HOW TO USE APPD NUTS & BOLTS FACULTY DEVELOPMENT TEACHING AIDS (PRIMERS) IN YOUR PROGRAM'S/INSTITUTION'S FACULTY DEVELOPMENT EFFORTS

APPD NUTS & BOLTS EDITORIAL BOARD

NATALIE BURMAN DO MS, CHRIS HOVLAND MD, JERRY RUSHTON MD, JERI ROSE MD, SHANNON SCOTT-VERNAGLIA M.D, TERI L TURNER MD MPH MED, JOHN D MAHAN MD

AGENDA

Introduction to Faculty Development Primers as a Concept

Understanding APPD FD Nuts and Bolts Model

Methods to Use APPD Nuts & Bolts in FD

How You Might Use APPD FD Nuts & Bolts (Small Group)

Small Group Report Outs; Discussion

OBJECTIVES

1. Describe the concept and value of brief FD teaching aids for development of knowledge and skills in education in faculty educators.
2. Discuss a variety of methods for using APPD FD Nuts & Bolts in FD activities within your program and your institution.

QUESTION

Why did you attend this session – what do you hope to gain from today’s session?

WHAT IS YOUR FD REALITY?




FACULTY
ON
BOARD






Faculty
Limited time
Varying schedule needs
Need for champions
Multiple program requirements
Need for presenters and resources
Adult learning needs
Faculty engagement
Need to make relevant
Faculty spread across multiple sites
Faculty and leadership 'buy in'
Competing demands for time and attention

