How to Create and Publish an APPD Nuts & Bolts Faculty Development Primer

APPD Nuts & Bolts editorial board

Natalie Burman DO MA, Chris Hovland MD, Jerry Rushton MD MPH, Jerri A Rose MD, Shannon Scott-Vernaglia MD, Teri L Turner MD MPH, John D Mahan MD

Presenters



Natalie Burman, DO, MA



Chris Hovland, MD



Jerry Rushton, MD, MPH



John Mahan, MD



Teri Turner, MD, MPH, MEd

USU Uniformed Services University

McLane Children's BaylorScott&White

Riley Children's Health Indiana University Health

Nationwide Children's

Baylor College of Medicine

Agenda

10 min – Welcome, objectives, introduction to concept of faculty development primers

10 min - FD Nuts and Bolts model, components, format, template and topics published.

10 min – How to create a Nuts & Bolts and the Submission Process and Common Pitfalls

10 min - Participants identify 2-3 ideas at their desk and share ideas for own Nuts & Bolts FD primer via Chat

20 min - Open discussion, Q&A, and summary

Objectives

1. **Describe the role of brief faculty development primers to develop knowledge and skills in education**

2. **Describe the components of an APPD Nuts & Bolts Faculty Development Primer**

3. **Define the pathway for submission, peer review and publication of the APPD FD Nuts & Bolts Faculty Development Primers**

Faculty members must:

- Pursue faculty development designed to enhance their skills at least annually:
  - As educators and evaluators
  - In quality improvement, health equity, and patient safety
  - In fostering their own and their residents' well-being
  - In patient care based on their practice-based learning & improvement efforts

ACGME Common Program Requirements, 2024, Section II.B.2.




FACULTY
ON
BOARD

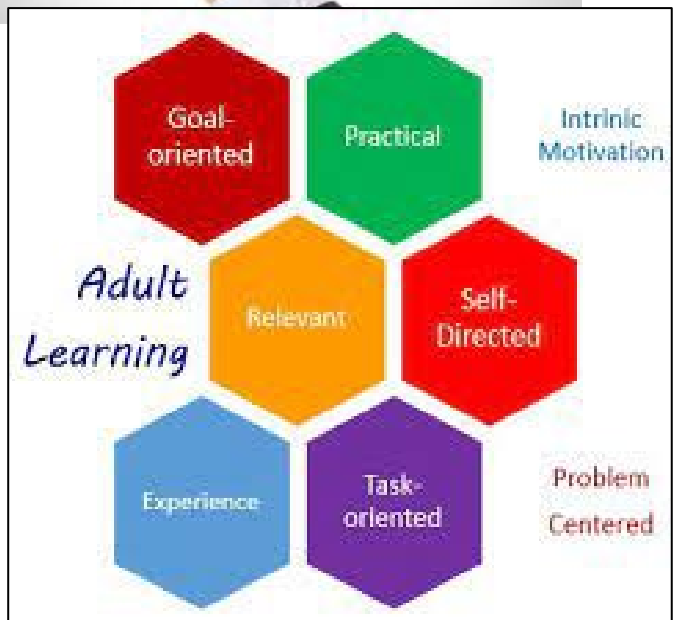





Faculty
Limited time
Varying schedule needs
Adult learning needs
Multiple program requirements
Need for presenters and resources
Faculty engagement
Need to make relevant
Faculty spread across multiple sites
Need for champions
Competing demands for time and attention
Faculty and leadership 'buy in'


RESOURCES




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

The role of a primer

"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"

