Faculty development via distance learning for a new rural residency

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Objectives:

On completion of this session the participants will be able to

1. Describe how to apply distance learning and flipped classroom models to develop a cohesive, trained faculty cohort.

2. Explore electronic resources and technology to design distance learning.

3. Anticipate possible barriers and difficulties in video discussions and describe techniques to resolve them.
Session overview

• Faculty recruitment
• Curriculum content
• Flipped classroom model
• Distance learning logistics
• CME sponsorship
HealthPartners Western Wisconsin Rural Family Medicine Residency

• 1-2 RTT, 2 residents/year
  – G1 year at UMN-Methodist FM Residency
  – G2-3 in Amery & New Richmond, WI

• Grant from state of WI supported residency development. Funding ended Dec 31, 2018.

• First resident class started July 2018
Why distance learning?
Need: faculty for new program

1. Identify potential faculty members
2. Identify learning needs of these new faculty
3. Design course to meet these needs
   - Distance learning
   - Flipped classroom style
4. Develop skills in course leaders to implement the course
What faculty skills are needed?

- Effective resident teachers, with mix of “community preceptor” skills and “core faculty” skills
- Interest and enthusiasm for teaching
- Cultural change:
  - Faculty identity
  - Teaching culture in institutions
<table>
<thead>
<tr>
<th>Features Affecting Learners’ Needs</th>
<th>Typical Junior Faculty</th>
<th>New Rural Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice expertise</td>
<td>Competent, early career</td>
<td>Proficient to Expert</td>
</tr>
<tr>
<td>Teaching expertise</td>
<td>Beginner to Competent</td>
<td>Variable from Novice to Expert; little experience with residents</td>
</tr>
<tr>
<td>Tenure track</td>
<td>Yes, important</td>
<td>No</td>
</tr>
<tr>
<td>Knowledge of residency regulations, culture</td>
<td>Readily available</td>
<td>No prior experience, no local experts</td>
</tr>
<tr>
<td>On-site mentors</td>
<td>Yes</td>
<td>No; available by distance</td>
</tr>
<tr>
<td>Resident education is primary professional goal and responsibility</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
From: The good teacher is more than a lecturer--the twelve roles of the teacher.
Harden, R.M. and Crosby, Joy. Medical Teacher, 22:4
College of Family Physicians of Canada: Fundamental Teaching Activities

Supporting the teaching activities of...

- Clinical Preceptors
  - Clinical Coaches
  - Competency Coaches
- Teachers Outside the Clinical Setting
  - Teachers
- Educational Leaders
  - Educational Programmers
  - Educational Administrators

Available at:
www.cfpc.ca/FTA

to promote quality family medicine education in Canada
Before start of the series:

- Get commitments from participants for pre-work & meetings
- Assess initial knowledge/expertise of participants
- Find agreed-on regular time
- Publish schedule of topics
- Recruit presenters
Recruitment and needs assessment

- **Recruitment**: contact first by local site leaders then by email from course developer
- **Needs assessment**: qualitative survey of participants’ teaching and faculty development experience
- **Curriculum design**: mix of
  - Topics selected by participants from menu
  - Topics judged important by course designers
Curriculum content:

- Course intro
- Recruitment
- Rural competencies
- Adult learners
- Milestones
- Intro to teaching EBM
- Intro to curriculum design
- Feedback

- Supervision
- Scholarly activity
- Teaching procedures
- Teaching behavioral medicine
- Teaching community health
- Final wrap-up
Handouts 1-3.

1. Recruitment and course planning
2. Needs assessment
3. Curriculum design

Discuss at your table.
Learning for course developers

- Flipped classroom model
  - Requested by program director/CME department
  - Teaching techniques for adult learners

- Distance learning model
  - Technology for virtual meetings
  - Video conference facilitation skills

- Curriculum Content
  - Identifying topics
  - Locating resources
  - Creating lesson plans

- CME credit
Flipped classroom

• Content is delivered outside of classroom
• Time together is to explore knowledge in greater depth, see how to apply it. Uses group wisdom; teacher is facilitator, not lecturer; peer instruction/sharing wisdom.
• In medicine, case presentations work well—provide focus for discussion
Sounds easy? Challenges:

• **Prework:**
  - Putting together prework—similar to creating a presentation, plus adding links and additional resources
  - Acknowledgement that not everyone will do it all

• **Group discussion:**
  - Content: how to solidify learning and create sense of group
  - Process: navigating technology challenges and differences in group dynamics using video
Flipping skills we learned:

