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MEDICAL EDUCATION: PART III

CLINICAL TEACHING CHAMPIONS—AN INNOVATIVE APPROACH TO ENHANCING CLINICAL EDUCATION AND THE CAREERS OF CLINICIAN EDUCATORS

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There is a pervasive myth about attending physicians that because we can "do," we can "teach." We tend to believe that somehow our white coats and our attending badges imbue us with the skills needed to effectively educate the next generation of learners. But even a little reflection reveals that this myth is not true. Residents usually receive minimal instruction on interacting with learners and typically enter the workforce without formal preparation for teaching. Practicing physicians are not routinely nurtured as educators. Continuing medical education ensures we maintain our medical knowledge, but academic clinicians often lack ongoing structured assessment and support of teaching skills. Learner evaluations and feedback may be the only guidance we have about whether our teaching practice is effective—but this usually comes well after the encounter and might be neither specific nor formative. As attendings, we may never receive the observation or coaching that is necessary to improve our teaching.

To address this gap, in 2016 we created the Clinical Teaching Champion (CTC) initiative as a component of the Faculty Development Program (FDP) at the University of Washington, Division of General Internal Medicine. The premise of the program is that our faculty desire to improve their teaching, and low-stakes, structured peer feedback can help achieve that goal. We have a widespread division, with three main clinical sites: the University of Washington Medical Center, Harborview Medical Center, and the Veterans Administration Hospital. After a competitive application process, one inpatient and one outpatient CTC for each of these sites was selected from amongst faculty with educational expertise and experience to provide structured observation and coaching for faculty. CTCs, already acknowledged to be skilled educators, underwent a one-hour orientation with the FDP director (author SM) to ensure a shared mindset in providing structured, constructive feedback on teaching. CTCs then began to regularly observe peers in teaching situations and provide both reinforcing and formative feedback. The feedback is usually organized by the Stanford Faculty Development Program framework for effective teaching,[1] but CTCs are free to adapt their feedback methods as felt to be appropriate. CTCs received a small honorarium to demonstrate the importance of the project and strong support of the Division for the effort; however, "protected time" was not provided for the role.

Given my background as a Teaching Scholars Program graduate and core residency faculty at a prior institution (author AMM), I was delighted to be selected to put my skills to use as a Clinical Teaching Champion. I knew from experience that peer observation can open up rich conversations about preferences, styles, and skills, and that the observer often learns just as much in the process as the person being observed.

Due to the ever-changing schedule of attending teaching on ward teams, I concentrated on observing my hospitalist colleagues in formal presentations—noon conference, journal club, works-in-progress conferences, and other pre-scheduled talks. When feasible, I met with the presenter prior to their talk to review their goals and discuss the principles of effective teaching. After each presentation, the speaker and I debriefed in person if possible, or by email if needed. I provided specific behavior-based observations of their strengths and noted concrete, actionable areas for improvement. Some of my

continued on page 2

MEDICAL EDUCATION: PART III *(continued from page 1)*

recommendations came from reflecting on my own lessons from having been observed by another CTC.

The response from my colleagues has been uniformly positive. Teaching involves vulnerability, putting yourself "out there" in front of your audience of learners. Having a safe, supportive environment in which to express doubts, fears, and inadequacies and to brainstorm ways to strengthen skills has been much appreciated by my colleagues. Together, observees and I have improved their presentations in terms of confidence, organization, and delivery. My presentation skills have likewise improved with this program, because each time I provide feedback on opportunities to improve, I bring that awareness to my own work.

One of the unexpected benefits of being designated a CTC has been the increase in my informal peer mentorship. The CTC title indicates to colleagues that I have a special interest in education and advising which has led to many conversations about teaching outside of direct observation encounters. New faculty in particular have benefitted from having a designated point person for helping them navigate their new role, but senior faculty have also appreciated the opportunity to review effective teaching practices. I have prepared attendings for their first ward months, discussed the balance between supervision and autonomy, and counseled both new and experienced attendings facing challenging interactions with learners. My colleagues know I am always open to talking about medical education, and I love when they peek in to my office to ask "Do you have a minute…?"

This program has been a low-cost intervention which has boosted awareness of effective teaching and fostered an environment of peer observation, feedback, and support. There were several key aspects for successful implementation. Each CTC received individual orientation from the program director so that we were clear on the concept and the message. Consistency was provided by having a foundational framework for the observations. The program was promoted to the participants as an opportunity for us to learn from each other, making it clear this was confidential and formative—not critical or punitive. To provide an initial incentive for participation, the first five people to request observation received a $10 Amazon gift card. This got the ball rolling, and then word of mouth helped maintain interest.

We have done some preliminary work to evaluate the program, and found that participants have highly valued the experience and would recommend it to their colleagues. In a survey, most participants highly rated the experience in terms of accuracy of the CTC's observations, comfort with the observation and feedback process, and worthwhileness of the program.

The CTC program has enhanced my experience as medical educator, and raised my profile as an experienced teacher willing to learn from colleagues as well as provide mentorship. The program has also helped support a shared mental model around optimal teaching and is fostering an environment in which clinical teaching is supported and valued. My next step will be to extend this work from pre-planned talks to spending more time with ward attendings, providing feedback regarding "on-the fly" teaching and team supervision.

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