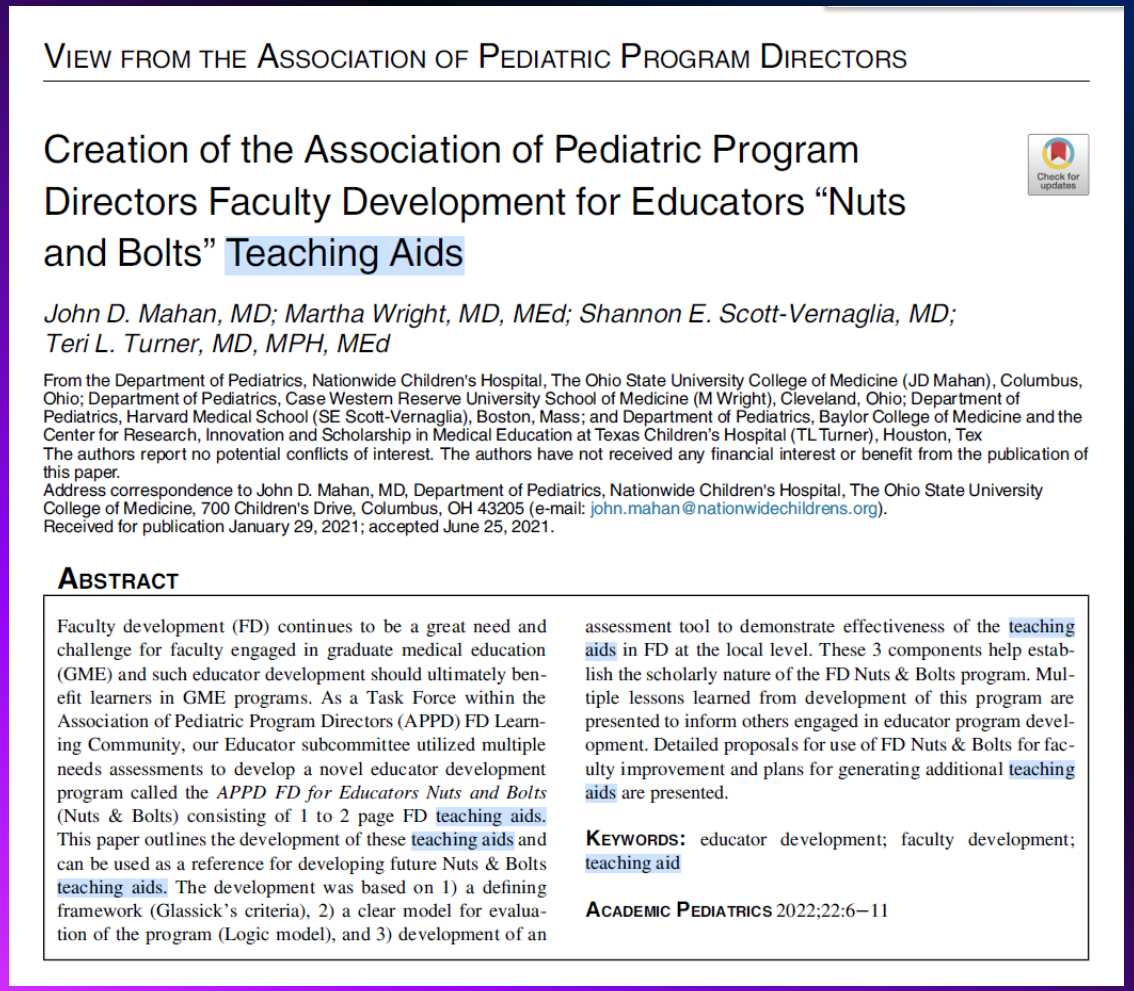

RESOURCES




Goal-oriented
Practical
Intrinic Motivation
Adult Learning
Relevant
Self-Directed
Experience
Task-oriented
Problem Centered

FACULTY DEVELOPMENT TEACHING AIDS

EDUCATION – TEACHING AIDS



VIEW FROM THE ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS

Creation of the Association of Pediatric Program Directors Faculty Development for Educators "Nuts and Bolts" Teaching Aids

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The authors report no potential conflicts of interest. The authors have not received any financial interest or benefit from the publication of this paper.
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ABSTRACT

Faculty development (FD) continues to be a great need and challenge for faculty engaged in graduate medical education (GME) and such educator development should ultimately benefit learners in GME programs. As a Task Force within the Association of Pediatric Program Directors (APPD) FD Learning Community, our Educator subcommittee utilized multiple needs assessments to develop a novel educator development program called the *APPD FD for Educators Nuts and Bolts* (Nuts & Bolts) consisting of 1 to 2 page FD teaching aids. This paper outlines the development of these teaching aids and can be used as a reference for developing future Nuts & Bolts teaching aids. The development was based on 1) a defining framework (Glassick's criteria), 2) a clear model for evaluation of the program (Logic model), and 3) development of an assessment tool to demonstrate effectiveness of the teaching aids in FD at the local level. These 3 components help establish the scholarly nature of the FD Nuts & Bolts program. Multiple lessons learned from development of this program are presented to inform others engaged in educator program development. Detailed proposals for use of FD Nuts & Bolts for faculty improvement and plans for generating additional teaching aids are presented.

