Preliminary Results for an Innovative Model for Graduate Medical Education Faculty Development through Physician In Training Delivery



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Background

Accreditation Council for Graduate Medical Education (ACGME) is the governing body for over 11,000 residency and fellowship programs that includes approximately 140,000 medical graduate trainees. ⁵ The mission of the ACGME is to improve the United States health and health care by accrediting quality physician education programs. ⁵

ACGME expects resident physicians to be acquire core competencies. ¹ These include interpersonal and communication skills, professionalism, and medical knowledge. ¹ Resident physicians are a unique population. ⁶ They are highly educated they have years of experience as learners. ⁶ They have a doctoral degree. ⁶ They are working in what are mostly multiyear training programs where they are focusing their declarative knowledge and acquiring procedural skills. ⁶ Teaching reinforces knowledge gained, while promoting the spirit of continuous learning. ⁷

One of the goals of the ACGME Outcome Project is to have faculty trained to deliver and assess education that is level-specific, competency-based, standardized, integrated, and easily accessible for resident physicians. ¹⁻³ A significant component of residency program accreditation includes faculty development. ¹⁻³ Having successful approaches to develop faculty has lead to self-reported improvement in teaching and clinical skills, intrapersonal and interpersonal growth with faculty given more positive ratings by learners. ^{8,9} Beyond the individual faculty, there can be system wide cultural shifts supportive of scholarly teaching. ¹⁰ An ideal faculty development program meets faculty development needs conveniently. ^{3,4}

There are multiple strategies for faculty development with methods including workshops, lunch-ins, and online modules. ¹⁰⁻¹² Healthcare Corporations of America (HCA), has made use of in-house and outsourced online modules such as HCA faculty development modules and Schoology, respectively. ^{13,14}

Faculty development delivery can be a challenge. ^{3,4} Faculty may feel inadequately prepared to teach on the topics selected. ¹⁵ Faculty may have preferences to what they want to learn, or learned differently in their own training. ¹⁶ Scheduling may be complicated by location and/or timing of day or year. ^{3,16}

The Dermatology Program Evaluation Committee identified faculty development as an area of improvement for an HCA dermatology residency for the next academic year. We propose to have resident physicians deliver faculty development programs. If resident physicians can deliver effective convenient faculty development programs then faculty and resident physicians would both grow as teachers. Resident physician participation in this project will contribute to growth in multiple ACGME core competencies.

Methods

- •We implemented a quality improvement project where resident physicians deliver content to faculty at each rotation in their curriculum.
- Prospective cohort
- •Our primary objective was successful implementation of the quality improvement project with improvement or increase in faculty development participation
- •The predictor variable was the method of delivery for faculty development.
- •The outcome variables included specific individual faculty participation, number of faculty development programs delivered, and faculty development topics.
- •Study population includes UNTHSC / HCA Medical City Weatherford Dermatology Program Director, Faculty, and resident physicians. We expect to have 18 faculty presentations delivered in a year period.
- •Data is collected from resident & faculty during joint completion of survey performed at time of faculty development delivery.
- •Data on prior year information obtained from survey of faculty and any objective data recorded through residency program administrators.
- •There are no patients and no protected health information is being collected. Recruitment is completed by designation from program director of their new duty to residents, to be performed. Program Director also informs faculty of the general overview of the quality improvement project and request for participation.
- •Improvement is measured by comparing faculty development models using resident physician delivered content intervention in comparison to traditional methods during current or prior year.

Preliminary Results

- •3 dermatology residents participated
- •13 faculty individuals participated
- •2 different topics were presented
 - -The first topic was "Teaching House Staff Safely During the COVID19 Era"
 - -The second topic was "Faculty Wellness"
- 14 presentations delivered
 - -The first topic "Teaching House Staff Safely During the COVID19 Era" was delivered 10 times.
 - -The second topic "Faculty Wellness" was delivered 4 times
- Duration: 9 month period
- •Faculty who had never completed faculty development participated for first time.
- •In the prior year, only 4 of the 13 faculty had participated in the Schoology online method.
- •Survey of faculty and comparison with traditional methods in current year pending

Preliminary Results, continued





Current Year, Using New Resident Delivery Prior Year, Using Traditional Approaches Model

Discussion

Our project was limited in being able to compare traditional approaches for prior year and current year of faculty development as we did not have readily available data. Our prior year information was limited to data available from Schoology. To remediate this limitation, we intend to survey faculty and ask about faculty development completed in prior year.

Conclusion

Physician In Training delivered faculty development is an original, innovative model that can increase education. By providing faculty development as a convenient and consistent model, residency programs may satisfy core competencies while improving the quality of physician education programs.

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