- **Prework**
  - Content
  - Format
  - Timing of assignment
  - Access: SharePoint, shared drive

- **Meeting time**
  - Ground rules
  - Facilitating discussion, not lecturing
  - Reinforcing awareness of abilities
  - Create bonds and trust among participants
Preparation checklist for sessions:

- Learning objectives
- Agenda
- PowerPoint or similar topic summary
- Compile additional resources—websites, articles
- Instructions for any reflection/information gathering for pre-work

(Above sent as pre-work two weeks before the video session)

- Check-in question for the group
- Interactive exercise for the WebEx session
Example: Session on feedback

Pre-work sent:
• PowerPoint to read
• Links to articles for optional additional reading
• Cases to review for discussion during meeting (see handout)
A Conference Call in Real Life

Video courtesy of Tripp and Tyler
https://www.youtube.com/watch?v=JMOOG7rWTPg
Technology needs

- **Video and audio capability** for all participants; ideally individual
- **Email/Communication platform** that participants reliably use
- **Shared place for content**, like Google drive, SharePoint, your organization’s shared drive—whatever’s available to all
Resources for video meetings

Important features for video conferencing platforms:

• Access: Firewall issues
• Cost
• Screen sharing and user video display
• Ease of use
• Available technology: computer & phone systems, tech support

Use what’s available to you
Video conferencing platforms

- **Skype.** Owned by Microsoft. Affordable, accessible on all devices.
- **Zoom.** Designed specifically for webinars & online courses. Good screen-sharing and collaboration features.
- **Cisco WebEx.** Good for large-scale educational presentations.
- **GoToMeeting.** Owned by Citrix. Especially good international options.
- **MANY others** — Apple, Google, Adobe, phone companies, smaller free-standing companies
Discussion question

• What video platforms have you used?
• What has your experience been?
• How did you learn to use them?
Making it work

1. Learn how to use it yourself
   • Tutorials are included and helpful
   • Dedicate time to learning presenter tools, views, video & audio options
   • Local experts in your organization can be helpful

2. Teach course members how to use.
   • Different from view-only webinars
   • Learning module as part of first session
   • Set ground rules about video, tech etiquette
This exercise is designed to familiarize you with the WebEx platform, so that you can fully engage in our meetings (or even lead your own!). Below are some tasks to work through:

1. **Find WebEx log in.** (During the meetings you’ll attend by the link in the invitations; these instructions are so you can go to WebEx without a meeting to learn how it works.)
   - Go to Healthpartners.webex.com then make this a favorite/bookmark. Log in is at the top right of the screen
   - Your username and password are the same ones you use to log in to your other programs.

2. You’ll see a screen that looks like this:

   ![WebEx Screen](image)

3. There’s a box with an arrow above the initials—doesn’t show up well on the screen shot. Click on it and you’ll get an expanded header as shown below. Click on “meeting center”. (Don’t be fooled by “training center”—it’s not a tutorial, it’s a different WebEx program with a different format.)
Video meeting content

• Display agenda
• Start with check-in, ground rules reminder
• Lead discussions on topics and pre-work questions
• Wrap-up: review objectives, any action items identified, and introduce next session’s topic.
Video facilitation challenges

• Keeping track of participants, ensuring participation
• Enforcing etiquette, especially using video and not multi-tasking
• Dealing with tech challenges
• Time-keeping
• Challenges in environment: finding quiet space
First session

• Address technology issues
• Introductions, get to know you exercise
• Review course format
• Establish ground rules and expectations about pre-work and session etiquette
Work as a team!

• Primary facilitator runs meeting, keeps on time, poses discussion questions

• Co-facilitator keeps track of who hasn’t participated, trouble-shoots technology, takes notes as needed
Arranging CME credit

• Can be a significant perk for practicing docs
• Involve CME department early—have to be in planning sessions for this “recurring lecture series”
• CME department can do the post-session surveys
• Maintains accountability for course developers
Our Results

• Pre-course: variety of experience & knowledge
• Evaluations after each session: objectives largely met, “good discussion”
• Post-course:
  All respondents had made improvement in their level of comfort with the course objectives; they all felt capable of performing the skills they were taught either independently or with some minimal assistance.
Lessons learned

• **Course developer needs**: time, skills, support
• **Learner needs**: technology, compensation
• **Video session format and needs**
Discussion and questions
Thank you!

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References


