National Academy of Medical Education in Mexico: Its Creation

Lydia Zeron (IMSS) Alberto Lifshitz (IMSS) Manuel Ramiro (IMSS)

Background

Emerges as part of work in National Institutes of Health, since 2006 an annual event: Meeting of Medical Education, was created with the idea of finding a forum for discussion and analysis of status of medical education. There was great interest in the subject, including authorities, clinicians and medical residents, covering topics like: medical education undergraduate and graduate programs, their interrelationships.

Methodology

The last event: Medical Education Congress, which once served as a framework for the establishment of the Academy; it was on November 11, 2009, with 100 founding members, whom are Faculty Medicine Directors of the most prestigious national level, renowned figures in Medical Education, authorities federal health sector, and teachers.

Results

ACANEM's work focuses on 4 major "Challenges of Mexican Medical Education":

1. Innovation,
2. Faculty career,
3. Educational Research,
4. Decision-making, same as have resulted in a book: "The Challenges of Medical Education in Mexico" published in November.

Working model has also been innovative. The Discussion Forum: Teaching Ethics, and "Forum - Panel: Educational implications of the feminization of the medical profession" both with recommendations for establishing guidelines

Conclusions

Is forum for discussion, analysis and proposals for decision makers.

Contribute to the development and improvement of Mexican medical education, establishing the basis for teaching career in medicine and to disseminate achievements, scope of Mexican Medical Education research and place as model internationally.

ORAL RESEARCH PRESENTATION ABSTRACTS

O87

The Managing Emergencies in Paediatric Anaesthesia (MEPA) Simulation Course: The Combination of Healthcare Professional Training, Faculty Development and an International Multicenter Validation Study

Tobias Everett (*The Hospital for Sick Children, Toronto, Canada*) Elaine Ng (*The Hospital for Sick Children, Toronto, Canada*) Andrew Morrison (*British Columbia Children's Hospital, British Columbia, Canada*) Melinda Fleming (*Kingston General Hospital, Queens University, Kingston, Ontario, Canada*) Jennifer Harris (*Memorial University, Newfoundland & Labrador, Canada*) Neil Cowie (*Royal University Hospital, Saskatoon, Saskatchewan, Canada*) Michael Letal (*University of Calgary, Alberta, Canada*) Pradeep Kulkarni (*Stollery Children's Hospital, University of Alberta, Edmonton, Canada*) Anna Johnson (*Derriford Hospital, Plymouth, Devon, UK*) Ralph MacKinnon (*Royal Manchester Children's Hospital, Manchester, UK*) Matthew Taylor (*Sheffield Children's Hospital, Sheffield, West Yorkshire, UK*) Alison Cloote (*Bristol Royal Hospital for Children, Bristol, UK*) Dylan Bould (*Children's Hospital of Eastern Ontario, Ottawa, Canada*)

Background

Simulation is an increasingly recognized aspect of a multi-modal approach to education. Simulation may in the future form one component of summative assessment of the progression of healthcare professionals. To date it has not been validated as an assessment tool. Simulation also provides an opportunity for healthcare professionals to evolve from candidate to faculty as a route towards expanding their role as an educator. Acquisition of de-brief skills is applicable to all areas of medical education. The Managing Emergencies in Paediatric Anaesthesia (MEPA) course is a simulation-based course aimed at providing anesthesiologists the opportunity to rehearse management of crises. Originally conceived in the UK, the course expanded to nineteen UK centers and now several centers in Canada. Each of the scenarios is evidence-based and peer-reviewed and faculty who lead debriefs have training in debriefing models, human factors and delivery of constructive feedback.

Methods

Underway at Toronto SickKids is the pilot stage of an international multicenter collaborative study with the ultimate objective of validating simulation as an assessment tool. Audiovisual data are analyzed in the study that also quantify the educational impact of the course. Concurrently, faculty development is facilitated by introducing the course at new centers via ambassador faculty, tele-debriefing and analysis of video recordings of the debriefers using the DASH tool.

Conclusions

The expansion of MEPA internationally will achieve:

1. An international collaborative of medical educators
2. Dissemination of evidence-based simulation
3. Crucial educational research establishing the validity and impact of simulation
4. Structured multifaceted faculty development.

O88

The IMEX Initiative: Faculty Development Through International Exchange

Olle ten Cate (*Utrecht University*) Linda Snell (*McGill University*) Blye Frank (*Dalhousie University*) Karen Mann (*Dalhousie University*) Peter McCrorie (*St George's, University Hospital*) Sari Ponzer (*Karolinska Institutet*) Yvonne Steinert (*McGill University*)

Background

In 2006, faculty developers from five medical schools around the world developed IMEX (International Medical Educators Exchange), an exchange programme for medical educators from these institutions. This programme complements 'local' faculty development by promoting information exchange, observation, discussion and interaction during week-long stays at different international sites.

Programme Description

IMEX Scholars (mid-level to senior medical educators from five institutions) visit at least 3/5 medical schools: Utrecht University, McGill University, St George's, Karolinska Institutet, and Dalhousie University. Each school hosts a group of 8-10 scholars for a week of activities that include discussion and observation of the host site's undergraduate, postgraduate and CPD programs, explorations of mutual topics of interest, teaching by the scholars, individual meetings and daily reflections.

Program Evaluation

Site visit evaluations used a mixed methods approach; an overall program evaluation is underway to assess longer-term impact on educational competence, daily work, career direction, and international orientation.

Impact

26 Scholars have participated to date; 16 have completed the full programme and many scholars have completed more than 3 site visits. Participants have valued opportunities to exchange ideas, identify similarities/differences in systems, reflect on their own experiences through the eyes of their colleagues, and collaborate with medical educators from different institutions. Some scholars left the visit with renewed energy and motivation to incorporate new ideas and research opportunities in their home settings.

Conclusions

IMEX is a unique, internationally-oriented faculty development programme, with an impact on the individual participants as well as the host institutions.

ORAL RESEARCH PRESENTATION ABSTRACTS

O89

International Partnership to Build the Culture of Faculty Development

Rodrick Kisenge (Muhimbili University of Health and Allied Sciences)
Patricia O'Sullivan (University of California San Francisco) Doreen Mloka (Muhimbili University of Health and Allied Sciences) Susan Masters (UCSF) Selma Omer (UCSF)

Background

The University of California San Francisco (UCSF) and Muhimbili University of Health and Allied Sciences (MUHAS), Tanzania, are partnering to address critical teaching shortages at MUHAS. MUHAS previously focused faculty development mostly on recruitment.

Methodology

After asking faculty and learners about teaching needs, MUHAS selected nine faculty from across its schools to form a Health Professions Education Group (HPEG). The HPEG participated in an intense faculty development program requiring two weeks at each partner institution. At MUHAS we focused on how to teach workshops and a new graduate course, Educational Principles for Health Professions Education. At UCSF HPEG members correlated what they had learned with what they observed in a technologically-endowed institution. An external evaluator held an HPEG focus group to identify what the program had meant for them.

Impact

For 2010-11, HPEG will offer their colleagues seven 3-hour workshops spread out across the year. The HPEG will offer the education course for 150 graduate students including medical residents. The HPEG members have envisioned themselves as better teachers, more aware of how teaching can change at their campus and as leaders of the faculty development effort.

Discussion

The HPEG will fundamentally change faculty development at MUHAS. Current faculty will improve teaching skills through HPEG workshops. Graduate students will be prepared to engage in teaching students and to acquire skills for their future professional roles including faculty members. HPEG members will become leaders of development efforts in Tanzania.

O90

International Faculty Development as a Peace-Building Tool

Carol Ann Courneya (University of British Columbia) Robert Woollard (University of British Columbia) Arjun Karki (PAHS, Kathmandu Nepal)

Background

Doctors' exposure to war heightens their awareness of its health-related consequences, and their privileged social status gives them influence to help prevent conflict. Yet training student doctors for peace-building is rare, even within countries in conflict. International faculty development (IFD) can prepare medical faculty to create curricular and other experiences that promote peace-building. The disparity between urban and rural health care is a critical contributor to unrest in Nepal. We will discuss how IFD has contributed to the training of physician educators at the Patan Academy of the Health Sciences (PAHS) in Nepal, a new medical school dedicated to reducing this disparity and building peace.

Implementation

A comprehensive IFD program (for the past six years) at PAHS has included workshops, with meaningful links to peace-building, on admissions, curriculum development, capacity building, and community engagement. Faculty from twelve international medical schools have participated in the program.

Evaluation/ Impact

Post workshop evaluations were conducted; however, the number of PAHS graduates who practice in rural settings will be the most convincing evidence of success, and this remains 5 years in the future. Strategies for evaluating the long-term IFD impact will be discussed.

Conclusion

IFD can be a platform for interweaving social accountability and peace-building with content delivery. The IFD model at PAHS offers lessons learned that are transferable to other schools (and countries) facing similar challenges.

ORAL RESEARCH PRESENTATION ABSTRACTS

O91

Understanding Faculty Teaching Strategies In The Operating Theatre

Alexandra Cope (Imperial College, London, UK) Jeff Bezemer (Imperial College, London, UK) Gunther Kress (Institute of Education, London, UK) Roger Kneebone (Imperial College, London, UK)

Objectives

The operating theatre is a complex work environment where teaching occurs for several different professional groups - surgery, anaesthesiology, nursing. The environment is challenging for the teacher as the primary focus of the operating theatre is patient care rather than the learner. The curriculum is therefore dictated by the patient and their pathology rather than the learner needs. This study set out to explore how teaching happens in the operating theatre and offers some suggestions for faculty development based on the findings.

Methodology

An ethnographic approach was used encompassing the taking of detailed field notes by paired researchers, one a surgeon in training and the other a post-doctoral social scientist with an interest in educational settings. In addition data was captured by video and audio recordings of teaching during operations and interviews with faculty.

Results

Verbal teaching represents only some of the teaching that occurs in the operating theatre. Much teaching is multi-modal occurring through stance, gesture, gaze and silences. Explicit verbal teaching was perceived to constitute relatively superficial low-level teaching whereas non-verbal methods were preferred for higher performing trainees.

Conclusions

Understanding how faculty teach in the operating theatre and an awareness of the different techniques utilised by faculty for differing levels of learner may inform faculty development programmes to ensure that the most effective methods are used within this complex educational environment.

O92

Back It Up With Facts: Finding the Right Faculty Development Literature

Laure Perrier (University of Toronto)

Target Audience

This session will be of interest to those seeking relevant and easy-to-access faculty development literature to produce presentations, support planning innovative faculty development strategies, creating research proposals, or thinking through a theoretical base for activities.

Objectives

Participants will:

1. be introduced to the RDRB (Research and Development Resource Base);
2. become familiar with the RDRB; and
3. gain confidence in executing effective searches to find relevant materials in the faculty development literature.

Methods

This session is designed to focus on familiarizing participants with the RDRB and offer guidance through sample searches related to relevant topics in faculty development. This online tool will be examined in order to dialogue within the group about effectiveness and saving time.

Key Points

The RDRB is a literature database that houses a vast array of faculty development literature. This is a valuable, searchable resource where journal articles and materials are gathered and housed. This database, called the RDRB (Resource and Development Research Base), is accessible and reliable, as well as user-friendly.

The RDRB provides 'one-stop shopping' when looking for a comprehensive selection of literature in faculty development.

ORAL RESEARCH PRESENTATION ABSTRACTS

O93

A Self-Nominating, Criterion-Based, Peer-Reviewed, Recognition Program for Medical Teaching Faculty That Is Highly Regarded by the Promotion & Tenure Committee

Nancy Searle (Baylor College of Medicine)

Purpose for the Innovation

Promotion and Tenure (P&T) committees review activities of faculty members in three areas when determining readiness for P&T: patient care, research, and education. It is relatively easy to evaluate quantity and quality of patient care and research activities, less so in education. We developed a rigorous method for evaluating the educational efforts of medical teachers.

Development, Implementation, and Evaluation

We designed a self-nominating, criterion-based, peer-reviewed, teaching award appropriate for determining the quantity and quality of faculty educational effort. We worked for 2 years developing the standard setting examples, designing the peer review process similar to an NIH study section that resonates with basic scientists on the P&T committee, and designing materials for applicants to use when preparing their application. Evaluation of the program has been through triangulation with two surveys and interviews with department chairs and P&T Committee members.

Results/Impact/Outcomes

Reception of this award has been beneficial in the promotion and tenure of medical educators; 85% of people eligible for promotion after receiving the award have been promoted.

Conclusions and Discussion

This program has provided the P&T process with data it could use to make decisions specifically about educational scholarship. It is inclusive and fair for all faculty members regardless of department, background, and personal characteristics. At the same time, the format of the data is quantifiable, similar to counting publications or grants. Our research effort has shown that those who have received this award have been promoted. Other institutions may benefit from this program model.

WORKSHOP ABSTRACTS

WORKSHOP ABSTRACTS

W01

Conforming, Re-forming, Transforming: What's the Point of Faculty Development?

Clare Morris (University of Bedfordshire) Tim Swanwick (London Deanery)

Rationale/Background

The London Deanery is responsible for 12 500 postgraduate medical and dental trainees in around 40 acute hospitals, 10 mental health trusts, 30 primary care trusts and 400 training practices; a virtual postgraduate medical university'. Supported by NHS London - the capital's health authority - the Deanery adopted faculty development as a key element of its 2008 -11 strategic plan and over three years has rolled out a cross-specialty, London-wide, multi-modal approach to the development of its network of medical educators.

This has been faculty development on a huge scale in a distributed, politicised and highly complex environment. As such, the initiative provided an ideal research case study. Drawing on the conceptual tools of Activity Theory, it has been possible to identify the emergence of new forms of faculty development activity in clinical settings.

Content

During this 'double-header' interactive workshop - drawing from both practice and scholarship - we will briefly report on the London initiative, highlight some of the key findings of the research study, and then step back to ask what exactly are we trying to achieve in faculty development. The research study traces a range of responses to the faculty development agenda in postgraduate medicine, (described as conforming, reforming, and transforming) which lead to a range of faculty development practices. This leads to some fundamental questions about the 'why' of faculty development and during the session, participants will be challenged, and encouraged to examine the fundamental purpose and nature of their activities.

Instructional methods

Following two brief scene-setting presentations, the workshop will be run as a facilitated discussion.

W02

Meeting the Educational Needs of Faculty/Preceptors Who Work with International Medical Graduates: The Practice Based Preceptor Program

Fran Kirby (Memorial University) Lisa Fleet (Memorial University) Cheri Bethune (Memorial University) Ann Marie O'Keefe Penney (Memorial University)

Development of the portal was funded by Health Canada.

Rationale/Background

Preceptors play an important role in the education of medical students, residents, and international medical graduates (IMGs) by helping bridge the gap between textbook learning and real-life situations. Many physicians who serve as preceptors do not have any formal training in educating others. There is therefore a growing demand for professional development programs designed to enhance the faculty and community based preceptor's teaching skills. In 2008, a unique online training portal was launched to meet these needs, entitled the Practice Based Preceptor Program.

Content

By attending this workshop, participants will: (1) increase their understanding of the process for developing and evaluating online programs that meet the needs of preceptors who teach students, residents, and/or IMGs; (2) have an opportunity to review the web portal, its programs and resources; (3) discuss the challenges of preceptoring diverse groups, especially in rural areas; and (4) identify best practices for online learning that can enhance preceptors' skills, including suggestions for content and resources for the web portal.

Instructional Methods

Presentation, small and/or large group discussion (depending on size of audience). The initial presentation will focus on the Practice Based Preceptor Program. It will focus on the modules and formal evaluation framework developed for the portal, as well as present some of the data collected regarding preceptors' educational needs. Participants will have an opportunity to view the portal and modules, ask questions and discuss the information presented.

The Practice Based Preceptor Program is funded by Health Canada's Internationally Educated Health Professionals' (IEHP) Initiative. The portal was developed by Professional Development & Conferencing Services, Memorial University, in collaboration with the Government of Newfoundland and Labrador.

WORKSHOP ABSTRACTS

W03

Enhancing Faculty Teaching Using an OSTE (Objective Structured Teaching Exercise)

Cheri Bethune (Memorial University) Miriam Boillat (McGill University) Elizabeth Ohle (Memorial University) Yvonne Steinert (McGill University)

Background

Faculty development to enhance teaching skills of both part and full time clinical teachers is a challenge for departments of family medicine. This challenge is even greater with new and seasoned clinical preceptors teaching in distributed programs at a distance from the medical school.

The Objective Structured Teaching Exercise (OSTE) originated in the USA about 10 years ago as a tool to enhance residents' teaching skills. It has naturally emerged as a tool in faculty development to create authentic teaching simulations for clinical faculty to practice and refine their teaching skills.

This workshop is intended to reach an audience of medical educators/faculty developers and clinical preceptors who wish to explore the OSTE as a useful tool for the enhancement of teachers' skills.

Learning Objectives

By the end of the workshop participants will be able to:

- Discuss the OSTE as a tool for teaching and evaluation
- View and critique an actual OSTE demonstration.
- Describe the "12 steps" involved in building an OSTE
- Create an OSTE for use in their own setting.

Instructional Methods

- Interactive plenary
- Videotape review and critique
- Small group collaboration

W04

Strategic Career Planning for the Academician: Writing Your Academic Development Plan and Personal Learning Plan

Janine Shapiro (University of Rochester Medical Center) Carol Diachun (University of Rochester Medical Center) Denham Ward (University of Rochester Medical Center)

Rationale/ Background

Strategic career planning is a vital process for enhancing the personal growth and career development of academic faculty. A well thought-out strategic career plan has the potential to enhance faculty academic productivity, professional satisfaction, and help faculty achieve their professional potential, while contributing to the overall health, vitality and reputation of the department and institution. The preparation of an Academic Development Plan is intended to encapsulate an interactive process involving the faculty member, senior faculty mentors, and department leadership. An Academic Development Plan can serve as a developmental blueprint for one's academic career and involves careful consideration of personal interests and aspirations.

Content

1. Recognize the key steps for personal strategic career planning as an academician.
2. Identify the components of an academic development plan and understand the role of mentorship with respect to both the process and content needs of the faculty member.
3. Use reflective questions as steps towards developing a personal learning plan.

Instructional Methods

Specific elements of this workshop will include:

1. Presentation and large group discussion, "Principles of Strategic Planning"
2. Small group exercise, template, "SWOT Analysis: Internal Strengths and Weaknesses, External Opportunities and Threats"
3. Presentation and large group discussion, outline, "Writing your Academic Development Plan"
4. Small group exercise, template, "Reflective Questions for Writing a Personal Learning Plan"
5. Large group discussion, "Wrap-up, Taking it Home, Self-Evaluation and Monitoring"

WORKSHOP ABSTRACTS

W05

Developing Faculty's Skills for a Deliberate Practice Curriculum

Sharon Krackov, EdD, Henry Pohl, MD (Albany Medical College)

Rationale

The concept of deliberate practice¹ can be used to develop a competency-based curriculum that encourages use of learner experience and feedback to iteratively improve knowledge, skills and behaviors. The deliberate practice model fosters incremental learning by providing continuous feedback to learners to reinforce abilities and help them achieve curricular objectives. In this model, competency-based program objectives that are linked to course/clerkship/session objectives serve as the foundation for creating a curriculum map, and frame content, teaching and learner assessment. Formative feedback about specific outcome-based objectives becomes the focal point for building ability.

This concept requires a new way of teaching, and faculty need to be prepared for this challenge. This workshop will provide a systematic strategy for faculty to use the deliberate practice model in teaching about the curriculum planning continuum.

Specific Objectives

At the end of this workshop, participants will be able to:

1. Identify, define and list skills necessary to develop a deliberate practice curriculum
2. Create faculty development exercises to prepare faculty for this new role

Content

- The workshop will begin with an exploration of Bloom's taxonomy of cognitive abilities² and the Dreyfus scale of categorizing stages of ability³ to promote the deliberate practice model.
- Opportunities for hands-on work will enable participants to carry out the objectives.

Instructional Methods

- Interactive large group discussions about tailoring measurable outcome objectives to promote a deliberate practice model
- Small group work to experience the use of the skills necessary for this model

¹ Ericsson KA Krampe RTh, Clemens T-R. The role of deliberate practice in the acquisition of expert performance. *Psychol. Review.* 1993; 100 (3): 363-406

² Anderson, L. W., & Krathwohl, D. R. (Eds.): A taxonomy for learning, teaching and assessing: A revision of Bloom's Taxonomy of educational outcomes: Complete edition, New York: Longman, 2001

³ http://socrates.berkeley.edu/~hdreyfus/html/paper_socrates.htm

W06

A Flexible Format Workshop Methodology for Faculty Development: Meeting the Needs of Diverse Faculty in Diverse Settings

Daniel Panisko (Department of Medicine, University of Toronto) Yasmin Rahim (Department of Medicine, University of Toronto) Sanjay Mehta (Department of Pediatrics, University of Toronto) Mary Bell (Department of Medicine, University of Toronto) Karen Leslie (Department of Pediatrics, University of Toronto) Jennifer Thull-Freedman (Department of Pediatrics, University of Toronto) Rahim Villani (Division of Emergency Medicine, University of Toronto) Margarita Lam-Antoniades (Department of Family and Community Medicine, University of Toronto)

Rationale

This workshop will introduce participants to a flexible format workshop methodology that can be adapted to any content topic in Faculty Development (FD). Diverse groups of faculty, whether of different disciplines, subspecialties, or whether in the community or academics, will have different FD needs. FD initiatives can be enhanced if they have a flexibility of format and content that meets these needs. With Ambulatory Care Teaching (ACT) as a case study topic, a detailed FD needs assessment, combined with facilitator experience and knowledge of the literature, led to a series of identified topics from which a set of instructional modules were created. These vary in length, depth of content, format, use of instructional methodology, and techniques of interactivity. A workshop can be constructed to meet the needs of a particular audience by polling them on their needs and then combining the relevant modules. This methodology has inherent advantages for the delivery of FD: 1) in distributed education settings, 2) to faculty with different levels of experience and expertise, 3) to faculty sited in different disciplines and settings, and 4) to adapt to different workshop formats (ranging from short sessions to a series of half-day events).

Content

1. Results from a faculty needs assessment for instruction in ACT will be presented.
2. The flexible format modular workshop methodology will be presented; participants will be able to adapt this to a FD topic of their choice.
3. An assessment of participants' needs in ACT will be performed based upon some of the following modules: Issues, Trends, and Evidence in Ambulatory Care Teaching; Clinic Preparation; Learner Orientation; Priming; Micro-Teaching Techniques; Student Assessment; Feedback; Teacher Assessment; Curriculum Development; etc.
4. A brief workshop on ACT will be conducted to demonstrate the modular methodology and the incorporation of participants' needs.

Instructional Methods

Depending on choices made by participants, modules that utilize a combination of methods will be demonstrated: Interactive mini-lecture, Clinical teaching vignette trigger tape review, Role-play, Brainstorm, Think-pair-share, Problem solving.

WORKSHOP ABSTRACTS

W07

Peer Problem Solving by Facilitated Group Process: Demonstrating a Popular Strategy for Faculty Development Leaders

Helen Batty (University of Toronto)

Rationale/Background

Faculty Developers may sometimes feel isolated and unsupported in their local responsibilities and activities. This peer group mentoring method has been used successfully at a number of annual meetings of national Faculty Development program leaders in Canada.

It has been a well received activity repeated by popular request. Both people new to Faculty Development portfolio positions and experienced practitioners have gained meaningful insights and practical pointers from their peer group.

Content

Many of the challenges and solutions in Faculty Development program design and implementation are common around the world. Leaders in this field have demonstrated that they are happy to support peers and offer mentoring quite generously to colleagues.

This process demonstrates a powerful method structured to ensure safety, comfortable group participation, efficient idea sharing and effective solution generation.

Instructional Methods

Group participants are facilitated to briefly outline an issue they are facing and wish to bring to the group for consideration. By consensus the group agrees on approximately three issues of general interest to work on together. Sequentially the three chosen participants give a short detailed account of their particular situation while the group listens. Each participant, in turn, is then asked to briefly sit outside the group while the rest of the group respectfully discusses their own ideas and personal experiences related to the chosen topic. The participant is then invited back to the group to offer any reflections on new insights gained by listening to the group discussion.

W08

Faculty Development for Successful Interprofessional Education (IPE): Preparing Facilitators for IPE

Jill Thistlethwaite (Warwick Medical School) Ann Jackson (Warwick Medical School) Patricia Bluteau (Coventry University)

Rationale

Interprofessional education (IPE) has been acknowledged as a key component of twenty-first century health professional education by the World Health Organisation in its 2010 document 'Framework of Action on IPE and Collaborative Practice'. Bringing together two or more groups of different health professional students to 'learn with, from and about each other' (CAIPE, 2002) has many logistical problems, including the necessity to develop skilled facilitators/teachers. Educators who have worked within uniprofessional environments may find the transition to interprofessional learning (ILP) difficult. They may feel insecure working with other professional groups, particularly if there is a history of power imbalance in the workplace (Thistlethwaite & Nisbet, 2007). To be able to teach or facilitate interprofessional groups, educators need to have experience themselves of working collaboratively across professions in the university and/or the clinical environment (Bluteau & Jackson, 2009). With the expected expansion of IPE programmes and learning activities within the practice, clinical, classroom and virtual (e-learning) settings, there is an urgent need to better prepare site based educators and practitioners with knowledge and skills around IPL.

This workshop will help educators design and implement faculty development workshops for novice and semi-experienced teachers to enhance their skills in delivering pre-qualification IPL activities within classroom, virtual and clinical settings. The workshop facilitators have a wide experience of IPE in the UK and Australia, and have published extensively on this topic.

Content

1. The workshop facilitators will draw on practitioner and academic perceptions of the goals of IPE to develop a shared way forward for enhancing skills in the delivery of IPE activities
2. We will share our experience of developing faculty and methods of doing this
3. Participants will define the necessary skills to support IPE and produce staff development models for practice-based and classroom IPE, with e-learning as a key component

Instructional Methods

- Short initial presentation to set the scene and trigger questions for discussion
- Small group discussions to share experience and define skills for interprofessional facilitation
- Large group plenary to agree suitable methods for faculty development in own institutions

WORKSHOP ABSTRACTS

W09

The Elephant in the Room: Teaching Medical Literacy

Lynn Russell (University of Toronto) Cathy Smith (University of Toronto)
Jacquie Jacobs (University of Toronto) Lorena Dobbie (University of Toronto)

Rationale/Background

The language of any health care professional requires medical literacy: the availability of a fund of knowledge, the ability to gather information, determine the relevance of this information in particular situations (e.g. patient encounters), and the integration of prior knowledge and gathered information into a conversational structure that results in the transfer of meaning to the patient, family, or health care worker. This occupation-specific communication is a much greater cognitive load than that required in social situations, and is the single most frequent cause of academic difficulty among International Medical Graduates (IMGs), mainly because of the differences among professional cultures.

Teachers and supervisors are often reluctant to address such issues, especially with trainees in whom English is a second language, although problems with medical communication are not restricted to IMGs. Communication problems are a major cause of dissatisfaction with the professional behaviour of practitioners of any background. Frustration among teachers facing these issues may relate to unwillingness to address sensitive cultural and language differences, and a lack of the pedagogical content knowledge required to diagnose and address specific literacy problems in trainees.

This workshop focuses on giving teachers tools to deal with the specific educational needs related to the medical literacy of IMGs or others. Through the use of simulation, participants will explore the concept of medical literacy by developing, discussing and debriefing strategies to diagnosis and address medical literacy gaps in trainees.

Learning Objectives/Content

Participants will:

1. Explore the concept of medical literacy.
2. Develop an understanding of how linguistic expression and medical cultural understanding impact on clinical reasoning.
3. Discuss strategies for working with learning gaps related to linguistic expression and cultural issues.
4. Practice diagnosing medical literacy gaps through observing and participating in simulations, and giving feedback using specifically designed communication tools.
5. Reflect on applications to their own practice.