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 (up to 5) key references

NUTS AND BOLTS

Faculty Development for the Busy Clinical Educator



Nuts and Bolts

Short, visual

1 double-sided page

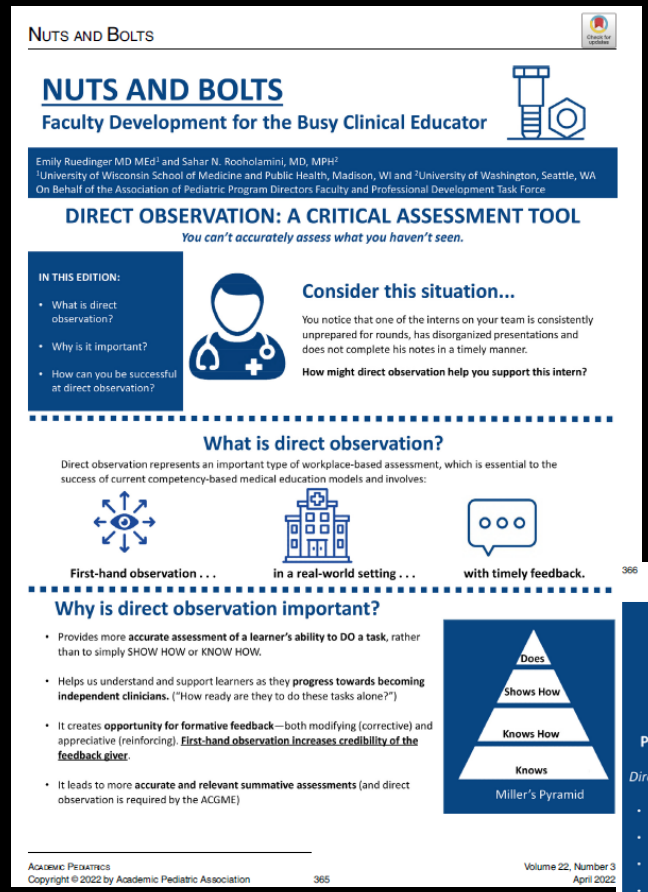
Academic Pediatrics

Examples:

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

Many uses

Virtual Café on How to use N&B Articles



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

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.

McGaghie WC, Butter J, Kaye M. Observational Assessment. In: Downing S, Yudkowsky R, editors. Assessment in Health Professions Education. New York, NY: Routledge; 2009. p. 185-216.

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

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.

Nuts & 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?
- Why is it important?
- How can you be successful at direct observation.



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.

How might direct observation help you support this intern?

Use graphics from nounproject.com.

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.

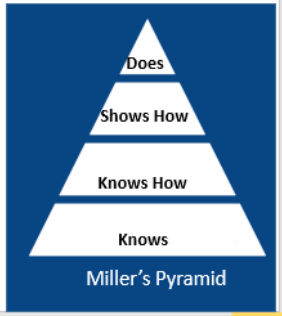
Use area below the case to introduce your topic with definition and establishing the context/the why for your topic.

Use visuals and as little text as possible

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

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**.
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Miller's Pyramid

