

Article Citation

Lau TC, Dzara K, Khachadorian-Elia HR, Berkowitz LR. The “Medical Education Roadshow:” Delivering Faculty Development to Busy Clinician Educators When They Least Expect It. *JCEHP*. April 1, 2021; 41(2): 157-160. PMID: 33929359. DOI: [10.1097/CEH.0000000000000350](https://doi.org/10.1097/CEH.0000000000000350)

Background

- Faculty development (FD) improves teaching quality and reflects institutional commitment to faculty advancement & leads to faculty vitality.
- In July 2019, ACGME Common Program Requirements expects all core faculty to participate in faculty development as educators, quality improvement and patient safety, fostering well-being and patient care.
- Traditionally, FD formats included workshops, seminars, short courses, and longitudinal training and competed with faculty clinical duties. It is always hard to find a suitable time for everyone to hold FD.

Objective

- 1- Evaluate the **feasibility** and **acceptability** of a “Medical Education Roadshow” approach to FD.

Definition

“**Medical Education Roadshow**” – Are succinct, actionable FD sessions held at regularly scheduled, departmental clinical business meetings. Topics discussed are foundational and include topics such as: Operating room and ambulatory teaching, feedback, written evaluations, and the challenging learner, while updating faculty on the hidden curriculum, accreditation requirements, and medical education trends. Sessions follow the format below:

- a. **Introduction to topic (2-3 minutes)** 
- b. **Faculty development presentation to fulfil learning objectives (8-10 minutes)** 
- c. **Conclusion (1-2 minutes) – 1-3 Key points, think of ONE practice change** 

Methods

- Six 15-minute roadshows conducted for OB-GYN faculty at the Massachusetts General Hospital, including generalists, subspecialists, and nurse midwives, between October 2018 and October 2019. (No prereading or preparation was required)
- Each roadshow addressed a foundational education topic in an interactive manner, and emphasized **ONE** take-away skill in teaching behavior.
- Learning objectives included:
 - 1- Think critically about a topic
 - 2- Gain one or more practical teaching tips.
- Topics chosen to fit three adult learning theory criteria:
 - 1- Encourages learners’ **need to know**: offered rationale for topic choice
 - 2- Fits with learners’ **prior experience**: highlighted relevance to real-world clinical responsibilities
 - 3- Aligns with learners’ **self-concept**: focused on improving clinical teaching ability.
- Anonymous evaluation tool used to obtain participant feedback and analyzed quantitative data descriptively and qualitative data thematically. Evaluation included:
 - 1- Two quantitative measures on a scale of 1 (not at all helpful) to 7 (extremely helpful):
 - 1) *Encouraged to think about how to teach more effectively*
 - 2) *Offered one or more practical tips to include in their daily practice.*
 - 2- Three qualitative open-ended questions included:
 - 1) *“What is one way in which you may change your practice after this roadshow?”*
 - 2) *“What should we have done differently?” and*
 - 3) *“What educational or well-being topics should we address in the future?”*

Results

- 174 of 265 evaluations returned (65.6% response rate). Participants indicated that the roadshows helped them think about teaching more effectively and offered one or more practical daily practice tips.
- Qualitative findings coalesced into two themes.
 - 1- Participants identified **multiple intended practice changes** (Using more effective teaching strategies, being more deliberate about feedback, and modeling exemplary professional behavior).
 - 2- Participants recommended **multiple improvement opportunities and future topics** (More time, more information, case vignettes or examples, and the maintenance of the roadshow’s fun demeanor). They desired more growth in learner evaluation, particularly debriefing and feedback, specifically to challenging learners.

Conclusion

- Busy clinical faculty were highly receptive to opportunities to improve as educators through the “roadshow” approach.
- The approach had three impacts:
 - Was **acceptable** to participants and contributed to their professional identity
 - Helped them critically **examine their own teaching**
 - Provided **one or more practical teaching tips** to include in practice.

Discussion

1- *Biggest “aha” moment*

- a. While the article did not aim to show outcomes data on the quality of faculty teaching from the learners’ perspective, it provided a framework for institutions to think creatively on different ways to deliver FD in micro-teaching sessions or “snippets” to meet the clinical time constraints.
- b. The 15 minutes three-components structure (see figure) fits into our Best Practices Guide to Teaching and Learning components: (1) **Setting the Stage** (2) **Keeping them Engaged &** (3) **Inspiring Practice Change.**

2- *How would you apply the concepts to a CME activity/setting, now or in the future?*

- a. Many CME providers plan FD as a CME activity. This can be feasible as a “micro-CME” (15 minutes = 0.25 CME Credits) for faculty to earn CME in small increments.

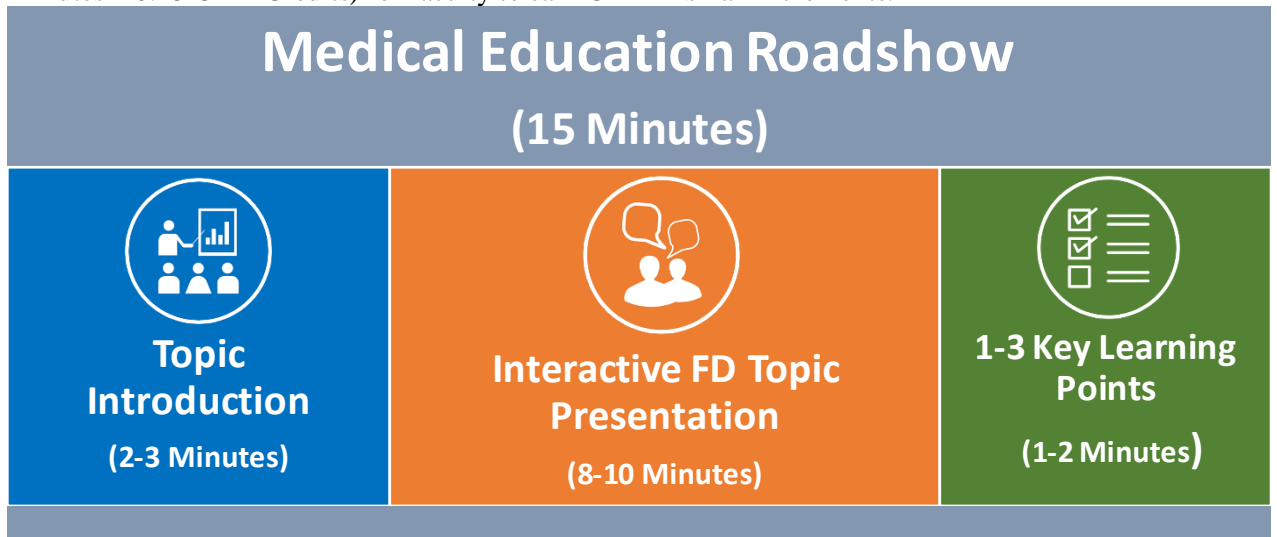


Fig. Medical Education Roadshow Format Linked to AAP COCME Best Practices Guide to Teaching and Learning

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