Instructional Methods

- Individual reflection
- Large group discussion
- Interactive simulation and modeling
- Small group discussion.
- Large group debriefing

W10

Innovation in Continuing Professional Education: The Play Within the Play

Kathryn Parker (Hospital for Sick Children) Tina Martimianakis (Hospital for Sick Children) Maria Mylopoulos (Hospital for Sick Children)

In 2010, educators from the Department of Paediatrics and the Learning Institute at the University of Toronto and Sick Kids Hospital, respectively, collaborated to develop a series of community and skill building sessions on educational innovations for members of the Department of Paediatrics and for Sick Kids staff incorporating innovative pedagogical and evaluation techniques. In building these series of sessions, faculty decided to model innovation and do something different. Called the "play within the play", the faculty discussed their own process of preparing for these sessions including their struggles and strategies for program development, delivery and evaluation. In this way, their own learning was identified and shared with the larger group. The participants collaborated with faculty to craft each subsequent session. "Building the bridge as we walk on it" and sharing stories of innovation, we, by the end of the year, collectively:

1. Developed new resources (and identified existing ones) that aided us in pursuing educational innovation.
2. Built networks to sustain educational innovation within the system.
3. Gained a better understanding of how our work is innovative.

Pre-determined outcomes (above) were measured and a developmental evaluation framework was used to capture both emergent outcomes and contextual factors which contributed to the emergent curriculum development. In this workshop, we will provide an overview of design thinking and developmental evaluation and provide participants with the opportunity to apply these practices within their own educational context.

WORKSHOP ABSTRACTS

W11

One, Two, Three – Reflect! Rapid Training for Faculty Engaged in Supporting Reflective Portfolios

Kenneth Locke (University of Toronto, Department of Medicine) Barbara Stubbs (University of Toronto, Department of Family and Community Medicine) Yee-Ling Chang (University of Toronto, Department of Family and Community Medicine) Michael Roberts (University of Toronto, Department of Family and Community Medicine) Allan Peterkin (University of Toronto, Department of Psychiatry)

Rationale/Background

Health professions education programs are increasingly using formalized reflection to facilitate professional development in their learners. In addition, many programs use portfolios to collect reflections and promote deep learning from their learners' personal experiences. Faculty involved in these programs may be asked to facilitate group reflective activities, and to assess learners' reflective abilities. However, faculty members' own training and experience may not have included reflective activities or portfolios; thus, programs are challenged to find faculty able to support learners in achieving the goals of these innovations. This workshop aims to enable participants to implement short, feasible faculty development sessions in their own programs, so that their faculty can support both learner reflection, and the use of portfolios. It is designed for program developers, faculty developers, and individual faculty teachers who wish to incorporate reflection or portfolios into their setting.

Content

This workshop will develop the concept of "narrative competence" in learners, and promote the role of faculty members in encouraging personal story-telling by learners. Participants will acquire skills which enable faculty to provide appreciative feedback, and allow learners to deepen reflections through creation of portfolio "products" such as texts. Participants will also learn a method for assessing depth of reflection in submitted portfolios, for both formative and summative purposes. Emphasis will be placed throughout the workshop on implementation in participants' own contexts, with minimal preparation for faculty ahead of time. Presenters will draw from their own experiences in developing such a program in their own setting.

Instructional Methods

The workshop will employ brief didactic talks, and experiential group exercises, during which participants will develop their own brief reflections, share them, and provide appreciative feedback to each other. This parallel process will be used explicitly to develop understanding of the learners' experiences with these methods. Participants will use a rubric to assess each other's reflections in pairs, and provide each other with developmental feedback. Finally, participants will share their subjective reactions to the process in a group wrap-up, and formulate a personal action plan for implementation in their own setting.

W12

How Do We Move Past "Participant Satisfaction" When Evaluating Educational Faculty Development Offerings?

Nancy Searle (Baylor College of Medicine) Yvonne Steinert (McGill University) Charles Hatem (Harvard University) Larry Gruppen (University of Michigan)

Rationale/Background

Evaluating the effectiveness of faculty development activities is important not only to assess current programs but also to provide a credible basis for establishing new programs for medical teachers. There are several references in the medical literature describing the evaluation of a single-group faculty development activity using self-reported data obtained immediately after the activity. Research has shown that participant satisfaction concerning instruction does not correlate with change in behavior after instruction¹.

Content

We propose to involve participants at this international, interdisciplinary meeting to begin a dialogue as to what we consider "best practices" concerning the evaluation of faculty development activities. We will use the self-reported, single-group data as a baseline from which we have to evolve. The challenge of assessment also extends to the evaluation of our longer faculty development programs, often experienced over the course of the academic year. There is a similar need for efficient evaluation of such programs, and this theme will also be explored in this workshop.

Instructional Method

1. Participants will be asked to give their contact information.
2. After introductions, a very short (5 to 10 minute) presentation on the literature available concerning the evaluation of faculty development activities will be presented to stimulate discussion.
3. Kirkpatrick's Model² proposes four types of evaluation data: satisfaction (reaction), learning (cognitive), performance (behavioral), and results (effects on the environment). Participants will be divided into small groups to discuss the best practices in collecting three types of data to evaluate faculty development activities: learning, performance, and environment.
4. A process of small and large group discussions, which will be recorded on a flip chart or computer, will proceed to attempt to achieve consensus concerning best practices in evaluating faculty development activities.
5. A copy of the notes and findings from the session will be sent to each of the workshop participants.

¹ Steinert Y, Mann K, Centeno A, Dolmans D, Spencer J, Gelula M, and Prideaux D. A systematic review of faculty development initiatives designed to improve teaching effectiveness in medical education: BEME Guide No. 8. *Med Teach*, 2006, 28 (6), 497-526

² Kirkpatrick D.L.A practical guide for supervisory training and development. Reading, MA; Addison Wesley, 1971

WORKSHOP ABSTRACTS

W13

The Increasing Coordination and Integration of Faculty Development and CPD: Threats and Opportunities

Gisele Bourgeois-Law (UBC) Christie Newton (UBC) Steve Barron (UBC) Bob Bluman (UBC) Brenna Lynn (UBC) Roger Wong (UBC)

Rationale

The coordination and/or integration of Faculty Development and CPD is occurring in various degrees across Canada. Drivers for this change include increasing demands for qualified clinical teachers coupled with limited faculty human resources, cost-containment, and mounting user demands for efficient 'one stop shop' development opportunities.

On the one hand, coordination has potential benefits for both units. However, failure to take into account differences how the two units traditionally operate, e.g. funding models, may lead to unintended consequences.

Content

We believe that it would be helpful to our colleagues in other universities to share our experience and to start a broader conversation that would explore the threats and opportunities generated by varying degrees of coordination and/or integration between CPD and FD Offices

The workshop will include:

- A literature-informed comparison of the similarities and differences between CPD and FD Offices in terms of roles and operational models, and the data on a coordinated versus integrated approach.
- Results of a survey on the relationship in Canadian medical schools between FD and CPD Offices.
- A brief presentation of our experience at UBC followed by a large group discussion on how the UBC experience resonates with the participants' own contexts.
- Small group discussion on the threats and opportunities posed by increasing coordination and/or integration of FD and CPD Offices and how CPD and FD Offices in general can be prepared when these issues arise at their institution.
- Brainstorming strategies on ways to mitigate the threats and take advantage of the opportunities.

Instructional Methods

Brief plenary: A brief summary of the literature, the Canadian survey and the UBC experience.

Large group discussion: Does this resonate with the participants' institutional contexts?

Small group discussion: what is occurring in each of our universities (where are we along the continuum), what are the challenges and opportunities?

Large group discussion: Following a brief summary of the small group discussions, the group as a whole will attempt to draft a set of guiding principles for CME/FD coordination/integration.

W14

Implementation of Web-Based Multisource Feedback (MSF) in Specialist Training

Bente Malling (Aarhus University Hospital, Skejby, Denmark) Gitte Eriksen (Aarhus University Hospital, Skejby, Denmark)

Rationale/Background

Clinical teachers in specialist training need education in assessment methods. One workplace-based assessment method, multi-source feedback (MSF), is part of the outcome-based postgraduate medical curricula. There is a general agreement among faculty members working with MSF in practice that the implementation and use of MSF deserves a professional approach. A professional approach would include the use of a validated instrument, written reports and personal feedback from an educated feedback facilitator. The introduction of a web-based system to manage the process would probably increase the quality and security of data-handling. A web-based system can in a time-efficient manner provide us with systematic registration and an opportunity to pool data that can be used strategically to improve specialist training at hospital/department level.

Content

The workshop will include theoretical considerations regarding the use of MSF as an assessment tool and as a development instrument in specialist training. It will be based on experiences from the development and successful implementation of a web-based MSF system including the use of educated feedback facilitators in a university hospital setting. Implementation and information strategy will be discussed, and ethical considerations will be unfolded. A model for faculty development and the use of web-based MSF will also be presented.

The workshop will raise awareness of the importance of a professional approach in the use of MSF in specialist training. It will show the need for a transparent organization and management of MSF on departmental, hospital and higher levels.

Instructional Methods

The workshop will be interactive and the instructional methods used will be buzz groups, discussions in small groups combined with short introductions to various themes followed by plenary discussions.

WORKSHOP ABSTRACTS

W15

Who Me? Unprofessional?: A Method for Teaching the Social, Economic, Cultural and Political Dimensions of Professionalism

Tina Martimianakis (Department of Paediatrics, University of Toronto)
Adelle Atkinson (Department of Paediatrics, University of Toronto)
Stacey Bernstein (Department of Paediatrics, University of Toronto)

Rationale/Background

Professionalism is considered an important competency yet our field is still struggling with how to best define, teach, and assess it. This workshop will move beyond a consideration of professionalism as an individual competency to describe the social, economic, cultural and political dimensions of this construct.

Content

We will introduce a framework designed to animate the individual, relational and systemic dimensions of professionalism using common clinical scenarios. In the process we will model how this can be used to prepare faculty for teaching and assessing professionalism in their home institutions. Discussion will also focus on practical issues such as how to make social science theories accessible to health professional audiences and ways in which faculty development programs can be used to identify organizational and educational practices that interfere with the teaching and assessment of professionalism. This workshop, designed on principles of transformative learning, will also model how faculty development can be used to encourage attitudinal and cultural shifts in health professional contexts.

Learning Objectives

By the end of this workshop participants will be able to:

- Describe several theoretical approaches for understanding the social, economic, cultural and political dimensions of professionalism
- Apply these approaches to common clinical scenarios
- Discuss the implications for enabling faculty to teach and assess professionalism

Instructional Methods:

- Didactic and interactive activities in large and small groups
- Reflective exercises promoting exchange of ideas
- Problem solving exercises

W16

Creativity in Faculty Development – Escaping Boredom Without Scaring Learners Away

Elizabeth Krajic Kachur (Education Development, New York, NY) Lisa Altshuler (Maimonides Infants and Children's Hospital of Brooklyn, NY)

Rationale/Background

Health professions faculty are a challenging group of learners. Many are unwilling to devote an adequate amount of time and effort to enhancing their teaching and evaluation skills. They may even avoid learning the details of a shared curriculum they are to implement. Being creative in faculty development and taking on new instructional approaches may create enthusiasm in some; for others it may appear gimmicky and reduce motivation further. This workshop will explore the opportunities and limitations of creativity and innovation in faculty development.

Content

- Creativity is essential for maintaining the vitality of a field/discipline/program.
- Intersectional innovations occur when multiple disciplines or cultures come together.
- Directional innovations occur as a discipline or organization matures.
- Communicating clear objectives upfront and structured debriefing can help faculty learners become more comfortable even with less traditional educational strategies.
- Generational, emotional and social factors (e.g., need to "save face") must be considered when designing innovative faculty development programs.

Instructional Methods

After an introduction and orientation participants will pair up for a warm-up exercise related to their own "most creative moment" in medical education. Results will be shared and discussed in the large group. Subsequently we will have a brief presentation and trigger tape with discussion about what creativity is and how it can be enhanced. Working in small groups participants will undergo a creativity exercise which will be followed by a discussion about implementing new educational methodologies in faculty development programs. The end result will be a list of recommendations related to the introduction and implementation of educational innovations in teacher training. The program will close with the listing of 2-3 actions participants can undertake over the following 6 months to make their programs more innovative. They will be written on postcards which will be mailed to participants 6 months later as a reminder.

WORKSHOP ABSTRACTS

W17

Enhanced Clinical Training Through Department Indicators of Educational Effort.

Merete Ipsen (Centre for Medical Education, Aarhus University, Denmark) Mads Skipper (Aalborg Hospital, Aarhus University Hospital, Denmark) Peder Charles (Centre for Medical Education, Aarhus University, Denmark)

Background

Department indicators of educational effort, such as Relative Value Units (RVUs) of clinical faculty efforts, increase the recognition of clinical faculty. Additionally, indicators of educational effort also influence the hospital departments in other aspects^{1,2}. As a pedagogical tool, the indicators influence the departments' understanding of learning in regard to individual or socio-cultural learning theories³. As a management tool, the indicators influence the leader-staff relationship in regard to leadership strategies and organizational management^{4,5}. Thus, it seems beneficial to consider the desired effects of implementing indicators of educational effort (RVUs). Such considerations may strengthen decision-making processes, facilitate implementation of department indicators, and enhance clinical training in the departments.

Content

After participation in this workshop, the participants will be able to contemplate the impact of implementing indicators of educational effort concerning both pedagogical and managerial theories. Additionally, the workshop will encourage the participants' personal reflections on the relevance of implementing indicators of educational effort in the participants' own institutions.

Instructional Methods

A brief introduction to RVU department indicators of educational effort and the above-mentioned theoretical frameworks will be presented. Then, the participants are invited into group sessions to engage deeper into the theories of 1) the pedagogical and 2) the managerial influence of indicators of educational effort. Written material will be provided especially for this part of the workshop. After a summative plenum session, personal reflections on which kind of indicators of educational effort are most relevant in the participants' respective departments or hospitals are encouraged and shared.

1. Ipsen M. Identification and registration of educational effort provided by medical specialists in hospitals. PhD Thesis. Aarhus University, Denmark; 2010.

2. Kirch G.D. A word from the president: "The state of the faculty". The AAMC Reporter 2008 Feb.

3. Billett S. Toward a Workplace Pedagogy: Guidance, Participation, and Engagement. *Adult Education Quarterly* 2002 Nov 1;53(1):27-43.

4. Mintzberg H. *Mintzberg on management: inside our strange world of organizations*. New York: The Free Press; 1989.

5. Yukl GA. *Leadership in organizations*. 6th ed ed. Upper Saddle River, N.J.: Pearson Prentice Hall; 2006

W18

Peer Group Mentoring of Junior Faculty

John Teshima (University of Toronto) Julie Lord (University of Washington) Manny Mourtzanos (University of Washington)

Rationale/Background

Mentoring can play an important role in the development of the careers of junior faculty. The traditional model of mentoring has been a relationship between a junior faculty and a senior faculty. However, only about 50% of junior faculty find such a mentor. There are also drawbacks to the dyadic model, including clashes between the agenda of the mentor and mentee and the limited perspectives and information provided by a single mentor. Peer group mentoring has been proposed as an alternative model for mentoring junior faculty.

Content

Peer group mentoring initiatives for junior faculty have been established in two different academic departments of Psychiatry: the University of Washington and the University of Toronto. Each operates with different processes and practices. The programs have led to concrete outcomes as well as interpersonal and psychological gains.

Instructional Methods

This workshop will begin with a large group exercise comparing traditional dyadic mentoring versus peer group mentoring models. The workshop will then provide a brief didactic overview of each of our programs' experiences, highlighting some of the different approaches and processes used and outlining some of the outcomes of these programs. The workshop will then explore in small group discussions the perspectives of participants in terms of mentoring needs and issues at their institutions and how peer group mentoring might be applied to address these needs and issues. This exercise will be the basis for further large group discussion and questions about the development and implementation of a peer group mentoring model.

WORKSHOP ABSTRACTS

W19

Refining Recommendations for Educational Faculty Development Activities

Nancy Searle (Baylor College of Medicine) Stephen Greenberg (Baylor College of Medicine) Martin Hernandez Torre (Tecnológico de Monterrey)

Rationale/Background

To respond appropriately to the coming changes in medicine, we need to change medical education. We can change medical education by changing the people who teach medicine – at all levels – what they teach, how they teach, and how they do research in medical education. To accomplish this, educational faculty development must change. What should modern and future educational faculty development look like? How are we going to accelerate and evaluate the changes in medical education?

In response to these questions, a conference entitled “A 2020 Vision of Faculty Education Development across the Medical Education Continuum” was held at Baylor College of Medicine (BCM) February 26 – 28¹. The goal of the conference was to develop recommendations for training faculty who prepare physicians to meet the evolving healthcare needs of the U.S. Recommendations for future faculty development activities were made by the participants who consisted of leaders from 8 organizations and 36 medical schools: 33 U.S., 2 Canadian; 1 Mexican.

To expand upon this work, a scaled down version of the process used at the BCM conference to develop recommendations for educational faculty development was conducted at an international meeting of health care professionals, the U21 Health Sciences meeting in Monterrey, Mexico².

While 2/3 of the recommendations of both groups were very similar, 1/3 of them were quite different.

Content

The conveners propose to involve the participants in a review of these recommendations in 10 areas concerning faculty development. The result of this session would be to refine, prioritize, and further extend, if necessary these recommendations.

Instructional Method

1. Participants will be asked to give their contact information and information about their experiences in the area of educational faculty development.
2. After introductions, a short presentation of the findings from both conferences will be presented.
3. A process of small and large group discussions, which will be recorded on a flip chart or computer, will proceed to attempt to refine, prioritize, and further extend, if necessary these recommendations.
4. A copy of the notes and findings from the session will be sent to each of the workshop participants.

W20

Designing Interprofessional Faculty Development Curricula

Frazier Stevenson (University of South Florida) Amy Smith (Lehigh Valley Health Network)

Rationale/Background

Healthcare educators are often asked to assume teaching duties for which they have received little formal training, and are often experts in their discipline but not in teaching. Many teaching skills are fundamental to all professions. An interdisciplinary faculty development strategy broadens perspectives, increases collaboration, and fosters sharing, networking, creativity, and reflective practice.

This workshop stems from recent experience in interprofessional faculty development at two institutions. In 2003, the University of California Davis began an interprofessional teaching academy for veterinary and medical faculty. The goals were to provide nominated faculty education leaders with theory and skills in medical education and leadership, domains critical for pending curricular reforms at both schools. It is an 8 month course, comprised of 24 weekly half-day small group seminars. In 2008, Lehigh Valley Health Network initiated the Teaching Leader Series in order to support the preparation and development of healthcare educators (nurses, physicians, pharmacists, e.g.). The purpose is to build interprofessional workforce capabilities for teaching and competency-based education. It offers twenty different topics during 1.5 hour sessions throughout the year and is intended for all network members interested in improving their teaching.

Content

This workshop will prepare attendees to create interprofessional faculty development at their institutions. Attendees will be able to:

1. Understand the benefits for combined education of faculty from different educational backgrounds and disciplines.
2. Understand the contrasting implementation strategies used at two successful programs
3. Design a preliminary strategy appropriate to their home environment

Instructional Methods

During the workshop we will use lecture, small group discussion, and individual reflection. The workshop will begin with a brief needs assessment of the participants, followed by brief presentations of two different interprofessional faculty development programs. Facilitated small groups will discuss the benefits and barriers to developing curricula for interdisciplinary faculty development at their home institutions. The session will end by debriefing and identifying key take home points.

1- <http://www.bcm.edu/fac-ed/index.cfm?pmid=15709> (accessed 10/5/10)

2- http://www.u21health.org/meetings/monterrey2010/docs/core_meeting_agenda.pdfKey (accessed 10/5/10)

WORKSHOP ABSTRACTS

W21

Teaching on the Run: Supporting Learners in Clinical Settings

Margaret Potter (University of Western Australia) Fiona Lake (University of Western Australia)

Teaching on the Run (TOTR) was first established in Australia in 2001 and involves a series of workshops for practicing clinicians responsible for teaching and supervising health professional learners. It is one of the most widely used and positively evaluated staff development programs on offer to health professionals with hundreds of workshops run around Australia each year. In this session, the challenging issue of supporting learners who may be experiencing difficulties in the workplace will be the focus of the workshop.

Although most health professionals pass through their early years of practice successfully, a small percentage struggle and come to the attention of supervisors/clinical support staff. A much larger percentage however have some difficulties that may not be recognised. By identifying and addressing issues, in a timely and appropriate manner, the impact on performance and subsequent satisfaction with career and life can be significant.

This workshop focuses on the difficulties experienced by health professional learners and the strategies supervisors/preceptors/clinical educators and teachers can use to identify, manage and prevent problems. These strategies should at the same time, maintain and promote good performance, and therefore support patient safety and provision of quality care.

In this workshop participants will:

- Identify and discuss challenges to learning in a clinical setting
- Discuss a framework for identifying problems and their underlying causes
- Develop strategies for management and prevention
- Increase confidence to deal with difficult situations

W22

Faculty Evaluation Linked to Faculty Development

Eshrat Sayani (DFCM, U of T) Julia Alleyne (DFCM, U of T)

Background

How can the merit, worth or value of a faculty member be determined? Is there a need for such a process and what is it that should be evaluated? How can it be done using reliable and valid methods? How can it be linked to faculty development?

Learning Objectives

At the end of the workshop the participant should have new knowledge and skills about various types of evaluations, current methods of evaluation and the ability to use reliable and validated instruments.

Participants will:

- Discuss types of evaluation, current methods and frameworks of evaluation.
- Review scholarship using Boyer's and Glassick's criteria.
- Critique principles of best practices.
- Examine the types of data needed for documentation.
- Practice application of reliable and validated evaluation tools and instruments using a case study provided on video.

Methods

Brief presentation by facilitators of literature search on types of evaluation, searching for evidence for reliability and validity of tools and instruments that have been created and are currently in use. Discuss current literature linking evaluation to further faculty development.

Small group case study exercise; large group discussions.

WORKSHOP ABSTRACTS

W23

Mixed Methods Research and Emerging Evaluation Approaches

Douglas Archibald (University of Ottawa) Elaine Van Melle (Queen's University)

Background

Using a mixed methods approach, where qualitative and quantitative techniques are combined, is becoming increasingly popular in health sciences education research (Collins et al., 2007). This is because a mixed methods approach can capture the range of experiences, contexts and audiences inherent in complex educational settings (McDonald & Kay, 2006). Employing a mixed methods approach also complements emergent techniques in program development and evaluation e.g. participatory and developmental evaluation (Teddlie, Tashakkori, & Johnson, 2008; Patton, 2011). These emergent techniques are particularly powerful tools for creating responsive and effective faculty development initiatives.

Learning Objectives/Content

As a result of this workshop participants will be able to:

1. Describe the difference between quantitative, qualitative and mixed methods research.
2. Assess when it is most appropriate to employ mixed methods research.
3. Describe how mixed methods support advancements in developing and evaluating educational interventions including faculty development programs.
4. Discuss ideas for creating their own mixed methods research designs for evaluating an educational intervention or faculty development program of interest.

Instructional Methods

In this interactive workshop participants will have the opportunity to learn about mixed methods designs and view some examples of participatory and developmental evaluation. Participants will be provided with the opportunity to discuss how mixed methods can be used as an approach to evaluating an educational intervention or faculty development program of interest. Examples of learning experience feedback forms, interview protocol questions, and suggestions for reporting findings will be shared.

W24

Faculty Development Innovations: Training Senior Faculty in Careers Support

Pam Shaw (Kent Surrey and Sussex Deanery) Caroline Elton (London Deanery) Andrew Long (London Deanery) Joan Reid (Kent Surrey and Sussex Deanery)

Rationale/Background

The Modernising Medical Careers (MMC) reforms to postgraduate medical training were implemented in the UK in August 2005. Under the reforms junior doctors have to make significant career decisions about specialty choice less than 18 months after leaving medical school. Studies of specialty choice from the UK Medical Careers Research Group in Oxford suggest that prior to the implementation of MMC, the majority of junior doctors had not made significant career decisions by this stage in their training. Thus from the outset of MMC it was recognised that junior doctors were now having to make critical career decisions at an earlier stage of their training and therefore they would need to have access to effective careers support services.

This workshop will describe the innovative Postgraduate Certificate in Managing Medical Careers that has been set up in response to the MMC reforms with the aim of training senior faculty in how to provide evidence-based careers support to junior doctors and medical students. The PG Certificate is the first accredited course in the UK focussing on the provision of careers support within a medical setting, and the course leaders are not aware of comparable courses in other countries. It has been designed with an experiential focus linking theory (of career development; group processes and organisational functioning) with careers support practice in a medical education setting. There are 3 modules (working with individuals; working with groups; working within a clinical organisation), taught by a multi-disciplinary faculty (senior clinician with a background in medical education; occupational psychologist; career coach and medical education-*alist*). Although the majority of students on the course have been senior doctors, the student body has also included participants with a background in nursing, medical education management and medical librarianship.

Content

1. Parallels between a clinical consultation and a careers consultation.
2. Providing structured careers support through the use of the 4 stage approach to career planning (self-assessment/option exploration/decision making/plan implementation)
3. Individual and group interventions to enhance the quality of career decision making.

Instructional Method

The workshop will be highly interactive and include a facilitated opportunity to sample self-assessment and decision-making exercises as well as a live-demonstration of key careers support skills that can be used with individuals and peer learning groups.

WORKSHOP ABSTRACTS

W25

Authoring Virtual Patients for Healthcare Teaching: From Concept to Published Case

Nancy Posel (McGill University) David Fleischer (McGill University)
James B McGee (University of Pittsburgh)

Rationale/Background

Virtual Patients (VPs) are interactive computer-based clinical cases or simulations for healthcare education. They allow students to contextualize learning, develop analytic, evidence-based critical reasoning and problem-solving skills, apply and synthesize knowledge, model professional approaches to patient care, and facilitate formative, self, and summative assessment of complex case management (Cook & Triola, 2009; Ericsson, 2004; Friedman, 2005; Tworek, Coderre, & Wright, 2010). VP simulations complement clinical learning through deliberate practice of complex clinical reasoning skills in a safe and structured learning environment, permit access to clinical situations that may otherwise be unavailable, enrich the Simulation Center experience, and support consolidation of new knowledge through active learning methodologies.

VP authoring software is increasingly accessible, intuitive, and easy to distribute. However, authoring effective VPs remains challenging. To achieve anticipated learning objectives authors need to align their case development with a theoretical framework of based on medical informatics pedagogy, evidence-based design, and current research.

This workshop is intended for healthcare educators interested in creating virtual patient cases for all levels of training and specialties. Prior knowledge of VPs or authoring applications is not required

Content

This workshop will assist healthcare educators author VPs. Using an interactive 'hands-on' approach, participants will create a VP case. By the end of the workshop participants will be able to:

1. Describe the theoretical and evidence-based framework that underlies VP cases.
2. Identify concepts integral to case development and design that to support pedagogically effective cases that include measurable learning outcomes.
3. Apply this knowledge in a 'hands-on' activity to begin to create and then publish a case.

Instructional Methods

1. Facilitators will review VP authoring literature, related educational theories, current evidence, and associate with design approaches.
2. Participants in small groups will engage in the creation of VP cases using scenarios based on diverse educational challenges and different target learners.
3. Participants and facilitators will then review the cases in a whole group discussion.
4. Finally, workshop participants will identify areas of current and future VP research.

W26

Withdrawn prior to printing

WORKSHOP ABSTRACTS

W27

Implementing Quality Improvement - Changing the Culture in Academic Family Medicine

Philip Ellison (University of Toronto) Kate Hodgson (University of Toronto) Mary-Kay Whittaker (University of Toronto) Margaret Bucknam (University of Toronto)

Background and Purpose/Objectives

The Department of Family and Community Medicine (DFCM), University of Toronto is introducing a Quality Improvement (QI) Program, which will be at the forefront of QI initiatives in North America. The program sets out the vision of Family Physicians leading improvement in primary health care. In 2011, a QI residency curriculum and professional development opportunities for faculty will be introduced.

Methodology

A detailed environmental scan and needs assessment has led to the development of a QI architecture in the DFCM. Developing new governance, new curricula for residents and faculty, a communication plan, and developing rewards and recognition are just some of the strategies involved in changing the culture in academic teaching units to one of Continuous Quality Improvement.

A leadership development workshop was held in 2010 to engage leaders of the DFCM in the QI initiative. The workshop covered: QI Vision, Why QI?, Model for Improvement, PDSA, Rapid Cycle of Improvement, Process Tools and Data Tools.