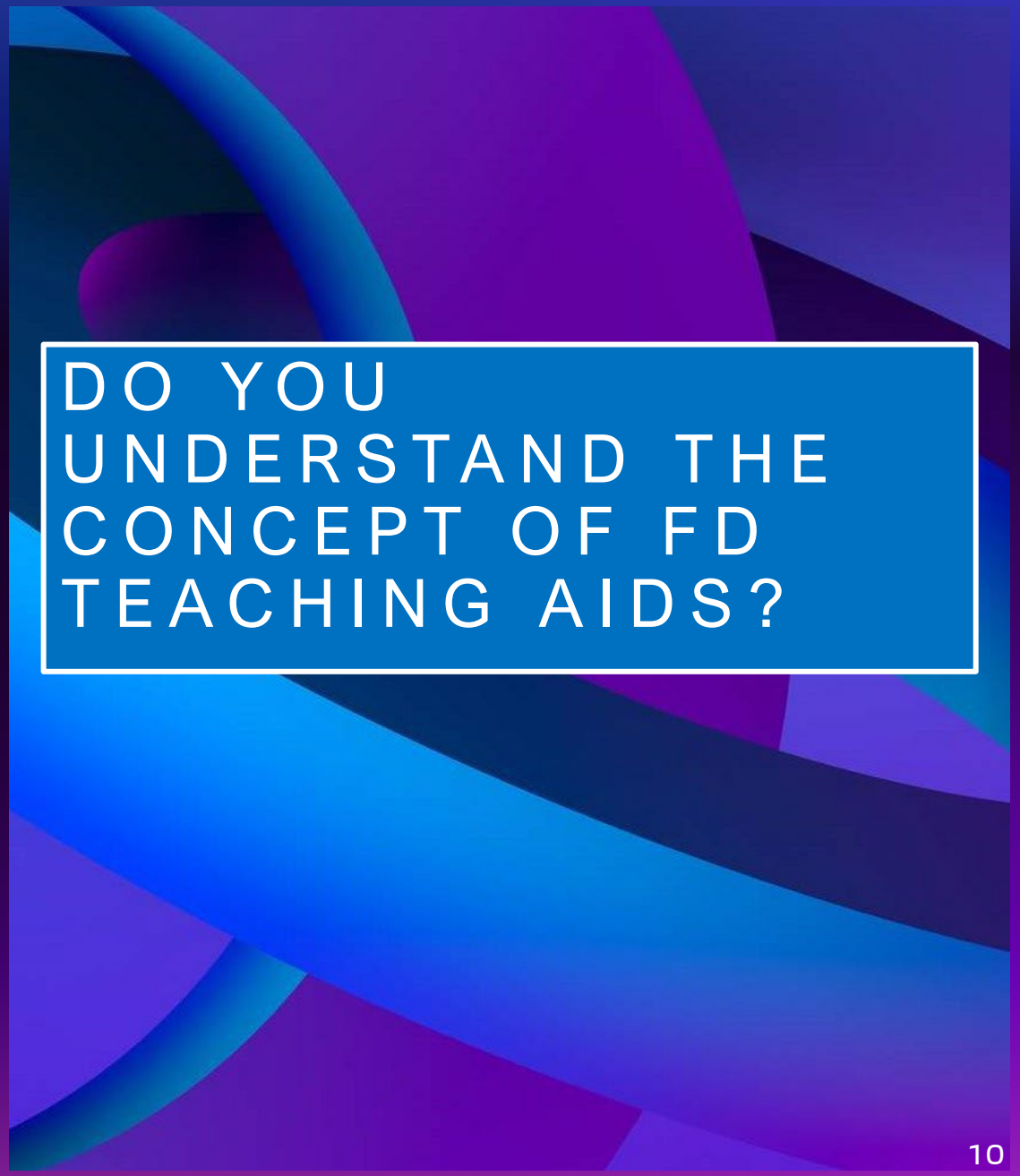
KEYWORDS: educator development; faculty development; teaching aid