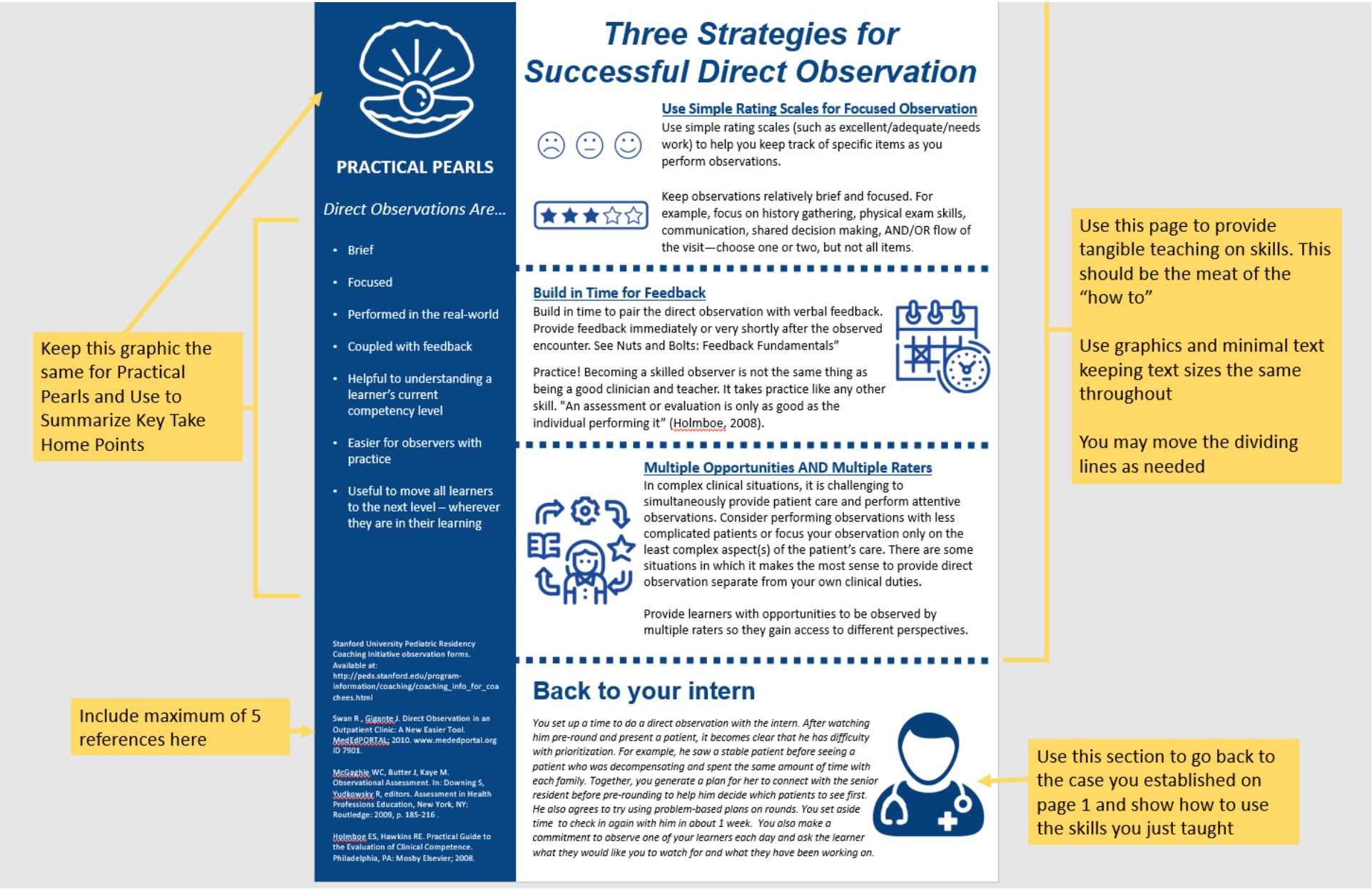
The Noun Project

Nuts & Bolts Template

(click on link in N&B announcement)

Download the template and save to edit!

Nuts & Bolts Template



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

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**
- **Microaggressions: Be An Active Bystander**
- **Promoting Resident Autonomy: Tools to empower senior residents on inpatient wards**

	You can do it—you do not have to be a content or tech. expert!
	Just start with an idea, or a need that you see in daily teaching. Consider focused topic that will fit into a 2-page succinct product.
	Work as a team and collaborate with other educators
	Know the target audience- this is a quick read for busy clinician educators (not a formal original research article)
	Use the template- this is an easy-to-format quick guide to use figures, bullets, and visuals (vs. dense paragraphs/data/etc.) See link below.
	Use icons, figures, and visuals to keep easy-to-read whitespace formatting (icons from thenounproject.com)

	Colleagues/reviewers are here to help to develop your ideas, work on formatting, and support you to develop a submission
	Quick turnaround peer-review process in Academic Pediatrics; overall process can be done in a timely fashion
	Contribute to this APPD-Academic Pediatrics partnership to promote on-the-fly, applied educational tips and resources!

Generating Your Own Nuts and Bolts Topics
Individual Activity

List 2-3 ideas for Nuts & Bolts topics that are not on the published list

- *What topics are of special interest to you?*
- *What topics have you already explored for faculty development?*
- *What topics could you use in your program?*

PUBLISHED NUTS & BOLTS

- 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
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- Mitigating Bias in Narrative Evaluations
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- Microaggressions: Be An Active Bystander
- Promoting Resident Autonomy: Tools to empower senior residents on inpatient wards

Summary

1. Faculty development primers facilitate essential faculty development for busy clinicians to grow their knowledge and skills in education

2. APPD Nuts & Bolts Faculty Development Primers are an opportunity for APPD members to grow their authorship

3. APPD Nuts & Bolts augment faculty development efforts



Audience Questions

Common questions

- **Do the authors have to come from different institutions?**
- **What is the process after submission? How long do reviews take.**
- **What if we have an idea – can we reach out to you**
- **Do we have to use your template?**
- **What are reasons you have turned down submissions/topics**
- **I can’t find these in a quick and easy place.**
- **Are these referenced in Pubmed?**
- **What tips would you give us about making one of these?**
- **Can we submit more than one? or a series of N&B?**
- **Can these focus on Chief Residents or Fellows? (vs. the busy clinician educator)**
- **What is the word limit?**
- **Do we submit a .ppt or pdf?**