Results/Impacts/Outcomes

At the end of the workshop, participants will be able to:

1. Analyze/assess the utility of a QI approach to their practice.
2. Actively support and participate effectively in the DFCM's QI Program.
3. Act as QI enablers and leaders at their hospital sites.

Conclusions and Discussion

In order to introduce a culture of change in the DFCM, it is essential to have the buy-in and support of departmental leaders. Introduction of a faculty development program for DFCM leadership will facilitate implementation of QI curricula into the Family Medicine residency program.

W28

Building Best Practices in Managing Residents in Difficulty

Patrick Skalenda (Department of Family and Community Medicine, University of Toronto) Susan Glover Takahashi (Postgraduate Medical Education, University of Toronto) Karl Iglar (Department of Family and Community Medicine, University of Toronto) Dawn Martin (Postgraduate Medical Education, University of Toronto)

Background

The University of Toronto's Department of Family and Community Medicine (DFCM) is the largest Family Medicine training program in North America. As with all residency training programs, a subset of residents experience academic difficulties over the course of their program and require additional faculty time and support. As a result of several factors, it has become increasingly difficult for individual DFCM teaching sites to locally provide such residents with the additional time, coaching and educational resources required to successfully complete their residency training.

In 2008, DFCM created the position of Remediation Coordinator and began to work in conjunction with training sites, central DFCM leadership and the Postgraduate Medical Education Office to improve structural, systems and resource issues to move towards an integrated, consistent and best practices approach to meet the needs of residents in difficulty.

This workshop will review new practices and resources developed and implemented since 2008 and give attendees an opportunity to discuss and develop remediation plans involving fictional resident profiles.

Content

At the end of this workshop, attendees will:

- Have an approach to recognizing and assessing residents in difficulty.
- Understand the institutional challenges presented by such residents.
- Better understand the formal remediation process, and the roles of involved parties, at the University of Toronto.
- Have an approach to developing formal remediation plans to address particular resident needs.
- Have increased familiarity with a menu of educational strategies.

Instructional Methods

- Didactic presentations by key members of the remediation process at the University of Toronto.
- Small group breakout sessions to work through fictional resident remediation cases.
- Large group presentations of proposed remediation plans.
- Distribution of print materials reviewing commonly-used strategies.

WORKSHOP ABSTRACTS

W29

The Art and Science of Interprofessional Education Facilitation

Susan J. Wagner (Centre for Interprofessional Education University of Toronto) Mandy Lowe (Toronto Rehabilitation Institute and Centre for Interprofessional Education, University of) Jill Shaver (B.J. Shaver Consulting Inc.) Jane Tipping (Office of Continuing Education and Professional Development Faculty of Medicine Univer)

Rationale/Background

Effective interprofessional education (IPE) requires relevant content built on core competencies that is taught by knowledgeable and skillful educators and then assessed and evaluated. Key to the education process is the educator or facilitator and their skill in facilitating interprofessional groups (Howkins and Bray, 2008). As part of a longitudinal, innovative IPE faculty/staff development program designed to cultivate faculty developers in IPE, a needs assessment revealed facilitation skills as a priority. Thus a tailored curriculum was created to build capacity for both IPE facilitation itself and for teaching others the required facilitation knowledge, skills, behaviours and attitudes for IPE facilitation that was integrated throughout the curriculum.

Content

Participants will experience key portions of the faculty development program designed and then reflect and discuss its key elements and application in their own contexts. By the end of the workshop, participants will be able to:

- Define IPE facilitation;
- Discuss some key foundational theories and concepts for IPE facilitation;
- Describe IPE facilitation principles and competencies using a unique self-assessment tool (Wagner, Lowe, Shaver & Tipping, 2008);
- Apply these principles and competencies to some common facilitator situations and;
- Consider the use of this faculty development program in their own contexts.

Instructional Methods

Current theory and best practice for IPE facilitation will be shared using didactic and interactive small and whole group discussion. A unique self-assessment tool will be employed to aid participants in discovering their own IPE facilitator competence. Participants will also be engaged in reflection and discussion around the application of these competencies to common facilitator situations and to the use of such a faculty development program in their own contexts.

Howkins, E. & Bray, J. (2008). *Preparing for interprofessional teaching: Theory and practice*. New York, New York: Radcliffe Publishing.

Wagner, S.J., Lowe, M., Shaver, J. & Tipping, J. (2008). *Self-Assessment of Facilitator Competencies for Interprofessional Education*. Centre for Faculty Development, Faculty of Medicine, University of Toronto. Unpublished document.

W30

Developing the Skills of Physicians as Educators in Academic Medicine: Building A CME-Approved Faculty Development Program Using a Logic Model to Identify Desired Outcomes

Ellen Cosgrove (UNM) Deana Richter (UNM) Craig Timm (UNM) Bronwyn Wilson (UNM)

Background

The mission of Teacher & Educational Development is to develop today's teachers and tomorrow's medical professionals by providing a comprehensive program of faculty development, including a core workshop series approved for CME credit, to meet institutional needs. Meeting the ACCME standards for demonstrating outcomes of CME activities was a challenge met by combining two practical tools, the logic model and Kirkpatrick's levels of evidence.

Content

Increasing emphasis on demonstrating outcomes that go beyond participant satisfaction requires new ways of planning and evaluating programs. Evaluating a program effectively requires thorough understanding of the program's resources, stakeholders, activities, and desired outcomes. A Logic Model is an effective tool for mapping these. Kirkpatrick's Four Levels provides an excellent framework for measuring outcomes and creating a chain of evidence. At UNM SOM, we apply this combination of tools to our full program of faculty development.

Instructional Methods

The purpose of this workshop is to describe how these tools can be used together to create a framework for identifying and measuring outcomes in participants' own programs and to give them the opportunity to practice using these resources. The desired outcome is that participants leave with literature-based program evaluation tools, practical experience applying them, and reference materials and resources to assist them in evaluating programs at their own institutions. Objectives are that participants will be able to:

1. Describe the elements of a logic model
2. Use a logic model template to map out a program and identify desired outcomes
3. Describe Kirkpatrick's four levels
4. Describe how a logic model and Kirkpatrick's four levels can be combined to form a framework for identifying and measuring program outcomes
5. Use Kirkpatrick's four levels to identify program outcome measures
6. Identify and access resources and materials for future reference in evaluating their own programs

WORKSHOP ABSTRACTS

W31

How Can We Improve Clinical Teaching by Using Formative Feedback?

Sally Corbett (Northumbria Healthcare NHS Foundation Trust)
Nicola Gardiner (Northumbria Healthcare NHS Foundation Trust)
Katy Cich (University at Buffalo) Kim Griswold (University at Buffalo)
Denise McGuigan (University at Buffalo) Roseanne Berger (University at Buffalo) John Spencer (Newcastle University) Roger Barton (Newcastle University)

Background

Clinical training has been described as 'in crisis' and 'a cause for concern'. In the UK the new consultant contract has increased pressure on available teaching time, and trainees have less time in training due to the European Working Time Directive. In the USA, there are concerns that reduced hours may diminish learning because of loss of continuity of care, and might have a negative impact on surgical training. Within this context of reduced opportunities, training quality needs to be optimised. However, many clinical teachers have received no training for this role.

One way that may help clinicians improve the quality of their teaching is to provide them with formative feedback. Methods and tools have been developed to give feedback on classroom teaching, but these are unlikely to be relevant in the context of clinical teaching which has to compete with the exigencies of service delivery and patient care.

Issues identified in the literature are the differences between tools designed for formative or summative evaluation, the time scales (rotation or single session), who is evaluating the teachers (peers, trainees or self evaluation), and what is being evaluated (items): the personal characteristics and behaviour of the teacher, or the learning experience which may be delivered by several teachers. Finally, theoretical models are needed to inform evaluation and support changes in practice.

Content

This workshop aims to pool the knowledge and expertise of the delegates to explore the methods and tools currently used to evaluate clinical teaching, review the literature around evaluation of clinical teaching, and define some of the elements that enhance the efficacy of feedback.

Specifically we will consider:

- Types of feedback commonly used to evaluate clinical teaching, its purpose and its effectiveness in helping to change practice.
- What constitutes effective feedback
- How to improve the effectiveness of current modes of feedback
- The importance of basing evaluation on theoretical models of teaching that support practice change

Instructional Methods

The workshop will be interactive with small group discussions and whole group feedback, and will include two brief presentations of issues emerging from published evidence.

W32

Developing Your Mentoring Skills via the Adaptive Mentorship® Model

Edwin Ralph (University of Saskatchewan) Keith Walker (University of Saskatchewan)

This workshop and its related research has been supported by a SSHRC Public Outreach Grant

Rationale/Background

Recent research has been conducted both by the Carnegie Foundation for the Advancement of University Teaching in the United States, and by the present authors in their pan-Canadian, SSHRC-sponsored study on practicum/clinical education for the professions. Evidence from these cross-disciplinary investigations has confirmed that: (a) the process of mentorship is crucial to the professional development of prospective practitioners in all professional fields; and (b) the effectiveness of mentorship practice is often hampered by difficulties or inconsistencies that arise within the mentor/protégé interrelationships and interactions.

As a result of these findings, the authors have developed, researched, and refined a mentoring model, called Adaptive Mentorship © (AM), which can be used by persons in mentorship positions in any professional preparation program, educational/training setting, or occupational/apprenticeship environment. The AM model has been shown to enhance the overall mentoring process, and to help reduce or eliminate some of the interpersonal conflicts that inevitably arise within mentor/protégé relationships. The key principle underlying AM is that the mentor must appropriately match his/her mentorship response to correspond to the particular developmental level of the protégé.

The authors recently received a Public Outreach Grant from the Social Sciences and Humanities Research Council of Canada for the purpose of disseminating the AM model across the professional disciplines. The authors therefore acknowledge the support of SSHRC in presenting this workshop.

Content:

Workshop attendees will: (a) become familiar with the AM model, its rationale, and research results; (b) practice applying it in simulated scenarios; (c) assess its potential effects if it were to be implemented in their respective educational/training contexts; and (d) be invited to collaborate with the authors in subsequently applying the model, assessing its impact, and adding to its published research results.

Methods

Participants will engage in paired-dialogue, whole-group discussion, and experiential learning to examine the AM model, to practice how to apply it, to assess its strengths and limitations, and to determine if/how they might implement the model in their own mentorship practice.

W33

From Subject Matter Expert (SME) to Educator of Subject Matter (ESM): Shifting Educator Thinking

Loretta Howard (Canadian Memorial Chiropractic College (CMCC))

Rationale/Background

The medical education field historically relies on a transmission based approach to the delivery of curriculum. This approach is increasingly at odds with current learning theory and today's millennial learner (Coombs & DeBard, 2004) and restricts student learning to a surface level (Tagg, 2004). Faculty at the Canadian Memorial Chiropractic College (CMCC) who relied exclusively on this approach to their course delivery increasingly struggled with dwindling class attendance and poor student performance on exams. In a transmission approach (Pratt, 2005) there is an ingrained belief that effective teaching requires subject matter expertise and that the educator's primary purpose is to efficaciously represent that content. The learner's role is passive, focused on absorbing the content. In a learning centred approach (Barr & Tagg, 1995) the learner's role is active and focused on engaging with the content in meaningful ways, resulting in deeper learning. Teaching is planned and facilitated from the learner's point of view, requiring educators to: understand how learners think and reason about the content; challenge learners to move to more complex forms of thinking; and create space for learners to construct their own understanding of content. In the fall of 2009 CMCC's Undergraduate Studies division set out to transition to a learning centred model of teaching as part of a broader goal to revision program curriculum to a 2015 program map.

Content

In this workshop CMCC's process to shift teacher thinking and practice will focus on the first two steps of the transition process:

1. The creation of a framework for faculty development that modeled learning centred principles in practice; and
2. The development and implementation of an in-house adult education certificate program that encouraged a shift in educator thinking from a teacher centered model to a learning centred model.

This session will benefit participants interested in using innovative approaches to promote deeper learning and faculty development.

Instructional Methods

Narrative, experiential activities, and small/large group discussion.

W34

Designing Academies to Foster Communities of Practice in Teaching and Educational Scholarship

Sheila Chauvin (Louisiana State University Health Sciences Center-New Orleans)

Rationale/Background

Since the late 1990s, increased attention has been given to nurturing and rewarding faculty members' roles as teachers and educators. More recently, Academy-type programs have increased in medical schools and health science centers. While academies share common characteristics, the impetus can vary widely by institution. Conceptions of Academy, community of practice, scholarship in teaching and learning, and faculty development also vary among faculty and educational leaders and are not necessarily well-understood, nor are the potential influence of program structure, goals, and institutional culture in designing an Academy to foster a community of practice in teaching and education. The author created the first comprehensive health sciences center-wide Academy to foster an inter-professional community of practice and the model has been used at several institutions. She has consulted with and assisted others in creating Academies at several medical schools and health sciences centers. Following the devastation of Hurricane Katrina, the author facilitated a rebuilding of the Academy at her institution in a very different post-Katrina environment. This workshop will build on the prior literature and the author's experiences to examine and apply concepts and strategies for creating Academies as sustainable communities of practice in teaching and education.

Content-Key Points

1. Design features that promote communities of practice in teaching and education.
2. Matching Academy design to institutional needs and priorities for faculty development and recognition programs is essential.
3. Establishing shared understanding of key concepts mentioned in Rationale requires an educative process at all levels of the organization.
4. Careful attention to the individual and institutional WIIFUM (What's in it for us/me?), both in terms of process and outcomes/impact, is critical to success during design, implementation, and institutionalization.
5. Scenario/Case-based Learning¹: Background and Key Concepts (LGD, 20m), Case-Part I (assessment and design) (SGA, 45m), LGD (30m), Case-Part II (engagement and commitment) (SGA, 45m), LGD (30m), Closure (10m)

¹ m=minutes, LGD=Large group discussion/debriefing, SGA=small group application

RESOURCE FAIR ABSTRACTS

R01

Fundamentals of Tobacco Interventions: A Comprehensive Facilitator Guide to Training Clinicians About Tobacco Cessation

Megan A. Tasker (Centre for Addiction and Mental Health) Marilyn Herie (Centre for Addiction and Mental Health) Peter Selby (Centre for Addiction and Mental Health)

Fundamentals of Tobacco Interventions (FTI) is a comprehensive trainers' toolkit designed to facilitate knowledge transfer among health practitioners and increase capacity for tobacco cessation interventions. FTI is a condensed adaptation of the TEACH Core Course, part of a University of Toronto, Faculty of Medicine-accredited Certificate Program in Intensive Cessation Counselling. FTI was developed to facilitate effective knowledge transfer by TEACH-trained clinicians to other health practitioners in their communities. The FTI package contains everything a trainer needs to offer engaging, interactive, evidence-based CME events, including a CD with slides and speakers' notes, facilitation tips, event planning templates, evaluation and learning assessment tools and participant materials. The toolkit is organized into three general modules: (1) Environment; (2) Behaviour; and (3) Medication. Each module is two hours in length and gives a general overview of clinical tools and practice strategies, all of which can be adapted to the specific needs of learners. Fundamentals of Tobacco Interventions is an innovative tool to increase capacity as it builds support, transfers knowledge and continues to engage TEACH trained clinician to build capacity in their own communities. This resource is a model for other CME initiatives wishing to enhance sustainability, reach and capacity-building.

R02

Practice Based Small Group - Education (PBSG-ED) Modules: Accessible Faculty Development for Clinical Teachers

Allyn Walsh (McMaster University) Jacqueline Wakefield (Foundation for Medical Practice Education) Leslie Sadownik (University of British Columbia) Wendy Leadbetter (Foundation for Medical Practice Education)

Busy clinician teachers in all the health professions have difficulty accessing traditional faculty development activities. An interactive, locally accessible method would be helpful. PBSG-ED (Practice Based Small Group Education) is an approach that uses small group discussion based around a series of printed modules on common topics and challenges in clinical teaching. The modules are developed on key topics in teacher-learner interactions. Each module includes teacher-learner "cases" which are based on real situations, summaries of relevant literature, and tools for integrating new teaching strategies into teaching practice. Modules developed to date include the following topics: Feedback; Medical Errors and Mistakes; Teaching on the Fly - Time Efficient Teaching Strategies; Learner in Difficulty; Evaluation of Learner Performance; Preparing for New Learners - Planning and orientation; International Medical Graduates- Orienting, Teaching and Connecting; Working Together—Interprofessional Education and Collaboration among Health Professionals.

Small groups of teachers meet to discuss their own teaching experience, using the teaching scenarios as a stimulus and the module as a source of evidence on best practices. Teachers choose the times and locations of their meetings, which can be ad hoc or part of a continuing series, and usually last 1 ½ to 2 hours. A brief facilitator guide is provided with each set of modules to provide directions on setting up and running the session; no content expertise is required. The groups can be composed of clinical teachers from the same discipline or from a variety of different professions. This type of "distributed" faculty development has been well received by users and linked to self-reported changes in teaching.

Examples of the modules will be displayed.

R03

Creating a Certificate Course in Health Professional Teaching and Education

Jackie McCaffrey (Centre for Faculty Development, University of Toronto) Karen Leslie (Centre for Faculty Development, University of Toronto) Debbie Kwan (Centre for Faculty Development, University of Toronto) Denyse Richardson (University of Toronto) Ivan Silver (Office of Continuing Education and Professional Development, University of Toronto) Susan Wagner (University of Toronto) Amy Dionne (Centre for Faculty Development, University of Toronto) Scott Reeves (Centre for Faculty Development, University of Toronto)

A major challenge of faculty development programs is sustaining the motivation of faculty to attend programs longitudinally. In response to this challenge, The Centre for Faculty Development established the Stepping Stones Teacher Development Program (SS); a 2 year faculty development program for those faculty interested in an in depth immersion in teacher training and a look at educational roles. This program encourages long-term participation by creating a cohort of similarly minded teachers who earn a credential upon graduation. To date, the program has graduated over 160 faculty members. The resource fair will provide an opportunity to showcase various components of this program including eligibility, program requirements, sample materials, workshop topics, journal club themes, articles and assignments as well as evaluation data and program outcomes. In addition, we will demonstrate how the SS program has informed the development and launch of a new program focused on education research skills.

R04

Online Library for Faculty Development in the Health Professions

Rita Shaughnessy (University of Toronto)

A unique information resource for faculty has been developed through the collaboration of the University of Toronto's Centre for Faculty Development and the Department of Family and Community Medicine. In addition to a specialized book and journal collection and traditional literature search and reference service provided by the librarian, we have developed online resources that are customized and specially packaged for faculty in health science professions.

These resources include:

Faculty development literature database: Available in two formats, this database contains references for books, journal articles, and websites. The formats are:

The faculty development component of the continuing education database, RDRB (Research and Development Resource Base), developed by the Faculty of Medicine's Office of Continuing Education.

A RefShare database, an option developed for those affiliated with the University, provides the added enhancement of links to the University's e-journal collection, not available in the RDRB public access database.

Pre-constructed, expert searches in PubMed of most frequently searched education topics such as small group teaching, ambulatory teaching, interprofessional teaching, giving feedback. Each topic links to a live, current PubMed search pre-constructed by a health science librarian.

Teaching & Learning Research guide to online resources in health science education. Includes: e-books, major journal titles, major databases, key articles, repositories for multimedia teaching resources, online discussion forums.

Article alerting service: Newly published articles are e-mailed, enabling faculty to keep up-to-date on the latest literature. Faculty can select from a list of existing alerts from pre-constructed expert searches on topics such as academic leadership, faculty development for community physicians, mentoring, and problem-based learning, or they can request a new customized search to suit their needs.

Access to these resources is via <http://www.dfcm.utoronto.ca/library/libresources.htm>



R05

A Smorgasbord of Interrelated Faculty Development Programs at the University of Toronto

Helen Batty (University of Toronto)

Brief overview:

In response to repeated expansions of Family Medicine training programs over the past two decades a wide array of Faculty Development programs have been created in Toronto.

A major innovative guiding design principle has been that participants completing one program could progress into more complex or larger scale programs if motivated. The programs range from a few days, five linked weekends, to one or two year full time fellowships or five year part time Master's degree programs. Detailed curriculum descriptions for all programs will be provided.

R06

The ABC Educational Primer: Train the Trainer Kit

Leslie Sadownik (UBC)

Resource Fair: The ABC Primer is a series of 3 hour interactive and problem based workshops. The goal of the Primer is to facilitate effective teaching in the clinical setting. The ongoing expansion and distribution of medical schools necessitates a distributed faculty development strategy. This Kit contains a syllabus, set of facilitator's guides, powerpoint presentations, interactive exercises, and a "Teaching Skills Booklet for Community Based Preceptors". All of these materials are printed out and available on the DVD. The Kit was developed to support faculty to deliver uniform onsite faculty development to community clinical preceptors.

POSTER ABSTRACTS

POSTER ABSTRACTS

P01

Promoting Quality Education at the University of New Mexico School of Medicine (UNMSOM): Creating a Hub to Leverage Resources

Deana Richter (University of New Mexico) Ellen Cosgrove (University of New Mexico) Craig Timm (University of New Mexico) Bronwyn Wilson (University of New Mexico)

Background

Although we are a school of medicine, education is in general less valued than patient care & research – especially in a tight economy that increases the need for clinical & research revenues and shrinks time and reward for teaching and faculty development. The challenge is to leverage resources and integrate efforts to elevate teaching, develop faculty and enhance education.

Methodology

UNMSOM's solution was creating a hub to integrate educational development by partnering with stakeholders to offer a comprehensive program. Teacher & Educational Development collaborates to produce core workshops, Lunch & Learn, Residents as Educators, just-in-time training, educational consulting, Medical Education Scholars (MES), and funding for educational scholarship. Collaborative efforts also led to requiring professional development in education for new clinician educators and for promotion in Internal Medicine.

Outcomes

The quality of our faculty development program was recognized this year by the LCME site visit team as 1 of 5 institutional strengths. Education has been elevated through the development of P&T criteria for excellence in education that includes professional development and a Certificate of Achievement in Medical Education to document faculty development. Evaluation based on Kirkpatrick's 4 levels indicates: participants perceive improved mastery of objectives and make changes in behavior; new curricula are grounded in sound principles; MES scholars hold 45% of educational leadership positions; and visitors from around the world are drawn to our program.

Conclusion

Faculty development can be implemented and education elevated with a small investment by creating a hub that leverages resources and integrates efforts through creative collaborations.

P02

Enhancing the Student Experience: Strategic Investment in Clinical Educators

Beverly Bulmer (St. Michael's) Sasha Miles (St. Michael's) Melinda Glassford (St. Michael's) Kevin Taylor (St. Michael's)

Background

Education is a priority at St. Michael's as reflected in its corporate vision of achieving excellent patient outcomes through leadership in health professional education. Although almost all clinicians across the Health Disciplines regularly supervise students, few are formally trained as teachers/educators. Considering that "...a major factor influencing the quality of student training is the competence of the trainer as a teacher and that the training needs of trainers should be recognized and addressed(1)," we embarked on a focused strategy to address this gap. Our efforts targeted 3 domains: enhancing foundational teaching skills, building capacity for IPE/C, and promotion of education scholarship. Total cost was \$18.5k.

Development/Implementation

Over 100 clinical educators representing 26 different disciplines were funded to participate in one or more educational programs:

1. Interprofessional Collaboration Certificate Program(2) at the Michener Institute (23 participants: IPE/C).
2. Stepping Stones Program(3) (2 participants: Education Scholarship)
3. APTA Clinical Instructor Education and Credentialing Program(4) (40 participants: Teaching Skills)
4. Preceptor Education Program (PEP)(5) (50 participants: Teaching Skills).

Impact

We noted an increase in student satisfaction scores related to "quality of instruction" and "evidence of IPE/C". Our students are commenting on their "excellent IPE/C experience" at St. Michael's in their qualitative comments. Our CEs reported these development opportunities as personal highlights within their year and several have independently embarked on quality improvement initiatives.

Conclusion

The strategic implementation of an educator training strategy has demonstrated impacts on the quality of our student experience and clinical educator engagement.

POSTER ABSTRACTS

P03

Barriers for Faculty Development in Medical Education: A Qualitative Research

Luz Montero (School of Medicine, Pontificia Universidad Católica de Chile) Ximena Triviño (School of Medicine, Pontificia Universidad Católica de Chile) Philippa Moore (School of Medicine, Pontificia Universidad Católica de Chile) Marisol Sirhan (School of Medicine, Pontificia Universidad Católica de Chile) Carlos Reyes (School of Medicine, Pontificia Universidad Católica de Chile) Loreto Leiva (School of Social Sciences, University of Chile.)

Background

Since 2000, the medical school of the Catholic University of Chile (EMUC) has offered courses for faculty as part of a Diploma in Medical Education (DEM). However by 2009, 41% of faculty had never taken any courses. This study aims to explore the reasons why faculty choose not to participate in these courses.

Methodology

Semi structured interviews of 7 EMUC faculty all of whom have an active role in teaching but who had not taken any DEM courses. The sampling was intentional and guided by theory. Based on Grounded theory, the data was analyzed using open and axial coding. The results were triangulated.

Results

From the analysis emerge three categories: a) The "good teacher": an expert who has innate characteristics and desire to teach; b) The status of teaching: teaching is important, but is secondary to research or care of patients; c) Barriers and Enablers: heavy work load, multiple tasks and roles are barriers; a high opinion of DEM is an enabler.

Conclusion and Discussion

The problem is multifactorial: teaching is seen as a natural skill that cannot be trained, and teaching has a lower priority than other activities. These results suggest that we need to reflect on the value of teaching in our institution and create strategies that promote it.

P04

Bringing It Home: How to Build a Faculty Development Program in an Academic Primary Care Department

Karen Weyman (Department of Family and Community Medicine, St. Michael's Hospital, University of Toronto) P. Yee-Ling Chang (Department of Family and Community Medicine, St. Michael's Hospital, University of Toronto) Abbas Ghavam-Rassoul (Department of Family and Community Medicine, St. Michael's Hospital, University of Toronto)

As patient and academic demands increase, the clinical teacher faces challenges in participating in voluntary continuing medical education to develop academic skills. St. Michael's Hospital is an academic teaching hospital affiliated with the University of Toronto. The department of Family and Community Medicine has 46 practicing physicians located in 5 geographical sites. In order to address faculty development, teachers' meetings were traditionally held once a month for one hour in the morning prior to clinics. Due to competing demands, attendance at these meetings was declining and they were becoming ineffective as a source of professional development. As a result, a new format was implemented in 2008 using input derived from both staff meetings and a needs' assessment survey. This new format was also facilitated by a change in departmental policy regarding meeting attendance. Our new format includes 4 half day workshops a year, each with an overarching theme and 1-2 topics. The additional time provides an opportunity to discuss topics in more depth and allows for more collegial interaction than the previous 1 hour format. A planning committee of 3 educational leaders in our department organize the sessions and the topics based on the needs' assessment survey. Challenges to this new format such as providing clinical coverage have been easily overcome and satisfaction with the new format has been high. Our poster will share a pre and post needs-assessment survey and our experience in changing an established, ineffective education model to a thriving, teacher-centred faculty development program for academic clinicians.

POSTER ABSTRACTS

P05

Growing a Large Teaching Network to Scale; Issues in Supporting a Large System of Undergraduate Community Teaching Practices

Martin Mueller (King's College London, UK) Ron Bailey (King's College London, UK)

Background

King's College London School of Medicine allocates 2300 students in five years of the MBBS curriculum to over 300 widely dispersed general practices. About 15% of the curriculum is taught in general practice settings. Through an analysis of student feedback, teacher surveys, and interviews, we have investigated barriers and successes that students, teachers and administrators experience in such a large network. Ongoing feedback from students and recent visits by international medical educators have been instrumental in our thinking more about elements of administration, curriculum and teacher development in our established, but ever-changing, community teaching network.

Content

Presenters will describe analyses and uses of electronic student evaluation of community teaching, "master teacher" sessions for experienced GP tutors, planning curriculum effectively in a "spiral" curriculum, and challenges of establishing a web-based community teacher development interface. The short presentation should provide a good springboard for facilitated discussion and sharing of best practice in the primary care teaching networks of workshop participants.