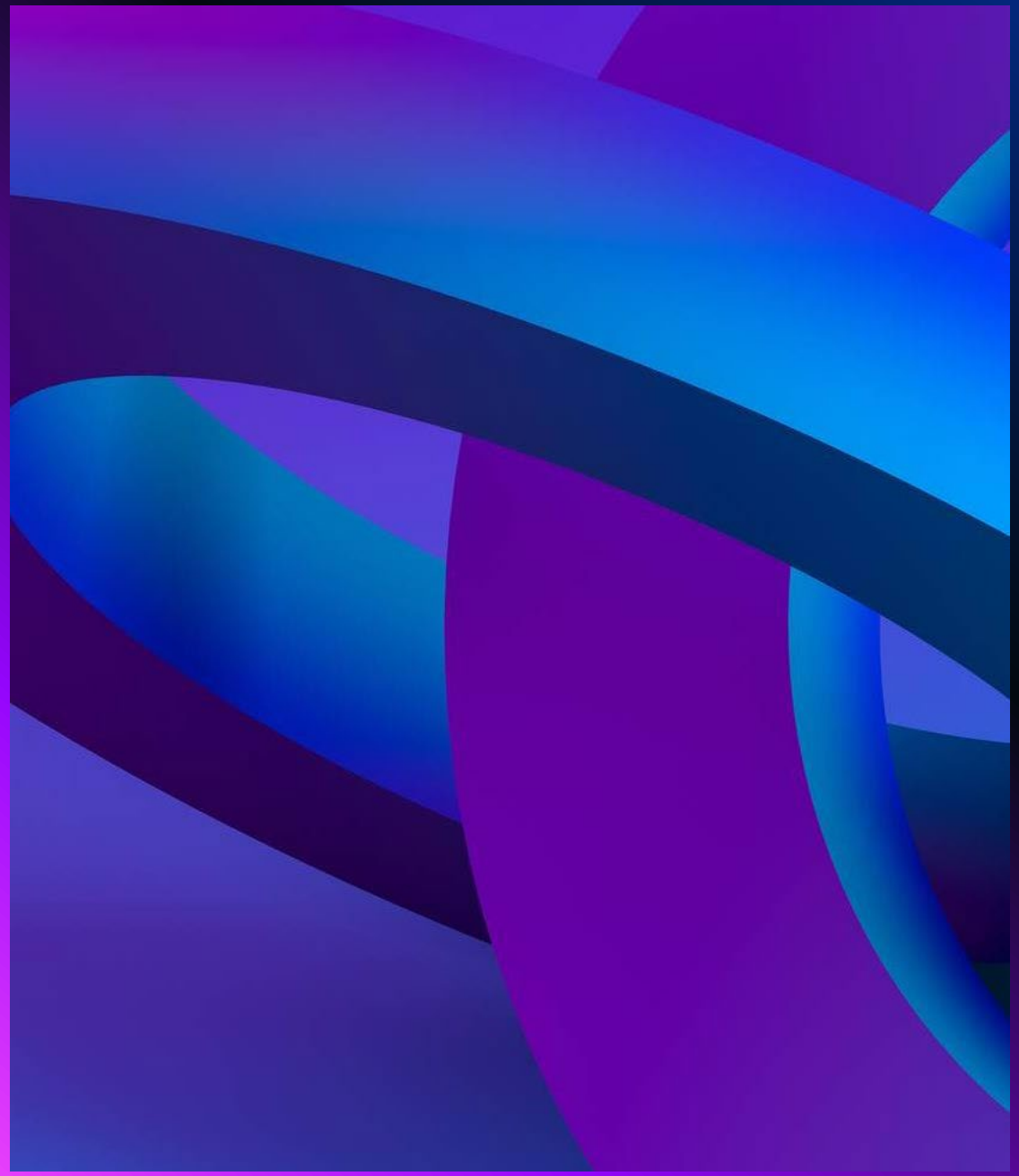
ACADEMIC PEDIATRICS 2022;22:6–11

APPD FACULTY DEVELOPMENT NUTS & BOLTS

Now 13 different teaching aids, with >40 authors from APPD, published Nuts & Bolts in Academic Pediatrics

AUDIENCE QUESTIONS





PRIMERS AS TRAINING TOOLS

“Teaching aids are tools and objects that teachers use to help students learn and make lessons more interesting. They can be in many forms, including objects, devices, and visual materials”

AUDIENCE QUESTIONS



AUDIENCE QUESTIONS

FOR THOSE WHO HAVE USED APPD NUTS & BOLTS, HOW DID YOU USE THEM?