Instructional Methods

Brief presentations sharing our experience will be combined with participants working in small groups to identify ideas and solutions that support networks of primary care teachers in the community.

P06

Creating and Sustaining a Health Sciences Center-wide Academy in Good Times and Bad

Sheila Chauvin (Louisiana State University Health Sciences Center - New Orleans)

Purpose

This presentation will describe a health sciences center-wide Academy model and strategies to sustain its operation.

Development

In 2004, the LSUHSC-New Orleans Academy for the Advancement of Educational Scholarship was established as the first comprehensive health sciences center-wide model in the US. Membership is by peer review of educator portfolios, using multiple membership categories to support faculty development across the career continuum. Extensive education and solicitation of input from Deans, promotion/tenure committees, department chairs, and faculty members was done to solidify the model and build commitment.

Implementation

Implementation was well underway when the aftermath of Hurricane Katrina decimated the city and interrupted all aspects of the LSUHSC-New Orleans in August 2005. After being displaced for nearly a year and upon returning to New Orleans, rebuild the Academy began in a very different post-Katrina environment. The original model was retained, but adjustments and adaptations were necessary.

Evaluation

To date, 66 members have been inducted. Sustaining engagement is challenging, given faculty members' increased workload and dispersion across a larger geographic region than was the case pre-Katrina. Changes in faculty and leaders require renewed educative processes. Several institutions have used our model to establish Academies.

Conclusions

The pre and post-Katrina situations provided opportunities to revisit and refine the Academy model and revealed evidence of its flexibility and sustainability even in the worst of situations. Lessons learned will be included in the presentation.

POSTER ABSTRACTS

P07

Current Status of Medical Education and Teacher Training at Mexican Hospitals

Lydia Zeron (IMSS) Alberto Lifshitz (IMSS) Manuel Ramiro (IMSS)

Background

Mexican medical education is undergoing a transition influenced by changes demographics, epidemiological model for economic and social globalization, accelerated by technological advance, and diversified scenarios.

Objectives

1. Define the medical teaching-learning process;
2. Show the substantive functions of the profession.

Hypothesis

1. Teaching-learning process in Mexico is in transition phase between decadent paradigm and emerging;
2. The prevailing substantive role is the health care.

Methodology

Descriptive study through direct observation of teaching and learning process analyzed with tools of qualitative research in 2 National Institutes of Health and 2 general hospitals during 4 years watching academic and clinical activities.

Results

Mexican medical education at hospitals includes two guidelines, universities and health institution, both with a great historical tradition has perpetuated educational models, inefficient, actually is dominated for the "net generation" with complex communication skills, they dedicated 80% to health care. Teaching is part of medical care, without pedagogical training.

Conclusions

There is a clear transition between declining and emerging paradigm, with strong resistance to change by the same medical circle. The educational model of teaching-learning process is a hybrid between the behaviorist and the constructivist. Given the health needs of our country, the substantive function that concentrates most of the time and resources is medical care. Teaching and research at the hospitals are considered privileged. The hospital educative model should be based on the promotion of activities to successfully contend with the uncertainty.

P08

Getting and Keeping the Ball Rolling: A Canadian-Qatari Partnership in Faculty Development

Ibrahim Janahi (Department of Paediatrics, Hamad Medical Corporation (HMC), Doha, Qatar) Haitham El Bashir (Department of Paediatrics, Hamad Medical Corporation (HMC), Doha, Qatar) Shelly Weiss (Department of Paediatrics, The Hospital for Sick Children (SickKids), Toronto, Canada) Karen Leslie (Department of Paediatrics)

Background

Excellent clinical care, teaching and research are the pillars of academic medical organizations. Faculty development (FD) has been identified as a priority to support the education and academic mission.

This project represents a partnership between two centers, HMC (an evolving) and SickKids (an established) academic institution using a model that integrates longitudinal consultation, and collaborative planning for implementation and evaluation of a FD strategy for the HMC Department of Paediatrics.

Methods

A needs assessment was conducted, drawing data from a number of sources, including departmental documents, interviews and focus groups with clinical paediatric teaching faculty, interviews with medical leaders, focus groups with trainees and observations of clinical teaching rounds and sessions.

Individuals were identified from both DOPs who have roles and responsibility for FD at their respective institutions.

Findings/Results

The initial issues identified were the need to: 1) Create, implement and evaluate a FD plan that is feasible, relevant and sustainable 2) Develop and support a plan to reorient the teaching environment to allow faculty to be successful in their roles as teachers, and 3) Further develop the academic environment to provide adequate resources. Joint action planning has been initiated, outlining specific responsibilities and timelines for each partner in order to address each of the above issues.

Discussion and Plan

It is anticipated that this model of longitudinal consultation, and collaborative planning will allow for a customized, culturally sensitive, and effective FD program. In this initiative, the 'ball will keep rolling' through an ongoing partnership between the two academic centers as this newly formed FD program develops.

POSTER ABSTRACTS

P09

Seeking Solutions to Challenges of Faculty Development in a Distributed Family Medicine Program

Sudha Koppula (University of Alberta) Fred Janke (University of Alberta) Shelley Ross (University of Alberta)

Purpose

The University of Alberta Family Medicine Residency program teaches over 140 learners across Northern Alberta. Our program is large and distributed over a vast area. Therefore, providing Faculty Development to all is challenging. Our teachers, who are greatly dedicated, have limited opportunities to attend Faculty Development in person.

Program Description

Our department is implementing great changes including educational innovations, restructured clerkship and an improved urban residency curriculum. Extensive Faculty Development is essential to the success of these innovations. As our teachers use various media to keep informed, we have developed strategies to reach them more effectively. We now schedule sessions in advance to allow teachers time to plan should they wish to attend. Faculty Development schedules are circulated via e-mail, advertised as posters and displayed on our website. Our website is undergoing redesign to better serve our distributed program. An online repository of resources offered at Faculty Development sessions is being established for those who cannot attend in person. Rather than providing static information, the website will provide an interactive source of multimedia Faculty Development resources. Redundancy allows for multiple methods of accessing information. Evaluation of these initiatives is currently underway to determine their value. In future, we will seek collaborative methods to extend Faculty Development beyond our department and allow resources to be shared by non-Family Physicians who teach our learners.

Conclusions

Successful Faculty Development in an innovative and distributed education program requires multiple and creative uses of technology and proactive planning to reach a geographically separated target.

P10

Supporting the Role and Educational Training Needs of Academic Non Physician Health Care Professionals (HCP)

Serena Beber (South East Toronto Family Health Team) Viola Antao (Department of Family and Community Medicine, University of Toronto) Deanna Telner (Department of Family and Community Medicine, University of Toronto) James Meuser (Department of Family and Community Medicine, University of Toronto)

Background

The integration of non physician HCP into Family Medicine academic units creates opportunities for these individuals to make contributions as teachers. The numerous roles that non physician educators have adopted are documented in the literature (Rosenberg 2009), but information specific to the training needs of non-physician educators in Family Medicine is scarce. This study will determine the current involvement of non physician HCP as educators for Family Medicine trainees and their perceived adequacy of training as educators. Strategies for supporting and enhancing their teaching skills will be explored.

Methods

Non physician HCP at 14 academic units will be given a questionnaire exploring their current role in teaching, level of support in this role including barriers and their perceived needs. They will also be given the opportunity to take part in focus groups to further explore these issues.

Conclusion /Impact

Current level of involvement in teaching by non physician educators and their perceived learning needs will be presented. Results of this study could impact non physician HCP education nationally. Faculty development initiatives to support the teaching roles of non physician educators will be discussed.

POSTER ABSTRACTS

P11

Impact of an Innovative National Faculty Development Curriculum for Leadership in Academic Medicine: the CLIME Course

Jason Frank (University of Ottawa, RCPSC) François Goulet (Collège des médecins du Québec) Susan Lieff (University of Toronto) Meridith Marks (University of Ottawa) Linda Snell (University of Ottawa, RCPSC) Yvonne Steinert (McGill University)

Background and Purpose

Leadership and career development are emerging priorities for faculty development in medicine, however little data exists on effective models or curricula. The Canadian Leadership Institute for Medical Education (CLIME) was designed to meet the needs of individuals interested in promoting excellence, change, innovation, and scholarship in academic medicine. We describe the development and outcomes evaluation of a unique faculty development design to support emerging leaders in medicine.

Methodology

A sociocultural framework was adopted to guide the program evaluation and assess impacts at individual, interpersonal, and institutional levels. Participant data sources included: retrospective pre-post questionnaires; completed action plans; follow-up questionnaires; and one-on-one interviews.

Results

Participants rated the CLIME program highly, with satisfaction >95% on all aspects. They also rated significant positive changes on all educational objectives pre-post. Follow-up questionnaires, one year post-CLIME, showed that participants identified discernable impacts, such as identifying professional goals, considering how leadership styles influence practice, and identifying strategies to foster scholarly work. Individual interviews provided more detail on how these changes may have occurred.

Conclusions

This unique national faculty development curriculum resulted in remarkable impact in terms of individual, interpersonal, and institutional outcomes, as well as satisfaction and perceived learning. Other faculty developers interested in leadership development should consider adopting aspects of this model.

P12

Transitioning from the Clinic to Senior Medical School Leadership

Kathleen Franco (Cleveland Clinic) Caryl Hess (Cleveland Clinic)

There are multiple paths a clinician may choose from when deciding to make a change in their career. A popular choice for academicians is that of leadership in a medical school. This poster will outline options and offer pearls from the literature and experience on how to reach that goal.

Many universities, hospitals, and organizations offer courses to physicians on executive leadership training. Online and on-site courses for graduate degrees or certificates of completion are available. The Executive Leadership in Academic Medicine program provides mentoring specifically for women.

Historically, deans were often appointed for lengthy terms after achieving excellence in their clinics and research. This is no longer the only pathway. Successful leadership experience as a division chief, chair, training director, or section head is helpful to show ability to create a successful team. Multiple experiences at various levels within the medical education system provide knowledge, but more importantly allow the leader to appreciate the responsibilities and pressures of others in different arenas. For example, work on a medical school or a Residency Selection committee can offer great insight on the duties of the dean of admissions, particularly if one has volunteered to help with recruitment. Volunteering to help with the promotions committee, remediation committees, curriculum committees, and serving as an advisor for trainees helps prepare for a position in student affairs. Courses that teach fiscal responsibility and adaptations for continual changes occurring within the national medical system are critical for the dean of a medical school. This poster will compare selections available to physicians transitioning into medical school leadership positions.

POSTER ABSTRACTS

P13

Developing a Graduate Medical Education Leadership Academy

Wilhelmine Wiese-Rometsch (Wayne State University School of Medicine) Heidi Kromrei (Wayne State University School of Medicine)

Background

Developing competent Graduate Medical Education (GME) Program Directors (PD) and Program Administrative Support Staff (PASS) is an essential need for institutions sponsoring residency programs. The ACGME mandates PD competencies and, in some programs, the provision of administrative support staff. Few institutions offer formal educational programs for either PDs or PASS.

Needs assessment results revealed that PDs and PASS would benefit from a professional development program that addresses perceived and measured deficits in their knowledge, skills, and attitudes.

Aims

The purpose of the Graduate Medical Education Leadership Academy is to provide structured professional and faculty development opportunities for PDs and PASS resulting in increased knowledge and compliance.

Course Description

We developed curricula for PDs and PASS to be implemented over a one-year period. Eight ninety-minute workshops are proposed for each target audience. These educational tracks are delivered simultaneously, bringing all members together when relevant topics are discussed and separating sessions when distinct tasks are required.

The course utilizes the Program Performance Portfolio (P3), a tool for GME Program Measurement and Management. The P3 is an automated structure for planning and managing all programs' educational and evaluation activities.

Instructional strategies include "hands on" experiences for all course participants. Goals, objectives, and assignments are aligned to the ACGME common program requirements as well as to the needs identified through the GME Needs Assessment.

Anticipated Outcomes

We aim to improve program administrators' knowledge of regulatory requirements and increase awareness of current gaps in program performance. Long term follow up includes analysis of program performance in multiple performance domains.

P14

Mexican Medical Leadership Development

Lydia Zeron (IMSS) Alberto Lifshitz (IMSS) Manuel Ramiro (IMSS) Luis Abreu (UNAM)

Background

The world of Mexican leader physician is the most fascinating complex scenario, and their medical formation must be an investigative line.

Objectives

1. Describe the process of change and evolution in a Mexican physicians
2. Identify the differences between leaders and no leaders

Methodology

Consists on two phases :

1. Theoretical construction of change and evolution process
2. Identify this process on Mexican physicians with tools of qualitative research like; focal groups and profundity interviews, with a sample of 50 individuals who practice public and private medicine

Results

The process of change consists of 5 areas, which are arranged consecutively agreement to its temporality.

1. Precedent - constituted by the proper characteristics of the individual and environment, they are part of what the individual has before initiating the process and besides it.
2. Intention - departs from three parallel events, the professional challenges, the motivation and the attitude.
3. Planning - decision.- first evaluation of possibilities of change considering the probable resources and barriers,
4. Execution - the physician uses the educational resources necessary
5. Achievement satisfies the original need

Analysis and Conclusions

The process of evolution in Mexican physician has multiple factors; we identify the characteristics of the process in leaders and no leaders; this allowed us define the life trajectory, and compare with the theoretical model. In the Mexican medicine the professional life of the physician is regulated for several factors; the role model is primordial

POSTER ABSTRACTS

P15

The Administrative Colloquium: A Decade of Interprofessional Leadership Development

Pascale Lane (University of Nebraska Medical Center) Timothy Durham (University of Nebraska Medical Center) Myrna Newland (University of Nebraska Medical Center) Fredrick McCurdy (University of Texas Health Sciences Center)

Academic medical centers (AMC) train students through several schools and colleges for different roles in the biomedical enterprise. Many of the development needs of the faculty are similar among these units. The Administrative Colloquium (AC) is a year-long, interdisciplinary, project-based course at University of Nebraska Medical Center since 2000. A variety of Likert-scale survey instruments are administered before and at set points during the AC. We examined 2 of these surveys by academic unit using chi square and analysis of variance on ranks. One instrument dealt with attitudes toward the home academic unit. The other examined habits and attitudes associated with success in academia, particularly in relation to administrative tasks.

Forty-seven faculty representing every unit participated in the AC. Duration of employment did not differ by academic unit. Gender was significantly different ($p=0.03$) with the College of Nursing participants exclusively female, and those from the College of Pharmacy all male. Pre- and post-AC surveys showed no significant differences in attitude toward one's home unit across the disciplines. Pre-AC, members of the College of Dentistry reported less protected time for administrative work than members of the College of Medicine or the School of Allied Health Professions ($p<0.05$ for each comparison). No differences were noted among units on the post-AC survey.

Interdisciplinary professional education can break down silos, spread best practices, and conserve resources at AMCs. Our decade of experience proves that leadership and administrative skills can be developed across academic units, in part because the similarities between faculty outweighs their differences.

P16

The Teaching Leader Series: Interprofessional Faculty Development

Amy Smith (Lehigh Valley Health Network) James Orlando (Lehigh Valley Health Network) Elissa Foster (Lehigh Valley Health Network) Jaan Naktin (Lehigh Valley Health Network) Cynthia Cappel (Lehigh Valley Health Network) Alexander Lemheney (Lehigh Valley Health Network) Frazier Stevenson (University of South Florida College of Medicine)

Background

Educators are asked to assume teaching duties and many have received little or no formal training. In order to support the preparation and development of these educators (nurses, physicians, pharmacists, etc.), a workshop series called, Teaching Leader Series (TLS), was initiated in 2008 and is intended for any and all network members interested in teaching and teaching methods. The purpose of TLS is to assess and build workforce capabilities for teaching and competency-based education.

Methodology

A needs assessment conducted between 2007 and 2008 led to the creation of TLS. The TLS assumed that an inclusive strategy would help ensure sustainability and that "untapped and unique" learning experiences would occur when two or more professions together learned with, from, and about each others' teaching practice. Twenty different topics are offered during the 2010-2011. The TLS is evaluated by post-course evaluations, mid-year surveys and focus groups.

Outcomes

Over 700 educators participated in 42 workshops during AY08-AY10. Participants reported a 29% gain in teaching knowledge for the workshops delivered in AY09 and a 24% gain in teaching knowledge for workshops delivered in AY10. Participants reported gains in their teaching knowledge and skill on key topics such as professionalism, learning styles, small group teaching, feedback and simulation/standardized patients.

Conclusions

Evaluation data from our efforts to design, implement and evaluate a sustained model for interprofessional faculty development suggests that bringing healthcare workers together in forums other than clinical settings can foster an environment of sharing, networking and reflective practice.

POSTER ABSTRACTS

P17

Addressing Faculty Attitudes Towards E-Learning Strategies: Coming into Step with Trainees' Learning Activities

Elisa Greco (Faculty of Medicine, University of Toronto & ARDMS)
Douglas Wooster (Faculty of Medicine, University of Toronto) Andrew Dueck (Faculty of Medicine, University of Toronto) Elizabeth Wooster (OISE/University of Toronto)

Background

Trainees are familiar with and use e-learning strategies. Our survey of faculty attitudes towards e-learning rated it as the least appropriate training modality (60% vs 65 to 100% for other modalities). Although faculty rated e-learning as useful in knowledge transfer (83% vs 75 to 95%) and in teaching judgement (61% vs 60 to 100%), it was not seen as appropriate for skill development or development of expertise in communication, professionalism, collaboration, leadership, advocacy, resource allocator, teaching or presentation role (22 – 55% vs 20 – 100%). For effective modeling and training, the faculty should be facile in working with all learning modalities used in the training program.

Intended Outcomes

This workshop will be structured with interactive exercises to develop the concept of e-learning, identify some available materials and assess their appropriateness to training in all areas of expertise. Participants will identify 'disconnects' between faculty and trainee attitudes towards e-learning and discuss interventions to resolve these issues. Participants will have strategies to take back to their own settings to further address these issues.

Structure

Interactive group activities, large group discussions, round robin, case scenarios

P18

Uncharted Waters in the Brave New World: Synchronous Online IPE Facilitation in COIL

Elizabeth Hanna (Bridgepoint) Heather MacNeill (Bridgepoint) Mandy Lowe (TRI, Centre for IPE) Lynne Sinclair (Centre for IPE) Stephen Hall (Bridgepoint) Barbara Soren (Bridgepoint) Scott Reeves (Li Ka Shing Knowledge Institute, CFD, Wilson Centre, Centre for IPE)

Background

COIL (Collaborative Online Interprofessional Learning) provides a virtual classroom with synchronous audio streaming to support collaborative learning among teams of interprofessional clinicians. Conventional e-modules in disease specific complex chronic illness provide background learning and references for the online collaborative learning that is guided by facilitators.

Facilitation in IPE requires skill and sensitivity. Facilitation for COIL offers additional challenges: the learners are post licensure, the collaboration takes place in an online environment and the communication is synchronous - happening in real time.

Objectives

What do facilitators think are the factors that contribute to the effectiveness of facilitation in the synchronous online IPE setting and how can they best be supported?

What are the longer term effects on participants of a faculty development program focusing on facilitation in a synchronous online IPE setting?

Methodology

A mixed methods study will seek to answer the questions above. Surveys eliciting information about the facilitators' skills in the area of facilitation, and IPE specifically, along with information about their experience with online learning will help shape curriculum for targeted faculty development sessions to prepare the facilitators. These surveys will be re-administered at the workshop's conclusion and results compared to initial findings. Facilitator interviews will provide qualitative data.

Impact

This study will foster better understanding of the elements of successful facilitation in IPE and elearning, but may also contribute to design of effective educational programs for facilitators in the future and guide further initiatives that promote interprofessional learning in other team settings.

POSTER ABSTRACTS

P19

Tailored to Fit, Packaged to Go: Design Tips for Online Professional Development

Caterina Valentino (Ryerson University)

Purpose

Introduce the Three-Act Model of Online Course Design as the tool for designing online education.

Objectives

To share with course instructors/designers tips on how to attract participants to and structure engaging online courses.

Professional bodies and schools have responded to the demands of learners for just-in-time accessible learning by embracing online education. This need to educate differently pushes lecturers and course designers to understand the science of online pedagogy and the art of online student engagement. No longer can educators copy, paste and post slide information to course management platforms with the hope that knowledge transfer will occur. Successful online educators understand online instruction is a marriage of online pedagogy and web-based technology in a way that entices student engagement and time on task. This poster session integrates and moves beyond the works of Joseph Levine and Gilly Salmom, experts in the delivery of online education, and presents this researcher's enhanced Three-Act Model of Online Course Design as the foundation of successful online course design. At each stage of the three-act model an arsenal of online tips and strategies are embedded. These strategies are used to complement the course design and build flexible learning environment through the use Web 2.0 and 3.0 resources that minimizes student multitasking away from the course site. No matter if the course is blended, e-learning or mobile learning the Three-Act Model of Online Course Design is the design tool to place in your toolbox.

P20

Online Learning to Enhance Faculty Development for Interprofessional Education

Ivan Silver (Continuing Education and Professional Development, University of Toronto) Lindsay Baker (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Eileen Egan-Lee (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Scott Reeves (Centre for Faculty Development, University of Toronto at St. Michael's Hospital)

Interprofessional education (IPE) can enhance collaboration and the delivery of patient care. However, there are few faculty development programs to enhance effective interprofessional education and program planning. A six month faculty development program was created using a blended learning environment, involving both online and face-to-face interaction.

This study aims to explore the interactions within the online discussion forum and the impact of a blended learning environment. Learners from geographically diverse locations represented 14 different health care professions. Data collection included qualitative interviews, observations and quantitative tracking of online interactions. Qualitative data were analyzed to explore emerging issues and themes. Quantitative data were compiled and analyzed and descriptive statistics were explored.

Preliminary findings suggest that learners engaged in online discussion for a variety of reasons, including offering assistance, sharing personal stories, discussion and reflection. Observations of in-class sessions suggest participation in the online forum facilitated group formation and a sense of community.

Learner participation in the online forum served to facilitate the formation of a community and enhanced their face-to-face communication within this interprofessional faculty development program. Faculty developers should consider the use of blended learning environments to facilitate and enhance community formation among participants.

POSTER ABSTRACTS

P21

The Birth of FM Pod: Family Medicine Preceptor Online Development for Rural Family Medicine Preceptors in Alberta

Sonya Lee (University of Calgary) Doug Myhre (University of Calgary)
Wes Jackson (University of Calgary) Hilary Delver (University of Calgary)

Background and Purpose

To determine the interest in a new rural preceptor faculty development program and assess preceptor needs for this new initiative.

Methodology

A 6 question web-based survey was developed to determine rural preceptor faculty development needs. Surveys were distributed by e-mail to 28 rural preceptors in Alberta in June 2010. Follow up and reminder e-mails were sent 2 weeks later.

Results

There was a 61% percent response rate with 17 preceptors completing the on-line survey. Eighty-two percent of respondents (14/17 preceptors) were interested in the new faculty development program. Topics highly rated by preceptors for skills development included:

- Giving Effective Feedback
- Time Efficient Teaching Strategies
- How to Use Questions in Teaching
- The Learner in Difficulty

The majority of preceptors (53%, 9/17 preceptors) indicated their preferred delivery method was on-line, real time interactive learning, compared to videoconferencing or in-person local meetings. Overall, long-term longitudinal on-line faculty development was identified as a preferred delivery method for rural preceptors.

Conclusions and Discussion

Rural preceptors are interested in receiving faculty development. Preceptors indicated that skills development is desired in the traditional areas of teaching and learning, and that on-line learning is their preferred faculty development delivery method.

Results from this needs assessment have directly driven the design of the new FM POD initiative. FM POD is a six-module on-line faculty development program that will be offered in 2011 to preceptors in the 36-week Rural Integrated Community Clerkship in Alberta.

P22

Social Media as a Faculty Development Tool

Deirdre Bonnycastle (University of Saskatchewan) Kalyani Premkumar (University of Saskatchewan)

Twitter, Facebook, Personal Learning Networks, Blogs and Wikis are buzzwords fluttering around in the media with both critics who expound on the dangers and advocates who live in an online world. Between these two extremes are medical educators trying to work out how Social Media can be useful for faculty development, while trying to avoid the embarrassing pratfalls of new technology.

This interactive workshop by the facilitators of the Medical Education and the Faculty Development wikis will explore how social media can be used and is being used by faculty around the world to create personal learning environments.

POSTER ABSTRACTS

P23

iMedLearn - Developing and Evaluating an Innovative Automated Tool to Support Self-Directed Learning in Family Medicine Resident Training

Gary Viner (AIME, Faculty of Medicine, University of Ottawa)

Background

Family medicine residency education is an experiential process but over the course of the program, many conditions learnt in medical school are not reinforced by clinical exposure. This is further complicated by the knowledge that physicians generally self-assess poorly. This research proposal hypothesizes that an innovative computer tool (iMedLearn) that provides a visual display of experiences in the context of the prevalence and importance of conditions in a population would be helpful in guiding self-directed learning as well as enhancing the interaction of trainees within their community of practice. Though there is very limited information on prevalence or even a method of rating importance of clinical conditions confronting primary care, with the advent of computerized health records, it is possible to readily define the clinical experience of a trainee relative to their expected knowledge and competency requirements.

Methodology

An initial mixed methods study that investigates the perceived value of this tool for learners is proposed, to be followed by an iterative process to enhance the tool's value. Once iMedLearn is optimized, a series of sub-questions might be addressed with further research.

P24

COIL- Collaborative Online Interprofessional Education

Heather MacNeill (Bridgepoint Hospital) Elizabeth Hanna (Bridgepoint Hospital) Scott Reeves (SMH)

Background

Elearning is a potential powerful tool to allow anytime, anywhere learning. Bridgepoint Health has created COIL- Collaborative Online Interprofessional Learning, to provide a platform to teach complex chronic illness (CCI), particularly as it relates to socially vulnerable populations. Background material rich in interactivity and links to evidence based medicine provides the backdrop for a collaborative tool which allows interprofessional groups of learners to synchronously (at the same time) discuss cases in CCI.

Methodology

This collaborative tool (called eUnity) has been specifically tailored to COIL and utilizes the "build-a-case" technique to allow learners to share narrative stories while building a fictional patient case together. A repository of images, videos, and reference material helps to create rich cases.

Results

Analysis of qualitative and quantitative data of the pilot phase of this course supports use of this method, but suggests strong facilitation and excellent technical support are essential for success. Themes of "across the continuum" learning and the "big, fabulous mess and complexity of elearning" were noted.

Conclusion

COIL continues to develop into its "2.0" phase based on feedback from the pilot project data. A full roll out of the program is planned for Jan 2011, specifically looking at interprofessional collaboration and individual versus group learning. Two disease streams, traumatic brain injury and diabetes, will be used. COIL's vision is to be a platform on which online CCI learning can occur, with additional learning in interprofessional collaboration and determinants of community health.

POSTER ABSTRACTS

P25

Interprofessional Education to Improve Research Skills of Faculties in Isfahan Medical Sciences University

Ziba Farajzadegan (Isfahan Medical University) Ahmadrza Zamani (Isfahan Medical University) Tahereh Changiz (Isfahan Medical University) Peyman Adibi (Isfahan Medical University)

Introduction

Research skills of faculty members is considered as a basic need but faculty members in our country only with regard to clinical skills can be applied.

On the other hand one of the important indicators to improve faculties is their research performance. In this situation, skills are learnt through trial and error and this may take many years.

The aim of this study was designing a research curriculum to provide a defined course by other professors

Methods

Through an action research we conducted a group discussion attended by experts, for preparing a research curriculum. Using the results, a need assessment project was Planned. then, teaching strategies and research training priorities was extracted.

In the next stage, research priorities was graded and teams of teachers were formed.

Results

47 titles were gathered. They were ranked by experts. 10 of 47 were preferred as high priority issues. Interprofessional education was determined as a strategy for training of skills Among 700 faculty members, 30 of them were selected to train other colleagues.

They arranged into six teams regarding their interest.

Research priorities were set at three levels: primary, intermediate, and advanced., course curriculum and lesson plans, were prepared.

Conclusion

Research Skills are fundamental for faculty members and It is better to be provided as a package, with clear goals and strategy. The best method for training is inter professional teaching

P26

Interprofessional Faculty Development: The UC Davis Vet-Med Teaching Scholars Program

Frazier Stevenson (University of South Florida College of Medicine)

Purpose

At the University of California Davis (UCD), we began in 2003 a teaching academy for combined faculty from the veterinary and medical schools. We sought to provide an in depth survey of medical education and improve educators' effectiveness as regional/national leaders. We also sought to promote new ideas via interprofessional collaboration.

Methods

The UCD Teaching Scholars Program is a half year course, comprised of 24 weekly half-day small group sessions, for nominated faculty in the Schools of Medicine and Veterinary Medicine. The program curriculum featured: teaching models, learning theory, assessment/feedback strategies, education leadership, and education research. Faculty included four core leaders with visiting scholars. Seminars were led with a mix of transmission and developmental/discussion teaching. We enrolled 7-10 faculty per year, from a diverse pool of current and developing educational leaders. All were given release time by their chairs.

Results

Four years of Teaching Scholars participants were surveyed about program experiences and outcomes. 26 (66%) respondents reported that they were very satisfied with the course (4.6/5), individual curricular blocks (4.2-4.6), and other faculty (4.7). Participants reported positive impact on their effectiveness as educators (100%), course directors (84%), leaders (72%), educational researchers (52%). A major curricular reform at one school was led by alumni of the program. The interprofessional approach significantly broadened perspectives, leading to greater/new collaboration.

Conclusions

Based on participant feedback, our program was a success at stimulating change in these faculty. This program may provide a template for other medical institutions who seek to enhance their educational mission.

POSTER ABSTRACTS

P27

NHS North West Simulation Education Network Faculty Development Program – A Pan Regional Inter-Professional Approach

Neal Jones (North West Simulation Education Network) Doogie Whitcombe (Pennine Acute Hospitals NHS Trust) Helen Box (Blackpool Flyde & Wyre Hospitals NHS Foundation Trust) Justine Brislan (Wirral University Teaching Hospital NHS Trust) Simon Mercer (University Hospitals Aintree Foundation Trust) Russell Ashworth (Royal Liverpool Children's Hospital NHS Trust) Pramod Luthra (North West Postgraduate Medical Deanery) Jeff Goulding (Cheshire & Merseyside Simulation Centre) Peter-Marc Fortune (Central Manchester Foundation Trust)

Background

The NHS North West Simulation Education Network was created in 2009 as a collaboration of 63 NHS Hospital organisations and 13 Universities, with 202,000 staff in a geographical area of 14,000 km².

Objective

An inter-professional working group was established to create a quality assured workforce of simulation delivery educators across the region.

Outcome

Components of a quality assured program focussing on technical and educational delivery staff were identified. On-line resources and interactive face to face days were developed, with the aim of continued updating as a facilitator long after completion of the course.

Completion of peer-reviewed pre course e-learning tailored to both technical & educational staff and subsequent satisfactory attainment via on-line assessment allows entry to the face to face interventions. The first of which focussing on technical competencies, including maintenance and programming has been constructed with the support of industry directed at each simulation manikin available. The second day focuses educational theory related to simulation, human factors and debriefing. Participants can chose to enter one or both.

The post course assessments include utilising key stroke analysis to identify newly learned behavioural markers on-line and the submission of a fully programmed scenario for peer review and subsequent distribution to the network.

Upon completion of the post course assessment criteria, candidates acquire provisional instructor status. Full status is available after assessment as instructor on future regional courses.

The two day course has been evaluated using a likert scale of 1-5 (1 =excellent and 5 = very poor.) To date course sessions have achieved an overall course quality mean score of 1.3.

P28

Exploring the Longer-term Outcomes of an IPE Faculty/Staff Development Program

Karen Leslie (University of Toronto) Eileen Egan-Lee (University of Toronto) Lindsay Baker (University of Toronto) Martine Andrews (St. Michael's Hospital) Paula Burns (Michener Institute for Applied Health Sciences) Denyse Richardson (University of Toronto) Jill Shaver (B.J. Shaver Consulting Inc.) Brian Simmons (Sunnybrook Health Sciences Centre) Susan Wagner (University of Toronto) Ivan Silver (University of Toronto) Scott Reeves (University of Toronto)

Background

Effective interprofessional education (IPE) is seen as key to enhancing collaboration and patient care. However, there has been little attention paid to preparing faculty to deliver this form of education or evaluating their effects over time. A blended methods faculty development (FD) program was developed to expand the cohort of educators able to develop, implement and evaluate IPE.

Methodology

A case study approach was adopted to explore the processes and outcomes from this program. Thirty-one learners representing 14 health professions participated in this study. Data collection included interviews, observations of online discussions, and quantitative tracking of online interactions over a one-year period. Qualitative data were analyzed to explore emerging issues and themes. Quantitative data were compiled and analyzed and descriptive statistics were explored.

Results

The presentation focuses on the interview data conducted 6 months post program. They reveal aspects of the program that were beneficial to participants' success in delivering IPE programs, as well as barriers they encountered. The findings also suggest that while the blended learning approach helped to increase collaboration during the program,

this sense of community did not endure longer-term. Findings will be discussed in relation to the interprofessional education and faculty development literature.

Conclusions

This study offered a rare understanding of the longer-term outcomes related to the delivery of an IPE FD program as well as issues which may enable or impede faculty in developing their own IPE initiatives.

POSTER ABSTRACTS

P29

Permanent Education as a New Proposal for Faculty Development in Brazil

Carlos Lazarini (Faculty of Medicine of Marília) Ieda Francischetti (Faculty of Medicine of Marília)

Background

Our school adopted active methods of teaching-learning in the course of Medicine. We use a Brazilian method called problematization, which one uses principles of adult learning based on Paulo Freire's theory. Faculty development uses concepts of permanent education (PE), again based on Freire's theory. It foments and support curricular changes, mainly through reflection of educational practice. PE happens weekly for all faculties, since 2002.

Objective

Describe the perception of the faculties of the Medicine first series in relationship to the relevance of participating in the PE program.

Methods

Exploratory study using semi-structured questionnaire. The technique of thematic analysis of the Collective Subject's Speech was used.

Results

The totality of subjects considered the activity of PE as important. The teachers showed: great space for learning; provides change of experiences; allows the practice reflection; good space to discussion and reflection; and unhappily it is one moment badly taken advantage.

Considerations

Teachers consider that the PE proposal (reflection on the practice) has been reached, however has not been answering to the expectations of the all. Understanding the importance of the educational development for the support of an innovative curriculum, it is done necessary the problematization the implicit senses in this speech to search a more responsive PE to the all.

P30

In the Interests of Faculty: A Theoretical Basis for Designing Faculty Development Programs for the Basic Medical Sciences

Richard Blunt (St. George's University)

Background and Purpose

Debates about providing for the interests of faculty are critical in the basic medical sciences where the complexity of the curriculum leads to challenges for both teaching and learning. However, a needs analysis revealed that faculty espoused diverse interests, so this research aimed to create a coherent theoretical basis for planning a faculty development program.

Method

The investigation comprised a 360° needs analysis based on: the literature, a survey conducted among faculty, interviews with administrators, student evaluations of faculty, and reports of departmental review panels. The aim of the analysis was to develop a theoretical model which would help identify and structure the real (in contrast to "felt") needs of faculty.

Results

The model that was developed from the needs analysis took the form of a matrix which juxtaposed the roles of teacher-student with the processes of teaching-learning. The quadrants created by the matrix were used to generate institutional needs for faculty development, and a third dimension was added which made it possible to extrapolate associated individual needs.

Conclusion and Discussion

The model was employed to design a program which faculty considered successful. Subsequently it offered a reliable basis for evaluating the program. Further applications of the model are for identifying neglected aspects of faculty development, and predicting faculty interests with respect to student needs and institutional demands.

POSTER ABSTRACTS

P31

Faculty Development for Teaching - How Political Background Influences Context

Michael Clapham (Queen Elizabeth Hospital, Birmingham)

This project evaluated 31 one day introductory courses to teaching, for senior clinicians at a single institution conducted by a single facilitator.

Generic objectives introduced educational concepts: develop understanding of educational cycle; develop awareness of the context for teaching and learning; understand needs assessment; generate educational objectives; understand value of different teaching methods; understand positive feedback and how to deliver effectively; gain understanding of assessment within the context of the clinical workplace.

Specific learning outcomes were negotiated for each course.

Evaluation was conducted using self administered questionnaire at the end of each day with a combination of closed questions, rating of statements and open text questions.

31 courses had 311 attendees with 217 responses.

All enjoyed their day and would recommend the course to others.

All learnt something new (mean 5.7 maximum 6) and were going to put something new into practice (mean 5.4).

Specific learning objectives evolved over seven years. These focussed on curricula, the challenges of shorter working hours for trainees and trainers, time for teaching and educational supervision, assessment of competencies, recognition of excellence and ranking/ selection into training programmes. The current 'context' relates to the ever increasing number of workplace assessments which have to be completed electronically.

These varying objectives map to external changes in UK medical education :

2003 Formation PMETB as statutory body to approve curricula

2005 Foundation training starts

2007 Run through training starts (MTAS debacle)

2008 Electronic portfolios

Faculty development for teaching benefits by considering the current 'political context'.

P32

Faculty Development: A Collaborative Approach

John Mrozek (Texas Chiropractic College) Rahim Karim (Texas Chiropractic College) Stephen Foster (Texas Chiropractic College) Alan Adams (Texas Chiropractic College)

Background

Faculty development is integral to achieving defined student learning outcomes. Collaborative faculty development initiatives between Baylor College of Medicine (BCM) Academy of Distinguished Educators and Texas Chiropractic College (TCC) have been established to expand development opportunities. BCM has structured a series of faculty development workshops for TCC related to improvement of instruction and assessment. The goal of this study is to determine the effectiveness of these initiatives.

Methodology

The Kirkpatrick model is used to evaluate faculty development effectiveness. A pre and post survey pertaining to the Developing Learning Experiences workshop satisfaction and knowledge of the material presented was conducted. A follow-up survey was conducted one month later to measure retention of knowledge.

Results

The post workshop survey demonstrated a marked increase in knowledge of the presented material. The one month follow-up survey demonstrated continued retention with intent to incorporate the information into their course within the next six months.

Conclusion

Survey results indicate that Kirkpatrick's level I and II outcomes have been met. Further evaluation will determine if higher outcome levels are obtained.

POSTER ABSTRACTS

P33

Reducing Medical Studies from 7 to 6 Years: UCL's Management of Current Major Curricular Reform in Belgium.

Claire de Burbure (Université catholique de Louvain, Medical School, 1200 Brussels, Belgium) André Geubel (Université catholique de Louvain, Medical School, 1200 Brussels, Belgium) Véronique Godin (Université catholique de Louvain, Medical School, 1200 Brussels, Belgium) Sébastien Petrolito (Université catholique de Louvain, Medical School, 1200 Brussels, Belgium) Nicolas Dessambre (Université catholique de Louvain, Medical School, 1200 Brussels, Belgium) Dominique Vanpee (Université catholique de Louvain, Medical School, 1200 Brussels, Belgium)

Background and Objectives

In the current context of Bologna and mobility facilitation in medicine, the pressure is on all Belgian medical schools to adopt a 6-year curriculum in line with European Directive 2005/36/EG instead of the traditional 7-year curriculum, in place since 1949.

Methodology

As advised by the Deans' College of the French-speaking community, UCL's Medical Education Commission designated a steering committee of 8 academics and educators with the task of elaborating and presenting proposals of curricular reform. Following a one-year project approach in collaboration with other French-speaking universities, three stages were considered: first, draw up general expected outcomes, with level 1 & 2 learning outcomes for first and second cycle degrees, using literature review and SWOT methodology, involving both students and experts in the field, including Belgian Dutch-speaking experts working closely with Dutch universities, in order to share ideas and common objectives (e.g. increased mobility); in a second stage, proposals how to best achieve the integration of certain courses from the second into the first cycle will be reviewed, and in the third phase they will have to be written down and adopted by UCL's Medical Education Commission.

Outcome

By September 2012 the 7-to-6 years curricular reform is expected to be fully applicable at UCL.

Discussion and Conclusions

Changing the concept from teaching to apprenticeship, integrating clinical into basic sciences, the 7-to-6 year curricular reform constitutes a major challenge for traditional Belgian universities: expert help and shared objectives within at least one if not several European countries are essential.

P34

Designing a Curriculum Framework to Guide the Revision of the University of Ottawa's Family Medicine Residency Program

Francois Boucher (University of Ottawa) Colla MacDonald (University of Ottawa) Eric Woollorton (University of Ottawa) Jacques Lemelin (University of Ottawa)

Background and Purpose

In April 2010, a committee was created to revise the Family Medicine (FM) Residency Program at the University of Ottawa. The first step was to design a Curriculum Framework (CF). The purpose of the CF was to:

1. Act as a quality standard for the design, delivery and evaluation of the fm residency program;
2. Identify the essential components of the fm residency comprehensive curriculum; and
3. Create a common curriculum across all FM training sites.

Methodology

An original CF was drafted by a Medical Educator using relevant literature, CanMEDS-FM and documents from the College of Family Physicians. A one day retreat was held with FM Faculty. Suggestions were solicited, documented and implemented. A revised CF was presented at a second retreat five months later and feedback documented and implemented. Feedback was also solicited between retreats via e-mail. Definitions of the CF elements were abstracted from the literature. Based on Preceptors', Residents' and Faculty feedback, minor edits and revisions were made. A third revision of the CF was presented at a third retreat nine months after the first retreat. The fourth version of the CF was created and programmed after consensus was achieved.

Results

This presentation will share our final programmed interactive CF.

Conclusions and Discussion

It is hoped that other Faculties of Medicine can benefit by adopting, adapting or creating a CF that will act as a quality standard and result in greater accountability of residency programs.

POSTER ABSTRACTS

P35

Educative Proposal to Professionalize Teachers of Humanities Such as Medical Ethics

Maria Ortiz (Faculty of Medicine Morelia, Mexico) Benjamin Revuelta (Faculty of Medicine Morelia, Mexico)

Background

Since 1830, when the subject of medicine was founded, our Faculty of Medicine has historically been considered as humanistic because of many notable graduates, but the curriculum has never formally included humanities, just extracurricular seminars, of which teachers/doctors agree that professional vocation and attitude are the basis to teach, but do not assure their competence to guide discussions related to ethical issues, that guide students to develop those valued skills of critical thinking that bring them a framework to build their own knowledge and reflections, when answering a survey. Students frequently feel "lost" when participating in these sessions.

Objectives

To offer a methodology to professionalize teachers through a scientific and critical approach to teaching-learning process, psycho-pedagogy and effective didactic tools in order to improve medical ethics teaching.

Methodology

Theoretical-practical course, structured as follows: Critical thinking, Philosophy and education, Main theories of teaching-learning process, Educative communication skills and Didactic instruction. Doctors, masters in medical education and philosophers are included. Implementation considers authorization, promotion and development between November-2010 and May-2011, and application with students in July-2011. Assessment will be formative and summative. Impact will be evaluated through a survey applied to both teachers and students at the end of each medical ethics course.

P36

Faculty Development by Competences in the Instituto Mexicano del Seguro Social

Miriam Larios (Instituto Mexicano del Seguro Social) Lilia Monroy (Instituto Mexicano del Seguro Social) Rocío Galdúroz (Instituto Mexicano del Seguro Social) Alberto Lifshitz (Instituto Mexicano del Seguro Social)

Background

The Instituto Mexicano del Seguro Social (IMSS) is the biggest social security institution of Mexico and Latin America, that contributes to the education of the major number of health human resources.

The purpose of this program is to develop in the health professional, with teaching functions, those competences which will enhance his/her educational labour, contribute to improve the quality of the institutional education services and improve the health care.

Development

A Teaching Professionalization Course for Health Education based on a competences' model employing new information and communication technologies (ITC's), where competences as Learning to Learn, Ethics, Planning, Usage of Technological Resources and Evaluation are strengthened in the professor.

Its design included the following phases:

1. Professor teaching profile
2. Curricular design
3. Interactive material development
4. Training
5. Implementation

Implementation

Thirteen Educational Research and Teaching Education Centers all over the country are used by trained professors in competences and online education to develop an academic program using e-learning and blended learning modalities. This program is guided to health personnel with teaching activities.

Evaluation

The student's behaviour is evaluated by performances' criteria, evidences and products.

Up to date, a major coverage of teaching professionalization has been reached as well as the usage of ITC's as a learning facilitator.

Moreover, education model used here promotes collaborative work, permanent learning and problems solution related to health affairs.

POSTER ABSTRACTS

P37

Faculty and Professional Development Needs of Physicians in a Community Teaching Hospital

Rick Penciner (University of Toronto)

Background & Purpose

North York General Hospital (NYGH) is a community teaching hospital affiliated with the University of Toronto. Many physicians are involved in some aspects of teaching and have professional roles that may benefit from faculty and professional development; however, most (74%) do not have a faculty appointment. The purpose of this study was to determine the faculty and professional development needs of physicians in a community teaching hospital.

Methodology

An online needs assessment was conducted using a modified Dillman Tailored Design Method. All active physicians at NYGH (n=486) were invited by e-mail to complete a web-based 63 item questionnaire. Three e-mail contacts over a 3 week period were used. The results were analyzed using descriptive statistics.

Results

One hundred and eighteen (118) physicians responded to the survey (response rate 24%). Two-thirds (66%) had a University faculty appointment. While 48% reported that they had attended a faculty development program in the previous 5 years, only 15% attended a session at the University's Centre for Faculty Development. The most commonly reported barriers to attending faculty development programs were timing of sessions (77%), individual time demands (65%) and location of sessions (43%). Respondents identified needs in the areas of teaching, technology, administrative and career development.

Conclusion & Discussion

Physicians at NYGH perceive a need for formal faculty and professional development programs. The perceived needs are diverse as are the barriers to participation.

P38

Connect the Dots

William Morris (ATSU-SOMA)

Background and Purpose

Third and fourth year students have insufficient opportunities to apply osteopathic principles and practice osteopathic techniques in a clinical setting. Many preceptors do not know what students are currently taught or are unfamiliar with osteopathic medical care. This coupled with the classic students' reluctance to perform until asked leads to diminished osteopathic skills.

Methodology

Training many preceptors to supervise osteopathic medical students has not led to significant success. Our approach was to prepare the student to "carry the message." Students were required to make a presentation on one of 70 common clinical situations and describe where the osteopathic somatic dysfunctions would be found, with what techniques they would treat the patient and, specifically, what physiological changes, in standard medical terminology, would be expected from the treatment. Faculty development was needed for this role reversal.

Results/ Impacts/Outcomes

Early reports from preceptors indicated that students were more likely to be given an opportunity to apply osteopathic treatment when the preceptor was persuaded that the treatment would have beneficial effects with very limited side effects.

Conclusion and Discussion

The training of the student to carry the message was a unique approach to increasing the use of osteopathic treatments in third and fourth year rotations.

POSTER ABSTRACTS

P39

Teaching with Evidence-Based Instructional Strategies: Why and Why Not?

René Fradette (Université Laval, Québec)

New health professionals are likely to align their practice upon evidence-based approach. Everybody wants that these professionals use the best practices, the best ways to follow up their clinical reasoning and their health care planning.

Since the last twenty years, researchers and teachers in general education have developed full of tools to observe and experience instructional strategies that produce real effective learning. And this appears not only at the secondary level but also in Higher Education.

This poster wants to wrap up principles, instructional strategies about which no doubt persists for their reliability and their outcomes. And all turns around the evolution of learning potential during a course class or during a scholar stage and impact upon learning motivation.

Now there is a lot of scientific review containing peer-reviewed articles describing what does really work and do not work for producing effective learning even in Health sciences education.

Those are called "Zones for evidence of efficiency".

P40

An Institutional Program for Faculty Development: An Experience to be Related

Ieda Aleluia (Escola Bahiana de Medicina e Saude Publica) Marta Menezes (Escola Bahiana de Medicina e Saude Publica) Victor Luiz Nunes (Escola Bahiana de Medicina e Saude Publica) Maria Luisa Solliani (Escola Bahiana de Medicina e Saude Publica)

Background

In 2007, our School of Medicine initiated a teacher development program. It was part of a School's Institutional Program, which has a mandate to invest in the teaching faculty and evaluate its educational needs.

Development

Initially, 25 teachers from the School's six health-related courses (medicine, biomedicine, nursing, psychology, dentistry, physiotherapy, occupational therapy), were invited to participate in the program known as "PROIDD: Program Institutional Development of Faculty". Meetings were then arranged to identify the group's expectations and to ascertain any gaps in the faculty's educational process, from the teacher's perspective. These themes were approached gradually, through classes and workshops given by the faculties and invited teachers.

Results

After identifying the themes, in order of priority, we organized various meetings, which led to some intense discussions between each of the course faculties; this was a genuinely multi-professional interaction, but the group found the process more theoretical than practical. This initial group was accepted as the basis for dissemination of the program to the other courses, because people felt compromised with the project.

Conclusion

The specific concerns of each course made it difficult to continue with the project. Currently, the Program is in a re-evaluation phase, which will be applied in each course and reflect their individual characteristics and needs of each faculty group. The School believes that an Institutional Program for faculty development is essential to maintain the quality of the teaching-learning process.

POSTER ABSTRACTS

P41

Faculty Development of Clinical Rheumatologists

Namita Kumar (University Hospital of North Durham) Fiona Clarke (James Cook University Hospital)

Background

In a global recession and with financial constraints within the NHS, consultants neither have the time nor money to attend expensive training that is longer than necessary. We piloted the training of Rheumatologists within Northern Deanery, to meet PMETB/GMC standards within 1 day.

Methods

A program was constructed to ensure that each of the training standards were met. Sessions concentrated on areas we knew colleagues found difficult and included giving feedback, bullying, trainees in difficulty, management of eportfolios and work place based assessment (WPBA).

Results

19/22 (86%) responded. 15 had heard of PMETB standards before the day. 8 knew what they were before and 16 knew afterwards. 2 were still unsure! All found the course helpful for roles of trainer, educational and clinical supervisor. 14 found it easier that registrars were not invited. 15 thought these standards would help postgraduate medical education in general and 2 thought it would hinder it.

Conclusion

Rheumatologists enjoyed learning together, locally and sharing experiences. As teaching faculty it allows us a degree of consistency in delivering our regional training program and we have trained our trainers to an appropriate standard. We will repeat this at regular intervals as a result of the feedback. Faculty can train effectively locally without unnecessary expense provided learning needs are understood. We would recommend our approach as would our clinical colleagues.

P42

Phantom Rounds: Direct Observation of and Immediate Feedback to Faculty and Team During Teaching Rounds

Glenn Newell (Robert Wood Johnson Medical School, Cooper University Hospital) Vijay Rajput (Robert Wood Johnson Medical School, Cooper University Hospital)

Background

There is a lack of formative assessment of faculty and team in clinical bedside teaching. The direct observation of faculty's teaching, rounding, and team management skills and real time feedback can serve as important tool for formative assessment for the faculty and team during teaching rounds. The senior faculty expert can serve as a silent observer ("phantom").

Development

The phantom is an experienced senior faculty member whose teaching skill is recognized by peers and trainees. During "Phantom Rounds", the phantom silently observes the rounds focusing on themes like gathering the team, setting agendas, bedside teaching, efficiency, team dynamics and finding the teaching moments. The phantom gives verbal feedback at the end of the session to the faculty individually and the team as a whole. The phantom gives formal written feedback with future plans to observe the teaching attending again.

Impact/Outcomes

We found that many faculty who received poor teaching evaluations from trainees were experiencing dysfunctional team dynamics. This includes lack of planning and efficiency, excessive reconfirmation of data, failure to involve entire team and performing rounds in noisy areas. Faculty appreciate the direct, immediate feedback and the assistance in articulating their own goals for improving their teaching.

Conclusion

The phantom round program is a useful tool for developing teaching abilities and team dynamics for faculty. Direct observation and real-time feedback to the faculty and team is a powerful method for inculcating effective teamwork and efficient patient care.

POSTER ABSTRACTS

P43

Role Modeling in Critical Clinical Reasoning: An Innovative Approach to Faculty Development in Experiential Learning by Faculty and Trainee in a Weekly Conference.

Vijay Rajput (Robert Wood Johnson Medical School at Camden, Cooper University Hospital) Fredric Ginsberg (Robert Wood Johnson Medical School at Camden, Cooper University Hospital) Perry Weinstock (Robert Wood Johnson Medical School at Camden, Cooper University Hospital) Joseph Parrillo (Robert Wood Johnson Medical School at Camden, Cooper University Hospital)

Background

Effective clinical education requires a patient-problem centered approach in the context of current professional practice, experience based learning, and team based learning. In the current fast paced- environment, faculty do not get time to demonstrate the decision making steps involved in experiential transformative learning. Trainees need to observe role models not only in professional behavior, but also for their cognitive critical reasoning. A faculty's ability to articulate the cognitive process of clinical reasoning can provide a methodology for transformative experiential learning.

Development/Implementation

We have developed an interactive case based weekly clinical cardiology conference. The cases are selected by Chief of Medicine (cardiologist) and fellows on clinical service. Fellows are required to present the clinical and investigative data. The Chief of Medicine moderates the full session by asking several, specific faculty for their reasoning, judgment and contextual professional practice questions. The emphasis is on complex decision-making using current evidence based knowledge combined with substantial clinical experience of faculty. The trainees are not asked for their clinical opinions. One or two faculty prepares a 5-10 minutes formal presentation covering relevant new knowledge on topics raised in the cases. Surgical and other sub-specialty faculty are invited to participate to add their expertise on aspects outside of cardiology.

Conclusion

This innovative conference format allows trainees and junior faculty to understand how experienced clinical faculty formulate complex clinical decisions about patient management by combining extensive experience with evidence based knowledge.

P44

Faculty Development, the Wessex Way

Penelope Gordon (Portsmouth Hospitals NHS Trust) Sarah Beaney (Wessex deanery) Antonia Calogeras (Southampton university hospitals NHS Trust) Colin Coles (Winchester university) Alexandra Gilbert (Hull NHS Trust) James Gilbert (Portsmouth Hospitals NHS Trust) Paula Hunt (Wessex deanery) Rosie Luszkat (Wessex deanery) Vicky Osgood (Wessex deanery)

Postgraduate medical education in England is run under the auspices of 14 (including military) postgraduate deaneries, each headed by a dean. Faculty is drawn from a wide range of educators including heads of school, programmes directors and directors of medical education in hospitals. Other stakeholders include the General Medical Council and the Royal Colleges who set specialty examinations, develop the curricula and award final certificates of completion of training. Faculty require more than the ability to teach but also need an awareness of process, regionally and nationally, political astuteness and an aptitude for teamwork and diplomacy across several groups and institutions. The Wessex deanery works to foster and promote strong medical leadership, which is vital for faculty development. A key part of this development is the annual two day forum for educators.

Methodology

This paper uses a qualitative approach to assess and evaluate the forum, using direct feedback questionnaires, focus groups and individual discussions among educators.

Impact and Outcomes

The forum consists of a mixture of didactic lectures from invited speakers, interactive workshops with feedback from groups, social events, a synthesis by a faculty member and a final summing up from the dean. The evidence is that educators value:

- reflection away from the workplace
- cross-fertilisation of ideas in an informal setting
- challenging perceived wisdom
- developing personal values alongside teamwork

In summary, the deanery provides a community of practice, which is exemplified through this meeting.

POSTER ABSTRACTS

P45

Faculty Development for the Royal Australasian College of Surgeons

Jenepher Martin (Royal Australasian College of Surgeons)

The Royal Australasian College of Surgeons (RACS) is the training body for surgeons in Australia and New Zealand. Programs in nine surgical specialties are conducted in both countries, and trainees rotate to multiple sites during training. The training faculty is large, geographically distributed, and employed predominantly by health services.

This clarificative evaluation documents the evolution of the RACS faculty development program over 15 years, placing the program in the context of changes over that time in medical education in Australia, and within RACS. Document analysis and interviews provided the basis for mapping the program. Documents included minutes of committees, course materials and evaluations, and external documents. Key people interviewed provided a longitudinal sampling of program development.