Nuts and Bolts

1 double-sided page

Short, visual

Academic Pediatrics

Examples:

Direct Observation
Feedback Fundamentals
PFC Rounds
Virtual Interviewing
Self-Directed Learning

Many uses



NUTS AND BOLTS

NUTS AND BOLTS

Faculty Development for the Busy Clinical Educator

Emily Ruedinger MD MEd[1] and Sahar N. Rooholamini, MD, MPH[2]
[1]University of Wisconsin School of Medicine and Public Health, Madison, WI and [2]University of Washington, Seattle, WA
On Behalf of the Association of Pediatric Program Directors Faculty and Professional Development Task Force

DIRECT OBSERVATION: A CRITICAL ASSESSMENT TOOL

You can't accurately assess what you haven't seen.

IN THIS EDITION:

- What is direct observation?
- Why is it important?
- How can you be successful at direct observation?

Consider this situation...

You notice that one of the interns on your team is consistently unprepared for rounds, has disorganized presentations and does not complete his notes in a timely manner.

How might direct observation help you support this intern?

What is direct observation?

Direct observation represents an important type of workplace-based assessment, which is essential to the success of current competency-based medical education models and involves:

First-hand observation . . . **in a real-world setting . . .** **with timely feedback.**

Why is direct observation important?

- Provides more **accurate assessment of a learner's ability to DO a task**, rather than to simply SHOW HOW or KNOW HOW.
- Helps us understand and support learners as they **progress towards becoming independent clinicians.** ("How ready are they to do these tasks alone?")
- It creates **opportunity for formative feedback**—both modifying (corrective) and appreciative (reinforcing). **First-hand observation increases credibility of the feedback giver**.
- It leads to more **accurate and relevant summative assessments** (and direct observation is required by the ACGME)

Miller's Pyramid

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PRACTICAL PEARLS

Direct Observations Are...

- Brief
- Focused
- Performed in the real-world
- Coupled with feedback
- Helpful to understanding a learner's current competency level
- Easier for observers with practice
- Useful to move all learners to the next level – wherever they are in their learning

Three Strategies for Successful Direct Observation

Use Simple Rating Scales for Focused Observation

Use simple rating scales (such as excellent/adequate/needs work) to help you keep track of specific items as you perform observations.

Keep observations relatively brief and focused. For example, focus on history gathering, physical exam skills, communication, shared decision making, AND/OR flow of the visit—choose one or two, but not all items.

Build in Time for Feedback

Build in time to pair the direct observation with verbal feedback. Provide feedback immediately or very shortly after the observed encounter. See: "Nuts and Bolts: Feedback Fundamentals (2022)."

Practice! Becoming a skilled observer is not the same thing as being a good clinician and teacher. It takes practice like any other skill. "An assessment or evaluation is only as good as the individual performing it" (Holmboe, 2008).

Multiple Opportunities AND Multiple Raters

In complex clinical situations, it is challenging to simultaneously provide patient care and perform attentive observations. Consider performing observations with less complicated patients or focus your observation only on the least complex aspect(s) of the patient's care. There are some situations in which it makes the most sense to provide direct observation separate from your own clinical duties.

Provide learners with opportunities to be observed by multiple raters so they gain access to different perspectives.

Back to your intern

You set up a time to do a direct observation with the intern. After watching him pre-round and present a patient, it becomes clear that he has difficulty with prioritization. For example, he saw a stable patient before seeing a patient who was decompensating and spent the same amount of time with each family. Together, you generate a plan for him to connect with the senior resident before pre-rounding to help him decide which patients to see first. He also agrees to try using problem-based plans on rounds. You set aside time to check in again with him in about 1 week. You also make a commitment to observe one of your learners each day and ask the learner what they would like you to watch for and what they have been working on.

Stanford University Pediatric Residency Coaching Initiative observation forms. Available at: http://peds.stanford.edu/program-information/coaching/coaching_info_for_coaches.html

Swan R., Gigante J. Direct Observation in an Outpatient Clinic: A New Easier Tool. MedEdPORTAL; 2010. www.mededportal.org ID 7901.

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Holmboe ES, Hawkins RE. Practical Guide to the Evaluation of Clinical Competence. Philadelphia, PA: Mosby Elsevier; 2008.