The faculty development program has been sustained over fifteen years, using volunteer surgeon educators to deliver two to three "Surgical Teachers Courses" per year to other surgeons. A number of intensive week-long educator courses have been conducted over this time to refresh and recruit new educators. Over the past three years, changes to RACS training have resulted in the development of a suite of additional shorter courses, that train surgical supervisors in new teaching and assessment methods as they are introduced.

The RACS faculty development courses have provided a grounding in educational skills for many of the surgical supervisors in a geographically dispersed training program. Evolution of the foundation course, and the addition of short workshops, have facilitated the dissemination of changes to training structure and assessment.

P46

A Course About Learning: Teaching Interns How to Enhance the Outcome of Their Clinical Training.

Merete Ipsen (Centre for Medical Education, Aarhus University, Denmark) Lotte D. Rindom (Sundhedsfagligt Videnscenter (Centre for Health Information), Aalborg, Denmark)

Purpose

The Danish National Board of Health implemented specialist training programs based on the CanMEDs roles in 2003. The formal training in the role of the scholar was partly carried out through a mandatory Learning Course (LC). The objectives of the LC were to:

1. learn how to create training opportunities in everyday work,
2. use of the portfolio to attain competencies,
3. take responsibility for personal progress and training, and
4. support career planning.

Methodology

The LC in one Danish region was developed by masters in psychology, pedagogy, and communication, along with doctors. The LC consists of active learning methods in $\frac{3}{4}$ of a two-day course with integrated theory and practice, where interns trained how to maximise their clinical training. Further, the interns completed a personal learning style test. The LC was evaluated by the interns in a voluntary online questionnaire (Analyzer) two weeks after the LC.

Outcomes

87 of 192 interns evaluated the LC in Jan-Sep 2010. The interns reported that the LC outcome was beyond expectations concerning the portfolio/logbook, tools for clinical learning and getting feedback, and career planning. Additionally, some interns requested more practical learning tools and career planning advice. The interns appreciated the varied teaching with both medical and non-medical teachers, and they reported that the interactive dialogue form lead to very useful exchange of their experiences.

Conclusions

The LC helped the interns to become quickly integrated into the hospital community and facilitated clearer educational goals for the interns, which lead to increased clinical training concurrent with their clinical work. Additionally, the LC primed the interns to focus on their own training responsibilities and opportunities.

POSTER ABSTRACTS

P47

Learning to Give Feedback: Using Filmed Vignettes to Promote Effective Practice

V Cook (Barts and the London School of Medicine and Dentistry, Queen Mary University of London) A.M. Cushing (Barts and the London School of Medicine and Dentistry, Queen Mary University of London) C Goreham (City University, London) G Harrison (City University, London) S.M. Hayden (Barts and the London School of Medicine and Dentistry, Queen Mary University of London) N Perovic (Barts and the London School of Medicine and Dentistry, Queen Mary University of London) M Rogers (City University, London)

Background

It is important that clinical teachers across health professions have the opportunity to practise and refine their skills in identifying feedback opportunities and responding constructively within teaching episodes and workplace settings.

Method

Research with clinical teachers identified common and challenging situations in giving feedback. Using scripts based on these real-life scenarios, a DVD was created to reflect the challenges in medicine, nursing and radiography in both workplace and class teaching situations. The short film clips include the self critical yet competent student, the brusque and the insensitive trainee together with examples of different ways of giving feedback. The DVD was evaluated with different professional groups. An on-line package with suggestions for a workshop structure now exists for staff developers.

Results

Outcomes from the evaluation were that the DVD was accessible, realistic and easy to use. The vignettes promoted valuable discussion and comparison of professional roles, and provided an opportunity to examine ways of giving feedback in difficult or uncomfortable situations in a 'safe' environment.

Outcomes

This on-line package provides a useful resource for staff developers in enhancing feedback practice by presenting authentic teaching episodes as a stimulus for discussion.

P48

Using Developmental Evaluation to Create Responsive Fellows in Educational Scholarship Program

Elaine Van Melle (Queen's University) Leslie Flynn (Queen's University) Cori Schroder (Queen's University) Libby Alexander (Queen's University)

Background

The literature is rich with descriptions of educational fellowship programs (Gruppen et al, 2006). Consequently, when the need for a program was identified at Queen's University, examples demonstrating success were used in its development. However, since a significant challenge was creating a program responsive to the needs of busy clinicians, it was anticipated that implementation of the curriculum would require ongoing adaptation. The purpose of this presentation is to show how developmental evaluation was used to create a responsive curriculum.

Methodology

A central feature of developmental evaluation is watching for, and being open to, what emerges as the program is implemented (Patton, 2011). Consequently, developmental evaluation relies on gathering and analyzing information in an ongoing fashion. Accordingly, each of the program facilitators kept careful field notes of our experiences and observations. We met on a regular basis to identify themes and to systematically adjust the curriculum.

Results

The following emerged as necessary program changes: Developing a research question became a central focus of an ongoing discussion, Creating the space and time to reflect on and embrace new research directions was key, Situating educational scholarship in the field of educational research was pivotal, Carefully interspersed individualized meetings maintained interest and momentum.

Discussion

Using developmental evaluation we were able to move beyond simple improvements to making fundamental shifts in program focus and delivery. We anticipate that creating such a responsive program will, overtime, maintain participant's involvement in and enhance the quality of educational research.

POSTER ABSTRACTS

P49

Improving Organizational Performance Through Workplace Learning

Dinara Khalitova (Eli Lilly Vostok S.A.)

Background

Enhancement of company competitiveness requires performance improvement. Pharmaceutical companies improve their performance to prevail over rivals and ensure products' quality.

Purpose

To demonstrate how workplace learning initiatives increased organizational competitiveness. Objectives: to reveal workplace education's potential barriers and enablers; to promote application of adult learning principles beyond academic settings.

Methodology

Andragogy principles were applied during the one-hour problem-centered educational session on reporting products' safety information. To ensure accuracy of memorized information subsequent testing results were discussed.

Results

Application of learning principles revealed gaps unreached by preceding trainings. Employees were interested in gaining knowledge relevant to their job. Reporting activity increased following the first session; learners started seeing any experience as opportunity to gain competences.

Conclusions

Success of workplace initiatives depends on learners' commitment and development of educational interventions responsive to perceived needs. However, one-time exposure to new information is insufficient for knowledge consolidation; propitious learning environment should be created.

P50

Utilizing Teaching Evaluations Creatively to Promote Faculty Development in Teaching

Karen Leslie (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Eileen Egan-Lee (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Richard Pittini (Women's College Hospital, Toronto) Martin Schreiber (St. Michael's Hospital, Toronto) Amy Dionne (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Lindsay Baker (Centre for Faculty Development, University of Toronto at St. Michael's Hospital) Scott Reeves (Centre for Faculty Development, University of Toronto at St. Michael's Hospital)

Teaching evaluations are a readily available source of information about teaching performance. While the literature suggests that feeding back findings from these evaluations with faculty favours use for summative (i.e. promotions) rather than formative (i.e. teaching improvement) purposes, we know little about the processes embedded in this type of feedback. The aim of this study is to explore opportunities to increase the amount and quality of formative feedback teachers receive to ensure that faculty development opportunities can be better targeted.

An exploratory case study was conducted to examine the processes, perceptions and use of teaching evaluations. A purposive sample of course directors and teachers in undergraduate medical education at one university participated in semi-structured interviews (n=26). Recorded interviews were transcribed and analyzed on an inductive thematic basis.

Creative opportunities to use teaching evaluations to promote reflection on practice will be presented. The poster will report how teaching evaluations predominantly used for summative purposes can be adapted to provide more constructive formative feedback to teachers, and the value teachers attached to this type of information as a way of improving the quality of their teaching.

Based on the findings from this study, the implications for future faculty development opportunities will be offered.

POSTER ABSTRACTS

P51

Video Killed the (Bad) Educator

Jon Lomasney (Northwestern University Feinberg School of Medicine) Lauren Taylor (Northwestern University Feinberg School of Medicine) Elizabeth Ryan (Northwestern University Feinberg School of Medicine)

Background and Purpose

Lecture capture is generally used to help students learn. Availability of podcasts allows for clarification, review, self-pacing, deeper engagement and interactive use of lecture time. In 2008-2009 Northwestern University Feinberg School of Medicine (FSM) began video recording lectures in the second year course Scientific Basis of Medicine (SBM). Our study reports the novel use of lecture capture as a faculty development tool for SBM faculty.

Methodology

Currently in year two of this study, we plan to recruit 15-20 volunteer SBM lecturers to watch their own lectures from 2009-2010, complete a self-assessment, and then meet with an educator. The assessment contains 15 elements essential to delivering a successful lecture. Each participant will be asked to identify the following: strengths, weaknesses and elements targeted for improvement. The assessment was created and reviewed by educational leaders at FSM.

Each participant will then meet with an educator, who has already watched the lecture and filled out the same assessment tool. The educator will provide the lecturer feedback on their performance. Together they will create an educational plan for their 2010-2011 lecture(s).

Results

Last year's pilot was very successful. We found that the participants did a remarkable job of critiquing their teaching and made changes to their lectures based upon this intervention that lead to substantial improvement.

Areas of greatest improvement (last year):

- used attention grabber to set the stage (13% pre/75% post)
- explained relevance (38% pre/88% post)
- limited main points 5 ± 2 (25% pre/75% post)
- engaged students (0% pre/63% post)
- used interactive teaching strategies (0% pre/63% post)

Conclusion

Lecture-capture technology can be used as a powerful and efficient venue for faculty development.

P52

Multiple Choice Question Writing Workshops for Medical School Staff to Enhance Educational Quality of Examinations

Nyree Mason (The Australian National University Medical School) Gerry Corrigan (The Australian National University Medical School)

Lecturers who write examination questions at the ANU Medical School have medical expertise but few have any formal training in assessment design. While the content-specific qualities of questions are good, other pedagogical properties could be improved. The Medical Education Unit (MEU) oversees the pedagogical quality of exams; it has expertise in assessment design but not medicine. Without medical knowledge, detailed constructive feedback is provided to lecturers so they can improve and resubmit questions. This process is often iterative and labour-intensive.

To address these issues, the MEU offered a professional development workshop in writing Multiple-Choice Questions (MCQs). This covered principles of assessment design, and basic psychometrics. Participants applied these principles to critique existing MCQs. They were also given the opportunity to apply what they had learned and write their own MCQ, then give and receive peer feedback.

Qualitative evidence suggests the workshops have been effective: e.g participants request and act upon the psychometrics of their previous MCQs. 2010 exam psychometrics will be analysed to investigate any quantitative differences between questions written by participants vs. non-participants.

Question writing workshops for other assessment formats are planned for 2011. We hope the success of this Workshop will encourage greater attendance and further improvement to exam quality.

POSTER ABSTRACTS

P53

Giving Effective Feedback Using Principles of Emotional Intelligence: A Teaching and Leadership Workshop for Senior Residents

Janet Riddle (University of Illinois-Chicago) Maria Devens (University of Illinois-Chicago)

Background and Purpose

Giving feedback to peers about clinical care and team functioning is a skill important to successful teaching and leadership by senior residents. We developed "Effective Leadership: Learning to Give Feedback" to improve inpatient team functioning – recognizing that feedback can be enhanced by incorporating principles of emotional intelligence.

Method

Kolb's Experiential Learning Model was used to design this workshop, part of our residents as teachers program. Residents begin the 90-minute workshop describing experiences of effective and ineffective feedback received from other residents. Discussion of experiences highlights opportunities and challenges in giving constructive feedback. After presenting a model for effective feedback, residents observe a feedback demonstration to identify and discuss steps in the model. Further presentation focuses on the role of emotional intelligence in giving feedback. Active experimentation occurs through role-play using inpatient team management problems. The session concludes with reflecting on what residents learned and intend to practice.

Results

This workshop has been presented to residents in family medicine, pediatrics, obstetrics-gynecology, and anesthesiology. On end-of workshop evaluations, residents list learning points that reflect achievement of workshop objectives. Participants rate the workshop positively, stating they value interactions with colleagues, the opportunity to practice new skills, and the opportunity to discuss and solve problems in team management.

Conclusions

Our teaching skills program is well-received by residents. We continue to expand and improve the program, by developing additional workshops to enhance the teaching and leadership skills of senior residents.

P54

Working with Community Faculty to Build an Evidence-Informed Faculty Development Program

Peter Kapusta (University of Saskatchewan) Bev Kaaras (University of Saskatchewan) Shari McKay (University of Saskatchewan) Vivian R Ramsden (University of Saskatchewan)

Background and Purpose/Objectives

To develop an evidence-informed Faculty Development Program with Community Faculty associated with the Department of Academic Family Medicine at the University of Saskatchewan.

Methodology

A Strategic Plan, Terms of Reference and a Faculty Development Working Group were formed in the Department of Academic Family Medicine, University of Saskatchewan. An Assessment Tool was adapted using the literature, on-line tools and consultation with The National CFPC Faculty Development Committee. Transformative action research was utilized with the Community Faculty who were invited to participate in building an evidence-informed Faculty Development Program

Results/Impact/Outcomes

Teaching was identified as the top priority with 12 out of 17 skills seen as important to develop. Career Development was identified as the next most important priority although only 3 out of 8 of those skills were seen as important to develop. As a competency, Administration and Leadership were not strongly identified as a top priority; however, 10 out of the 11 skills were seen as important to develop. Results also indicated the need for individualized programming as some participants showed a particular interest in the development of many skills related to development of scholarly activities and/or information technology. These results, when compared with a previous Needs Assessment for Full-time, Tenure Track Faculty, highlighted the similar interest in skills associated with teaching, but different priorities in terms of the other competencies.

Conclusions

The Faculty Development Program developed with Community Faculty needs to be faculty-centered, planned and continuously evaluated to build capacity and facilitate competent, successful community faculty.

POSTER ABSTRACTS

P55

ePortfolios - The Role of Faculty Development

Anna Byszewski (Faculty of Medicine, University of Ottawa) Pippa Hall (Faculty of Medicine, University of Ottawa) Andre Bilodeau (Faculty of Medicine, University of Ottawa) Emma Stodel (Learning 4 Excellence, Ottawa) Stephanie Sutherland (Academy for Innovation of Academic Excellence (AIME), Ottawa) Daniel Trottier (MedTech, Faculty of Medicine, University of Ottawa)

Background and Purpose

Portfolios are increasingly recognized as powerful tools for ensuring development of reflection and core competencies of practicing physicians. At the University of Ottawa, core competencies are based on the Royal College of Canadian Physicians and Surgeons CanMEDS roles, with addition of "Person" to bring in the dimension of mindfulness and self-knowledge. The ePortfolio program at the University of Ottawa has a face-to-face and online component. Student groups are paired with coaches, who have both a mentoring and a coaching role. Students post online reflections on the evolving role of the physician and their progress as they gain competence in each of the competency areas. The ePortfolio course is a mandatory component of the curriculum since 2008. Literature and our experiences support the suggestion that the success of such a program depends on strong Faculty Development.

Methods

Coaches are recruited from the clinical faculty and required to work with a student ePortfolio group throughout their 4 years of medical school. Three Faculty Development sessions are offered yearly, with the expectation that coaches attend at least twice yearly. Faculty development sessions address giving and receiving feedback, student evaluation, and expectations of coaches.

Impact

Preliminary findings from faculty development evaluations indicate the sessions are very well received. A needs assessment was performed with an evaluative component, which guides the content of future faculty development sessions.

Conclusions

This is an innovative program for Faculty Development and has served to support and foster a strong community of educators on core competencies.

P56

Development of a Model for Teaching and Assessing Critical Thinking: A Faculty Development Initiative

Teresa Cavett (University of Manitoba) Joanne Hamilton (University of Manitoba)

Critical thinking can be considered a foundational skill for medical professionals. However, teaching of critical thinking is often implicit, and strategies used by clinician-teachers are often based solely on role models and personal experience. Within the Faculty of Medicine at the University of Manitoba, we have identified a need to provide clinician-teachers with the tools to develop explicit teaching strategies in order to foster effective critical thinking skills in our learners (both medical students and residents). To address this need we conducted a literature review of critical thinking in medical education and developed a model of critical thinking upon which to base our workshop. The literature identified two elements for critical thinking to occur (the disposition to think critically and the skills to think critically), key constructs in the critical thinking process (including discourse organization, semantic qualifiers, and problem representation) as well as teaching strategies aimed at developing specific critical thinking skills. We hope to obtain feedback on this model to inform our next steps in constructing a faculty development program in teaching and assessing critical thinking.

POSTER ABSTRACTS

P57

Development and Evaluation of Electronic Academic Portfolio for Faculty

Carol Ann Diachun (University of Rochester Medical Center) Denham Ward (University of Rochester Medical Center) Janine Shapiro (University of Rochester Medical Center) Feng Qian (University of Rochester Medical Center) Constance Baldwin (University of Rochester Medical Center) Lindsey Henson (University of Minnesota Medical Center)

Background and Objectives

American Board of Anesthesiology Maintenance of Certification (MOCA) process includes a practice improvement project involving practice data collection, benchmark comparison, improvement plan implementation, and outcomes reevaluation. Clinician-educators are promoted at a lower rate than researchers. They report the need for more performance feedback and guidance in their academic development. Project aim is to establish an electronic resource (E-Portfolio) for anesthesiology faculty which encourages reflective learning and provides practical assistance in two aspects of professional development: compliance with MOCA requirements and documentation of educational activities for promotion.

Methodology

Departmental and national needs assessment surveys were conducted. New electronic faculty evaluations from residents, peers and coworkers were developed. Clinical quality improvement data collected on individual practitioners was organized. E-Portfolio development includes new evaluations, folders for quality measures and folders on teaching, curriculum development, mentoring and educational leadership. Reflection questions stimulate self-evaluation and professional career planning. Implementation has included evaluation of effectiveness and utility through focus groups and surveys.

Results/Impact/Outcomes

Results of needs assessment surveys, description of development process, and utility focus group data will be presented. Short-term and long-term outcomes will be reviewed to assess the impact of E-Portfolio.

Conclusions and Discussion

E-Portfolio, by stimulating reflective learning with a more formalized process of feedback, provides the framework for MOCA. Its utility for career development applies to all specialties at the local and national levels.

P58

How Do We Assess Clinical Competency? The Role of the OSCE and the OSCE Examiner - a New Workshop for Faculty

Jane Gair (UVic/ UBC) Steve Martin (UVic/ UBC)

OSCE, iClicker, Standardization

Background/Objectives

1. What is an OSCE?
2. Understanding the role of the standardized patient.
3. Why is standardization so important?
4. Dissecting the role of the OSCE examiner.
5. What is the difference between an observation and a judgment?

Methods

We used a trained actor and standardized patient (SP) to simulate and present 2 OSCE stations. The participants were asked to follow along with their checklist and "grade" the mock student. We then used the iClicker technology to go through each point on the checklist to demonstrate the range of answers that were given, and give an opportunity for questions and discussion. A session on "Observation vs. Judgment" followed. We then had a great discussion about the role of the examiner.

Results

Participants loved the use of the iClickers and the instant visual feedback that they provided for discussion. They found the interactivity, the use of an actor to demonstrate cases and the format very useful for their learning and their understanding of all aspects of the OSCE and the OSCE examiner.

Conclusions

Faculty development workshops that involve multiple activities, lots of interaction and time for questions by participants are useful for the OSCE examiners in order to understand their role.

The iClickers are a great addition to FD workshops and allow for visual representation of some key points observed in assessment and evaluation. They also encourage interaction and engagement by the participants.

POSTER ABSTRACTS

P59

Faculty Development Activities in Assessment of Clinical Competence at the American Board of Internal Medicine (ABIM)

William Iobst (American Board of Internal Medicine) Sarah Hood (American Board of Internal Medicine) Jennifer Adiletto (American Board of Internal Medicine) Eric Holmboe (American Board of Internal Medicine)

Background

U.S. internal medicine residency program accreditation and ABIM diplomate certification mandate that faculty be skilled in evaluation and assessment of trainees. To advance faculty competency in these skills, ABIM has developed the ABIM Visit Program and the Faculty Development Course.

Methodology

The ABIM visit program delivers 1-2 day interactive onsite faculty development workshops. The five day Faculty Development Course is offered twice yearly, and is limited to 20 attendees. Course attendees are asked to identify commitments to change (CTC) at the end of the course and submit a six month progress report. Both programs are presented by physician educators with backgrounds in assessment.

Results

Visits (n=24) have been completed involving over 550 faculty since 2007. The most frequently presented topics are:

- Direct observation (N=17)
- Effective feedback (N=13)
- Rating scales and evaluation forms (N=6)

Feedback indicates this activity provides relevant faculty development with a mean rating of 6.4 on a scale of 1 to 7 addressing satisfaction and likelihood to recommend to others.

Faculty development course attendees (n=113) between 2005 and 2009 have identified 514 CTCs, including:

- Faculty engagement and development (N=101)
- Mini-CEX use (N=77)
- Chart stimulated recall use (N=61)

To date, 70 course attendees have reported interim progress on implementing 318 CTCs. Of these, 237 CTCs have been partially or completely implemented (75%).

Conclusions

The ABIM Visit Program and Faculty Development Course represent novel initiatives designed to improve faculty assessment and evaluation skills. These programs are well received and could serve as effective catalysts for change in training programs.

P60

Assessing Student Learning – A Faculty Development Workshop for Physical and Occupational Therapists

Cynthia Perlman (McGill University) Adriana Venturini (McGill University) Asseraf-Pasin Liliane (McGill University)

Background

Recent implementation of Applied Master's Programs for professional practice in Physical and Occupational Therapy, has incited the need for curriculum review and program evaluation. Results from a needs assessment for faculty development indicated a need to improve assessment of student learning. In response, a faculty development workshop was created to build on faculty's prior knowledge of course design using learning outcomes as a foundational support to design higher order assessment methods.

Development

The design, implementation and evaluation of this faculty development workshop were collaboratively developed by members of the Curriculum Committee and Teaching & Learning Services (TLS), McGill University. Its design was based on instructional design principles, learning theories and pedagogical strategies, including interactive environments for adult learning.

Implementation

An on-line survey sent to potential faculty participants assessed their expectations. The one-day workshop comprised a reading assessment, review of assessment principles, discussion on barriers and facilitators, and a plenary on developing higher order multiple-choice questions.

Evaluation

Workshop evaluation results indicated a strong commitment to implement higher order assessment methods. A follow-up survey will track changes in faculty behavior.

Impact

Instructional alignment including assessment methods facilitates pedagogical efficacy and faculty satisfaction.

Conclusion

Support for faculty development promoted participation, reflection and implementation of additional higher order assessment methods of student learning facilitating course and curriculum alignment.

POSTER ABSTRACTS

P61

Impact of a Faculty Development Programme in a Medical School in Chile

Ximena Triviño (Pontificia Universidad Católica de Chile) Marisol Sirhan (Pontificia Universidad Católica de Chile) Philippa Moore (Pontificia Universidad Católica de Chile) Luz Montero (Pontificia Universidad Católica de Chile)

Background

The medical school of the Pontificia Universidad Católica offers a Diploma in Medical Education (DME) for its faculty since 2000. However its impact had never been evaluated.

Objective

To determine the perception of the graduates of the impact of DME using Kirkpatrick model for evaluation of educational outcomes.

Methodology

A questionnaire containing closed, open and pre-post retrospective questions that represented Kirkpatrick's four levels was sent to all the graduates in 2009.

Results

82/91 of the graduates returned the questionnaire. 93% had a high level of satisfaction at Kirkpatrick Level Reaction, with an average of 80.8% completed objectives. Kirkpatrick level Learning: there was an increase from median 2 (scarce) to median 4 (advanced) of knowledge about teaching ($p < 0,0001$ Test Wilcoxon) in the pre-post retrospective questionnaire. Kirkpatrick level Behavior: 84% stated that they were developing their teachers role using skills learnt during DME and there was increase from 7% to 62% of the graduates who perceived themselves as "advanced" or "experts" ($p < 0,0001$ Test Wilcoxon) in the pre-post retrospective questionnaire. Kirkpatrick level Outcomes: 92% felt that their interest in teaching had increased and 66% stated that the DME had contributed to the appreciation of the value of teaching at an institutional level.

Conclusions

According to the perception of the graduates, the DME has had a positive impact at all the levels described in the Kirkpatrick model. This perception needs to be compared to the results of further studies which measure teaching skills of the graduates and on their students' learning.

P62

Context Analysis and Needs Assessment; Initial Steps in the Design of a Faculty Development Programme (FDP)

Tamara Gamboa Salcedo (Hospital Infantil de México Federico Gómez, Universidad Nacional Autónoma de México)

Background/Objectives

Every FDP should respond to the particular characteristics and needs of the people and institutions involved. The aim of this study is to assess the level of knowledge on educational theory and learning beliefs of the authorities and professors in a pediatric hospital, using an approach that involves them in the design process, identifying tools that would be applicable in the Mexican context.

Methodology

An action research approach was used and three instruments were applied (story-line, learning beliefs questionnaire and semi-structured interview). A critical sample was chosen. Results were analyzed both qualitative and quantitatively.

Results

The current level of knowledge of the participants is higher than was initially expected. The action research approach was adequate to involve the participants in the needs assessment process. Major points for improvement of the used instruments were identified.

Discussion and Conclusion

The results obtained in this study have increased our understanding of the HIM's context; the participants' level of tacit knowledge opens the possibility of increasing the participants' teaching effectiveness by converting their tacit knowledge into explicit knowledge through a properly designed FDP. The chosen approach served to involucrate the participants in the process of setting up a FDP, as they showed positive attitudes towards it. This study provided pointers on how to improve the instruments used.

POSTER ABSTRACTS

P63

Using Kirkpatrick's Model for Evaluating Effectiveness of Student Assessment Faculty Development Programs in King Abdulaziz University

Abdulmoneam Al-Hayani (Faculty Of Medicine, King Abdulaziz University) Mohammed Hassanien (Faculty Of Medicine, King Abdulaziz University)

Background and Objectives

Faculty development, or staff development as it is often called, has become an increasingly important component of medical education. Evaluation of the effectiveness of any faculty development program (FDP) is crucial to provide assessment of existing programs as well as yield valid recommendations for designing future programs. Kirkpatrick's models provides a comprehensive and multilevel guide for effective programme evaluation. The aim of this study is to evaluate the effectiveness of student assessment faculty development programs in Faculty of Medicine at King Abdulaziz University, using different levels of Kirkpatrick models for program evaluation.

Material and Methods

Evaluation was done for 3 students assessment faculty development programs conducted in the centre of education development in King Abdulaziz University with a total number of 58 staff participated in these courses 44 Females and 14 Males. Evaluation covered three levels of Kirkpatrick's model of program evaluation.

Results

The results of this study showed marked increase in knowledge gained in studied groups regarding student assessment core knowledge and skills. Results of Course Evaluation by trainee, shows high staff satisfaction in all studied groups regarding, trainer performance, program content and program organization.

Conclusion

The results of pre/post test along side staff satisfaction with trainer background, course contents and course organization and applying exam worksheet in Basic medical sciences department in Faculty of Medicine, King Abdulaziz University signify the importance and the effectiveness of faculty development training courses and the need to be regularly organized and scheduled and covered all required staff competencies and skills.

P64

Using a CIPP (Context, Input, Process, Product) Framework for Implementing a Divisional Faculty Development Program

Ann Jefferies (Mount Sinai Hospital) Emer Finan (Mount Sinai Hospital) Kyong-Soon Lee (Hospital for Sick Children) Brian Simmons (Sunnybrook Health Sciences Centre)

Background

Barriers to implementation and evaluation of faculty development (FD) are significant. We used the CIPP framework to develop a divisional FD program to enhance skills and knowledge, foster collaboration and increase career satisfaction and productivity.

Methods

A project team discussed its perceptions of the division environment and reviewed meeting and retreat minutes. An electronic survey was used to obtain faculty needs and views. Effective FD methods were identified using literature review. Budgetary needs were determined and evaluation methods developed.