PRINCIPLES OF THE APPD FD NUTS & BOLTS TEACHING AIDS (PRIMERS)

Key Principles:

Short, succinct

Consistent format

Relevant educational vignette (case)

2-3 focused objectives

Key Components:

Present key concepts

Practical pearls

Application to case

Few (1-5) key references

APPD FD Nuts and Bolts Template

Use this as a template deleting text and changing graphics, but keeping font sizes and format the same – delete these instruction text boxes before submitting

NUTS AND BOLTS

Faculty Development for the Busy Clinical Educator



Use this area for authors first and last names and institutions. Max 5 authors. Do not change font size but you may change size of the box if you need to

Emily Ruedinger MD and Sahar Rooholamini, MD, MPH – University of Washington, Seattle, WA
On Behalf of the Association of Pediatric Program Directors Faculty and Professional Development Task Force

DIRECT OBSERVATION: A CRITICAL ASSEMENT TOOL

Include the Title and a brief summary quote underneath of key take home point

You can't accurately assess what you haven't seen.

Include 3-4 key points that will be covered in this edition – what the reader will learn

IN THIS EDITION:

- What is direct observation?
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Consider this situation...

Include a real world case prompt to orient to the problem with a bolded question underneath promoting self reflection

You notice that one of the interns on your team is consistently unprepared for rounds, has disorganized presentations and does not complete her notes in a timely manner.

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Use graphics from nounproject.com.

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in a real-world setting . . .



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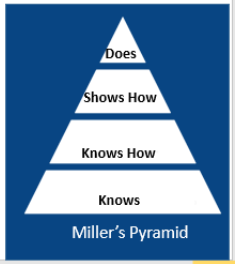
Use area below the case to introduce your topic with definition and establishing the context/the why for your topic.

Use visuals and as little text as possible

Keep spaces between bullets and use bold to highlight key points within the text

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Miller's Pyramid

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Keep this graphic the same for Practical Pearls and Use to Summarize Key Take Home Points

Include maximum of 5 references here

Use this page to provide tangible teaching on skills. This should be the meat of the "how to"

Use graphics and minimal text keeping text sizes the same throughout

You may move the dividing lines as needed

Use this section to go back to the case you established on page 1 and show how to use the skills you just taught

PRINCIPLES OF THE APPD FD NUTS & BOLTS TEACHING AIDS (PRIMERS)

APPD Nuts & Bolts Editorial Board – (must approve)

Created by APPD members

How could these be used?



Nuts and Bolts - Published

Feedback Fundamentals
Patient- and Family- Centered Rounds
Direct Observation: A Critical Assessment Tool
Direct Observation in the Outpatient Setting
Virtual Interview Preparation and Coaching for Trainees
Fundamentals of Self-Directed Learning
Entrustable Professional Activities
Transformative Mentorship: Using Critical Reflection to Foster Inclusivity
Learning Objectives: Charting Your Course
Mitigating Bias in Narrative Evaluations
Promote Understanding of Learning Styles in Self-Study
Leading from the Middle
Writing Letters of Recommendation

SMALL GROUP ACTIVITY (3-4 PARTICIPANTS/GROUP)

HOW MIGHT YOU USE APPD FD NUTS & BOLTS IN YOUR INSTITUTION – GENERATE LIST OF 3 MOST POPULAR METHODS

10 MINUTES

LARGE GROUP REPORT OUT

SMALL GROUP REPORTERS CONTRIBUTE LIST OF METHODS FROM THE SMALL GROUPS

10 MINUTES

LARGE GROUP – OPEN DISCUSSION AND SUMMARY REMARKS

- Practical points
- Questions

Summary

- APPD FD Nuts & Bolts (resource)
- Nuts & Bolts Primers as Teaching Aids
- Many Methods for Leveraging FD Teaching Aids to Help Address Your FD Needs

HOW TO CREATE AND PUBLISH YOUR OWN APPD NUTS & BOLTS

APPD VIRTUAL CAFÉ – OCT 1, 2024

END