Results

No division-specific FD program was in place for 36 physicians at 2 downtown and 1 uptown teaching hospitals. Division goals included increasing scholarly activity, productivity and career development. Barriers to FD were diverse academic interests, differing ages and experience, geographic separation, on-call requirements and busy schedules. Survey results (response rate 63%) endorsed a FD program; 58% indicated that attendance at a minimum number of sessions be mandatory. Promotion, writing research proposals, giving effective presentations and using new clinical technologies were highly rated topics. Based on literature review and survey results, quarterly 2-hour evening interactive workshops were chosen as the method of delivering FD. A FD website will house resources and presentations. Workshop evaluation should include participant feedback, knowledge assessment and self-evaluation of competency. The impact of the program on satisfaction, learning and collaboration will be explored using focus groups. The project team will review the program quarterly and use evaluation data to make modifications.

Discussion

CIPP framework is an appropriate model to implement and evaluate a FD program.

POSTER ABSTRACTS

P65

Bridging the Gap between Continuing Education and Quality Improvement in Health Care Using Reflective Practice

Jocelyn Charles (Sunnybrook Health Sciences Centre) Dorothy Ferguson (Sunnybrook Health Sciences Centre)

Background

Many daily clinical problems can be managed by routine application of existing knowledge and experience. However, as care becomes more complex, health care professionals need to examine the rationale behind their actions (reflective thinking). Through this inquiry they can change their actions or behaviours based on evidence. Sustained practice change primarily occurs when health care professionals are involved in decisions about their practice.

Purpose

To continuously improve quality of care in the Veterans Centre by introducing reflective practice strategies among health care professionals to facilitate knowledge transfer into practice and to generate innovative and sustainable solutions to enhance care.

Method

The Veterans Centre established a framework for reflective practice at the front-line level. A mentoring/coaching model using a systematic inquiry approach with interprofessional teams was developed with an Improvement Coach for each team. The eCoach-the-Coach program through Dartmouth Institute was used to develop coaching skills. The Coach helps the team determine the data required to inform the improvement process, develop potential solutions and implement enhancements to care.

The Coaches will report on the work of their teams to an Inter-professional Practice Council. This Council will review clinical indicators, evaluate care delivery strategies and identify facility-wide trends from the quality indicators and/or improvement teams' findings. This will then inform recommendations for implementation across the facility to enhance quality of care.

Outcomes

The outcome measures include quality indicators for resident outcomes (restraints, falls, skin ulcers, incontinence, pain, weight loss), resident & family satisfaction survey data, and staff satisfaction survey results.

P66

The LECOM Master's in Medical Education Program: Design Comparisons and Outcomes Evaluation.

Mark Terrell (Lake Erie College of Osteopathic Medicine)

Purpose of Study

Designing and implementing educational programs in medicine optimally requires a background in educational theory and practice. A formal mechanism for training clinicians to teach and for providing a credentialed grounding in education is a master's degree in medical education.

Methods

The author comparatively analyzed the instructional and curriculum design of current Master's in Medical Education programs in North America. The impact of Lake Erie College of Osteopathic Medicine's (LECOM's) Master's in Medical Education program was evaluated through interview and survey reports from graduates to determine whether the program had a favorable impact on the recruitment of medical residents who favor teaching and simultaneously tested the hypothesis that graduates utilized those skills in their professional careers. Survey results were also analyzed to determine the existence of positive changes in the knowledge, skills, and attitudes of graduates from LECOM's Master's program.

Results

The results suggest that a master's program in medical education improves the teaching and learning process in medicine and that graduates do utilize the skills gained.

Conclusion

Formally trained clinicians in medical education possess the tools needed to impact the training of colleagues and students at their respective institutions, which ultimately elicits positive changes in health care.

POSTER ABSTRACTS

P67

Teaching Improvement Project Systems (TIPS) for Residents: Program Evaluation of Teaching Improvement

Sean Polreis (University of Saskatchewan) Krista Trinder (University of Saskatchewan) Marcel D'Eon (University of Saskatchewan) Kalyani Premkumar (University of Saskatchewan) Deirdre Bonnycastle (University of Saskatchewan)

Funding for this evaluation was received from the Royal College of Physicians and Surgeons Medical Education Research Grant

Background and Purpose

Teaching Improvement Project Systems (TIPS) workshops for residents have been offered at the University of Saskatchewan for several years. These two-day workshops are aimed at improving teaching skills, as residents are important teachers of students and each other. A key aspect of TIPS is microteaching sessions, where each resident presents a seven-minute lesson and other residents act as learners. The purpose of this evaluation is to determine the extent to which teaching improves after each day of TIPS.

Methodology

Residents completed three microteaching sessions; one before attending TIPS, one at the end of the first day, and one at the end of the second day. Sessions were video recorded and rated by trained coders on the following areas: objectives, set, body, and closure. T-tests and effect sizes were conducted.

Results

Preliminary results indicate that residents' teaching significantly improved from the pre-TIPS session to the first day on all four areas ($p < .001$). A significant increase from the first to second day was found for items pertaining to the body ($t(25) = 3.59$, $p = .001$, $d = .78$).

Conclusion and Discussion

Preliminary results indicate that residents' teaching abilities improve in all areas after attending the first day of TIPS. However, improvement from the first to second day was only found for the body of the lecture. Further studies are required to identify if these skills are retained when residents teach in real-life settings.

P68

Impact of the Teaching Residents to Teach Program in Recruitment of Academic or Community Clinician Teachers

Marcus Law (University of Toronto) Jennifer McCabe (University of Toronto) Lynne Lohfeld (McMaster University)

Background and Purpose

The medical education literature demonstrates that in several countries there are limited numbers of recent graduates pursuing academic careers in medicine. Given the increased role of Family Physicians (FP) in undergraduate medical training and the expansion of our Family Medicine (FM) residency program at the University of Toronto, it is imperative that we recruit new graduates to academic careers. This study will explore the role of our residency teaching program, Teaching Residents to Teach (TRT), in fostering an atmosphere conducive to pursuing a career in academic FM.

Methodology

This study used two qualitative techniques for data gathering; focus groups and individual interviews. Two focus groups were held and 11 individual interviews by telephone were conducted. All focus groups and individual interviews were transcribed verbatim. A thematic framework analysis was done to identify recurrent themes. Ethics approval was obtained from the University of Toronto research ethics board.

Results

Most participants have prior interest in teaching. TRT had a somewhat or clear influence on career choice of 37.5% of participants. 81.8% of those who had no clear career path at start of residency and 20% of those who did not believe they would be in academic medicine are now teaching.

Conclusions and Discussions

Prior interest in teaching is common among residents who volunteer for TRT. By targeting recruitment efforts at residents who do not have a prior career path for academic medicine, the TRT program may more effectively stimulate interest. FM residents perceive the TRT program to increase preparedness for an academic career by improving skills, confidence and connection to teaching infrastructure.

POSTER ABSTRACTS

P69

Translating a Medical Education Research Fellowship into Lasting Scholarship

Deborah Richardson (Medical College of Georgia) Christie Palladino (Medical College of Georgia) Ruth-Marie Fincher (Medical College of Georgia)

Purpose/Objectives of Program

The Educational Research Fellowship Program sponsored by the Education Discovery Institute (EDI) at the Medical College of Georgia is designed to nurture the careers of early and mid-career medical faculty by providing training in medical education research and addressing career development issues.

Method

With matching funds and protected time from their home departments, Fellows focus on research activities for the equivalent of one day per week for a year. They attend weekly meetings with several mentors, learn basics of medical education research, develop research projects, and discuss professional development issues. After graduating from the program, Fellows become EDI Scholars, which provides them with infrastructure support, ongoing mentorship, and an opportunity to serve as mentors to new Fellows.

Results

The first cohort of Fellows (n=2) has produced 5 small grant proposals (2 funded and 2 awaiting a decision), a conference presentation, several conference submissions, and several manuscript drafts. The projects involve continued data collection and research products beyond the fellowship year. Further evidence of the success of the program is the notable increase in the number of applicants for the 2011 Fellowship, which will include three new Fellows from basic and applied departments.

Conclusions and Discussion

The inaugural EDI Educational Research Fellowship has met important goals for faculty research training and productivity. A challenge for the program is to maintain post-graduation research support and mentoring to support Fellows' continued professional development, especially when they no longer have protected time for their research efforts.

P70

Grant Writers Groups – A Novel Approach to Development of Scientific Thinking, Research Design and Grant Writing Skills for Junior Faculty

Richard McGee (Northwestern University, Feinberg School of Medicine)

Rationale/Background

Acquiring the skills of successful researchers has become an increasingly monumental task for junior faculty as competition for grants intensifies. The task is especially formidable for clinician scientists who begin research training late and whose clinical demands can consume their time. Historically, classical mentoring has been the primary vehicle for guiding researcher development, but this system is being severely strained by the competing demands on senior faculty time. Growing frustrations among young faculty are discouraging many from pursuing research, and leaving others seeing themselves as failures when their grants are rejected. To counteract these growing challenges, we have been experimenting with and developing alternative approaches to complement classical mentoring.

Content

Coaching, like it is used to develop athletic talents, employs a few individuals who are highly skilled as coaches rather than expecting everyone to donate their time as mentors. Combining a coaching design with the pedagogical strengths of group-based learning has led to creation of "Grant Writers Groups". This 2-3 month long intensive process leads 3-10 individuals in a group through the grant writing process from start to finish. It works best when faculty are working on a proposal with an approaching deadline. It teaches much more than just grantsmanship; the iterative process has a powerful impact on skills in scientific thinking and research design. By participating in the creation of multiple proposals, faculty learn much more than by just working on their own. The process builds peer bonds and frequently spawns new professional relationships and collaborations. Since 2008, more than 80 young faculty have participated in these groups writing NIH-style research 'R' and career development 'K' proposals. Participants almost universally comment on the positive impact on their research skills. Data are only beginning to accumulate on concrete outcomes such as success of grants submitted, but anecdotal evidence of positive impacts have been obtained.

Instructional Methods

This workshop will fully describe the Grant Writers Collaboratives and provide examples of the material used, approaches employed, and many of the 'lessons learned'. In addition to extensive discussion, each participant will have the opportunity to think through and discuss with others how such an approach might be implemented in their own institutional settings.

POSTER ABSTRACTS

P71

Strategy Plan on Faculty Development and Research

*Supaluk Raiyawa (Udonrthani Medical Education Centre,Thailand)
Thiti Uengaree (Udonrthani Medical Education Centre,Thailand) Kitt
Cheapetcharasopol (Udonrthani Medical Education Centre,Thailand)*

Background and Challenges

Udonrthani Medical Education Centre, Udonrthani Hospital is a newly form medical faculty in the year 2009 and responsible for teaching 90 medical students from fourth to sixth year. It affiliate to the Faculty of medicine, Khonkaen University. Originally it is a tertiary service hospital under the govern of Ministry of Public Health.

There are 113 house staff, 21 internists, 22 surgeons, 11 obstetrician-gynecologists, 12 pediatricians, 10 orthopedic surgeons, 6 ophthalmologists, 5 otolaryngologists, 3 physiotherapists, 5 radiologists, 2 psychiatrists, 8 general physicians, 2 family physicians, 1 occupational health medicine specialist, and 5 anesthesiologists. The daily service load is 2,700 outpatients and 1,000 inpatient cases, the teaching 90 undergraduate medical students and 36 internists. The service responsibilities and teaching workload are enormous beyond the staff's capacities.

Method

A workshop on strategic development of staffing and faculty was carried out. Beginning with SWOT Analysis of the situation and following by action plan projects.

The strength issue are, allocation of house staffs in every service specialty, Department of Pediatric and Gynecologist and has long been joined Khonkhaen University in teaching, abundances of case for study. The opportunity comes from government policies to support this medical education centre.

The weakness are lacking of medical education theory, how to be a good teacher, the treat is the over work loads.

Result

After the implementation of the projects. Analysis of the results is compatible with the fore running medical education centre and illustrated in the following.

P72

Attitudes Toward Learner-Centered Teaching Methods Among Health Care Professionals at a Canadian University

Brenda Lovell (University of Manitoba) Raymond Lee (University of Manitoba) Celeste Brotheridge (Universite du Quebec a Montreal)

Introduction

Faculty development programs emphasize learner-centered instructional methods to promote teaching effectiveness and efficiency. Elements of learner centered teaching include: collaborating with students on course content, shifting the learning responsibility to students, and encouraging student engagement in learning. Our study aim was to determine the elements of learner centered methods health care professionals consider appropriate for their instructional settings.

Method

An on-line self report questionnaire was e-mailed to professors and instructors during the fall of 2009 from the faculties of Medicine, Nursing, Dentistry, Pharmacy, and the School of Medical Rehabilitation at the University of Manitoba. The teaching attitudes inventory was used to rate the participants' responses on a scale of 1-5.

Results

We received 92 responses of which 50% came from Medicine. Of the participants, 51% were male, and the mean years of teaching experience was 21. Most respondents thought group discussions were a waste of time (79%), and less than half of the respondents thought that students should be involved in course planning and evaluation (47%). Over half thought there is too much experimentation in teaching (55%) and that a major problem is a lack of well-defined structure (52%). A majority thought that knowledge and skills should be increased through more teaching workshops (70%).

Conclusion

Instructors may not be promoting student involvement, problem-based learning and group discussion because of a lack of training in small group management and methods to engage learners in course content. Instructional workshops and supports are needed to improve learner-centered teaching skills.

POSTER ABSTRACTS

P73

Building Capacity for Research in Family Medicine: A Faculty Development Program

Cheri Bethune (Faculty of Medicine, Memorial University of Newfoundland) Marshall Godwin (Faculty of Medicine, Memorial University of Newfoundland) Shabnam Asghari (Faculty of Medicine, Memorial University of Newfoundland) Kris Aubrey (Faculty of Medicine, Memorial University of Newfoundland) Vernon Curran (Faculty of Medicine, Memorial University of Newfoundland)

Background

Universities are demanding that faculty members become more scholarly. In particular skills in evidence based medicine and research skills need attention. There is currently little evidence on how to plan for faculty development in research. We suggest a framework which provides a tentative structure for this capacity building.

Objective

This is the first step of our Faculty Development Program. We aimed to identify and prioritize the topics for faculty development in research.

Methodology

A multifaceted approach including literature search, panel of informed experts, and a questionnaire to reach policymakers and faculties in the discipline of family medicine was used. A list of potential topics was generated by panel of informed experts. A literature search was undertaken with particular focus on the topics and methods of evaluating this program. The list was distributed to faculties and provincial policymakers to rank their desired topics.

Results

The first panel found 12 topics. Consulting external experts and the literature, these topics were evolved to 7 topics and 30 sub-topics. Writing for Publication in Journals, Systematic Search, Tips on Grant Writing, and Sources of Funding were the most prioritized topics by faculties, respectively. Tips on Grant Writing, Sources of Funding and Using Administrative Data in Research were the most prioritized topics by policymakers.

Discussion

The study provides a tentative structure for faculty development in research. These results should be of interest to academic departments who must address their own training needs, and help support the development of research skills in their faculties.

P74

Medical Faculty Perceptions of Development Opportunities

April Corrice (AAMC) Valerie Dandar (AAMC) Shannon Fox (AAMC) Sarah Bunton (AAMC)

Background/Purpose

Development opportunities are paramount in fostering faculty success. At a time when academic institutions are undergoing great organizational change, development opportunities can help decrease faculty turnover—which poses great financial and human capital costs to institutions—by helping faculty adjust to new realities. We present findings from a large-scale survey on faculty perceptions about the state of development opportunities in academic medicine. Results can guide strategic growth and development of faculty development programs.

Methods

Data are from a 2009 administration of a medical school faculty job satisfaction survey to full-time faculty members at 23 U.S. medical schools. The response rate was 51%. Our analyses include descriptive statistics, t-test comparisons for differences, and regressions to identify issues driving satisfaction. We use the extant faculty development literature to guide discussion.

Results

Only half (50%) of the faculty were satisfied with the opportunities for professional development at their medical school. Across schools one-quarter (26%) of faculty receive formal mentoring; 61% viewed it as important. Similarly, 89% of respondents felt that receiving feedback from their unit head was important, but of those receiving it only 70% were satisfied with its usefulness. Regression analysis suggests that opportunity for professional development and the effectiveness of recruitment/retention efforts contribute to whether faculty would choose to work at their school again ($R^2=.51$).

Discussion

These findings draw attention to the need for continual consideration of faculty development activities, and suggest multiple opportunities for strategic development and growth in what is offered.

POSTER ABSTRACTS

P75

Career Decision-Making of Young PhD Scientists: A Longitudinal, Interview-Based Qualitative Research Study Across Gender and Ethnicity

Richard McGee (Northwestern University, Feinberg School of Medicine) Jill Keller (Keller Research Consulting) Patricia Campbell (Campbell-Kibler Associates) Rbin Remich (Northwestern University) Sandra LaBlance (Northwestern University) Ebony McGee (Northwestern University) Lynn Gazley (Northwestern University)

Background and Purpose/Objectives

Despite decades of intensive financial and human resource investment by the NIH, NSF, and private foundations, gender and racial/ethnic diversity of biomedical PhD faculty remains very low. Many explanations for this continued disparity have been suggested, but few studies have attempted to evaluate them. In 2008, we launched a prospective, qualitative study of young scientists to determine if these explanations fit with scientific career development "on-the-ground". New insights from this research should identify sites for interventions to promote faculty diversity.

Methodology

This study uses annual semi-structured interviews to follow the progress and career decisions of ~500 U.S. new PhD students. The study population is sufficiently large and diverse to allow comparisons across ethnic/racial groups, gender, and undergraduate institution types (including women's colleges, WISE program sites, and HBCUs). Qualitative analysis will draw on multiple theoretical perspectives, including: Social Cognitive Career Theory; Identity Development; Stereotyping; Cultural Capital; and Communities of Practice.

Results/Impact/Outcomes

Students are enthusiastic about the study and freely discuss their experiences and evolving career thinking. Nearly 100% of those who enroll in the study continue in second year interviews. The first year of the PhD is a time of much growth for most students, substantial challenges for some, and changes in career thinking are already occurring during the year.

Conclusions and Discussion

The study's novel scale, scope, and attention to both individual and community-level factors will offer a major contribution to the theory and practice scientific development in general and new insights into faculty diversity.

P76

Satisfaction of Physiotherapy Undergraduate Students About the Use of Active Learning Methodology

Riany de Sousa Sena (University of Fortaleza) Raissa Regis de A. Isacksson (University of Fortaleza) Raquel Martins Gonçalves (University of Fortaleza) Heleno Carneiro Rolim de Moraes (University of Fortaleza) Ana Paula Vasconcellos Abdon (University of Fortaleza)

Background and Purpose

Active learning methodology has been used to stimulate students to be critical and reflexive. This study aimed to evaluate satisfaction of physiotherapy undergraduate students about their learning experience through the application of active learning methodology in the University of Fortaleza, located in Fortaleza, Brazil.

Methodology

A transversal study was performed with physiotherapy undergraduate students from the first to the fourth year, independent of gender and age. A questionnaire composed by 20 questions was designed by the investigators to examine knowledge, relevance and interest of students on active methodologies. Statistical analysis was performed with Microsoft Excel. Approval by the ethics committee of the University of Fortaleza was obtained. Results: 21 students (95% female), mean age of 23 ± 3 years participated in this research. From the total, 19 (91%) of the students knew what means active methodology; 18 (86%) thought this method was important; 17 (81%) reported that active learning methodology contributed to their learning process; 11 (53%) were satisfied with the knowledge obtained through its application. However, 11 (53%) thought professors did not properly applied active methodology techniques; only 4 (19%) were satisfied with the techniques used and 14 (67%) believed that professors did not diversified the types of active methodology.

Conclusion

The results showed that the perceived importance of active methodology by the physiotherapy undergraduate students of this study was evident, but there is still a need of improvements on its application through the use of more diverse activities by professors.

POSTER ABSTRACTS

P77

The Evolution of a Faculty Mentoring Program for an Academic Family Medicine Department

Barbara Stubbs (University of Toronto) James Meuser (University of Toronto) Karen Leslie (University of Toronto) Anna Gallinaro (University of Toronto)

Background

The Department of Family and Community Medicine at the University of Toronto is one of North America's largest teaching programs with over 1000 faculty distributed across 15 sites. In 2007 a mentorship program was initiated in order to provide faculty with access to academic and personal support. The development of this program will be described using the framework of the 3P Model- Presage/Process/Product (Biggs).

Methodology

Key elements of the Presage stage were focus groups and a Task Force report; the Process steps included a needs assessment, formation of a mentorship advisory group, and recruitment and faculty development of mentors; the Product is the new Department of Family and Community Medicine Mentorship Network- a program with a variety of supports including a searchable data-base with information about available mentors, and a unique role of site-based Professional Development faculty representatives for facilitation of matches.

Results

50 faculty mentors are currently available for mentorship support, and provide guidance in:

1. Career development and leadership
2. Teaching and medical education
3. Career and personal balance
4. Clinical areas- including obstetrics, emergency, addictions, palliative care and in-hospital medicine

In 2010, a survey was distributed to assess the experience of key stakeholders. Preliminary results show that this mentorship program is highly valued- mentors perceive a variety of benefits from this work, and mentees are very satisfied with the relationships. In spite of the availability of a formal linkage process across sites, mentorship relationships predominantly occur informally within local sites.

Conclusions

The creation and support of mentoring relationships within a large academic family medicine teaching program is valued. Site-based faculty who can facilitate local mentorship connections have an important role to play.

P78

Development of an Occupational Therapy Mentorship Program for Faculty Development.

Denise Reid, PhD (University of Toronto) Anne Fourt, MEd (University of Toronto and Women's College Hospital) Jim Huth, PhD (Toronto Rehab Institute) Bonnie Kirsh, PhD (University of Toronto)

Background

Mentorship and professional practice models exist in the literature. There is much discussion of mentorship in occupational therapy literature regarding student and junior therapist's development. We will focus in this paper on mentorship in an occupational therapy academic faculty.

Purpose

To describe the theoretical and practical underpinnings of the processes involved in developing a mentorship program in the occupational therapy department at the University of Toronto. We will discuss the significance of mentorship and how we defined it in terms of our program. We will also explore the meaning of mentorship, and relevance to occupational therapy and its benefits.

Methodology

Steps will include group discussions about mentorship, education sessions about mentorship models and conducting a survey/interview to clarify values, and interest. The development of the survey/interview will be informed by theory. This information will be used to facilitate the mentorship program. Results of the information will be presented along with a description of how the mentorship program was implemented. Preliminary plans for evaluating the mentorship program will be discussed.

Impact/outcome

Designing a mentorship program based on a combination of theoretical orientations, sensitive to departmental faculty and staff needs allows for a program model that is responsive to all.

Conclusion

A culture of mentorship exists in the Department of Occupational Science and Occupational Therapy that respects staff and faculty values. This cultural view serves as a way of fostering an environment of support for professional and personal development for faculty and staff.

POSTER ABSTRACTS

P79

Creating a Novel Mentorship Program for Junior Faculty at a Pediatric Academic Health Sciences Center: The role of a Modified Developmental Evaluation Approach (MDEA)

Shelly Weiss (Hospital for Sick Children) Kathryn Parker (Hospital for Sick Children) Tina Martimianakis (Hospital for Sick Children) Rayfel Schneider (Hospital for Sick Children) Karen Leslie (Hospital for Sick Children)

Background/Objectives

A MDEA was used to create and evaluate a new mentorship program for junior faculty in the Department of Pediatrics in a single academic center. This innovative approach to evaluation supports the ongoing development of the program by capturing and making meaning of real time information to determine next steps in program development and to help define success and articulate goals. This approach has been used to evaluate social innovations but has not been widely used in the development and evaluation of medical education initiatives. The objectives of this project are to explore the use of this approach in the creation of, and ongoing changes in a new mentoring program.

Methods

Methods used were largely qualitative in nature and are consistent with a developmental evaluation approach. The study population included junior faculty (mentees), senior faculty (mentors), and program decision makers. Data collected included interviews, focus groups and e-mail survey questionnaires.

The investigators reviewed the data gathered several times during the study period and used the information to gather evidence about what in the process is working and used the real time feedback to make adjustments.

Results

Lessons learned, critical success factors, and limitations identified in the use of developmental evaluation will be shared at the time of the presentation.

Conclusion

The MDEA prospectively allows faculty developers to use data collected about a program in a meaningful way. This is a promising new approach to evaluate medical education innovations within a complex system of healthcare education and delivery. Linking this model more directly to learner outcomes is the next step.

P80

The Mentorship Gap at Academic Medical Institutions

Philip Binkley (The Ohio State University College of Medicine) Robert Bornstein (The Ohio State University College of Medicine) John Mahan (The Ohio State University College of Medicine)

Background and Purpose

We assessed the "state of mentorship" in our large academic medical center to guide efforts to assure that effective mentorship is delivered to our entire faculty. Methodology: We designed a web based survey that was distributed to assistant and associate professors of The Ohio State University College of Medicine. Dillman's method for survey administration was used with requests for response over three different time intervals.

Results

289 of 576 faculty receiving the survey responded (a 50% response rate).

Table

Faculty with Mentor	Gender with Mentor	Woman as Mentor	Selection of Mentor	Frequency of Meeting
Total 51%	Women 52%	Women 53%	Assigned 11%	Annually 23%
Clinical 37%	Men 53%	Men 29%	Self Id 89%	Quarterly 26%
Tenure 69%		p=.009		weekly / monthly 51%

As shown in the Table, only 51% of all faculty identified a mentor with clinical track faculty reporting the lowest frequency of mentorship. Men and women identified mentors with an equal frequency, but a significantly higher proportion of women identified a woman as her mentor. The great majority of faculty identified a mentor through their own search process. The frequency of meeting with a mentor varied with almost one fourth of faculty meeting only annually.

Conclusions

Data from this representative institution reflect a "mentorship gap" at large academic medical centers both in frequency of mentorship, mentorship identification, and quality of the relationship as reflected by frequency of meetings. These findings provide a needs assessment guiding programs to improve mentorship through mentor identification and monitoring of the quality of these interactions.

POSTER ABSTRACTS

P81

What Does it Mean to be Mentoring an Undergraduate Student?

Terese Stenfors-Hayes (Karolinska Institutet)

Mentor programmes are increasingly common in undergraduate education but little is known regarding the effects of being a mentor. The aim of this study was to explore how teachers in medical and dental education interpret and experience their role as mentors and to see what the effects were of taking on this role. To achieve this, a questionnaire was submitted to all mentors in two different mentor programmes (n=83 and 63, response rate 75% and 83%). Furthermore, 20 of these mentors were interviewed. The transcripts were analysed using a phenomenographic approach.

The questionnaire result showed that there were many perceived benefits of being a mentor such as a perceived development of what it means to be a good teacher, increased reflection on teaching and improved understanding of the students' situation. The interview findings show three ways of understanding what it means to be a mentor: A) A mentor is someone who listens and stimulates reflection. B) A mentor is someone who shows what it means to be a clinician. C) A mentor is someone who can answer questions and give advice. The way the mentors understood their role affected what they did as mentors, their relations with their mentees and their perceived benefits as mentors.

The findings of this study can be used when implementing mentor programmes and training mentors. The findings may also raise a discussion of whether mentoring undergraduate students can be used as a faculty development activity?

P82

Why Faculty Mentoring Matters: A Review of Literature on the Impact of Faculty Mentoring in Academic Medicine and Research-based Recommendations for Developing Effective Mentoring Programs

Valerie Dandar (AAMC) April Corrice (AAMC) Sarah Bunton (AAMC) Shannon Fox (AAMC)

Background, Purpose, Methods

In the past decade, faculty development and mentoring—a long-established method of development—has received growing attention, especially in academic medicine. We review the extant literature on the impact of mentoring in academic medicine and other professions. In sum, the literature points to positive relationships between mentoring and key outcomes for faculty, institutions, and the field. We review several key definitional and methodological opportunity areas that, if addressed, would strengthen the academic rigor and utility of findings. Finally, we provide practical, evidence-based guidelines to help institutions design or enhance mentoring and development program components that are most likely to result in positive outcomes.

Results

We outline the relationships between availability and quality of mentoring and correlates like faculty job satisfaction, professional productivity, and faculty retention addressed by research. We then present data on mentoring from our large-scale survey research, which provides key comparison points regarding current faculty perceptions about the value of mentoring opportunities; for example, that across all medical schools about one-quarter of faculty receive formal mentoring, but almost two-thirds view it as important.

Conclusions and Discussion

Based on our review of the literature on the impact of mentoring and on faculty perceptions about their experiences, we provide a set of recommendations regarding effective mentoring and development programs. This framework of evidence-based guidelines, which cover program planning, implementation and evaluation stages, can inform design or refinement of program components most likely to result in positive mentoring outcomes for faculty and for their institutions.

POSTER ABSTRACTS

P83

An Innovative Master's Degree Program for Health Practitioner Teacher Training at the University of Toronto: MScCH (HPTE)

Helen Batty (University of Toronto)

Background

In response to a growing demand for a non-thesis professional degree in the field of Clinical Education this masters program was approved in 2007.

Methodology

The particular features incorporated which are particularly precedent setting for the University of Toronto include: specifically broadening the content and accepted participants to include a study of education in all clinical fields; provisions to move Faculty Development credits for prior work at the Continuing Education / Professional Development level into the graduate program; flexible part time, distance accessible, modular based, web enabled activities to allow practitioners to undertake Faculty Development while continuing their usual clinical activities; role modeling of practical teaching methods including portfolio learning, workshop facilitation and use of educational technologies.

Impact

Enrollment in this master's degree program has exceeded original predictions. As of October 2010, 53 students are in the program, 13 have graduated. May 2011 figures will be included when available. Program evaluation, theme summary and selected representative quotations will be provided.

Conclusions

To date, interest and actual enrollments indicate that previously unmet needs have been identified and successfully addressed.

P84

Join Master program in Medical Education

Maria Nolla-Domenjó (Doctor Robert Foundation (Autonomous University of Barcelona) Remei Camps-Ferrer (Doctor Robert Foundation (Autonomous University of Barcelona) Josep Torrent-Farnell (Doctor Robert Foundation (Autonomous University of Barcelona) Jordi Palés (Medical School. University of Barcelona) Joan Prats (Medical School. University of Lleida) Antoni Castro (Medical School. University Rovira i Virgili) Josep Maria Fornells (Institute of Health Studies. Autonomous Government of Catalonia)

Background and Purpose

Health professionals play an essential role in medical education. However, they have not been trained to develop this educational role. To meet this need, 4 medical schools and the Catalan Autonomous Government issued a joint Master programme. This programme is aimed to develop the competences needed to become an efficient medical teacher/tutor/facilitator. The target group are medical teachers from all educational levels. This is the only existing postgraduate programme in medical education in Catalonia and Spain.

Methodology

The educational process takes two years part time, in a blended format. Most of the programme is online: 52 ECTS (European Credit Transfer System). The face to face part is organized in 5 weeks (one every 6 months) and has a total of 8 ECTS. The master is structured in 15 modules.

Results

The current edition has 15 participants to the master programme, and 8 participants in the independent modules. The first 5 modules have already finished. All the students have done the mandatory learning tasks but quite a lot of tutoring and flexibility with terms have been needed.

Conclusion

The program could be a good seed to improve the performance of medical teachers in Catalonia and Spain.

POSTER ABSTRACTS

P85

Can a Teaching Scholars Program Continue to Attract Applicants Over Time?

Carol Hodgson (University of Colorado Denver) Eva Aagaard (University of Colorado Denver)

Background and Purpose

Much has been written about faculty development programs for medical educators, however it is not known if these programs maintain interest over time. The purpose of this study is to describe the application and acceptance process of a teaching scholars program (TSP).

Methodology

The school's TSP consists of 3 components: (1) a seminar series; (2) a curriculum development project; and (3) a scholarly study. TSP was first implemented in 2005; 6 cohorts have applied. It is a competitive program that requires a statement by the applicant, recommendation and release time from the department chair, and a CV. The TSP directors review applications and decide on whom to accept. The number of applicants, participants, and graduates were calculated along with the frequency count by department.

Impact

In the first 5 years, there were 95 applications with 55 faculty accepted - maximum 14/year (60% acceptance rate). On average, there are 19 applicants per year (range 7-25). In year 6 there were 11 applications. For years 1-5, greatest departmental representation was: Family Medicine (n=5); Anesthesiology (n=6); Pediatrics (n=11); and Medicine (n=17). There have been 5 journal publications, numerous conference presentations, a funded grant, 4 of the Scholars received new educational awards, and 1 Scholar received her MA degree in medical education.

Conclusions

After 6 years, the program has remained competitive, usually with more applicants than TSP can accept. Most years there are multiple specialties in the program, but some specialties apply more frequently. Departmental support is essential for scholars' application success.

P86

Individual Professional Development Program (IPDP)

Stephen Davis (Ohio University)

Background and Purpose/Objectives Program

My Faculty Development seminars are always attended by the same 10-15 of 100 - mainly the ones who need it the least. Also, I generally find that with a large group faculty development session I'm missing the mark for most individuals. To address this I've developed an Individual Professional Development Plan (IPDP)

Methodology

Using an online self-assessment tool (Faculty Questionnaire) based upon Bland, C., et al. (1990). Successful Faculty in Academic Medicine. New York: Springer Publishing Company five domains of faculty development and using the Dryfus and Dryfus scale of novice to master participants indicate their desired topics and level of mastery which upon submittal generates a report used at a one-on-one meeting to establish personal goals based upon the faculty members interests.

Results/Impact/Outcomes

Targeted and responsive faculty development that is relational, purposful, documentable and right on target for the individual member.

Conclusions and Discussion

I would like to share this method with others in a 15 minute oral presentation and garner feedback about colleagues ideas for improvement. It is a very satisfying albeit time intensive method that I have found to much more effective, especially for those who do not normally partake of the public faculty development offerings.

http://www.oucom.ohiou.edu/fd/faculty_questionnaire_teaching_skills.asp

POSTER ABSTRACTS

P87

Teachers' Understanding of Being a Good Teacher and of Development as a Teacher

Terese Stenfors-Hayes (Karolinska Institutet)

Teacher training courses is a common method to support faculty in their development. To facilitate the participants learning, the course need to take the participants current understanding of teaching and development in consideration and build upon these. By understanding how teachers perceive barriers and opportunities for development after the course the participants can be further supported, both during the course and afterwards.

This poster presents the findings from a qualitative study regarding medical teachers understanding of what it means to be a good teacher and a good clinical supervisor and what they think it means to develop as a teacher and how this can be achieved. 39 undergraduate teachers at a medical university were interviewed and the findings analysed using a phenomenographic approach. The barriers and opportunities that teachers experience when they are looking into developing their teaching are also explored.

P88

BASICS Development of an Innovative Program to Support Faculty in their Teaching and Academic Roles

Viola Antao (Department of Family and Community Medicine, University of Toronto) Steven Kahane (Department of Family and Community Medicine, University of Toronto) James Meuser (Department of Family and Community Medicine, University of Toronto)

Background

New faculty lack formal preparation, and have limited opportunities to enhance knowledge, skills and identity, required to function competently in teaching and academic roles. Increased retention of junior faculty exposed to faculty development has been demonstrated (Reis 2009). BASICS is a three day modular program developed to provide faculty with knowledge and skills in teaching, feedback and learner evaluation. Program components include didactic sessions and interactive workshops, with opportunities to practice teaching and self reflection. It has undergone six iterations (2006 to 2010), with modifications based on formal simulation and participant feedback.

Methods

The design uses a mixed methodology, single group, retrospective, pre-post design.

Both qualitative and quantitative methods were used to conduct this outcome evaluation and examine the impact on faculty skills and attitudes towards teaching.

Conclusion /Impact

Results indicate a 79% improvement in teaching knowledge post program, a high level of participant satisfaction, and a perceived positive impact on subsequent teaching practice. The BASICS program helped participants identify unperceived learning needs, as well as supports and resources, and formulate linkages within their communities of practice. The BASICS program now faces new opportunities, how to expand to address needs of rural based MDs (distributed PD), and the needs of non MD clinical teachers, and how to provide ongoing support to current participants (web based support).

ABSTRACT AUTHOR INDEX

ABSTRACT AUTHOR INDEX

Aagaard, Eva.....	P85	Bayer, Ilana	O27
Abbott, C.	O20	Beaney, Sarah	P44
Abreu, Luis	P14	Beber, Serena	P10
Adams, Alan	P32	Bell, Mary	O69, W06
Adibi, Peyman	P25	Berger, Roseanne	O62, W31
Adiletto, Jennifer	P59	Bernstein, Stacey	O67, W15
Adrian, Stanley	O16	Bethune, Cheri	P73, W02, W03
Akl, Elie	O58	Bezemer, Jeff	O91
Al-Eraky, Mohamed	O82	Bilodeau, Andre	P55
Al-Hayani, Abdulmoneam	P63	Binkley, Philip	P80
Albert, Mathieu	O48	Bird, Beverley.....	O71
Aleluia, Ieda	P40	Bluman, Bob	W13
Alexander, Libby	P48	Blunt, Richard	P30
Allen, Michael	O13	Bluteau, Patricia	W08
Alleyne, Julia	W22	Boillat, Miriam	O45, W03
Altshuler, Lisa	W16	Bonnycastle, Deirdre	P22, P67
Andrew, Long	W24	Borkan, Jeffrey M.....	O38
Andrews, Martine	P28	Bornstein, Robert	P80
Antao, Viola	O52, P10 ,P88	Borovcanin, Zana	O25
Anwar, Faiz	O54	Boucher, Andrée	O28
Archer, Julian	O70	Boucher, Francois	P34
Archibald, Douglas.....	W23	Bould, Dylan	O87
Asghari, Shabnam.....	P73	Boulé, Richard	O31, O33
Ashworth, Russell.....	P27	Bourgeois-Law, Gisele	O20, W13
Asseraf-Pasin, Liliane.....	P60	Boutiche, Said	O29
Atkinson, Adelle.....	W15	Box, Helen	P27
Aubrey, Kris	P73	Bradley, Don	O59
Audétat, Marie-Claude	O39	Breckwoldt, Jan	O49
Austin, Zubin	O12	Brenna, Lynn	W13
B		Brislan, Justine	P27
Bailey, Ron	P05	Brotheridge, Céleste	O41, P72
Baker, Dennis	O08, O09, O10	Bryden, Pier.....	O15
Baker, Lindsay	O43, O44, O67, P20, P28, P50	Bucknam, Margaret	W27
Baldwin, Constance	P57	Bulmer, Beverly	P02
Banack, Jeannine.....	O47	Bunton, Sarah	P74, P82
Bane, Abate	O85	Burns, Paula	O01, P28
Barker, Keegan K.	O12	Byszewski, Anna	P55
Barton, Roger	O62, W31		
Batty, Helen	O67, O81, P83, R05, W07		

ABSTRACT AUTHOR INDEX

C

- Caire Fon, Nathalie O28
 Calogeras, Antonia P44
 Camps-Ferrer, Remei P84
 Cappel, Cynthia P16
 Carneiro Rolim de Moraes, Heleno P76
 Caroline, Elton W24
 Castanelli, Damian O64
 Castro, Antoni P84
 Catton, Pamela O77
 Cavett, Teresa P56
 Chaboyer, Wendy O02
 Chang, Yee-Ling O15, O52, P04, W11
 Changiz, Tahereh P25
 Chaput, Monique O28
 Charles, Jocelyn P65
 Charles, Peder O37, W17
 Chauvin, Sheila P06
 Cheapetcharasopol, Kitt P71
 Chiavaroli, Neville O18
 Chien, Vince O81
 Chin, Kevin O43
 Cich, Katy O62, W31
 Clapham, Michael P31
 Clapton, Jayne O02
 Clark, Nancy O09
 Clarke, Fiona P41
 Clavet, Diane O31
 Cloote, Alison O87
 Coles, Colin P44
 Cook, Vivien O46, O54, O74, P47
 Cope, Alexandra O91
 Corbett, Sally O62, W31
 Cordon, Charissa O05
 Corrice, April P74, P82
 Corrigan, Gerry P52
 Cosgrove, Ellen P01, W30
 Cotterill, Simon O62
 Courneya, Carol Ann O90
 Cowie, Neil O87
 Creede, Catherine O01
 Croker, Felicity O36
 Curran, Vernon P73
 Cushing, A.M. P47
 Côté, Daniel J. O31, O33

D

- D'Eon, Marcel P67
 Dandar, Valerie P74, P82
 Dath, Deepak O61
 Davies, Robyn O50
 Davis, Stephen P86
 de Burbure, Claire P33
 de Grave, Willem O72
 Delver, Hilary O07
 de Sousa Sena, Riany P76
 Dessambre, Nicolas P33
 Devens, Maria P53
 Diachun, Carol O25, P57, W04
 Dietrich, James O27
 Dionne, Amy P50, R03
 Dobbie, Lorena W09
 Dolmans, Diana O72
 Dragonetti, Rosa O35
 Dueck, Andrew O51, P17
 Durham, Timothy P15
 Dörenkamp, Sarah O72

E

- Egan-Lee, Eileen O44, O67, O81, P20, P28, P50
 Eika, Berit O37
 El Bashir, Haitham P08
 Elizov, Michelle O45
 Ellison, Philip W27
 Enns, Carol L. O40
 Eriksen, Gitte W14
 Esplen, Mary Jane O05
 Evans, Cathy O04
 Evans, Dason O46
 Everett, Tobias O87

ABSTRACT AUTHOR INDEX

F

Fabry, Goetz	O49	Gilbert, Alexandra	P44
Fang, Yu.....	O78	Gilbert, James	P44
Farajzadegan, Ziba	O84, P25	Ginsberg, Fredric	P43
Feldman, Kymm.....	O52	Glassford, Melinda	P02
Ferguson, Dorothy.....	P65	Glover Takahashi, Susan	W28
Fernando, Eshan	O77	Godin, Véronique	P33
Finan, Emer	P64	Godwin, Marshall.....	P73
Fincher, Ruth-Marie	P69	Goldstein, Susan	O52
Fleet, Lisa	W02	Goleman, Jane.....	O57
Fleischer, David	W25	Gordon, Penelope	P44
Fleming, Melinda	O87	Goreham, C.....	P47
Flynn, Leslie	O22, P48	Goulding, Jeff	P27
Fornells, Josep Maria	P84	Goulet, F	P11
Fortune, Peter-Marc	P27	Granek-Catarivas, Martine	O23
Foster, Elissa	P16	Greco, Elisa	O51, P17
Foster, Stephen	P32	Greenberg, Stephen	W19
Fourt, Anne	P78	Greenhill, Jennene	O11
Fox, Shannon	P74, P82	Griswold, Kim	O62, W31
Fradette, René	P39	Gruppen, Larry	W12
Francischetti, Ieda	P29	Guilcher, Sara	O04
Franco, Kathleen.....	P12		
Frank, Blye	O88		
Frank, JR	O20, P11		
Freeth, Della	O68		
Friedman, Audrey	O77		
Fuller, Jonathan.....	O46, O54		

G

Gagné, Éric.....	O31, O33		
Gair, Jane	P58		
Galarneau, Sophie.....	O39		
Galdúroz, Rocío	P36		
Gallinaro, Anna	P77		
Gamboa Salcedo, Tamara	P62		
Gardiner, Nicola	O62, W31		
Gardner, David	O13		
Georges Ste-Marie, Louis	O28		
Geubel, André	P33		
Ghavam-Rassoul, Abbas	P04		
		H	
		Hall, Pippa	P55
		Hall, Stephen	P18
		Hamilton, Joanne	P56
		Hanna, Elizabeth	P18, P24
		Harris, Jennifer	O87
		Harrison, G	P47
		Hassanien, Mohammed	P63
		Hatem, Charles	W12
		Hawa, Raed	O81
		Hayden, S.M.	P47
		Henly, Debra.....	O02
		Henson, Lindsey	P57
		Herie, Marilyn	O35, R01
		Hernandez Torre, Martin	W19
		Hess, Caryl	O24, P12
		Hill, Tanya	O13
		Hodgson, Carol.....	P85
		Hodgson, Kate	W27

ABSTRACT AUTHOR INDEX

Hofer, Matthias	O49	Karim, Rahim	P32
Holet, Eric	O58	Karki, Arjun	O90
Hollis, Jane	O53	Kearney, Anne	O14
Holmboe, Eric	P59	Khalitova, Dinara	P49
Hood, Sarah	P59	Kirby, Fran	W02
Hoogenes, Jen	O61	Kirsh, Bonnie	P78
Houde, Sylvie	O31	Kirtley, Joanne	O16
Houlston, Lisa	O36	Kisenge, Rodrick	O89
Houston, Patricia	O65	Kitto, Simon	O64
Howard, Loretta	W33	Kneebone, Roger	O91
Hoyal, Digby	O53	Koppula, Sudha	P09
Hunt, Paula	P44	Korin, Tatum	O17
Huth, Jim	P78	Krackov, Sharon	W05
Huveneers, Wilma	O72	Krajic Kachur, Elizabeth	W16
Hyde, S.	O20	Kreger, Cynthia	O57
I		Kress, Gunther	O91
Iglar, Karl	W28	Kromrei, Heidi	P13
Iobst, William	P59	Kulkarni, Pradeep	O87
Ipsen, Merete	O37, P46, W17	Kumar, Namita	P41
J		Kurabi, Bochra	O15
Jackson, Ann	W08	Kwan, Debbie.....	O12, O67, O81, R03
Jackson, Wes	O07	L	
Jacobs, Jacquie	W09	Lake, Fiona	O06, W21
Janahi, Ibrahim	P08	Lam-Antoniades, Margarita	O69, W06
Janke, Fred.....	P09	Lammerding-Koeppel, Maria	O49
Jefferies, Ann	P64	Lane, Pascale	P15
Johnson, Anna	O87	Langan, Michael.....	O57
Johnson, Patricia	O76	Larios, Miriam.....	O42, P36
Jolly, Brian	O71	Laurin, Suzanne.....	O39
Joneja, Mala	O22	Lazarini, Carlos.....	P29
Jones, Neal	P27	Leadbetter, Wendy	R02
Jukka, Claire	O53	Lebel, Paule.....	O28
K		Lee, A.C.	O20
Kaaras, Bev	P54	Lee, Kyong-Soon	P64
Kahane, Steven	P88	Lee, Raymond	O41, P72
Kapusta, Peter	P54	Lee, Sonya	O07
Karim, Allia	O01	Leiva, Loreto	P03
		Lemelin, Jacques	P34
		Lemheney, Alexander.....	P16

ABSTRACT AUTHOR INDEX

Leslie, Karen	O44, O67, O69, P08, P28, P50, P77, P79, R03, W06	McGuigan, Denise	O58, O62, W31
Letal, Michael	O87	McIntosh, Paul	O68
Lieff, Susan	O43, O47, O48, O67, O81, P11	McKay, Shari	P54
Lifshitz, Alberto	O42, O86, P07, P14, P36	McKenzie, Suzanne	O53
Lizzio, Alf	O02	McLean, Michelle	O82
Locke, Kenneth	O15, W11	McLean-Veysey, Pam	O13
Lomasney, Jon	P51	McLeod, Peter	O45
Lord, Julie	W18	McMurray, Anne	O02
Lovell, Brenda	O41, P72	McNamara, Natasha	O61
Lowe, Mandy	P18, W29	Mehta, Sanjay	O67, O69, W06
Lusznat, Rosie.....	P44	Menezes, Marta	P40
Luthra, Pramod	P27	Mercer, Simon	P27
M		Meuser, James	O85, P10, P77, P88
Mac Neill, Heather	P24	Miles, Elizabeth.....	O79
MacDonald, Colla	P34	Miles, Sasha	P02
MacDonald, Mary Ellen	O45	Miller, Karen Hughes	O34
MacKinnon, Ralph.....	O87	Mloka, Doreen	O89
MacNeill, Heather	P18	Moazam, Elham	O84
Macerollo, Allison.....	O57	Molenaar, Willemmina M.	O80
Mahan, John	P80	Monroy, Lilia	O42, P36
Malling, Bente	W14	Montero, Luz.....	P03,P61
Mann, Karen	O88	Moore, Philippa	P03, P61
Marks, Meridith	O21, P11	Mordell, Devon	O27
Martimianakis, Tina	O47, O73, P79, W10, W15	Morgan, Pamela.....	O65
Martin, Dawn	W28	Mori, Brenda	O43, O50, O81
Martin, Jenepher	P45	Morris, Clare	W01
Martin, Steve.....	P58	Morris, William	P38
Martins Gonçalves, Raquel	P76	Morrison, Andrew	O87
Mason, Nyree	P52	Mourtzanos, Manny	W18
Masters, Susan	O89	Mrozek, John	P32
Matsumoto, Edward	O61	Mueller, Martin	O46, P05
McCaffrey, Jackie	O67, R03	Myhre, Douglas	O07
McCarthy, Patti.....	O60	Myropolous, Maria	W10
McCrorie, Peter.....	O88		
McCurdy, Fredrick	P15		
McEwan, Jessica	O75		
McGee, James B	W25		
McGrath, Barry	O71		

ABSTRACT AUTHOR INDEX

N

Naktin, Jaan P16
 Newberger, David O58
 Newell, Glenn P42
 Newland, Myrna P15
 Newton, Christie W13
 Ng, Elaine O87
 Nicholls, Jennifer O45
 Nicholson, Sandra O46
 Nixon, Lara O07
 Nolla-Domenjó, Maria P84
 Nunes, Victor Luiz P40
 Nyhof-Young, Joyce O77

O

O'Keefe Penney, Ann Marie W02
 O'Keeffe, Catherine O70
 O'Sullivan, Patricia O89
 Oandasan, Ivy O01
 Ochsendorf, Falk O49
 Ohle, Elizabeth W03
 Omer, Selma O89
 Orlando, James P16
 Ortiz, Maria P35
 Osgood, Vicky P44
 Ostapchuk, MD, Michael O34
 Otsyula, Bara O85
 Ouellet, Marie-Noel O45

P

Palacios, Mone O07
 Palladino, Christie P69
 Palmer, David O52
 Palés, Jordi P84
 Pam, Shaw W24
 Panisko, Daniel O69, O81, W06
 Parker, Kathryn P79, W10, W10
 Parker, Parker O01
 Parrillo, Joseph P43
 Patel, Leena O59

Patel, Pradip O34
 Peile, Ed O55
 Penciner, Rick P37
 Perlman, Cynthia P60
 Perovic, N P47
 Perrier, Laure O92
 Peterkin, Allan O15, W11
 Petrolito, Sébastien P33
 Philpott, Jane O85
 Pittini, Richard P50
 Pohl, Henry W05
 Polreis, Sean P67
 Ponzer, Sari O88
 Posel, Nancy W25
 Post, Doug O57
 Potter, Margaret O06, W21
 Powell, Robert O16
 Prats, Joan P84
 Premkumar, Kalyani O66, P22, P67

Q

Qian, Feng P57
 Rahim, Yasmin O69, W06

R

Raiyawa, Supaluk P71
 Rajput, Vijay P42, P43
 Ralph, Edwin W32
 Ramiro, Manuel O86, P07, P14
 Ramsden, Vivian R P54
 Rashleigh, Laura O05
 Razack, Saleem W03
 Rees, Charlotte O65
 Reeves, Scott O43, O44, O47, O65, O67,
 P18, P20, P24, P28, P50, R03
 Regis de A. Isacksson, Raissa P76
 Reid, Denise P78
 Reid, Joan W24
 Reis, Shmuel P. O38
 Revuelta, Benjamin P35

ABSTRACT AUTHOR INDEX

Reyes, Carlos	P03	Simmons, Brian	P28, P64
Richardson, Deborah	P69	Sinclair, Lynne.....	P18
Richardson, Denyse	O12, O67, P28, R03	Sirhan, Marisol	P03, P61
Richter, Deana	P01, W30	Skalenda, Patrick	W28
Riddle, Janet	P53	Skipper, Mads	W17
Rindom, Lotte D.	P46	Smith, Amy	P16, W20
Roberts, Michael	O15, W11	Smith, Cathy	W09
Rodriguez, Glen	O13	Smith, Daniel	O70
Roebertsen, Herma	O63	Snell, Linda	O88, P11
Rogers, M	P47	Solliani, Maria Luisa	P40
Ross, Shelley	P09	Soong, Tracy	O05
Rouleau, Katherine	O85	Soren, Barbara	P18
Russell, Lynn	W09	Sorinola, Olanrewaju	O55
Ryan, Elizabeth	P51	Spencer, John	O62, W31
S		Spice, Ron	O07
Sadownik, Leslie	R02, R06	Steinert, Yvonne	O45, O88, P11, W03, W12
Sampson, Gweneth	O85	Stenerson, Heather	O66
Sandhu, Gurjit	O22	Stenfors-Hayes, Terese	P81, P87
Sawatzky, Jo-Ann V	O40	Steve, Barron	W13
Sayani, Eshrat	W22	Stevenson, Frazier	P16, P26, W20
Schirlo, Christian	O49	Stodel, Emma	P55
Schneider, Rayfel	P79	Stubbs, Barbara	O52, P77, W11
Schreiber, Martin	P50	Stéphane, Roux	O33
Schreurs, Marie-Louise	O72	Sutherland, Stephanie	P55
Schroder, Cori	P48	Sutton, Beverley	O71
Searle, Nancy	O93, W12, W19	Swanwick, Tim	O70, W01
Selby, Peter	O35, R01	Sweet, Linda	O11
Sen Gupta, Tarun	O53	Sylvie, Houde	O33
Shams, Behzad	O84	Szalay, David	O61
Shapiro, Janine	O25, P57, W04	T	
Sharma, Saroo.....	O65	Tandeter, Howard	O23
Sharp, Charlotte	O59	Tarka, Emil	O03
Shaughnessy, Rita	R04	Tasker, Megan A.	R01
Shaver, Jill	O01, P28, W29	Tassone, Maria	O01
Shorlin, Steve	O60	Taylor, Christine	O24
Silkens, Milou	O72	Taylor, Julie S.	O38
Sillius, Aaldrik W.....	O80	Taylor, Kevin.....	P02
Silver, Ivan	O67, P20, P28, R03	Taylor, Lauren	P51
Silén, Charlotte	O56	Taylor, Matthew	O87

ABSTRACT AUTHOR INDEX

Telner, Deanna	P10	Walker, Ross	O22
Teml, Martin	O02	Walsh, Allyn	R02
ten Cate, Olle	O88	Ward, Denham	O25, P57, W04
Terrell, Mark	P66	Wearne, Susan	O11
Teshima, John	W18	Weinstock, Perry	P43
Thistlethwaite, Jill	O55, W08	Weiss, Shelly	O73, P08, P79
Thull-Freedman, Jennifer	O69, W06	Westwood, Olwyn.....	O46
Tietz, Lori	O11	Weyman, Karen	P04
Timm, Craig	P01, W30	Whitcombe, Doogie	P27
Tipping, Jane	W29	Whiteside, Catherine.....	O47
Tobin, Corinne	O13	Whittaker, Mary-Kay	W27
Torrent-Farnell, Josep	P84	Wiese-Rometsch, Wilhelmine	P13
Trinder, Krista	P67	Wilson, Bronwyn	P01, W30
Triviño, Ximena	P03, P61	Wilson, Eric	O36
Troster, Sarah	O52	Woloschuk, Wayne	O07
Trottier, Daniel	P55	Wong, Jeffrey	O78
Turner, Gregory	O08	Wong, Jiahui	O05
U		Wing, Roger	W13
Uengaree, Thiti	P71	Woollard, Robert	O90
Ufholz, Lee-Anne	O75	Wooltorton, Eric	P34
V		Wooster, Douglas	O51, P17
Valani, Rahim	O69	Wooster, Elizabeth	O51, P17
Valentino, Caterina	P19	Y	
Van Melle, Elaine	O22, P48, W23	Yeung, Euson	O04, O50, O67
Vanpee, Dominique	P33	Z	
Vasconcellos Abdon, Ana Paula	P76	Zamani, Ahmadreza.....	O84, P25
Venturini, Adriana	P60	Zeron, Lydia	O86, P07, P14
Verma, Sarita	O47		
Vilhena, Belinda	O01		
Villani, Rahim	W06		
Viner, Gary	P23		
W			
Wagner, Susan	O12, O67, P28, R03, W29		
Wakefield, Jacqueline	R02		
Wald, Hedy S.	O38		
Walker, Keith	W32		
Walker, Nancy	O03		

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, and the page is completely blank except for the lines themselves.

NOTES

[illegible]

[illegible]

NOTES

[illegible]

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

NOTES

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.